Good practice guide: embedding inclusion of older people and people with disabilities in humanitarian policy and practice

Lessons learnt from the ADCAP programme

Supriya Akerkar and Rhea Bhardwaj

ADCAP
Age & Disability Capacity

Good practice guide: embedding inclusion of older people and people with disabilities in humanitarian policy and practice

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Lessons learnt from the ADCAP programme

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Introduction

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This guide shares good practices and challenges that have emerged through the experience of the Age and Disability Capacity Programme (ADCAP) implementing partners, in embedding inclusion of older people and people with disabilities within their humanitarian policies and practices. All mainstream and specialist organisations engaged in humanitarian responses can learn and benefit from this experience. This guide complements the 'Humanitarian inclusion standards for older people and people with disabilities' (see Appendix 4), by documenting practices that will help humanitarian organisations to systematically include older people and people with disabilities.

1.1 Context of age and disability in humanitarian response

Older people and people with disabilities face disproportionate impacts in humanitarian crises, whatever the country's level of prosperity.[1] The world's average population over 60 is estimated to be over 11% and the world's average population of people with disabilities is estimated to be over 15%.[2] Yet despite being significant population groups, older people and people with disabilities are often invisible in humanitarian action. They face social, environmental and organisational barriers to access and participation in humanitarian action, which puts them at higher risk.[3] Even with positive policy frameworks which hold duty-bearers accountable for respecting, protecting and fulfilling the rights of older people and people with disabilities at the global level, there are gaps in adoption and implementation that lead to discrimination and lack of support to older people and people with disabilities.[4]

These frameworks include:

- The UN Convention on the Rights of Persons with Disabilities
- Madrid International Plan of Action on Ageing
- Sustainable Development Goals (SDG 1.5, 11.5 and 13: Build the resilience of persons with disabilities, and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters)
- The Paris Agreement, United Nations Framework Convention on Climate Change
- The Sendai Framework for Disaster Risk Reduction
- The Dhaka Declaration on Disability and Disaster Risk Management
- The New York Declaration for Refugees and Migrants
- The Charter on Inclusion of Persons with Disabilities in Humanitarian Action

The Inter-Agency Standing Committee operational guidelines on human rights and natural disasters suggest that exclusion of people with disabilities is due to “inappropriate policies or simple neglect” by organisations.[5] Various reviews suggest that agencies continually fail to design and deliver responses that are both appropriate and adapted to the needs of older people and people with disabilities.[6] In 2010, the Inter-Agency Standing Committee reviewed progress on inclusion of older people in humanitarian action, and recognised that global and field level capacity on ageing was weak and that inadequate attention is given to cross cutting issues such as gender and disability.[7]

ADCAP and its approaches to inclusion

Left: © Concern Worldwide Pakistan

2. ADCAP and its approaches to inclusion

The Age and Disability Capacity Programme (ADCAP) was a three-year initiative funded by the UK government's Department for International Development (DFID) and the US government's Office of Foreign Disaster Assistance (OFDA), and was implemented between 2014 and 2018. The programme aspired to overcome the gaps in policies and practices of humanitarian actors, which lead to the exclusion of older people and people with disabilities. ADCAP's overall goal was to improve the quality of humanitarian response by strengthening the capacity of the sector actors to deliver age- and disability-inclusive programming that is gender sensitive. ADCAP was broadly built on an approach to inclusion that is based on the removal of barriers faced by older people and people with disabilities. These barriers are posed by society, including civil society, of which humanitarian organisations are a part.

ADCAP was an initiative of the Age and Disability Consortium: CBM, DisasterReady.org, HelpAge International, Humanity & Inclusion, International Federation of the Red Cross and Red Crescent Societies (IFRC), the Centre for Development and Emergency Practice (CENDEP) at Oxford Brookes University, and RedR UK. The ADCAP consortium partnered with organisations in the UK, Kenya and Pakistan to implement inclusion initiatives within their organisations. These implementing organisations were: Islamic Relief Worldwide, UK; Islamic Relief Pakistan; Christian Aid International, UK; Christian Aid, Kenya; the Kenya Red Cross Society; CBM, Kenya; HelpAge International Pakistan, and Concern Worldwide, Pakistan. Senior managers within these organisations gave their support to ADCAP's vision of change, which in

turn led to the signing of formal partnerships between the ADCAP lead agency and the implementing organisations. Eight inclusion advisers were recruited in the first year of the programme, one within each implementing organisation. They were supported through a series of trainings to build their capacity, together with other learning initiatives, throughout the programme period. A series of e-learning modules and webinars on age and disability inclusion were developed by DisasterReady.org, with support from ADCAP consortium members, which were used by inclusion advisers to upgrade their knowledge and skills. They also benefitted from ongoing coaching and mentoring support from ADCAP consortium members. Inclusion advisers participated in face-to-face intensive training of trainers for one week in the UK, organised by RedR. Follow up training was organised in November 2016 by HelpAge International. In these training activities, inclusion advisers gained knowledge that enabled them to identify barriers and opportunities; influence and manage change; and develop organisational action plans.

Following this training programme, inclusion advisers led learning and change processes within their own organisations and their partner organisations. The inclusion advisers worked to achieve organisational change by using tools developed by the ADCAP programme — namely the organisational review and organisational action plan templates.

Specifically, inclusion advisers:

- Carried out organisational assessments of their respective organisations and identified areas where their policies and programmes were weak on gender-sensitive age and disability inclusion. Using assessment results, they identified areas where improvements were needed, and developed an organisational action plan and indicators for inclusive policy and practices. Appendices 1 and 2 provide the ADCAP templates used for organisational assessments. The inclusion advisers have put these organisational action plans into practice over the programme period, to make their organisations more age and disability inclusive.
- Conducted a training programme and sensitisation activities with selected staff and local partners using the ADCAP training package 'Inclusion of age and disability in humanitarian action' (see Appendix 4). The training package was adapted by inclusion advisers to make it relevant to their country contexts.
- Used the ADCAP 'Minimum standards for age and disability inclusion in humanitarian action (pilot version)' to sensitise and orient staff and partners on gender-sensitive processes that included age and disability. The pilot 'Minimum standards for age and disability inclusion in humanitarian action' have since been revised, following consultation with humanitarian organisations and organisations of older people and people with disabilities. The title of the revised version is the 'Humanitarian inclusion standards for older people and people with disabilities' (see Appendix 4).

- Used the coaching and mentoring support provided to them to overcome the various implementation challenges.
- Undertook self-assessment using the inclusion competency framework, developed by ADCAP at the start of the project. This assessment identified the inclusion advisers training and professional development needs. The changes in their competence were tracked to identify progression and to assess the competency levels they achieved by the end of the programme (see Appendix 3).

Summary of good practices

Left: © Age International/Simon Rawles

3. Summary of good practices

As research partner in the ADCAP consortium, CENDEP at Oxford Brookes University has been closely tracking change initiatives within ADCAP implementing organisations over the last three years. Evidence such as ADCAP monitoring and change reports, interviews and reflection sessions with inclusion advisers and stakeholders, the mid-term evaluation, and wider literature has been evaluated to develop a set of good practice change themes.

The nine change themes identified are explored in-depth in this guide. If embedded into organisations, these approaches will strengthen gender-sensitive age and disability inclusive practices in humanitarian action.

Change themes:

1. Mainstream inclusion within your organisational structure.
2. Collect, analyse and use sex, age and disability disaggregated data.
3. Integrate inclusion within humanitarian, development and risk reduction programmes.
4. Address intersections between social identities to embed inclusion within programmes.
5. Develop an institutional pool of inclusion champions.
6. Challenge wider cultural and social attitudes towards older people and people with disabilities.
7. Overcome internal barriers to implementing inclusion.
8. Develop inclusion competency of staff involved in humanitarian action.
9. Engage older people and people with disabilities, and their representative organisations.

Good practice recommendations at a glance

Change theme 3.1: Mainstream inclusion within your organisational structure

- Ensure senior managers support the inclusion agenda.
- Undertake systematic and participatory organisational assessment to identify gaps in policies and practices and develop an organisational action plan for inclusion.
- Collaborate with older people and people with disabilities throughout this process.
- Review and revise strategic documents and humanitarian programming guidelines.
- Identify a focal point for inclusion and/or a working group to be responsible for monitoring progress of organisational action plan implementation.
- Develop standard operating procedures on inclusive staff recruitment, inductions, and training.
- Use ongoing discussion and meeting platforms within the organisation to sensitise staff on inclusion and share progress and success stories.
- Use training, mentoring and exposure events to build staff capacity on inclusion.

Change theme 3.2: Collect, analyse and use sex, age and disability disaggregated data

- Revise data collection tools to incorporate sex, age and disability disaggregated data throughout humanitarian programmes.
- Deliver training on the use of data collection tools and collectively assess their effectiveness.

- Collect disaggregated data on disability by use of the Washington Group questions
- Use a range of tools for needs assessments, such as household questionnaires, and participatory tools, such as focus group discussions, to gain insight into the diversity of needs and capacities.
- Use feedback systems between different teams such as monitoring, evaluation and learning, and humanitarian response to critically analyse and reflect on disaggregated data that has been collected.
- Use disaggregated data on sex, age and disability to adapt programming interventions.
- When appropriate, include caregiver information in your data collection tools and involve them, with the consent of older people and people with disabilities, in the programming cycle.

Change theme 3.3: Integrate inclusion within humanitarian, development and risk reduction programmes

- Integrate sex, age and disability inclusion in all programmes: humanitarian, risk reduction and development.
- Embed sex, age and disability disaggregated data collection and analysis across sectoral areas for inclusive access to livelihoods, WASH and education.
- Demonstrate linkages between age and disability inclusion agendas and long-term development strategies, such as poverty elimination, resilience building, and empowerment to influence and access institutional support.

Change theme 3.4: Address intersections between social identities to embed inclusion within programmes

- Identify entry points in current work that can link with or have synergy with inclusion work. Promote inclusion as a cross-cutting concept.
- Highlight the intersections between social change agendas, such as gender equity, and inclusion work. Integrate age and disability inclusion in social change programmes thereby making them more inclusive.
- Promote the message that addressing the equality agenda requires addressing diversity of needs and capacities.

Change theme 3.5: Develop an institutional pool of inclusion champions

- Recruit and/or appoint inclusion champions within your organisations and develop their core competencies, awareness and skills on inclusion through training and exposure.
- Identify and involve strategic individuals, including key senior staff, to co-lead on inclusion.
- Develop strategic inclusion forums or working groups.
- Organise systematic training and awareness-raising on age and disability inclusion for staff.
- Carry out consistent influencing and advocacy for inclusion highlighting the benefits to programme quality.
- Develop and share evidence (both internal and external) of the impact of inclusive programming.
- Create awareness of inclusion by linking with global

agendas and events, such as “leave no one behind” and the UN International Day of Persons with Disabilities.

Change theme 3.6: Challenge wider cultural and social attitudes towards older people and people with disabilities

- Include discussions on the effects of social stigma and negative attitudes towards older people and people with disabilities in training programmes.
- Work with older people and people with disabilities to overcome their internalised negative self-perceptions.
- Expose staff and communities to the skills and knowledge of older people and people with disabilities.
- Encourage interactions between staff and communities, and older people and people with disabilities.
- Promote the message of equal rights and non-discrimination to staff and communities.

Change theme 3.7: Overcome internal barriers to implementing inclusion

- Spread the message that inclusion does not need specialist skills but is about addressing barriers to respond to a diversity of needs, which improves the quality of humanitarian programmes.
- Adopt a twin track approach that mainstreams age and disability inclusion in all ongoing programmes, along with targeted interventions to address barriers, using referral services if necessary.

- Use statistical evidence generated from sex, age and disability disaggregated data to challenge individual or organisational misconceptions.
- Engage older people and people with disabilities to help challenge perceptions and find solutions to barriers. Develop solutions in consultation with local communities to overcome barriers that impede involvement of these groups.

Change theme 3.8: Develop inclusion competency of staff involved in humanitarian action

- Adopt the ADCAP inclusion adviser model and use ADCAP training and e-learning courses to develop staff competencies.
- Strengthen the core knowledge of humanitarian staff to ensure a basic understanding of inclusive programming and humanitarian inclusion standards.
- Impart inclusion knowledge and skills to staff through training, mentoring and learning by doing.
- Encourage trained staff to undertake sex, age and disability disaggregated data collection and analysis, to support their projects.
- Encourage humanitarian actors to adopt age and disability inclusive practices, and mentor them when implementing inclusive programmes.
- Build staff capacities on how to address the barriers faced by older people and people with disabilities affected by crisis. Train staff on communicating effectively with these groups.

Change theme 3.9: Engage older people and people with disabilities, and their representative organisations

- Be open and willing to work with and learn from older people and people with disabilities and their representative organisations.
- Use contextually sensitive strategies to overcome entrenched social barriers and to involve older women and men and women and men with disabilities.
- Involve older women and men, and women and men with disabilities, in programmes. Appoint them to skilled roles, such as training and auditing.
- Consult with older women and men, and women and men with disabilities, when developing programmes, to better understand and overcome the barriers they face.
- Collaborate with organisations representing older people and people with disabilities, and support them in their advocacy activities.

How to use the guide

This good practice guide can be used by humanitarian managers, field staff, senior organisational managers and organisational change practitioners, as well as technical field teams. It is a collection of practical examples and successful approaches to age and disability inclusion in humanitarian response. We hope the guide will inform and inspire individuals and organisations to commit to inclusive humanitarian practices.

The guide can be used for many purposes and in many contexts, for example when:

- designing new programmes;
- adapting current programmes;
- adjusting organisational frameworks and programming tools;
- undertaking systematic reviews of organisational policies and practices;
- reviewing and developing staff competencies; and
- developing staff training tools based on good practice examples.

Towards inclusive humanitarian practices: change themes

Left: © CBM/Shelley

4. Towards inclusive humanitarian practices: change themes

This section presents the nine change themes that reflect successful inclusion practices emerging from the ADCAP experience. We strongly encourage organisations to implement these changes, to make their humanitarian responses more inclusive. Each theme includes analysis — using examples of action from ADCAP implementing organisations, a set of good practice action points, and case studies detailing how change was brought about in different implementing organisations.

4.1 Change theme: Mainstream inclusion within your organisational structure

Age and disability inclusion practices should be embedded into organisational structures — across systems, policies and processes.[8] Any institutional barriers must be addressed to enable new practices to endure.[9] Major challenges include the lack of standardised protocols and guidelines on responding to the needs and capacities of older people and people with disabilities.[10]

ADCAP's approach to mainstreaming age and disability in organisational structures meant systematically including age and disability in a range of policies, guidelines and practices. ADCAP implementing partners have also revised their country and global strategies, plans and humanitarian responses, to make them more inclusive. Christian Aid's country strategy papers and annual reporting formats now have a section on gender, age, disability and diversity inclusion. HelpAge International Pakistan's new country plan has "enabling inclusion of older persons and people with disabilities in economic and income generation activities" as one of its objectives. The new Islamic Relief Worldwide global strategy states a commitment to groups at risk of exclusion, factoring in age, gender and disability. Islamic Relief Pakistan's new country strategy aims to ensure meaningful participation of people with disabilities and older people as a cross cutting theme in its interventions. The Kenya Red Cross Society has developed guidelines to implement their disability and social inclusion policy. CBM's new Kenya country plan has incorporated both age and gender dimensions into their disability work on health, education, rehabilitation, and advocacy.

4.1 Change theme: Mainstream inclusion within your organisational structure

These organisations have addressed inclusion in their Standard Operating Procedures (SOPs). Despite the limited timeframe of the ADCAP programme, they were able to develop such procedures in varying degrees within their policies and programmes.

Examples include:

- SOPs or policies for inclusive human resource recruitment and induction procedures, by HelpAge International Pakistan, Islamic Relief Pakistan, CBM Kenya, Christian Aid;
- The Kenya Red Cross Society SOP in finance, whereby a percentage of funded projects is ring-fenced for capacity building of staff about inclusion, and for making all activities inclusive and accessible;
- Concern Worldwide Pakistan's SOP for inclusive proposal development in their main emergency response programme, RAPID;
- SOP for inclusive needs assessment and monitoring of programmes by HelpAge International Pakistan and Islamic Relief Pakistan (all ADCAP implementing organisations are working towards this); and
- ADCAP implementing organisations are in the process of developing SOPs for other aspects of their organisational systems.

Inclusion advisers supported these changes in SOPs and practices by developing a wider ownership of the gender-sensitive age and disability inclusion agenda among staff. They used ADCAP tools and templates, such as organisational assessments and organisational action plans

(see Appendices 1 and 2) to develop critical discussions with staff, assessing where improvements were needed. A number of ADCAP implementing organisations used the templates to conduct an online survey with their staff. This identified areas where more organisational capacity on inclusion was needed.

The inclusion advisers presented feedback and findings from these assessments to their senior management teams. They then developed organisational action plans, using participatory methods to engage staff, and implemented them over the programme period.

Support and endorsement of the process by senior management was crucial to communicate the importance of mainstreaming inclusion throughout the organisation.

Co-leads were identified to support the inclusion advisers in implementing the organisational action plan, leading to wider buy-in. For example, Affan Cheema, Head of Programme Quality, Islamic Relief Worldwide, was the co-lead on making their organisational policies inclusive. Affan's testimony given later in the guide reveals how his own understanding of inclusion changed as he drove organisational change together with the inclusion adviser, Sherin AlSheikh Ahmed.

One of the key barriers to embedding age and disability inclusion across programmes was the culture of working in silos, with different departments working independently. Inclusion advisers learnt to address this by sensitising,

training and building capacities of staff at different levels, thereby integrating inclusion in all sections. For example, the advisers advocated for inclusion with key individuals and teams including gender, monitoring and evaluation, disaster response, disaster risk reduction, programming, and human resources. They have gradually nurtured a pool of champions within their organisations who are steadily helping to embed more inclusive practices in their work (see theme 4.5).

The inclusion advisers disseminated the inclusion message across the organisation through one to one meetings, training, staff meetings and workshops.

Inclusion adviser, Anwar Sadat captures the journey of change in HelpAge International Pakistan: “We [inclusion advisers] have started to do things differently [...] This change from us as individuals has trickled down throughout the organisation.” Farooq Masih, inclusion adviser with Islamic Relief, Pakistan, says, “Now age and disability is everyone’s business […] the monitoring, evaluation and learning department has taken ownership of inclusion work in terms of setting indicators, planning, review and evaluations.”

As inclusion advisers succeeded in identifying and addressing gaps in their programmes by adapting them, they were able to provide evidence to their colleagues and partners. For example, they used ongoing implementing partner projects to adapt their practices to better respond to the needs and capacities of older people and people with disabilities. This provided them with evidence that

approaches to change worked, and they then advocated for further mainstreaming of inclusion — both internally and externally — with wider stakeholders (see theme 4.8). ADCAP experience suggests that organisations must embed age and disability in their organisational structure, policies and programming tools.

Good practice action points

- **Ensure senior managers support inclusion agenda.**
- **Undertake systematic and participatory organisation assessment to identify gaps in policies and practices and develop an organisational action plan for inclusion. Collaborate with older people and people with disabilities throughout this process.**
- **Review and revise strategic documents and humanitarian programming guidelines.**
- **Identify a focal point for inclusion and/or a working group to be responsible for monitoring progress of organisational action plan.**
- **Develop SOP on inclusive staff recruitment, inductions, training.**
- **Use ongoing discussion and meeting platforms within the organisation to sensitise staff on inclusion and share progress and success stories.**
- **Use training, mentoring and exposure events to build staff capacity on inclusion.**

4.1 Change theme: Mainstream inclusion within your organisational structure

Case study: Concern Worldwide Pakistan

Developing inclusive standard operating procedures

Concern Worldwide is Ireland's largest humanitarian aid agency working in over 26 countries, including Pakistan, where it has been operational since 2001. Most of its humanitarian response is implemented through local partners.

Inclusive standard operating procedures were piloted through their flagship programme Responding to Pakistan's Internally Displaced (RAPID). RAPID is a funding mechanism established in 2009, and funded by USAID's Office of Foreign Disaster Assistance (OFDA). Through this pilot, Concern Worldwide aimed to support projects funded via the pooled fund to be inclusive of older people and people with disabilities, and eventually scale up the approach to all its projects and programmes in Pakistan.

The ADCAP programme has led to changes in the way RAPID emergency response projects are selected, designed, implemented and monitored. All RAPID project applications are screened against eligibility criteria. As a result of ADCAP, a new criterion has been added: all applicants are required to prioritise groups at risk of exclusion and discrimination, such as older people and people with disabilities. Once applications are submitted, they go through an internal technical review by Concern Worldwide before being sent to OFDA. The ADCAP inclusion adviser is now included in the review team, to screen all applications, and make sure that they outline

achievable strategies to include older people and people with disabilities. Once funding is approved, Concern Worldwide used to offer a two-day capacity strengthening support to partners. Due to the ADCAP programme, an additional day has been added to orient partners on how to include older people and people with disabilities (see theme 4.2, Concern Worldwide Pakistan case study for details on RAPID response project).

Case study: HelpAge International Pakistan

Changing strategic plans, mainstreaming inclusion

HelpAge International works in over 50 countries, and is the only international development agency to promote the rights of older people during emergencies.

Since completing its organisational assessment and organisational action plan, HelpAge International Pakistan has changed its annual country plans, and emergency preparedness and response programme. These documents now cover inclusion of older people and people with disabilities in development, humanitarian response, and disaster risk reduction programmes as key priority areas. These changes in policy and strategy have sent a positive message to staff and given the inclusion adviser, Anwar Sadat, the confidence and opportunity to influence other layers of the organisation.

Throughout the ADCAP programme, Anwar focused

on building staff capacity — both technical as well as support functions. The capacity building strategy included generic training, technical training, mentoring, and on the job support. This approach proved to be the bedrock for embedding inclusion. Anwar developed a productive relationship with the human resources team, who gradually reviewed all job descriptions to include skills and competencies required for mainstreaming inclusion. The recruitment policy was also revised to encourage applications from older people and people with disabilities. A range of inclusive practices are now routinely implemented as part of the SOP in HelpAge International Pakistan, such as staff induction and training. Members of the human resources team have now become inclusion champions.

Since HelpAge International Pakistan already has a mandate for working with older people, Anwar has focused on working with programme teams to review and revise their tools to include people with disabilities. Use of the Washington Group questions[11] was introduced to gather data and information about people with disabilities in humanitarian response projects. As a result, all new projects use an assessment tool that captures information about both older people and people with disabilities. Proposal formats and evaluation guidelines were also reviewed and revised to include disability related aspects. Older people and people with disabilities were engaged in monitoring of activities, which reaffirmed the importance of their involvement in project design. For example, in the RELIEF consortium project led by HelpAge International

4.1 Change theme: Mainstream inclusion within your organisational structure

Pakistan in Peshawar, older people and people with disabilities were involved in mid-term evaluation to give feedback on latrines designed to be accessible. Feedback showed that some of these latrines were not used by people with disabilities because they were built too far away. Learning from this experience, the local partner is now encouraging the involvement of older people and people with disabilities in the design of new initiatives.

HelpAge International Pakistan has also produced guidelines on communicating with older people and people with disabilities. Practical suggestions include use of non-jargon words; adaptations to minimise environmental barriers, for example, getting older people and people with hearing difficulties to sit in the front row of meetings; using visual tools or sign language; and using clear verbal communication for people with visual disabilities.

Given that inclusion mainstreaming is a long process, Anwar maintained momentum by updating staff weekly. This helped to reinforce the message that they were not thinking about inclusion in isolation: it was part of a shift in the humanitarian sector, a donor requirement, and key to their commitment to meet humanitarian standards and the "leave no one behind" agenda.

4.1 Change theme: Mainstream inclusion within your organisational structure

Case study: Islamic Relief Worldwide

Inclusivity and sensitivity working group leads change process

Islamic Relief Worldwide is a UK-based international humanitarian and development organisation. Both its UK head office and the Pakistan country office were implementing partners of the ADCAP programme. An inclusion adviser was appointed in each office to act as a change agent and lead the inclusion process.

Islamic Relief Worldwide has always embraced the concept of reaching out to groups at risk of exclusion through its humanitarian programmes. When the inclusion adviser, Sherin AlSheikh Ahmed, started talking to colleagues at head office about doing an organisational assessment on age and disability inclusion, some asserted that, "our programming approach is nothing but inclusive." Others questioned whether such efforts would be onerous and yield any concrete changes. Sherin persisted with her conversations and encouraged colleagues to see the ADCAP programme as an opportunity to collect missing evidence on inclusion. She heard individual perspectives and recognised that inclusion was not fully understood: everyone had their own idea of what it entailed. She followed up by administering an anonymous organisational assessment survey to head office staff. With a 74 per cent response rate, the findings showed that there were indeed gaps in the inclusion of older people and people with disabilities in the organisation's practices. Sherin did a review of programme tools and found that many of them

excluded older people and people with disabilities. For example, needs assessment tools posed no requirement to collect data disaggregated by age beyond 50 years, and older people were grouped into an homogenous group of 50 years and above. Similarly, there was no requirement to collect information about people with disabilities. Support from senior managers, such as the head of humanitarian programmes, encouraged other managers to look at the assessment results as "an opportunity to move in the right direction."

Following this, Sherin formed and led an inclusivity and sensitivity working group, to implement the organisational action plan. The group mainly comprised technical advisers from the programme quality team and representatives from country teams. Each member was tasked with bringing together inclusion and protection as cross-cutting issues. Each technical specialist had their own 'sphere of influence' that was identified by Sherin as a way to embed inclusion within programming practices. Sherin recalls the importance of this working group: "My ADCAP workplan would not have been implemented without the working group. I could not have spoken to individuals and departments individually or reviewed the tools without having these technical persons on board […] It has been an eye opener for all of us, seeing the added value when we work together. We have become more intersectional in our analysis, capturing more information, not just on age and disability, and discussing it." She emphasised throughout that mainstreaming inclusion was a "tangible step to fulfil

commitments towards the core humanitarian standards and leave no one behind agenda that Islamic Relief Worldwide had signed up to."

The inclusivity and sensitivity working group led the change process. This resulted in the revision of needs assessment guidelines and tools, such as rapid response assessment formats, to ensure that data collected was disaggregated by sex, age and disability. Other key guidance materials that were revised included household selection criteria, distribution forms, proposal formats, proposal writing guidelines, and results-based management manual. An inclusion marker tool was created to benchmark funding proposals and initiatives in relation to gender, age, disability and other diversity issues. The working group also provided support to programme and field teams on how to collect primary and secondary data on older people and people with disabilities. A training package on protection and inclusion was rolled out in different countries.

Islamic Relief Worldwide has six new "inclusion projects" being implemented in six countries, funded by the Swedish International Development Cooperation Agency (Sida). These projects were designed using the newly revised programming tools. They included a dedicated budget line of 1.5 per cent of the total budget to cover inclusion capacity strengthening and adjusting programming activities. Country offices that fund global programmes, have made inclusion of older people and people with disabilities a mandatory requirement for all projects and programmes.

4.1 Change theme: Mainstream inclusion within your organisational structure

Case study: Islamic Relief Pakistan

Embedding inclusion through training and mentoring

Training and mentoring staff on inclusion proved to be an effective way to systematically embed inclusion into Islamic Relief Pakistan programmes. The inclusion adviser, Farooq Masih, gave sensitisation and training support to 139 staff in developing personal action plans and identifying key priorities to pursue after the training. Farooq regularly followed up on these plans, providing technical support when needed. This process created a pool of staff committed to inclusion, and helped Farooq identify new inclusion champions in other teams. He gave technical support to 15 champions, who are now cascading the inclusion messaging and providing support within their own teams (See theme 4.4).

Regular meetings and workshops on inclusion led to review and redesign of tools, such as the needs assessment methodology, tools to collect disaggregated data, and project proposal templates. Islamic Relief Pakistan's country strategy (2017-2021) has reinforced the commitment to inclusion by instilling the need to provide humanitarian action that is inclusive of older people and people with disabilities of all ages and genders. Farooq also worked closely with the human resources manager to review and revise all job descriptions and person specifications. These now reflect relevant skills, competencies and overall commitment to inclusive humanitarian action. People with disabilities and women are now encouraged to apply for new positions. To

reach those in remote areas with limited internet access, positions are also advertised through text messages. In addition, HelpAge developed communication guidelines for older people and people with disabilities, which were translated into the local language, to help staff understand the needs and capacities of these groups. Farooq sensitised staff on national and international frameworks that make inclusion of older people and people with disabilities a requirement. Senior managers were made more accountable by making it mandatory to report on progress towards inclusion.

At national level Islamic Relief Pakistan now tracks data by sex, age and disability.

4.2 Change theme: Collect, analyse and use sex, age and disability disaggregated data

The lack of data on people with disabilities means that they are invisible, and this contributes to their exclusion from humanitarian responses. Similarly, data about older people are often not collected, despite their being recognised as a group at risk of exclusion. This lack of baseline data deters subsequent planning and monitoring of the inclusion of these groups.[12] They are rarely consulted in the planning and execution of humanitarian action, and their capacity to be active participants in recovery and response is ignored.

Older people and people with disabilities are a diverse group and hence a blanket approach to supporting them is not appropriate.[13] A further disaggregation by age and disability, and collection of information on barriers faced, may lead to a deeper and more targeted response. As of now, there is no foolproof, tested and recognised tool available to collect comprehensive disaggregated data and information about barriers and capacities. This has meant that undertaking effective disaggregated information collection, analysis of barriers faced, and inclusive action planning has been a process of learning for ADCAP implementing organisations. Islamic Relief Pakistan, Concern Worldwide Pakistan and HelpAge International Pakistan, for example, have revised their tools for disaggregated data collection during several recent humanitarian responses. The use of these revised tools and feedback on them has led to further revisions to the disaggregated needs assessment and monitoring tools. These organisations now use the Washington Group questions for disability data collection, a widely accepted tool for collection of disability disaggregated information.[14]

4.2 Change theme: Collect, analyse and use sex, age and disability disaggregated data

Christian Aid Kenya has reviewed its participatory vulnerability capacity analysis tools and processes. These now emphasise the need to include focus group discussions and interviews with both older women and men, and women and men with disabilities, making sure their perspectives are integral to project planning, monitoring and evaluation. They have also held field-based training workshops with local partners on developing inclusive responses. These partners agreed to review their own community interactions, and in the process they also developed facilitating skills. Such interactions have encouraged partners to collect disaggregated data in their projects. Christian Aid is now introducing the collection of disaggregated data globally across its programmes using the Washington Group questions.

ADCAP partners have found that effective disaggregated data collection and its use has led to positive learning between and across different layers of their organisations, particularly monitoring, evaluation and learning teams, humanitarian response teams, and inclusion advisers.

Involving different organisational actors in discussions about data collected has provided useful feedback, enabled improved analysis and ensured learning is translated into effective action. Certain improvisations were made in data collection, such as identifying the caregivers when their involvement was deemed required by some older people or people with disabilities. Concern Worldwide and the Kenya Red Cross Society have adapted their delivery of water, sanitation and hygiene (WASH) and health programmes based on feedback from data analysis, as

indicated in their case studies below.
Collection, analysis and use of disaggregated data has led to more inclusive programmes, and the provision of appropriate relief assistance to older people and people with disabilities.

ADCAP implementing organisations have started to gain experience on the ground in using the Washington Group questions to identify people with disabilities, including older people with disabilities.

4.2 Change theme: Collect, analyse and use sex, age and disability disaggregated data

Good practice action points

- **Revise data collection tools to incorporate sex, age and disability disaggregated data throughout humanitarian programmes.**
- **Deliver training on the use of data collection tools and collectively assess their effectiveness.**
- **Collect disaggregated data on disability by use of the Washington Group questions.[15]**
- **Use a range of tools for needs assessments, such as household questionnaires, and participatory tools, such as focus group discussions, to gain insight into the diversity of needs and capacities.**
- **Use feedback systems between different teams such as monitoring, evaluation and learning, and humanitarian response to critically analyse and reflect on disaggregated data that has been collected.**
- **Use disaggregated data on sex, age and disability to adapt programming interventions.**
- **When appropriate, include caregiver information in your data collection tools and involve them, with the consent of older people and people with disabilities, in the programming cycle.**

Case study: Concern Worldwide, Pakistan

Collecting disaggregated data for RAPID project

A key action in Concern Worldwide's organisational action plan was to pilot an inclusive approach to programming in their managed pooled fund project for Pakistan — Responding to Pakistan's Internally Displaced (RAPID).

As part of RAPID, three partner organisations were trained on the inclusion of older people and people with disabilities in humanitarian programmes. During training it became clear that the lack of data about these groups would make it difficult to design projects that would address the barriers they faced. Concern Worldwide decided to use this opportunity to collect data on older people and people with disabilities in five union councils and three tehsils, which are local administrative units covering around 100 villages in the Sindh province. Assessment tools were modified to include the Washington Group questions — a valuable way for many Concern Worldwide and partner staff to understand the practical aspects of inclusive programming. The data collected were comprehensive and further endorsed by the local government and other humanitarian actors, who were also eager to understand the percentage of older people and people with disabilities in the administrative units of Sindh province. Some agencies have since used the data to inform their own programmes, and local government has used the data to provide appropriate relief assistance.

The data collection process was new, as it gathered data

that identified caregivers of older people and people with disabilities, when required, for the first time. When older people and people with disabilities require the support of a caregiver, this person can play an important role in ensuring these groups have access to humanitarian assistance.

However, humanitarian agencies also need to be aware that sometimes caregivers may also pose barriers to access and participation of older people and people with disabilities.

Previously, villagers hesitated to share data about people with disabilities, due to associated shame and taboos, but using the revised needs assessment approach assured the community that Concern Worldwide and its partners genuinely wanted to provide appropriate and accessible services. This message was further reinforced once the selection criteria were changed to prioritise the groups at risk of exclusion. A special budgetary provision of 10 per cent of the total budget was included in some RAPID projects, to absorb any capacity strengthening costs or additional costs, as required.

Initially, there was some apprehension amongst partner staff about using modified needs assessment tools. After training and clarification, however, the new approach started to make sense.

Partners were glad to have the baseline data on older people and people with disabilities, in addition to the technical and mentoring support from inclusion advisers and Concern Worldwide teams.

4.2 Change theme: Collect, analyse and use sex, age and disability disaggregated data

Through these projects, evidence of inclusion soon started to emerge, with partners now doing things differently, as the following examples illustrate.

Previously, all Concern Worldwide humanitarian response projects were oriented to results. For example, a WASH project would aim to deliver a fixed number of latrines for one village. With the emphasis on understanding the diversity of social identities and the existence of barriers to access, the RAPID project had to change its approach to latrine provision in response to the temporarily displaced persons crisis in 2016. Data analysis from the needs assessment showed that 53 families had at least one family member with a disability. The partner staff realised that the standard latrine design would be useless for these families, so they adapted the design and provided chair-based latrines for these families.

In a project responding to the drought in Tharparkar, Sindh Province, the Concern Worldwide partner reviewed and revised a conditional cash programme, to use inclusive selection criteria that prioritised older people and people with disabilities.

In a livelihood project distributing livestock fodder, the Concern Worldwide partner staff realised that some older people and people with disabilities preferred collection of fodder from the distribution site by another person designated by them. So they boosted project resources to cover the extra cost for a caregiver – or a family member or friend as identified by the older person or person with a

disability — to act as a proxy collector. Some of the older people also asked for assistive devices, and the partners linked them to another project that was providing these.

The collection of disaggregated data has changed Concern Worldwide and their partners' humanitarian responses. Aneel Ahmed, RAPID Project Coordinator, says, "had it not been for the data, these afterthoughts or modifications would not have taken place, and inadvertently older people and people with disabilities would have been excluded from these projects." Zain Tanoli, the Monitoring, Evaluation and Learning Coordinator, reflects, "when the data are available, you realise that the standard humanitarian package will not work. If you have no data, there will be no analysis and no appropriate services." Field exposure has helped his team understand how to analyse and use disaggregated data better, and has given them the confidence to explain the process to colleagues.

An inclusive monitoring plan is now implemented for RAPID project funding. The inclusion adviser and monitoring, evaluation and learning team now make sure that relevant monitoring indicators reflecting inclusion of older people and people with disabilities are included in projects. Monitoring visits also help to adjust programme activities and address the barriers identified by these groups. Most of this happened as a result of training, mentoring and the 'learning by doing' approach. Providing technical support at the point of delivery also helped project teams to apply their new skills and knowledge to existing projects.

4.2 Change theme: Collect, analyse and use sex, age and disability disaggregated data

Case study: The Kenya Red Cross Society

Disaggregated data brings inclusion and greater accountability

The Kenya Red Cross Society is a member of the International Federation of the Red Cross and Red Crescent Societies, with a mandate to respond to the humanitarian crisis in Kenya.

Before being involved in ADCAP, the Kenya Red Cross Society was collecting data about people over 50, without using more specific age cohorts beyond 50 years of age. This meant that the organisation did not collect information on older people and people with disabilities that was specific enough, and therefore did not set up interventions for these groups. Once ADCAP started, the organisation reviewed and revised its data collection tools. Data is now disaggregated to include age cohort groups of 10 years, such as 50-60, 60-70, and 70 and above, and people with disabilities are identified using data related to the disability cards provided by the Kenyan government.

The inclusion advisers collaborated with the health, monitoring and evaluation and disaster operations teams to revise these organisational data collection tools. Feedback from the operations response team showed that people with disabilities were reluctant to be identified by their disability cards, as they wanted to know how the information would be used. This led to a further review of data collection tools, and inclusion of additional questions on the barriers, faced by people. The tools are now used

to identify the barriers faced by different groups, and to monitor responses to them. The team is aware that identifying people with disabilities through disability cards given by the Kenya government may have led to under-reporting of people with disabilities. Revision of SADDD tools within the Kenya Red Cross Society is a work in progress. The Kenya Red Cross Society plans to use the Washington Group questions to identify people with disabilities in near future. In future, the organisational change plans will use the Washington Group questions to identify people with disabilities.

Additionally, since the Kenya Red Cross Society team found out that some people had not been able to access disability cards, despite having a disability, they went on to facilitate access to them by connecting them to county health teams for certification.

The collection of disaggregated data has made accountability stronger, as people can now question the Kenya Red Cross Society on how they use the data. Lillian Matemu, the inclusion adviser, says, “the data we received from the reviewed data collection tools have helped us change our practice […] We have moved from numbers to intervention in very realistic ways […] With the data, you can’t ignore inclusive humanitarian programming. The data give you facts, numbers and details, ensuring that your response is relevant, accessible, and appropriate.” The organisation has also used the data for advocacy. Having more specific numbers of older people and people with disabilities has meant they can promote the value of an

inclusive response with stakeholders.

The Kenya Red Cross Society is adapting its contingency and response programmes to address the barriers faced by older people and people with disabilities, making these programmes accessible and appropriate. Instead of standardised services, there are now more personalised and targeted household-level responses. For example, they have expanded medical outreach programmes to household services for those older people and people with disabilities who face barriers to accessing such services. People are also provided with assistive devices, to give them greater independence. Food and nutrition programmes now distribute food that is suitable for older people who experience difficulties with chewing and eating, as in the drought response in Turkana County. In other responses, such as that in Nyando County, flood evacuation plans prioritised the evacuation by boat of people with disabilities, older people and pregnant women. In Bungoma, evacuation plans identified appropriate and accessible locations for evacuating older people and people with disabilities. More diverse communication methods are used to raise awareness, such as posters and household-level discussions. Other ongoing health programmes, such as outreach on non-communicable diseases, now include medicines and interventions appropriate to older people.

These changes to emergency response programmes have led to allocating additional resources within existing and new programmes. New funding proposals include budgets

for inclusive activities. Initially, the mindset among staff was that inclusive programming and targeting is expensive. However, this attitude has slowly shifted: budgets are now allocated for adaptation of programmes, capacity building, improving access to therapies, medicines, assistive devices, and other services where required. There are also budgets for training and capacity building of first line responders, such as Red Cross action response teams, surge teams, specialist teams for WASH and health, and for other departments to integrate and adapt their existing interventions.

4.3 Change theme: Integrated inclusion within humanitarian, development and risk reduction programmes

Age and disability inclusion needs to be mainstreamed across humanitarian and risk reduction programmes.[16] Further, higher socioeconomic development has been correlated with resilience: greater ability to recover after disasters. Thus improving the quality of life of older people and people with disabilities through long-term development projects can improve their resilience to emergencies.[17]

The importance of ensuring inclusion in development and risk reduction programmes, in addition to humanitarian programmes, was a key lesson for the ADCAP implementing organisations. Initially, given ADCAP's mandate, inclusion advisers focused on humanitarian responses. But the limitations of this approach are captured by Jane Machira of Christian Aid Kenya, "if mitigation, preparedness and disaster risk reduction are not strengthened equally through inclusion, as well as humanitarian responses, then it is like taking two steps backwards and one step forward as you have to re-evaluate the preparedness itself after the response." For example, an ADCAP implementing organisation undertook contingency planning ahead of the rainy seasons by stocking assistive devices to help in evacuation. They later found out that, having carried out the evacuation successfully, there were no supportive or assistive facilities in the evacuation centres for older people or people with disabilities. This demonstrates the need for holistic preparedness and risk reduction plans ahead of humanitarian responses.

HelpAge International Pakistan has integrated age and disability inclusion within its Building Disaster Resilience in Pakistan project. Its main role is to develop community

based disaster risk management plans and strategies, but the project now also incorporates age and disability inclusive livelihoods, WASH and shelter plans and strategies. This has meant collecting sex, age and disability disaggregated data to further identify people who need, for example, adapted WASH facilities. Similarly, Concern Worldwide Pakistan makes its training and sensitisation workshops on inclusion available to staff working on different programmes, thereby spreading their impact.

Christian Aid UK and Christian Aid Kenya have embedded age and disability inclusion within their long-term poverty elimination work, gender and power work, resilience building, and rolling out of the core humanitarian standards. They have used DFID-supported project, such as Linking Preparedness, Response and Resilience, to embed inclusion.

This mainstreaming of age and disability inclusion in long-term development strategies, risk reduction and preparedness programmes, has profoundly influenced the organisations' approaches to programme development and risk reduction.

4.3 Change theme: Integrated inclusion within humanitarian, development and risk reduction programmes

Good practice action points

- **Integrate sex, age and disability inclusion in all programmes: humanitarian, risk reduction and development.**
- **Embed sex, age and disability disaggregated data collection and analysis across sectoral areas for inclusive access to livelihoods, WASH and education.[18]**
- **Demonstrate linkages between age and disability inclusion agendas and long-term development strategies, such as poverty elimination, resilience building, and empowerment to influence and access institutional support.**

Case study: Christian Aid UK and Christian Aid Kenya

Mainstreaming inclusion across development and humanitarian programmes

Christian Aid's strategic framework puts power at the heart of poverty. It argues that people are poor due to imbalances of power: the root causes of injustice must be tackled to see change. Levels of poverty and exclusion are significantly higher for older people and people with disabilities as well as for women and minority groups.[19] Gender-sensitive age and disability inclusion is therefore relevant for the fulfilment of all Christian Aid's strategic change objectives, which aim to see sustainable improvements in wellbeing and an end to poverty.

The internal inclusion working group formed during ADCAP has promoted an inclusive programming approach. This embeds "challenging power imbalances" as its first pillar, to support the fulfilment of Christian Aid's strategic framework. Establishing clear linkages between humanitarian and development work has helped the uptake of inclusion. Throughout the ADCAP programme, members of the inclusion working group took opportunities to integrate inclusion across the power work, resilience framework, core humanitarian standards roll out, as well as thematic training in gender and protection.

ADCAP provided funding for two full-time inclusion advisers and their training, but no partner staff training or programmatic budget. Existing funding

streams were therefore used to integrate inclusion into ongoing programme plans. The DFID Programme Partnership Agreement (PPA) fund was a chance to trial new approaches through existing humanitarian and development projects. Resilience, power and inclusion were the themes for the PPA programming period, and they brought these strands together wherever feasible.

Initially, some staff saw inclusion as a new concept that was beyond the remit of their work, particularly disability. But there was less resistance when it was presented as a means to accomplish existing strategic commitments. In Kenya, for example, a workshop brought together partners to explore resilience, the core humanitarian standard and inclusion together, leading to a revisiting of the community response plans to risk. Since the end of the PPA period, the resilience and inclusion themes have been expanded through the DFID funded programme Linking Preparedness, Response and Resilience.

This programme aims to identify and apply the recommendations and perceptions of crisis survivors, on how humanitarian response could better strengthen and not undermine long-term community resilience building. Looking at gender, age and disability across resilience building requires assessing risk for all community members, resulting in community action plans that represent and involve everyone, not just the majority. For example, within Kenya, the community action plans prepared with pastoral communities responding to drought in the Marsabit area are now being revised

through consultations with older people and people with disabilities. In Myanmar, where complex conflict response work is taking place, inclusion is being applied to aid disbursement of cash grants for community self-help initiatives through local partners.

The core humanitarian standard is another way of bringing together strands of humanitarian and development work. Diversity lies at the heart of the standard, and a simple mapping of the inclusion issues against the core humanitarian standard principles, has helped to combine the two together. For example, Christian Aid has trialled the collection of disaggregated data in various pilots, to identify and address diverse barriers and capacities; this requirement is now being introduced across Christian Aid programmes. Training sessions on the core humanitarian standard have been held, where inclusion was integrated to strengthen the implementation of the standard.[20] Christian Aid is bringing together common criteria for both inclusion and the core humanitarian standard into evaluations. Country strategy papers and annual reporting formats now have a section on reporting on inclusion — a strong indicator that in future country programmes will be addressing inclusion across their work.

4.4 Change theme: Address intersections between social identities to embed inclusion within programmes

Through ADCAP, organisations have changed their policies, practices and standard operating procedures to embed age and disability inclusion. To achieve this, inclusion advisers have encouraged their organisations to recognise the intersections between social identities, such as gender, age and disability, and how different forms of discrimination affect each other. This is often called an intersectional approach. In practical terms, this has meant ADCAP implementing organisations have been examining the needs and capacities of their target groups in more complex ways.

At the onset of ADCAP in 2014, the more specialist organisations, such as HelpAge International Pakistan and CBM Kenya, had either age or disability as their organisational mandate. Christian Aid UK and Christian Aid Kenya were more generalist, but had gender as their mandate. Concern Worldwide Pakistan and Islamic Relief Worldwide had a mandate of working with "vulnerable groups."

The use of generic categories such as "vulnerable groups" can overlook specific barriers faced by older people, people with disabilities,[21] or social minorities. Others critique this approach for lacking contextual sensitivity and understanding.[22] Prior to ADCAP, the work of the generalist organisations reflected such issues, and suffered from the lack of capacity and understanding needed for gender-sensitive age and disability inclusion. Their work with undifferentiated "vulnerable groups," focused on vulnerability without a recognition of capacities, and they were relatively inexperienced in integrating age and

disability in their work. Similarly, ADCAP implementing organisations who had focused on working with older people, with people with disabilities, or on gender equality, did not pay sufficient attention to how these identities intersect with each other.

For ADCAP implementing organisations, looking at the intersections of gender, age and disability has meant reassessing their approach to social identities and recognising their complexities. Michael Mwendwa, inclusion adviser for CBM, an organisation that works on inclusion of people with disabilities, addresses this, "for us, disability is the key. That is not going to change. It is our mission and it inspires our policies and processes. But we now have cross cutting concepts of age and gender […] So we are looking at disability as an intersectional issue." Similarly, Sharon Kibor, inclusion adviser with Christian Aid Kenya, says, "my biggest learning is that most organisations hesitate to start something new. So the idea should be to look for entry points in our current work that link with or have synergy with inclusion work." Claire Grant, inclusion adviser with Christian Aid UK, has opened up inclusion in their core gender justice work. "We have had conversations with gender staff to say, 'how can we look at equality for all if we are not actually exploring the intersections within our gender work? What happens when we say leave no one behind, we've got a woman with disability, or we've got somebody who is older?"

The promotion of gender, disability and age intersectional work within the Kenya Red Cross Society, a generalist organisation with a gender focus, was initiated on the

basis of a set of new inclusion policies. Prior to ADCAP, the International Federation of the Red Cross and Red Crescent Societies had adopted a gender and diversity framework for humanitarian responses. The Kenya Red Cross Society had also ratified a disability mainstreaming policy and a social inclusion policy. Given this supportive policy background, the Kenya Red Cross Society focused on their practical implementation. The inclusion adviser has developed guidelines to implement their disability mainstreaming and social inclusion policies. Uptake of inclusion within the organisation is an ongoing process, with dissemination of these policy documents to governance and management staff taking place. Training on approaches to age and disability inclusion and its messaging are embedded in the implementation of the gender and diversity inclusion frameworks, because they are accepted by the staff as part of its mandate and founding principles. Approaches to age and disability inclusion are also incorporated in the Red Cross action team and surge team training. The sessions explore how to make interventions gender, age and disability inclusive.

Concern Worldwide reviewed their programming approach following the organisational assessment, which focused on their equality policy. They agreed to identify the diverse needs of the affected population. Following many discussions, and lobbying by the inclusion adviser, the senior management team endorsed the piloting of disaggregated data collection and the development of diversity based action plans under its RAPID programme.

4.4 Change theme: Address intersections between social identities to embed inclusion within programmes

Good practice action points

- **Identify entry points in current work that can link with or have synergy with inclusion work. Promote inclusion as a cross-cutting concept.[23]**
- **Highlight the intersections between social change agendas, such as gender equity, and inclusion work. Integrate age and disability inclusion in social change programmes thereby making them more inclusive.**
- **Promote the message that addressing the equality agenda requires addressing diversity of needs and capacities.**

Case study: Christian Aid UK and Christian Aid Kenya

Beyond gender to age and disability inclusion

Within Christian Aid, the inclusion advisers introduced age and disability inclusion strategically: using an intersectional approach and building on the organisation's primary work on gender. Initially there was some resistance, particularly from gender focal staff. Questions included, "why do you want to water down our gender work? Is it strategic to include age and disability if we don't have enough capacity? We are not specialists on them. Historically, we haven't invested in these issues even though there have been a few projects with a disability focus." The advisers responded to these concerns by emphasising that the aim was not for Christian Aid to become experts on a wide range of identities, but rather that the agency's gender work would be strengthened using an intersectional approach to development and humanitarian work. Since then, training and webinars by inclusion advisers have taken a "gender plus" approach, by including age and disability in their work.

Christian Aid launched its strategic framework in 2012. This sets out "equality for all" as one of its change objectives, aiming to reduce structural and gender based inequality, and create a more inclusive world. Over the past five years, the focus of this objective has been on "gender justice for all." The inclusion advisers emphasised that this framework strategy would be strengthened by looking at other aspects of identity such as age, disability and sexual orientation, to

increase the impact of the gender agenda. Where identities overlap, there may be increased risk and reduced power for individuals.

Regional differences in priorities and experiences, led to differing approaches to inclusion. The inclusion advisers had to be flexible with their language. For example, in Asia, the emphasis was on how gender, age and disability identities intersect with minorities and Dalit rights. In Latin America, intersections with gender, age and disability were explored in relation to sexual orientation and rights of lesbian, gay, bisexuals, transsexual and intersexual (LGBTI) people.

Country programmes now recognise the need for tools and approaches that enable a better understanding of vulnerability to be able to target subsets of groups, such as women and men with disability and older women and men. Christian Aid's global commitments and principles around "leave no one behind" have also helped to create momentum for the inclusion of age and disability, and how they crosscut with other identities.

Clear links were also made between Christian Aid's gender strategy and the Global Protection Cluster protection mainstreaming principles, which emphasised work with other marginalised identities. Similarities between the two were identified and communicated through a range of training tools and checklists called "inclusive programming." This inclusion material was shared globally through regional workshops targeting Christian Aid's

gender focal points. The gender justice strategy was updated in 2017, to reflect how gender crosscuts with other social identities. Two new positions were created on gender and inclusive programming for the Asia and Africa regions, helping to align the gender and inclusion agenda.

In 2016, Christian Aid Kenya began to focus on the intersection of social identities through the DFID-supported PPA project. This was working with local partners on issues such as sexual and reproductive health, governance and disaster risk reduction. The agency recognised that greater awareness among partners of how social identities cross-cut could help in making necessary adaptations to the programming. The inclusion advisers organised training for partners on age and disability inclusion. As a result of participation, local partners — Transmara Rural Development Programme, The Hive, and The Narok integrated development programme — adapted their programmes to address the needs of older people and people with disabilities.

Some of the specific changes included: providing access for Maasai older women and women with disabilities to sexual and reproductive health services; supporting Maasai families of women with disabilities and other ethnic minority groups to develop sustainable economic livelihoods; and including women with disabilities in savings groups.

The biggest challenge was that Maasai women with disabilities had not been able to express their needs in accessing sexual and reproductive health services

before. The partners opened up new conversations with these women to address this challenge, which led the Transmara Rural Development Programme to redesign their health outreach programmes. Women with disabilities were deterred by the long distance to health clinics, so the partner worked with the county's community health workers, involving women with disabilities to identify their sexual and reproductive health needs. The community health workers now do regular home visits and identify households that face barriers in accessing health care — for example organising transport and adapting health services to make them more accessible.

Case study: CBM Kenya

Promoting inclusion as cross-cutting concept

CBM is an international Christian development organisation, committed to improving the quality of life of people with disabilities in the poorest countries of the world. CBM has an international office in Germany, and regional offices and teams. The CBM Kenya office in Nairobi was implementing the ADCAP programme for CBM International. Since disability inclusion was the focus of CBM's work, ADCAP led to explicitly including age, and strengthening existing initiatives on disability inclusion.

The addition of age was seen by staff as "extra initiative with an extra focal person." Some programme staff felt that age was outside of their mandate. Initially, staff members lacked knowledge on age-related issues and ADCAP was treated as a standalone project. The general attitude was that, since older people are 60 or more and on the verge of retirement, why should we work with them; why should they be a target population when most of our programmes focus on children?

Given the diverse views, the main challenge for the inclusion adviser, Michael Mwendwa, was how to convince staff that age was a priority in their work, and should not be separated from disability. He gradually shifted these attitudes through capacity building initiatives on age- and disability-staff education days, structured training and workshops, staff meetings, and one-to-one informal meetings.

4.4 Change theme: Address intersections between social identities to embed inclusion within programmes

The key message was that age and gender should be seen as core to the disability agenda. Programming language now explicitly states that the organisation not only works with people with disabilities, but also "girls and boys and women and men with disabilities." Training documents for staff inductions in Kenya and regional offices will communicate inclusion as a cross-cutting concept, linking disability with gender and age.

Michael used an intersectional approach to advocate for the inclusion of age within the CBM federation. As a result, the working group on safeguarding adults with disabilities, of which Michael is a member, is now extending the disability child safeguarding policy to adults with disabilities who are at risk of exclusion, such as older people with disabilities.

Michael reflects that, "every time we introduce a new concept we should mainstream it into existing practice, policies, programmes and documents […] Mainstreaming doesn't mean separate interventions, or changing the core business of the organisation. It means adapting current interventions to include age and disability."

4.5 Change theme: Develop an institutional pool of inclusion champions

Lack of awareness and training on age and disability issues are common reasons for staff not including older people and people with disabilities in humanitarian programmes. To address this, ADCAP implementing organisations held training and awareness-raising activities to sensitise staff. While training refers to structured inputs to develop new knowledge, understanding and skills, awareness-raising refers to a continuous process of training, as well as opportunistic events and processes, used to sensitise and make people more aware about an issue.

Inclusion advisers themselves were initially the champions for age and disability mainstreaming. As the programme progressed they developed their own capacities and competencies on age and disability inclusion. This was from learning by doing, and by continuously upgrading their knowledge, beyond the formal training and e-learning courses organised by ADCAP. They have participated in workshops and conferences, read extensively, and — most importantly — learnt by interacting with older people and people with disabilities and their representative organisations. Structured Skype monthly meetings have also enabled inclusion advisers to share and learn from each other.

Their personal commitment to learn more led them to use new methods. For example, Shafqat Ullah, the inclusion adviser for Concern Worldwide, decided to learn sign language. “I took the initiative to learn how to communicate using sign language. I downloaded videos on YouTube which show how to communicate with people who are deaf, how to say thank you or hello. When I used

those methods to interact with people who are deaf in communities, they were very happy and often corrected me […] This is one area where I want to improve — I want to learn sign language to be able to communicate better."

As these initial champions for inclusion progressed, they realised they would need a bigger pool of committed staff to achieve mainstreaming in their organisations. By adopting new approaches and embedding inclusion, other staff became committed champions as well.

A range of creative approaches were developed to inspire more change agents: the first step was to create awareness and sensitise staff about the "need for change." A group of senior managers from across implementing organisations was engaged throughout the programme, and constantly updated on progress. Sensitised senior managers have promoted the inclusion agenda in internal and external forums. The senior managers also supported institutionalising the inclusion agenda within key strategic documents and practices (see testimony of Affan Cheema, senior management team member, Islamic Relief Worldwide). With strong commitment and active participation of senior management, other staff followed suit.

Acting as initial champions internally, the inclusion advisers were involved in influencing, lobbying and building strategic relationships with other staff, to spread ownership of the inclusion agenda. Relationship building was key. They identified strategic individuals, had sensitisation meetings with them, and created strategic working groups.

For example, Christian Aid initiated a gender and inclusion working group and Islamic Relief UK set up an inclusivity and sensitivity working group. They invited other strategic individuals to be involved in ADCAP activities to build their commitment and knowledge. The Concern Worldwide inclusion adviser called these individuals "change agents," while Christian Aid recognise them as "inclusion champions," giving them esteem-related motivation.

Inclusion advisers used opportunities such as the UN International Day of Persons with Disabilities to boost the profile of disability work within their organisations. They shared stories of change from their work related to inclusion of people with disabilities, inspiring others to join in the cause. Christian Aid has documented case studies, as evidence of change that promoted learning across the organisation.

The Islamic Relief Pakistan humanitarian and monitoring, evaluation and learning teams have acted as internal champions. They encouraged staff to reflect on the inequality and discrimination faced by older people and people with disabilities, and to challenge cultural thinking and behaviours that influence the organisation. Together, they then identified ways to promote inclusion by making changes to policy and practice. The humanitarian team advocated the use of Do No Harm analysis when designing programmes, applying a gender, age and disability perspective. This refers to analysis of a humanitarian situation to identify activities that will not harm or divide communities, but will promote their capacities and peace. Evidence from age and disability

inclusive projects in Kashmir and federally-administered tribal areas was used to amend internal messaging towards "inclusion is possible" within Islamic Relief operations.

At Concern Worldwide, training was the main strategy employed by the inclusion adviser to identify game changers and allies, and establish a pool of inclusion champions. He identified key individuals, such as the monitoring, evaluation and learning coordinator, and the partnership coordinator. Empowering these "internal change agents" spread responsibility for designing and implementing inclusive projects across the organisation. As an example of change, the new champions led the adaptation of the RAPID programme monitoring formats to include disaggregated data by sex, age and disability, despite internal resistance.

ADCAP shows that once inclusion advisers are brought in, organisations can accelerate and energise the inclusion process by nurturing an institutional pool of champions through advocacy, training and awareness-raising.

4.5 Change theme: Develop an institutional pool of inclusion champions

Good practice action points

- **Recruit and/or appoint inclusion champions within your organisations and develop their core competencies, awareness and skills on inclusion through training and exposure.**
- **Identify and involve strategic individuals, including key senior staff, to co-lead on inclusion.**
- **Develop strategic inclusion forums or working groups.**
- **Organise systematic training and awareness-raising on age and disability inclusion for staff.**
- **Carry out consistent influencing and advocacy for inclusion highlighting the benefits to programme quality.**
- **Develop and share evidence (both internal and external) of the impact of inclusive programming.**
- **Create awareness of inclusion by linking with global agendas and events, such as "leave no one behind" and the UN International Day of Persons with Disabilities.**

4.5 Change theme: Develop an institutional pool of inclusion champions

Case study: Christian Aid UK and Christian Aid Kenya

Developing inclusion champions at regional and country level

Christian Aid's approach to inclusion was to engage a wide range of staff as inclusion champions, to firmly embed inclusion in working culture and practice.

Initially, the organisation hired inclusion advisers in the London head office and in the Kenya country office. This required joint working to identify problems and gaps in organisational processes and to address improvements. For example, to adapt existing tools beyond a gender focus, they needed to work with senior staff in the central office and in country offices.

Gender-focused staff in London were initially interested in this approach, as they could see that an intersectional approach would support and strengthen their gender equality work. But significant input from other country programmes was lacking. To address this, they established an inclusion working group representing staff in all regions to coordinate and develop coherent approaches to inclusion and share learning globally. The discussions became rich and layered, channelling legitimate concerns from country offices. They also held events, to ensure that everyone was informed and committed to inclusive programming.

The inclusion working group developed an inclusive programming approach, which ensured that all diversities

are addressed within the gender framework. They trialled and adapted the programming guidance documents globally, through regional workshops with gender focal points from each country office. This regional training helped ignite passion for this work. Staff felt invested in and supported, as they came together to share ideas and learning, as well as find solutions to anticipated resistance or concern.

Christian Aid has regional gender advisers, who now also have inclusion responsibilities, following lobbying by inclusion advisers. These regional advisers have discussions with the country programme teams to promote their ownership of the organisational action plans. For example, country staff have held workshops with staff and partners in Sierra Leone, Zimbabwe, Central America and other locations. Surveys in Burundi and Nigeria were also trialled using the Washington Group questions to collect disaggregated sex, age and disability data. These partners subsequently reviewed their community participatory methodologies to address barriers to inclusion.

Cross-learning has been initiated through documentation of case studies and lesson learned from inclusion practices, which have encouraged others to champion inclusion in their programmes.

4.5 Change theme: Develop an institutional pool of inclusion champions

Testimony of:

Affan Cheema, Head of Programme Quality, Islamic Relief Worldwide

"[As Head of Programme Quality,] all global protection and inclusion advisers are managed by me. I gained new skills, which evolved over time. Before the ADCAP adviser's engagement, I was not sensitised to the barriers faced by older people and people with disabilities. This issue was not part of my analysis framework and not a systematic part of the organisation's analysis framework. We addressed this by ensuring that staff were sensitised through face-to-face training and the ADCAP e-learning courses.

Ultimately, any institutional change has to affect work occurring at grassroots operational level. Two key aspects were particularly challenging: too many competing demands in country offices; and getting recognition at Headquarters that the older people and people with disabilities faced barriers that put them at risk of exclusion. The risk of exclusion faced by women and children was already recognised.

We overcame these challenges by packaging the inclusion agenda within the "leave no one behind" banner, and addressing age, disability and gender within one integrated inclusion and protection discussion. This resulted in an integrated inclusion marker tool. This helped deal with the second challenge, whereby we convinced the organisation that there were similarities in the approaches to these

groups at risk. We then included the concept in the global strategy.

Senior manager champions supported us in this process, particularly the Director of International Programmes.

Some examples of changes in the organisation include:

- processes were adjusted within needs assessment and project management;
- new bids have mainstreamed inclusion of older people and people with disabilities; and
- the Islamic Relief Worldwide global strategy clearly states a commitment to at risk groups particularly along the lines of age, gender and ability.

I now call myself an inclusion champion. I feel confident enough to discuss a way forward on inclusion, and it is now a core part of my analysis framework."

4.5 Change theme: Develop an institutional pool of inclusion champions

Testimony of

Aneel Ahmed, RAPID Programme Partnership Coordinator, Concern Worldwide Pakistan

I am responsible for coordinating programme implementation with our partners in Pakistan. After attending the first ADCAP training on age and disability inclusion, I realised that we had not factored in enough detail on older people and people with disabilities in our humanitarian response projects. Since I was working on drought response projects at that time, I took the opportunity to use my newly gained knowledge to change our approach to the design and implementation of these projects. I started training and sensitising our partner teams on age and disability inclusion. We introduced a series of changes: adjusting our data collection and selection criteria, and including new indicators and questions in project monitoring to evidence inclusion of older people and people with disabilities.

One of the key things that emerged was the role of caregivers. Recognising how their involvement was critical for those older people and people with disabilities who required their support was a big learning point for me. In partner orientation workshops, we made sure enough time was allocated to discussing the role of caregivers and how to engage with them, when their involvement was useful to support the independence of older people and people with disabilities. We also made sure that all community meetings included these groups, or their caregiver if they could not join in. In some villages, older people

and people with disabilities were nominated to chair the village committees, highlighting the positive ways they can contribute. I also feel that this effort has enlightened staff and partners about working with these groups.

I believe we have been successful in age and disability inclusion for two reasons. Firstly, we had the opportunity to get training and technical support on inclusion. Secondly, we applied this learning in our projects, giving us further insights and assurance that inclusion is possible and beneficial to society. At a personal level, I had the chance to support partners too, enabling me to share learning and good practice.

4.6 Change theme: Challenge wider cultural and social attitudes towards older people and people with disabilities

Older people and people with disabilities are often seen as a burden to families and society. Stigma and prejudice towards them is generally the root cause of discrimination, which acts as a barrier to accessing humanitarian aid and participating in humanitarian action. This discrimination is not only common at the community level, but can be equally prevalent in attitudes of staff in humanitarian organisations.[24]

In the ADCAP country programmes in Pakistan and Kenya, negative attitudes towards people with disabilities include the belief that they are not productive, require high cost support, and are highly dependent. People with disabilities are also viewed with fear, pity and repulsion, especially women with disabilities. Misconceptions about people with disabilities multiply when they intersect with gender, age or ethnicity. Older people also experience prejudice. Although in Pakistan and Kenya older people command some respect, the general misconception is that older people are dependent and do not contribute much, due to their health problems.

Such cultural and attitudinal barriers are difficult to overcome and impede both the participation of older people and people with disabilities and the provision of support and assistance to them.[25] Exclusion from services such as health, education and social services can threaten the wellbeing of older people and people with disabilities and delay their recovery in humanitarian crises.[26] Their exclusion from humanitarian protection can also put them at heightened risk of abuse and violence.[27]

Another important barrier is that humanitarian organisations

often consider older people and people with disabilities as vulnerable groups without any capacities.[28] This leads to them not being involved in humanitarian programmes, and just being passive recipients of aid.

During training, ADCAP implementing partners have worked to challenge such negative perceptions and stereotyping. They have used positive images and videos to tell the personal stories of older people and people with disabilities engaged in meaningful and productive roles. Local role models who are older people or people with disabilities are invited to meet staff in training and other events. Close interaction like this has changed perceptions about older people and people and disabilities from "people who are to be pitied" to "people with agency". Michael Mwendwa, the CBM inclusion adviser is an example, as a person with albinism. He has participated in training programmes organised by the Kenya ADCAP team for their staff and stakeholders. Seeing Michael as the lead trainer challenged the participants' stereotypical assumptions, and meant that inclusive messages coming from him were considered more persuasive.

Experiences of exclusion and discrimination also give many older people and people with disabilities negative self-perceptions. ADCAP implementing organisations have challenged these tendencies to get older people and people with disabilities to participate and freely express their views. HelpAge International Pakistan sensitises staff and partners to the consequences of negative self-perceptions in their training programmes. Anwar Sadat, HelpAge International Pakistan's inclusion adviser, argues that these negative self-perceptions often result in older

people and people with disabilities withdrawing from social activities in their villages, which can lead to isolation. The Kenya Red Cross Society has also had to challenge negative attitudes among members of local organisations of people with disabilities.

Promoting positive images of older people and people with disabilities as individuals who have capabilities and skills can be key to changing attitudes.[29] ADCAP has learnt that more positive attitudes towards older people and people with disabilities can be developed through promoting greater awareness among humanitarian staff about their own prejudices and preconceptions. Training and sensitising staff on age or disability related discrimination, and advocating for equal rights for all, can help make programmes inclusive and participatory.

4.6 Change theme: Challenge wider cultural and social attitudes towards older people and people with disabilities

Good practice action points

- **Include discussions on the effects of social stigma and negative attitudes towards older people and people with disabilities in training programmes.**
- **Work with older people and people with disabilities to overcome their internalised negative self-perceptions.**
- **Expose staff and communities to the skills and knowledge of older people and people with disabilities.**
- **Encourage interactions between staff and communities, and older people and people with disabilities.**
- **Promote the message of equal rights and non-discrimination to staff and communities.**

4.6 Change theme: Challenge wider cultural and social attitudes towards older people and people with disabilities

Case study: Help Age International, Pakistan

Challenging misconceptions in positive ways

The HelpAge International Pakistan inclusion adviser, Anwar Sadat, came across stakeholders in Pakistan who thought that older people and people with disabilities could not participate in all activities the same way as others – therefore it would be a wasted effort to consider them as "potential stakeholders" of the project. Anwar approached such situations with sensitivity, as these beliefs are culturally entrenched. He made sure that the training and sensitisation workshops challenged these prejudices. He also showed positive examples, where both older people and people with disabilities were engaged in productive roles. For example, older people are often excluded from livelihood programmes because they are not considered productive beyond 60 years. Anwar showed a video from livelihood projects where older men and women were actively engaged and fully productive. He also gave examples of parliamentarians and other senior members of society who were older people and people with disabilities, who are entrusted with high-level decision making and responsible duties.

Sometimes stakeholders argued that the focus should be on "normal" people first, before reaching out to other groups like older people and people with disabilities. This was tackled by advocating for equal rights and access for all, helping them recognise such attitudes as discriminatory. Anwar used simulation exercises where participants experienced first-hand the limitations of

standard food packages — which were not suitable for older people's diets.

HelpAge International Pakistan also succeeded in challenging stigma and prejudice by engaging older people and people with disabilities in key positions. They recruited an inclusion coordinator who has a disability, and stakeholders began to see him as an inspirational figure. When he advocated for the rights of older people and people with disabilities, his message was seen as more credible.

Case study: The Kenya Red Cross Society

Overcoming negative attitudes towards people with disabilities

Some community members in Bungoma and Turkana County believed that disability was a curse and that it could be transmitted. Such harmful beliefs were countered by the Kenya Red Cross Society through community engagements and sensitisation meetings. These focused on demystifying disability through messaging. For example, that disability is not caused by witchcraft or recklessness of parents; and that anyone can become disabled, for example through injury. They were made aware that people with disabilities have the same rights as everyone else, as expressed in Kenya's constitution.

Local authorities were sensitised on social attitudes and given messages on the rights of people with disabilities. The project also advocated for people with disabilities to be involved in local authorities' planning, interventions and services. Community health workers who work for local authorities were mobilised by Kenya Red Cross Society volunteers to share this messaging through their household visits. They visited households of people with disabilities, and exchanged information with them and, when relevant, their caregivers or family members. Village community meetings were used for advocacy messages on treating people with disabilities with dignity.

As a result of this awareness-raising, people with disabilities achieved greater participation and visibility in

the Kenya Red Cross Society's humanitarian response programming and with the local authorities. For example, as a result of this awareness-raising, older people and people with disabilities had improved access to humanitarian services. Community support groups of people with disabilities have been formed to offer peer help and emotional support to people with disabilities. This refers to the psychological support that people in similar situations get from each other through peer discussions, in this case among groups of people with disabilities. These groups are now linked with the community health workers and Red Cross response teams.

4.7 Change theme: Overcome internal barriers to age and disability inclusion

Some staff working with humanitarian organisations have common misconceptions about working with older people and people with disabilities. These include the assumption that working with older people and people with disabilities needs big budgetary allocations for expensive specialist care and will increase programming costs. They think that this will lead to poor 'value for money,' as the cost per beneficiary is higher, when compared to using a blanket approach to programming. These misconceptions are a key reason why some humanitarian agencies have not made progress on inclusion. To address this, ADCAP implementing organisations have allocated a percentage of new programme budgets for inclusion capacity building activities and adapted response, where needed.

Limited knowledge on inclusion also means that humanitarian workers often treat older people and people with disabilities as objects of charity, rather than as active partners and change agents in humanitarian responses. For this reason, they do not seek local involvement and local solutions adequately. ADCAP implementing organisations encouraged consultation with local communities, older people and people with disabilities. For example, by inviting local older people and people with disabilities to participate in programme meetings, and by making meeting venues accessible.

Many organisations see age and disability as specialist issues to be dealt with by specialist organisations. This is the reason that "not within my mandate" is a common response. This is usually based on the idea that working with these groups requires technical expertise. While this may be true with provision of specialist services, generalist

organisations can establish referral links with specialist agencies when required, while still ensuring their own services are accessible and inclusive for these groups. For example, HelpAge International Pakistan has developed a referral system for both displaced communities and host communities that require specialist services, as part of an internally displaced peoples' response programme in Peshawar, Bannu and Kohat.

Some organisations wrongly believe that their programmes are already inclusive and respond to everyone's needs. This belief usually stems from a misconception that the needs of older people and people with disabilities are similar to the general populations', without recognising the barriers they face in accessing mainstream services. The inclusion adviser for HelpAge International Pakistan conducted a simulation exercise as part of his training. The exercise involved participants undertaking role play about older people with sensory-motor function limitations in humanitarian situations. This sensitised participants to the effects of age-related changes in sensory-motor function on daily living activities. Similarly, using Concern Worldwide's equality policy as a springboard, their inclusion adviser initiated discussions on how to avoid treating all at-risk groups as an homogenous group. This revealed a limited understanding about the barriers faced by and capacities of older people and people with disabilities.

The monitoring, evaluation and learning coordinator for Concern Worldwide summed this up:

4.7 Change theme: Overcome internal barriers to age and disability inclusion

"We thought we were inclusive in our approach, but suddenly realised that we didn't have a common definition of old age, and we were not aware of different types of disabilities or how to collect such detailed information […] only after undergoing a training session did we understand the importance of collecting disaggregated data."

The inclusion adviser has now persuaded the organisation to address the diversity of needs through its equality policies and practices.

Another misconception is that older people and people with disabilities form a small percentage of the population, and hence do not need specific attention. This misconception can result from a lack of data on these groups. To tackle this, the Kenya Red Cross Society collected disaggregated data on gender and diversity in local households, and used it to advocate with the county leadership to develop more inclusive responses. New age and disability data collected by Concern Worldwide in Sindh province, Pakistan, has similarly been used by district authorities to adapt their development and humanitarian response plans.

ADCAP organisations have followed a twin track approach to address these challenges: mainstreaming the inclusion of older people and people with disabilities in general programming; and delivering targeted interventions for these groups wherever required, including use of referral services.

4.7 Change theme: Overcome internal barriers to age and disability inclusion

Good practice action points

- **Spread the message that inclusion does not need specialist skills but is about addressing barriers to respond to a diversity of needs, which improves the quality of humanitarian programmes.[30]**
- **Adopt a twin track approach that mainstreams age and disability inclusion in all ongoing programmes, along with targeted interventions to address barriers, using referral services if necessary.**
- **Use statistical evidence generated from sex, age and disability disaggregated data to challenge individual or organisational misconceptions.**
- **Engage older people and people with disabilities to help challenge perceptions and find solutions to barriers. Develop solutions in consultation with local communities to overcome barriers that impede involvement of these groups.**

Case study: HelpAge International Pakistan

Countering internal resistance

In Pakistan, myths about older people and people with disabilities were leading to their invisibility in humanitarian responses. To address this problem, the inclusion adviser, Anwar Sadat, presented compelling data on the demographic shift in Pakistan. This illustrated how older people would soon outnumber the younger population, meaning that organisations needed systems in place to provide accessible and appropriate services. In 2017, a new national census collected data on people with disabilities, after a gap of 19 years. There are some concerns that the data collected may under-represent people with disabilities due to stigma and prejudice, and a lack of sensitisation and training of census staff about the collection of data on people with disabilities. To prepare for this, HelpAge International Pakistan is conducting a primary survey in 20 villages across four districts, aiming to compare these results against the census data, and use the findings to raise awareness among stakeholders.

When disability inclusion was discussed in HelpAge International Pakistan initially, colleagues were apprehensive. The response was, “including disability within our mandate would increase the caseload, and we’ll be competing with organisations specialising in disability.” In response, Anwar gave the example of Concern Worldwide, a generalist organisation that had successfully used the Washington Group questions and were collecting and using sex, age and disability disaggregated data.

This showed that HelpAge International Pakistan did not require any specialist skills to collect data on disability, and that it would improve programme quality, encouraging the acceptance of disability inclusion.

4.8 Change theme: Develop inclusion competency of staff involved in humanitarian action

Effective recovery after disasters requires trained staff who are competent in age and disability inclusive responses.[31] Emergency responders, humanitarian organisations, and local authorities are often not aware of the rights of older people and people with disabilities and the barriers they face.[32] Greater awareness of age and disability is needed among staff of all international and national NGOs, national and local governments.[33]

ADCAP inclusion advisers have used a range of methods to improve their competencies, as noted in change theme 4.5. Tracking competency change of the inclusion advisers through the ADCAP competency framework (see Appendix 3) shows that formally organised ADCAP trainings and exposures, self-learning, and learning by doing, have contributed to their competency progress. ADCAP implementing organisations, supported by inclusion advisers, have used field-based training and skills development for their staff, to build a pool of humanitarians who are equipped with the knowledge to design programmes that are inclusive. ADCAP e-learning courses (see Appendix 4) were used and promoted by inclusion advisers to develop their own competencies and those of their colleagues and partners.

Inclusion advisers have trained their needs assessment teams on how to identify people with disabilities in the community through the use of the Washington Group questions; how to communicate with older people and people with disabilities; and how to implement the sector specific guidelines, based on pilot ADCAP minimum standards on age and disability inclusion in humanitarian action. These pilot minimum standards version are now

replaced by the Humanitarian inclusion standards for older people and people with disabilities (see Appendix 4).

Inclusion advisers have built capacities of staff at different levels within their organisations by taking into account their internal ways of working. For example, given that the Kenya Red Cross Society primarily works with volunteers, training was organised with county volunteer teams. These teams were encouraged to develop gender, age and disability inclusive emergency action plans at county level. Concern Worldwide Pakistan works with local organisations and implements projects in partnership with them. Their strategy is therefore to train not only their own staff but also their local partners.

In addition to developing skills and capacities of staff, ADCAP implementing organisations have conducted external stakeholder analysis in Kenya and Pakistan. This is to enable them to identify organisations they can influence, to implement inclusive practices within their own work. These include local NGOs, governmental departments, local organisations of older people and people with disabilities, and international humanitarian organisations. The inclusion advisers have used different forums and opportunities to spark discussions among these stakeholders as a way of identifying and overcoming barriers to inclusion. Many also participated in training on approaches to age and disability inclusion and capacity building sessions.

The priority of ADCAP implementing organisations has been to strengthen their own capacities and expertise in inclusive humanitarian programming. As they benefit from

experience and evidence from the field, these organisations can begin to influence wider practices in the sector. In particular, sex, age and disability disaggregated data are being used to advocate for greater visibility and inclusive responses with local and district authorities in Pakistan and Kenya. ADCAP pilot minimum standards for age and disability inclusion have been translated in local languages and adapted to suit local contexts by the National Disaster Management Authority, Pakistan. The Federally Administered Tribal Areas' Disaster Management Authority (FDMA) in Pakistan has decided to mainstream age and disability inclusion in all humanitarian responses in these areas. The authority has also broadly followed the ADCAP model of inclusion, and appointed an inclusion coordinator. Training has been organised for local organisations by the FDMA inclusion coordinator with support from the HelpAge International inclusion adviser. The Kenya Red Cross Society has trained its volunteers, partner organisations and county authorities about their work on gender-sensitive age and disability inclusion.

4.8 Change theme: Develop inclusion competency of staff involved in humanitarian action

Good practice action points

- **Adopt the ADCAP inclusion adviser model and use ADCAP training and e-learning courses to develop staff competencies.**
- **Strengthen the core knowledge of humanitarian staff to ensure a basic understanding of inclusive programming and humanitarian inclusion standards.**
- **Impart inclusion knowledge and skills to staff through training, mentoring and learning by doing.**
- **Encourage trained staff to undertake sex, age and disability disaggregated data collection and analysis, to support their projects.**
- **Encourage humanitarian actors to adopt age and disability inclusive practices, and mentor them when implementing inclusive programmes.**
- **Build staff capacities on how to address the barriers faced by older people and people with disabilities affected by crisis. Train staff on communicating effectively with these groups.**

4.8 Change theme: Develop inclusion competency of staff involved in humanitarian action

Case study: Concern Worldwide Pakistan

Inclusion capacity building for local partners

Concern Worldwide Pakistan has collected comprehensive disaggregated data on older people and people with disabilities in Sindh province, under their RAPID project. These data were further endorsed by the local government including the Provincial Disaster Management Authority (PDMA) and other humanitarian actors in the region – also struggling with lack of data on these groups. Some have used the data to inform their own programmes; local government authorities have used it to provide humanitarian assistance to affected communities.

Concern Worldwide has also encouraged three local RAPID partners to adopt an inclusive approach. Some initial hesitation was overcome with training and capacity building of their staff. A focal point on inclusion was identified within each partner organisation; a one-day sensitisation workshop was held with partner staff to build support for the changes; and training helped to win over staff, partners and the community. The training provided the practical "know-how" on how programming can be adjusted to make it age and disability inclusive. Staff also focused on changing the attitudes of partners and the wider community, using video to convey positive messages and stories. The lessons from this show the value of planning and resourcing for in-depth sensitisation of partner staff and the wider community on inclusion.

4.8 Change theme: Develop inclusion competency of staff involved in humanitarian action

Case study: CBM, Kenya

Sharing knowledge on inclusion with stakeholders

The ADCAP Kenya team identified the UN's Inter-Agency Working Group (IAWG) Kenya as a key external stakeholder for influencing inclusion or older people and people with disabilities in NGO agendas. Following lobbying by the CBM-ADCAP Kenya team, the working group made age and disability inclusion the core theme for its September 2016 conference. The conference was attended by 142 participants from organisations across Kenya. Key agendas within the Sustainable Development Goals such as "leave no one behind" were used to sensitise the audience towards inclusion.

ADCAP's work was also shared in the conference, and as a result IAWG decided to form a new age and disability inclusion sub-group. This sub-group was launched in April 2017 and currently has nine member organisations, with CBM as its interim chair, and Christian Aid as its interim co-chair. In June 2017, the IAWG sub-group held its first workshop using ADCAP training resources, involving 24 participants from IAWG member organisations. ADCAP Kenya shared experiences and models of working for the inclusion of older people and people with disabilities. The workshop resulted in individual inclusion action plans from participants.

4.8 Change theme: Develop inclusion competency of staff involved in humanitarian action

Case study: Islamic Relief Pakistan

Encouraging and mentoring staff for inclusion

Equipping staff with knowledge on inclusion through training and ongoing personalised support was the key to building competency by the inclusion adviser, Farooq Masih. Farooq organised a two-day training of trainers for departmental staff, so they could cascade the inclusion message to their teams. They did simulation exercises that challenged them to reflect on inclusion practices and change the way they worked. Each two-day session was followed by technical training on a specific theme. Farooq encouraged learning by doing and gave colleagues personal support, so that he could understand their individual motivations and address any reluctance or concerns. This helped to build trust and confidence in him among colleagues, who then explored solutions actively with him. He carried out visits to field teams where he trained, mentored and encouraged them. For example, in the internally displaced people crisis response, he ran a two-day training for the WASH field team, followed by technical support on how to make latrines and water supply accessible on the sites. Farooq also encouraged colleagues to attend external events, such as job fairs for people with disabilities or awareness activities held on the UN International Day for Persons with Disabilities. This was to enable them to better understand how inclusion aligned with other agendas such as “leave no one behind” and the core humanitarian standard commitments.

4.9 Change theme: Engage older people and people with disabilities, and their representative organisations, in all aspects of humanitarian programming

In emergency situations, older people and people with disabilities are commonly not consulted about their capacities, and the barriers they face in accessing and participating in humanitarian assistance and protection.[34] Often information is not shared with them, leading to a limited awareness of available services and resources. This comes from a misconception that older people and people with disabilities are passive, and lack decision making capacities. ADCAP's work demonstrates that older people and people with disabilities are valuable resources when it comes to designing and implementing humanitarian programming.

In some countries and contexts, discrimination and cultural barriers may prevent women speaking out in front of men, or may inhibit them from voicing their concerns.[35] ADCAP experience in Pakistan shows that having female staff in needs assessment and response teams can ensure that their voices are counted and that they get the support they require. ADCAP's work in Pakistan has also engaged older women and men in community mobilisation. Islamic Relief Pakistan recognised that older women and men were well placed to identify groups at risk of discrimination. They began to engage older women and men in the Federally Administered Tribal Areas — where there are challenges in relation to gender equality — to support the project team in identifying at-risk groups during needs assessment and relief distribution. They also trained people with disabilities to contribute to response and risk reduction. For example, a 38-year-old man, whose upper limb was amputated, was an active member of his village disaster risk management committee. He attended five days of training on

community-based disaster risk management. As a certified trainer, he now trains members of other village disaster risk management committees.

Wherever older people associations or organisations of people with disabilities existed, Islamic Relief's project teams consulted them throughout the programme. HelpAge International Pakistan also involved older people and people with disabilities by getting feedback on services through the programme's mid-term evaluation.

Recognising the mediation and leadership skills of older people and people with disabilities, Concern Worldwide has encouraged them to chair the village committees. One example is a village elder in the Sindh province, who has a physical disability, and who is now the village committee chair. Previously he faced discrimination and neglect from his relatives and community. The local partner, Sami Foundation, identified his coordination skills during the needs assessment. Now people see him as a role model, and he has been instrumental in advocating for the rights of older people and people with disabilities.

In communities where women could participate while still adhering to the purdah system — a practice wherein younger women in particular have to cover their faces and body either partially or fully in public — Concern Worldwide staff have, in discussion with the participating women, encouraged the older women to speak up on behalf of all women, as they command respect within the community. Staff engaged with older people and people with disabilities along with their caregivers, where required, to

get essential information for the needs assessment teams. Older people and people with disabilities were involved in auditing the interventions. A WASH project, for example, redesigned a hand pump project to be accessible, by making sure that people with disabilities themselves tested the devices' appropriateness and ease of use.

The Kenya Red Cross Society's experience shows that engaging organisations of people with disabilities in training leads to improvements in the programme design. They learned about new barriers faced by people with disabilities, such as information barriers in preparedness phases. Involvement of organisations of people with disabilities in needs assessment and response activities also made these organisations aware of the different services offered by the Kenya Red Cross Society and local authorities. As a result, the organisations have been able to demand better access to the services.

Christian Aid's consultation processes included individual and group discussions with older people and people with disabilities about their capacities, their needs, and the barriers they faced. This sensitised local partners in Kenya, leading to changes in their consultation processes and programmes (see theme 4.4 Christian Aid case study).

4.9 Change theme: Engage older people and people with disabilities, and their representative organisations, in all aspects of humanitarian programming

Good practice action points

- **Be open and willing to work with and learn from older people and people with disabilities and their representative organisations.**
- **Use contextually sensitive strategies to overcome entrenched social barriers and to involve older women and men and women and men with disabilities.**
- **Involve older women and men, and women and men with disabilities, in programmes. Appoint them to skilled roles, such as training and auditing.**
- **Consult with older women and men, and women and men with disabilities, when developing programmes, to better understand and overcome the barriers they face.**
- **Collaborate with organisations representing older people and people with disabilities, and support them in their advocacy activities.**

4.9 Change theme: Engage older people and people with disabilities, and their representative organisations, in all aspects of humanitarian programming

Case study: The Kenya Red Cross Society

Working with local organisations of people with disabilities in humanitarian responses

The Kenya Red Cross Society has worked closely with local organisations of people with disabilities in its responses to the 2017 floods in Bungoma and Turkana counties, by involving older people and people with disabilities on a pilot basis. This was a new experience for the Kenya Red Cross Society, initiated since ADCAP started, and has led to institutional learning on how to mainstream age and disability inclusion in humanitarian responses.

In response to the floods, the Kenya Red Cross Society undertook a mapping of organisations for people with disabilities in Bungoma and Turkana. To select partners, they identified the most active organisations that represented people with different disabilities. These organisations maintained full registers of people with disabilities. Initially, the Kenya Red Cross Society planned to work with the organisations to identify and target potential beneficiaries, disaggregating them further into age groups, so that they could also include older people with disabilities in their flood response programme.

They started with basic sensitisation sessions with the selected organisations which revealed some basic concerns of people with disabilities, including a lack of information on preparedness and evacuations plans, and poor access to health services after the crisis. They

learned that families sometimes hid their children with disabilities due to stigma, and some people with disabilities had experienced being left behind by their family during emergencies. The importance of these concerns led the Kenya Red Cross Society to re-evaluate the role of these organisations. They realised they could play an active role in achieving inclusive preparedness and awareness-raising among older people, people with disabilities, caregivers, and the wider communities. The Kenya Red Cross Society also began to empower these local organisations of people with disabilities to demand inclusive humanitarian responses from the local county structures.

As a next stage, the Kenya Red Cross Society trained selected focal points within these local organisations of people with disabilities in rights-based advocacy, early warning, evacuation, first aid, security, access to health and referral services, and livelihood regeneration. Given that the focal persons were themselves people with disabilities, the Kenya Red Cross Society had to adapt the way they delivered the training and their communication methods, making them accessible. For example, accessible venues were chosen, sign language interpreters from these local organisations were used, and training materials in local languages focused on pictorial messaging.

After this training, the Kenya Red Cross Society registered members of the local organisations as volunteers on response teams in these counties. They also became involved in developing flood response plans along with

local authorities. These interactions sensitised local authorities to issues affecting older people and people with disabilities. This resulted in these authorities improving the accessibility of food rations and cash-based assistance. The local organisations received start-up funds for business development plans and income generation projects for older people and people with disabilities, leading to their economic empowerment. Based on the needs assessment, these groups could access health services and assistive devices. The Kenya Red Cross Society also referred people who required medical support to the relevant services. They worked closely with older people and people with disabilities throughout this process, involving caregivers if required.

Involving local organisations directly in the response programmes in this way meant developing a relationship of trust — through listening, involvement and constant dialogue. Lillian Matemu, the ADCAP inclusion adviser, played a pivotal role in these changes. "[…] However much we would have done with our skills and interventions, we would not have had the bigger impacts we have had through community involvement and empowerment, and ownership of responses by the communities. This would never have been possible without the people with disabilities and older people at the forefront. Going forward, even without ADCAP, this means people themselves advocating for their rights." These local organisations have now developed their own policy document on inclusion in humanitarian responses and are further developing their skills to implement it.

4.9 Change theme: Engage older people and people with disabilities, and their representative organisations, in all aspects of humanitarian programming

The pilot work in Bungoma and Turkana, having highlighted the importance of involving organisations of people with disabilities, is now being integrated across the Kenya Red Cross Society's humanitarian responses.

TOYO

Summing up

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5. Summing up

The ADCAP experience demonstrates that age and disability inclusion can be achieved to a high standard when humanitarian organisations commit to putting older people and people with disabilities at the centre of all processes.

This means committing to systematically include older people and people with disabilities in all their organisational policies, procedures and programmes.

Identifying and overcoming social, environmental and organisational barriers is key to the inclusion of older people and people with disabilities. ADCAP inclusion advisers and implementing organisations have vigorously challenged harmful attitudes and misconceptions towards these groups, by involving them in seeking solutions, awareness-raising and collecting and acting on disaggregated data.

ADCAP implementing organisations have changed their own policies, practices and organisational frameworks to make them inclusive. This has led them to both adapt their ongoing programmes and to design new inclusive programmes. It has also resulted in a positive shift in staff attitudes towards older people and people with disabilities. To follow suit, other humanitarian organisations can adopt their broad vision of inclusion. Organisations can start by addressing inclusion in their existing programmes, where there may be gaps and intersectoral issues to address. They need to look beyond inclusive humanitarian responses by incorporating inclusion in longer-term development processes and risk reduction programmes.

5. Summing up

ADCAP has developed several resources which can be used to support organisational change (see Appendix 4).

Having management and staff who are competent and committed to inclusion, backed up by robust organisational structures, will facilitate these changes, as the work of ADCAP inclusion advisers demonstrates. Small initial investments, such as appointing an inclusion focal person, equipped with training on age and disability inclusion approaches, can catalyse the process. In addition, leaders of humanitarian organisations must invest in, support and develop inclusion champions; make the workplace accessible for older people and people with disabilities; and employ these groups. These strategies will be key to building momentum internally, accelerating and energising the change process. The result will be a growing cohort of humanitarian organisations and workers who are equipped to design and deliver inclusive programmes.

Given that organisations have signed up to national and international obligations to deliver impartial and accountable humanitarian assistance that is responsive to the needs and capacities of older people and people with disabilities, the inclusion process needs to be prioritised. Adapting these good practices would be a significant step towards meeting these commitments.

Appendices

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Appendix 1: ADCAP organisational age and disability inclusion assessment

DOMAIN A: Organisational policy and commitment
A1. The organisation has a specific policy commitment to age and disability inclusion, signed off by the board and disseminated to staff. The organisation (including the board and senior management) take action to implement it.
A2. Staff are encouraged to take practical steps to include older people and people with disabilities in their work.
A3. Age and disability issues are frequently raised by staff in organisation and programme meetings and discussions.
A4. Age and disability issues are taken into account in strategic planning processes — and are visible in organisational strategies, aims and objectives.
A5. Specific financial resources are allocated to support age and disability inclusion within the organisation and its programmes.
A6. The organisation maintains active partnerships and network collaboration with age- and disability-specialised organisations including disabled people's and older people's organisations.
A7. Organisational policies (HR, employment, safeguarding and protection policies etc.) include a commitment to equal access for all to services and employment.
A8. The organisation makes provision to ensure that people with disabilities and older people have equal opportunities for employment and volunteering, and equal access to office and project sites.
A9. Age and disability awareness is included in job descriptions and job performance appraisals.
A10. The organisation monitors, analyses and reports on the age and diversity of staff and volunteers and their positions.

Appendix 1: ADCAP organisational age and disability inclusion assessment

TRAFFIC LIGHT (RAG) RATING*	NOTES**

Appendix 1: ADCAP organisational age and disability inclusion assessment

DOMAIN B. Project and programme design, implementation and review
B1. Older people and people with disabilities (men, women, boys and girls) are systematically included and identified in data collection (formats for assessment, registration and evaluation disaggregate data by sex, age and disability).
B2. Needs assessments systematically include direct consultation with older people and people with disabilities and their carers (women and men, boys and girls) — their perspectives are actively sought (e.g. formats and guidelines specify this, & this is reported on).
B3. Project staff consult with older people and people with disabilities on practical ways to overcome barriers to participation and access to services and protection.
B4. Project activities, services and facilities are designed to maximise access and participation of older people and people with disabilities (women and men, boys and girls).
B5. Targeted assistance is provided where particular needs of older people and people with disabilities have been identified (e.g. appropriate NFIs).
B6. People with disabilities and older people with specific needs requiring special technical attention are referred to organisations with the relevant expertise, and this is followed up.
B7. Reporting formats include specific sections for reporting on project progress on steps to improve access, participation and address protection issues for older people and people with disabilities (men, women, boys and girls).

Appendix 1: ADCAP organisational age and disability inclusion assessment

TRAFFIC LIGHT (RAG) RATING*	NOTES**

Appendix 1: ADCAP organisational age and disability inclusion assessment

DOMAIN B. Project and programme design, implementation and review
B8. Projects use a variety of communication methods, media and information channels so that older people and people with disabilities can access and respond to all important information, including processes for providing feedback.
B9. People with disabilities and older people participate in monitoring and evaluation alongside other people affected by crisis; project committees include older people and people with disabilities and promote their active participation.
B10. The TORs for project evaluations examine and report on the extent of access and participation for older people and people with disabilities (women and men, boys and girls).

Appendix 1: ADCAP organisational age and disability inclusion assessment

TRAFFIC LIGHT (RAG) RATING*	NOTES**

Appendix 1: ADCAP organisational age and disability inclusion assessment

DOMAIN C. Technical capacity, knowledge and skills
C1. The organisation has staff at appropriate levels (including senior level), trained to support and monitor cross-organisation and partner activities to deliver age- and disability-inclusive responses.
C2. Induction and training for all staff provides information on the rights of people with disabilities and older people and the importance of including them in all programmes including humanitarian response.
C3. Staff are aware of key issues and basic statistics concerning age and disability in their own country and programme context.
C4. Programme staff and volunteers are aware of: • examples of disability-, age- and gender-based discrimination — and how this limits participation; • risks that may affect people with disabilities and older people (e.g. difficulty accessing services, risks of gender-based violence (GBV) and exploitation — particularly for women and girls); • the importance of collecting, analysing and using sex, age- and disability-disaggregated data.
C5. There is a set of tools and resources which are used by programme staff to gather disaggregated data.
C6. There is a set of tools and resources which are used by programme staff to consult and communicate with women and men of all ages and abilities.

Appendix 1: ADCAP organisational age and disability inclusion assessment

TRAFFIC LIGHT (RAG) RATING*	NOTES**

Appendix 1: ADCAP organisational age and disability inclusion assessment

DOMAIN C. Technical capacity, knowledge and skills
C7. Project staff demonstrate the ability to identify and respond to barriers to participation for older people and people with disabilities in consultations, field visits and training activities.
C8. Teams carrying out project implementation and assessment or evaluation assignments include at least one person trained on age and disability inclusion.
C9. Each technical team or unit includes at least one person with knowledge and skills on age and disability inclusion for their sector (e.g. WASH, food security etc.).
C10. Programme staff are aware of the Minimum Standards for Age and Disability Inclusion in Humanitarian Action (or alternative) and have used these in their specific role.

Appendix 1: ADCAP organisational age and disability inclusion assessment

TRAFFIC LIGHT (RAG) RATING*	NOTES**

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* **RED** = none, or negligible evidence;
AMBER = some/ad hoc evidence;
GREEN = the criterion is fully met and systematically applied

** Note here key strengths, gaps and suggestions of what priorities could be addressed – in the Organisational Action Plan

Appendix 2: Age and disability organisational action plan

Introduction

This tool is intended to set out a commitment and basic 'road map' for action on Age and Disability Inclusion in your organisation. Organisational Action Plans (OAP) need a 'high-level' commitment in order to be successful. Therefore in order it must be **signed off by the Senior Management** of the organisation. This document provides a suggested format for this plan.

The plan should be developed by the Senior Management Team following completion and review of an **Organisational Age and Disability Inclusion Assessment.**

The Age and Disability Inclusion Adviser in your organisation will monitor progress on the plan and share a report with the ADCAP Programme Management Team every quarter.

The Age and Disability Inclusion Adviser will support the priority changes identified in the plan. However, successful implementation will require leadership and support from other staff and managers in your organisation. **It is important to identify 'co-leads' that can be responsible for moving forward each priority change.**

The action plan is in two sections.
Section 1: A top-line statement which describes how the organisation aims to change its practice to be more inclusive of older people and people with disabilities? What does it aim to do differently and how will this lead to improved access and participation for older people and people with disabilities?

Appendix 2: Age and disability organisational action plan

Section 2: A set of key priorities that have been prioritised for action during the programme period. These are likely to include changes in organisational policy and commitment, in project implementation and in skills or knowledge. Remember that changes in policy and skills need to be accompanied by changes in behaviour and practice in order to make a real positive impact for older people and people with disabilities.

Section 1. Overall Change Statement: What will be different about your organisation, its programmes and its technical capacity by the end of the ADCAP programme? How will this improve access and participation for older people and people with disabilities in humanitarian action?

Change statement:
"[organisation name] will…….

Section 2. Change Priorities

'Change Priorities' are the key shifts that have been identified at the level of organisational policy, programme implementation and/or technical capacity which can be achieved during the ADCAP programme period. These should be specific and observable, and should reflect a dimension of changed behaviour or activity in order to make a meaningful difference.

The categories in the assessment can be used as a guide, but the 'change priority' should be specific to your organisational context. It is not necessary to identify changes for each of the 'domains' (Organisational Policy, Programmes and Technical Capacities). However, the plan should seek to make the most impact given the resources available.

The Age and Disability Inclusion Adviser will support the change priority identified in the plan. But successful implementation will require leadership and support from other staff and managers in your organisation. Therefore, a 'co-lead' should be identified for each change, who will take responsibility for moving the priority forward.

The identified 'change priorities' must be ambitious but achievable within the timeframe of the project.***

*** For most ADCAP Partners, the Programme Agreement is up to 31 August 2017. However, the implementation period can be considered up to February 2017, and corresponds to the period that Age and Disability Inclusion Advisers are in place.

Appendix 2: Age and disability organisational action plan

Domain A. Organisational policies and commitment		
Change Priorities	Name of 'co-lead'	Due date
1.		
2.		
3.		
Domain B. Project and programme design, implementation and review		
Change Priorities	Name of 'co-lead'	Due date
1.		
2.		
3.		
Domain C. Technical capacity, knowledge and skills		
Change Priorities	Name of 'co-lead'	Due date
1.		
2.		
3.		

Signed:_____
Senior Manager (name, designation)

Signed:_____
ADCAP Programme Age & Disability Inclusion Adviser

Signed:_____
ADCAP Inclusion Adviser's Line Manager

Appendix 3: Technical Competency Framework

Inclusion Competency Framework: Technical Competencies		
Level 1	**Level 2**	**Level 3**
Inclusion know-how — Demonstrate an understanding of, and the ability to apply in practice, the theory and research dimensions of inclusive humanitarian action		
Sound understanding of risks, needs, rights and capacities of older people and people with disabilities in humanitarian crisis	Proven ability to support development of proposals that are gender-sensitive, ageing and disability inclusive	Demonstrated experience of supporting inclusive programme development and implementation, internally and with partners
Sound understanding of gender-sensitive, age and disability inclusive humanitarian programme cycle and knowledge of associated key resources	Proven ability to improve organisational capacity to include gender-sensitive, ageing and disability issues (including, but not limited to programmes, plans, policies, and staff training)	Proven ability to support gender-sensitive ageing and disability inclusive programme evaluation and learning

Appendix 3: Technical Competency Framework

Knowledge and understanding of how to implement and promote Minimum Standards of Inclusion Able to conduct an inclusion analysis of the organisation's humanitarian programming Approach	Able to identify strengths as well as prioritise relevant gender sensitive ageing and disability concerns/gaps in organisational approach to humanitarian programming	Able to consistently use inclusion-sensitive indicators to monitor and track changes in programme plans and work processes
Proven ability to conduct gender and social analysis using the knowledge and understanding around intersection between ageing, disability and gender	Able to identify converging and diverging approaches to include ageing and disability in humanitarian action	Demonstrated ability to propose strategies to address common needs of older people and people with disabilities in humanitarian crises

Knowledge of national and international legal frameworks, policies and guidelines on gender, protection of women and girls, older people and people with disabilities	Well developed understanding of protection programming and protection mainstreaming with a robust understanding around needs and concerns of older people and people with disabilities	Contributes expertise on gender-sensitive ageing and disability inclusive humanitarian programmes across sectors
Drive and manage change: Enable organisations to integrate gender, ageing and disability into humanitarian practice and policies		
Sound understanding of organisational frameworks, work culture and knowledge of organisational programme and policy development process	Works in collaboration with different teams to tackle issues and problems without damaging relationships	Able to understand the workings of the complex systems that makeup the organisation and the sector
Knowledge of key stakeholders both internal and external — with an ability to understand their perspectives and motivations	Works interdependently with key stakeholders — being both decisive and assertive, as well as diplomatic	Able to scan, reflect and identify learning and ensure insights are used to develop individual, group and organisational capabilities

Appendix 3: Technical Competency Framework

Sound understanding of theories and models of individual, team and organisational change, with an ability to identify relevant organisational change model/s that best represents their own organisation	Uses different strategies to influence and enthuse diverse parties through advocacy, vision and drive, and builds a solid platform for change	Demonstrates successful application of change theories, tools and processes in support of inclusion goals
Proven ability to create the case for change and develop an inclusion strategy based on the Organisational Action Plan in collaboration with senior management	Demonstrates ability to formulate, guide and steer key stakeholders in implementing a credible Inclusion Action Plan with appropriate goals and review mechanisms	Able to understand why evidence has not been taken into account by decision makers and effectively challenges the decision — by outlining the implications

Appendix 3: Technical Competency Framework

Advocacy: Advocates with, and on behalf, of older and disabled people to influence humanitarian stakeholders to improve access to needs based assistance		
Scans the internal and external environment, identifies opportunities and threats, key stakeholders, and those likely to oppose change, seeks out allies and partners	Advocates across the sector for the development of policies, guidelines and procedures to include older people and persons with disabilities in humanitarian programmes	Influences decision-making in the sector to develop ageing and disability friendly humanitarian policies and programmes by sharing key data and analysis
Able to develop evidence-based advocacy messages which are informed by secondary data review / analysis as well as participation of older people and people with disabilities	Uses evidence-based advocacy inclusion messages tailored to target audience to highlight gaps in humanitarian action	Influences the development of policies, procedures, guidelines or protocols that aim to protect the rights of older people and people with disabilities
Develops and uses a range of active advocacy strategies that reflect rights-based approach and promote minimum standards of inclusion within existing structures and processes	Builds strategic alliances and identifies inclusion 'champions' to promote gender-sensitive age and disability sensitive humanitarian action	Engages with and influences key stakeholders on development of strategies and proposals to make humanitarian action age and disability-friendly

Appendix 3: Technical Competency Framework

Capacity Development — Develop measurable capacity development goals and objectives for individuals and organisations to support inclusion		
Demonstrates sound understanding of adult learning theory and participatory training methodologies besides the different pedagogical approaches that are gender- age- and disability-sensitive	Has proven ability to manage group dynamics and demonstrates successful facilitation skills using experiential and active learning approaches	Adapts approach / technique in the moment in response to stakeholder information, while also holding a focus on learning outcomes
Able to deliver the two-day ADCAP training to the organisation and its partners.	Able to identify which intervention(s) will deliver the learning most appropriately for the group of learners	Able to design and deliver needs-based and context-specific training support to the organisation, and other stakeholders (including Training of Trainers)

Appendix 3: Technical Competency Framework

Uses an active listening style and offers advice and ideas only when appropriate	Is alert to tone and modularity as well as to explicit content of communication	Identifies patterns of stakeholder thinking and actions and uses a range of questioning techniques to raise awareness and create new ideas
Demonstrates belief in helping others to develop and believes that others learn best for themselves	Uses feedback and challenge at appropriate times to help stakeholders gain different perspectives and responsibility for action, while maintaining rapport	Identifies patterns of stakeholder thinking and actions and uses a range of questioning techniques to raise awareness and create new ideas
Able to develop indicators and measure change in knowledge, attitude and practice by using proven tools (like KAP surveys). Able to link individual learning outcomes with organisational change process — supporting the inclusion initiative	Uses monitoring tools to track both individual learner progress and the organisational progress on the Inclusion Action Plan and provides any required support	Uses the learning from the monitoring process to continuously refines and adapt the capacity building support required for the inclusion initiative

Appendix 3: Technical Competency Framework

Measure Impact — Use appropriate monitoring and evaluation methods to determine the reach, impact and effectiveness of inclusion/mainstreaming action		
Identifies and uses appropriate monitoring tools and establishes an organisational working groups to review the effectiveness of the inclusion programme	Ensures strong monitoring systems are in place, collecting key data followed by regular analysis and review	Continuously uses information from monitoring systems to refine and adapt inclusion initiative
Evaluates the inclusion programme in terms of its impact on humanitarian programmes and wider humanitarian system	Contributes to the evaluation of humanitarian programmes that have adopted and implemented minimum standards for inclusion	Demonstrated ability to use evaluation findings to refine and improve inclusion initiative
Seeks opportunities to learn how effective programme and policy changes have been by using a learning framework	Identifies good practice of inclusion experience and communicates this to a wider audience in the sector	Facilitates the introduction of successful inclusion good practice to inform and influence wider humanitarian action

Appendix 4: List of ADCAP resources developed

CBM International, Bensheim, HelpAge International, London, and Handicap International, Lyon, Humanitarian inclusion standards for older people and people with disabilities, Age and Disability Consortium, 2018 (available in English, French and Arabic), http://bit.ly/2edL6oQ

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Age and Disability Capacity Programme (ADCAP), Comprehensive Accessible Humanitarian Assistance for Older People and People with Disabilities, Cornerstone OnDemand Foundation, 2017 (available in English and Arabic at DisasterReady.org)

Age and Disability Capacity Programme (ADCAP), Understanding Older People and Their Needs in a Humanitarian Context, Cornerstone OnDemand Foundation, 2015 (available in English and Arabic at DisasterReady.org)

Age and Disability Capacity Programme (ADCAP), Inclusion of age and disability in humanitarian action: a two-day training course:

- Learner's Workbook, RedR, on behalf of the Age and Disability Consortium, 2017, http://bit.ly/2AQGVrm
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- Training Slideshow, RedR, on behalf of the Age and Disability Consortium, http://bit.ly/2BGD7wF

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