Marginalized and Underrepresented Groups: Persons with Disabilities

As recognized by the United Nations Convention on the Rights of Persons with Disabilities (CRPD), "disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others (United Nations 2006)." For persons with disabilities, impairments (which some individuals may prefer to refer to as "conditions," "functional conditions," or using other terms altogether) include but are not limited to physical, mental, intellectual, or sensory ones. These can be mild or more significant in nature, individuals may experience more than one at a time, and they can be present from birth or acquired later in life, for example due to accident or injury.

Barriers can take various forms, ranging from physical, policy, communication, information, legislative, attitudinal, and others. The exposure of individuals to stigma, discrimination, and exclusion, especially over extended periods of time, can result in the experience of internalized oppression, which can also act as a barrier inhibiting a person's comfort in engaging with society.

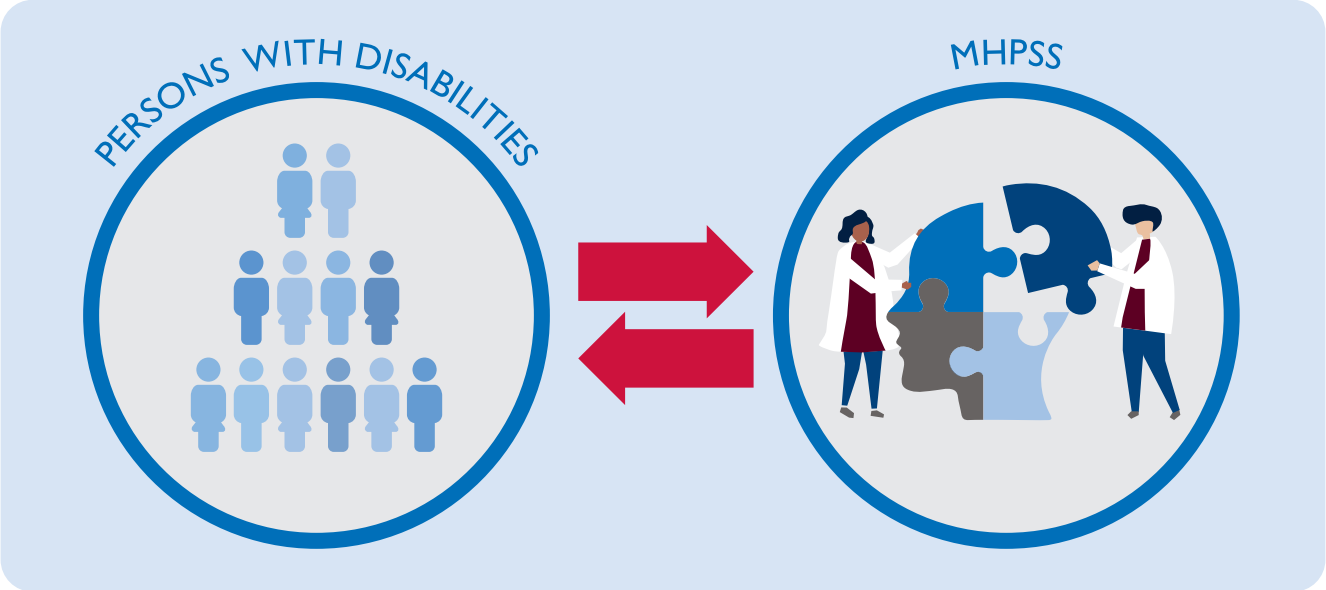
In embracing the concept of inclusive development, the United States Agency for International Development (USAID) promotes the inclusion of persons with disabilities across all Agency-funded work. The inclusive development concept asserts that "every person, inclusive of diverse identities and experiences, is instrumental in the transformation of their own societies and their inclusion throughout the development process leads to better outcomes" (USAID 2018). USAID's Disability Policy recognizes that U.S.-funded programs should aim to avoid discrimination against persons with disabilities in programs USAID funds, and promote the inclusion of persons with disabilities both within USAID programs and in host countries where USAID has programs. Similar policies and guidance across donors and United Nations agencies reinforce USAID's policies on disability inclusion. For example, the Interagency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support (MHPSS) has a disability working group, which develops and promotes guidance and best practice for disability inclusion within MHPSS programming in emergencies.

The IASC Disabilities Working Group has published a technical note on MHPSS for persons with disabilities in humanitarian response, which provides structured and clear guidance for humanitarian and emergency programs (IASC 2023). It is rooted in the IASC (2007) MHPSS guidelines, builds on the IASC's Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action 2019, and aligns well with existing USAID models for disability inclusion and MHPSS for children and adolescents. It promotes a rights-based approach rooted in the CRPD, Convention on the Rights of the Child, and socio-ecological and community-based approach.

The 2019 IASC Guidelines proposed the following must-do actions to make sure persons with disabilities are included in all stages of humanitarian action:

1. Promote meaningful participation
2. Remove barriers
3. Empower persons with disabilities; support them to develop their capacities
4. Disaggregate data for monitoring inclusion

Figure 1: Working collaboratively



Another important approach taken in practice and found in literature is to mainstream mental health/ MHPSS within programs specifically designed for and targeting persons with disabilities (e.g., community-based rehabilitation, inclusive local development, disaster risk reduction). Examples of this can be seen in programming such as Right to Play's program for inclusive education with Palestinian adolescents with disabilities,[1] and Light for the World's work on making sure Disability Inclusion Focal persons in Uganda are comprehensively trained in mental health. [2]

Understanding Mental Health and Psychosocial Needs in the Context of Disability

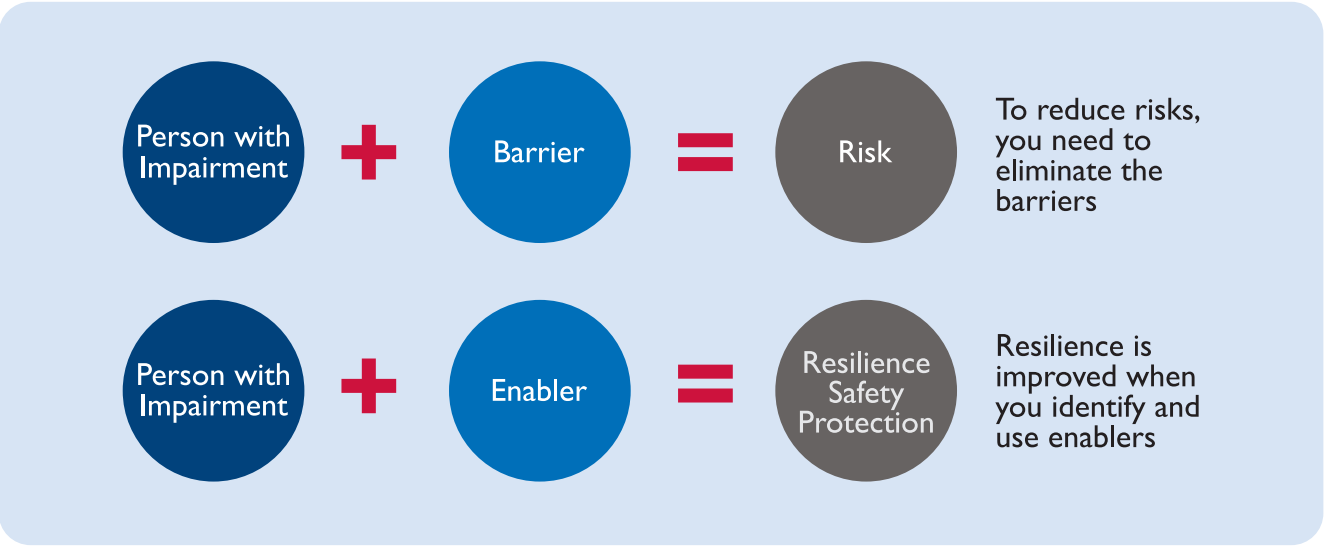
According to the U.S. Centers for Disease Control and Prevention (CDC), adults with disabilities are five times more likely to report mental distress than non-disabled adults (CDC n.d.). According to the World Health Organization's (WHO's) *Global Report on Health Equity*, persons with disabilities have twice the risk of developing conditions such as depression, not because they are inherently more at risk, but as a result of the inequitable societal conditions persons with disabilities experience, including stigma, discrimination, and barriers in health systems. Inclusion recognizes that equitable social participation is possible for persons with disabilities when societal barriers are identified and removed (IASC 2019). Removing such barriers also reduces the risk of mental health challenges they can cause or affect.

For additional facts, figures, and relevant reports on disability please review WHO's page on Disability: https://www.who.int/news-room/fact-sheets/detail/disability-and-health

In many cases, removing physical and attitudinal barriers provides an immediate boost in the emotional and psychosocial well-being of persons with disabilities by enabling inclusion and access to naturally occurring social supports and opportunities, including peers, which results in greater resilience, safety, and protection, as illustrated in the IASC Guidelines (see Figure 2).

[1] See Right to Play Case Study in Annex.
[2] Consultation with Light for the World Staff in February 2023. For information on program in Uganda, please visit: https://www.light-for-the-world.org/our-work/project-countries/uganda/.

Figure 2: Barriers and enablers to inclusion of persons with disabilities in humanitarian action (IASC 2019)



The Mental Health Continuum

The mental health continuum acknowledges that everyone moves through life experiencing changes in their mental health and psychosocial well-being, from states of thriving on one end to in crisis on the other (University of Waterloo n.d.). Life events and circumstances influence where one sits on the mental health continuum at any given point in time, which includes both negative and positive events and supports in a person's life, the kinds of services they have access to, and the quality of their relationships. A range of social and cultural challenges influence mental health and psychosocial well-being of both non-disabled persons and persons with disabilities of all ages. As noted above, discrimination and stigma toward persons with disabilities can also affect their mental health and position on the mental health continuum.

Figure 3: Mental health continuum

Source: Adapted from the University of Waterloo Thrive Toolkit

Caregivers for persons with disabilities have their own mental health and psychosocial challenges, which may or may not be directly related to their daily responsibilities of supporting someone with a disability (IASC 2019). Although the focus of disability-inclusive approaches to MHPSS is on supporting the MHPSS needs of persons with disabilities, it is helpful to consider strategies to also support caregivers in navigating their own MHPSS needs, including learning new ways of engaging and supporting their family member(s) who may be developing new skills and gaining new degrees of independence (UNICEF 2022). The caregiver(s) (or support persons) might find that their mental health may fluctuate over time depending on a range of factors, including their ability to care for both their own mental health and psychosocial well-being needs and the MHPSS needs of the person they support.

Inclusive Development Considerations for MHPSS

Mental health and psychosocial support needs are influenced by the social, economic, and physical environments (WHO and Calouste Gulbenkian Foundation 2014) we live in, which are often framed as "determinants of mental health and the barriers to states of well-being." Social determinants and barriers of mental health differ depending on a range of factors that vary depending on the country and communities where a person lives, their race, ethnicity, gender, and sexual orientation. While each person has a unique experience of disability based on their individual circumstances, young persons with disabilities have some shared and specific vulnerabilities, especially those who live in low- and middle-income countries (LMICs). The following are key social and historical factors that influence the mental health of persons with disabilities in LMICs and conflict-affected contexts.

SIX DOMAINS OF INCLUSIVE DEVELOPMENT	STRUCTURAL AND HISTORICAL FACTORS	BARRIERS TO MHPSS SERVICES
LAWS, POLICIES, REGULATIONS, AND INSTITUTIONAL PRACTICES	A historical biomedical emphasis on mental health: Historically, a biomedical approach to disability and mental health has been the dominant approach, resulting in over-diagnosing children and adults with various conditions and an overreliance on medication (UNICEF 2021). Institutionalization: Many persons with disabilities still live in institutions, which violates their human right to live independently and be included in the community and in many cases, subjects them to inadequate care and protection violations (IASC 2022).	People who would benefit from psychosocial supports, including psychotherapy, are instead prescribed medication. The biomedical approach tends to gloss over or ignore the social determinants of mental health that may be contributing to a person's mental health and psychosocial challenges. Lastly, as the United Nations Children's Fund (UNICEF) points out, the biomedical approach does not translate well across cultures (IASC 2022). Institutions are inconsistent with the community inclusion and full participation in society that are foundational to states of well-being for any individual.
CULTURAL NORMS AND BELIEFS	Stigmatization: The root causes of many of the barriers persons with disabilities encounter are stigma and cultural beliefs surrounding disability. This permeates all sectors of society. Stigmatization can extend beyond the individual to their families, resulting in exclusion and isolation (IASC 2019).	Stigma is one of the most frequent barriers for seeking help for mental health and psychosocial challenges. Persons with disabilities may have to navigate stigma toward mental health and their specific disability (IASC 2019).

SIX DOMAINS OF INCLUSIVE DEVELOPMENT	STRUCTURAL AND HISTORICAL FACTORS	BARRIERS TO MHPSS SERVICES
ROLES, RESPONSIBILITIES, AND TIME USE	Persons with disabilities may be excluded from engaging in work in and outside of the home due to discrimination on the basis of disability, including lack of provision of reasonable accommodations where needed. Exclusion from the education system can also limit access to the skills and training persons with disabilities need to qualify for specific jobs. Persons with disabilities and their family members may also contribute to their lack of participation and engagement due to internalized oppression and negative perceptions of their capabilities.	Discrimination and lack of understanding of how to include and reasonably accommodate persons with disabilities can prevent equal participation of persons with disabilities in a variety of contexts, including education and employment.
PATTERNS OF POWER AND DECISION-MAKING	A lack of respect for legal capacity (WHO 2021): In many countries, it is acceptable for others to make decisions on behalf of persons with disabilities, even when they have the capacity to make the decisions themselves. This can include decisions on their medical care, therapeutic care, sexual and reproductive health, and daily decisions as to what to eat and wear.	This practice is rooted in stigmatized beliefs that persons with disabilities are not capable of making their own decisions or more concerningly, do not have the right to certain decisions (WHO 2021), including in situations where access to supported decision-making would assist an individual in exercising their legal capacity.
ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES	Persons with disabilities may have limited control or influence over assets and resources. Poverty and compound vulnerabilities: Persons with disabilities are more likely to live in situations of poverty, which further limits access to community-based resources, including to livelihood and education opportunities. Limiting these opportunities both outside and during emergencies removes the opportunity to benefit from work opportunities and school as a source of psychosocial support.	Negative perceptions of persons with disabilities can result in their exclusion from community-based services, education opportunities, and livelihoods (UNICEF 2021). Information needed to facilitate persons with disabilities' engagement in decision-making and exercise of control over their assets and resources are not provided in accessible formats and languages, which negatively affects their exercise of legal capacity (IASC 2019).

SIX DOMAINS OF INCLUSIVE DEVELOPMENT	STRUCTURAL AND HISTORICAL FACTORS	BARRIERS TO MHPSS SERVICES
PERSONAL SAFETY AND SECURITY	Protection risks: Studies have shown that persons with disabilities are more likely to suffer a number of protections risks than their non-disabled peers, including exposure to violence (e.g., sexual violence and violent discipline), neglect, exploitation, exclusion (UNICEF 2021), and bullying (Fang et al. 2022). During emergencies, these risks are intensified. Young persons with intellectual, cognitive, and psychosocial conditions are at especially high risk (IASC 2022). Increased risk of mental health conditions and psychosocial distress and well-being challenges: Persons with disabilities are at heightened risk of experiencing psychosocial conditions, regardless of disability. Children and adolescents with newly acquired disabilities have been found to be at a higher risk of mental health and psychosocial difficulties. Young people with preexisting mental health difficulties may be at particular risk because support (social and system) breaks down in emergencies.	The enhanced protection risks persons with disabilities experience increase their need for MHPSS, while at the same time, creating barriers to use of MHPSS services.

Recommendations for Program Design and Illustrative Interventions for Disability Inclusion in MHPSS Programming

MHPSS interventions can be effectively integrated into a wide range of sectors and programs. When integrating MHPSS interventions, strategies, and approaches, the program should have an MHPSS technical advisor to provide technical oversight and training for program staff. Programming should follow the socio-ecological model with strategies at the individual, peer/family, community, and society levels. Programs should also secure universal design, and where universal design alone is insufficient to achieve access and inclusion, the provision of reasonable accommodation(s), as appropriate.

Program budgets should proactively address accessibility through universal design and reasonable accommodations:

Reasonable accommodation (RA) "requires individuals and institutions to modify their procedures or services (accommodate), where this is necessary and appropriate, either to avoid imposing a disproportionate or undue burden on persons with disabilities or to enable them to exercise their human rights and fundamental freedoms on an equal basis with others" (IASC 2019).

Universal design (UD) means the design of products, environments, programs, and services all people can use, to the greatest extent possible, without the need for adaptation or specialized design. Universal design does not exclude the provision of assistive devices for particular groups of persons with disabilities where this is needed. When a program receives funding from USAID for new or renovation construction, then principles of universal design are promoted, specifically by securing the use of accessibility standards that provide substantially equivalent accessibility and usability as the standards provided in the Architectural Barriers Act Accessibility Guidelines (USAID n.d.).

Table 1 presents illustrative interventions for disability inclusion in MHPSS programming. The illustrative activities were adapted from the following resources:

- Integrating Mental Health and Psychosocial Support into Youth Programming: A Toolkit; Sector Pullouts
- Global Multisectoral Operational Framework | UNICEF
- IASC's Information Note on Disability and Inclusion in MHPSS
- Guidance on Community Mental Health Service

Individual Services

Individuals have access to support for developing and maintaining improved mental health and psychosocial support. Designing and implementing tailored and focused actions as part of the MHPSS response to make sure the specific and individual disability-related requirements of persons are met through RA measures. CBM Global Disability Inclusion (CBM Global) provides robust programming examples on this through their community mental health program approach. Women's Refugee Council's work in Lebanon also demonstrates a transition beyond mainstreaming into considering more specific needs.

Table 1. Examples of Illustrative Individual Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE INDIVIDUAL INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
MHPSS services and programs meet the requirements of persons with disabilities by applying UD features and RA measures across sectors and across the IASC Intervention pyramid (IASC 2023) (see Youth MHPSS Toolkit).
Psychosocial interventions for persons with disabilities include supporting people with housing, employment, education, training, and social protection (WHO 2021).
Design programs for disability diversity and intersectionality (IASC 2023), for example: ▪ Supporting dementia-friendly communities ▪ Child-friendly spaces inclusive of children with disabilities (UD) ▪ Focused psychological support in primary health care settings ▪ Psychotherapy accessible to adults and children with disabilities
Rehabilitation services (UD) (IASC 2023) and life skills sessions for persons with disabilities with the purpose of increasing their assets, social networks, and safety (Stark et al. n.d.) (Gender and GBV Sector Pullout). **PYD Domain:** Assets **Sectors:** Education, protection, health, youth employment, gender and gender-based violence
Case management services are accessible and inclusive of persons with all types of disabilities. Ideally, this uses case managers who have knowledge of how to meet the specific needs of persons with disabilities (e.g., through application of UD and RAs as appropriate), including hiring case managers with disabilities. Available services are provided, for example, in different formats to make sure information is accessible to persons with different disabilities and different information and communication needs (IASC 2023). **PYD Domain:** Enabling Environment **Sectors:** Protection, health, education, gender and gender-based violence
Provision of clinical mental health services by a trained clinician (Health Sector Pullout) **PYD Domain:** Assets, Agency, Enabling Environment

Family-Based MHPSS

The following family-based MHPSS strategies include providing caregivers with opportunities to strengthen their caregiver–to–family member relationships and social connections. The literature indicates a strong need for family-based interventions. Studies demonstrate the increased psychosocial distress and stress families and caregivers of children with disabilities experience, as well as the importance of their role in facilitating or inhibiting the child's well-being based on their own mental health. Parenting approaches work well when they have a mixture of (psycho)education and support for managing the psychosocial impact of disability on the family, and address the MHPSS needs of parents and families. Mental health support should be available for anyone who regularly looks after a child, a sick person, an older person, or a person with a disability. Rights-based actors tend to prefer the term support over care when speaking of adults with disabilities (e.g., personal assistance, peer support, support person).

Table 2. Examples of Illustrative Family-Based Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE FAMILY-BASED INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Parent and caregiver group UD and RA discussions that provide parents/caregivers with the necessary space to talk about fostering supportive attitudes and respecting the human rights of family members (Stark et al. n.d.) (Adapted from Gender and GBV Sector Pullout). **PYD Domain:** Enabling Environment **Sectors:** Protection, health, education, gender and gender-based violence
Respite services for family members and caregivers of persons with disabilities (RA) (IASC 2023). **PYD Domain:** Enabling Environment **Sectors:** Protection, health, education, gender and gender-based violence
Strengthen capacity of families and caregivers in self-help and mutual support for specific psychosocial challenges (e.g., scalable problem management self-help interventions) (UNICEF MHPSS Framework, Outcome 2.3).
Strengthen capacity among community MHPSS workers in identification, referral, and case managment (e.g., coordination and follow-up support) for families in need of care. For example: ▪ Secure referral and access to clinical MHPSS and professional social services for caregivers and family members with psychosocial conditions and protection concerns (UNICEF MHPSS Framework, Outcome 2.1) ▪ Assist vulnerable families with referral and access to therapeutic interventions (e.g., evidence-based psychological interventions) and specialized social services (UNICEF MHPSS Framework, Outcome 2.1)

Community-Level Interventions

Raise awareness and support approaches for positive behavior change around mental health and psychosocial needs within health care, school, and community settings to address stigma and discrimination. Addressing the multi-level and overlapping stigmas and lack of disability and mental health awareness and literacy at all levels of society and across the socioeconomic layers is essential to removing barriers, upholding rights, and enabling access to supports and services. Advocacy for the inclusion of persons with disabilities, including children, as active participants in civil society to be able to uphold their rights is also a critical approach. Strengthening community access and inclusion for persons with disabilities and their families creates naturally forming psychosocial supports and networks.

Table 3. Examples of Illustrative Peer Focused Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE PEER FOCUSED INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Afterschool programs with structured psychosocial activities that are accessible to persons with disabilities through provision of UD and RA (Education Sector Pullout). **PYD Domain:** Assets, Agency, Enabling Environment **Sectors:** Protection, health, education, gender and gender-based violence
Access to safe spaces (UD) where girls with disabilities can increase their protective factors and build positive peer relationships (UNFPA 2015) (Gender and GBV Sector Pullout).
Structured activities for youth with disabilities that target physical activity, interpersonal skills, and curriculum focused on developing coping skills (Waves for Change 2019/20; McFarlane 2017) (Violence Prevention, Peace and Security Sector Pullout). **PYD Domain:** Assets, Skills and Knowledge **Sectors:** Protection, health, education, gender and gender-based violence
Awareness campaigns on the rights, capacities, and requirements of persons with disabilities led by persons with disabilities and organizations of persons with disabilities (i.e., organizations governed and staffed by persons with disabilities), and supported by MHPSS actors (UD) (IASC 2023).

Develop programs that engage communities and schools in building safe, non-violent, inclusive, and effective learning environments that promote mental health and well-being. In the wider community, securing inclusive environments for young persons with disabilities means adopting general principles of disability inclusion, including UD and RA principles. Removing barriers and enabling inclusion can be powerful in promoting mental well-being. However, the application of UD alone, without addressing any needs within the social environment, is not sufficient to secure inclusion. For example, building an accessible toilet at a school and providing a child with a wheelchair does not necessarily achieve social inclusion in the school or prevent bullying, if the stigma around the disability is not addressed or the child does not have access to needed social and life skills training supports on an equitable basis with others.

Table 4. Examples of Illustrative Community-Level Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE COMMUNITY-LEVEL INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Training frontline mental health staff on a rights-based approach to disability inclusion (Health Sector Pullout). **PYD Domain:** Enabling Environment **Sectors:** Health, protection
Mobilize communities to secure equitable access (UD and RA) to care and treatment interventions for all members of the community. Identify and develop functional referral resources and procedures for clinical mental health care and professional social services for families in need. Make sure that information on the referral pathways and available services is accessible in different formats and multiple languages (UD and RA).

Society and Systems

An effective policy, legislative, and financing environment is inclusive of marginalized and underrepresented groups, available and accessible, and puts supportive mechanisms in place for quality MHPSS service delivery for all. Implement the CRPD, which applies to all persons with disabilities, including persons with mental or psychosocial disabilities. MHPSS programs should be cognizant of the CRPD and work with organizations of persons with disabilities (i.e., organizations governed and staffed by persons with disabilities), sectors, and states to promote effective implementation. This includes their full and active participation, keeping in mind the "Nothing about Us without Us" principle that the leading disability rights groups have termed. Service providers also need to be capacitated with knowledge and skills on working with persons with disabilities, which should be mainstreamed into basic training programs across all sectors and ideally, co-facilitated with people with lived experiences.

Table 5. Examples of Illustrative Society and Systems Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE SOCIETY AND SYSTEMS INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Disability and MHPSS actors jointly develop and implement advocacy and lobbying initiatives on the MHPSS requirements of persons with disabilities and the urgent necessity of closing and replacing long-term residential institutions (IASC 2023).
Legislation upholds the rights of persons with mental disabilities. This may include supporting law reform processes to abolish laws and regulations that permit coercion and discriminate against service users and persons with disabilities who receive mental health care (UNICEF MHPSS Framework, Outcome 4.1).
Work with community and intersectoral actors to appropriately identify and reach out to community members and caregivers with mental health conditions, disability, or serious distress for care and referral to relevant support and services (UNICEF MHPSS Framework, Outcome 3.3).
Mental health considerations are integrated into health policies that focus on specific populations at higher risk of mental health challenges, such as people with HIV, pregnant adolescents, persons with disabilities, and humanitarian and migrant populations (UNICEF MHPSS Framework, Outcome 4.1).
Legislation secures access to mental health care for all, including establishing policies and financing for the delivery of MHPSS services within the community (UNICEF MHPSS Framework, Outcome 4.1).

Illustrative Case Example for Disability Inclusion

MHPSS programming should always aim to address the mental health and psychosocial needs of all program participants, including persons with disabilities. The following are examples of how persons with disabilities are included in MHPSS programming.

Improving the Quality of Life for Sisters with Disabilities through Inclusive Participation in Safe Space Activities

This blog post tells the story of three sisters with disabilities who developed new skills and friendships through participation at their local World Vision Bangladesh Women and Girls Safe Space (WGSS) in Cox Bazar. Nur Bahar, the mother of Asminda, Jaytun, and Muslima, learned about the services provided at the WGSS and decided to send her daughters there. Asminda lost the ability to speak in an accident and her sisters were both born deaf and do not communicate verbally. They developed their own set of gestures and signals, also known as home signs,[3] to communicate with each other. Due to societal discrimination, isolation, and their family's concerns for their safety, the sisters were socially isolated with few friends. Their mother was worried about their mental health and psychosocial well-being, particularly because she observed them being increasingly depressed as they entered adolescent years.

World Vision's WGSS in Cox Bazar

The WGSS is a place where women and girls feel physically and emotionally safe. Program participants come to share their feelings on distressing and traumatic events, excessive stress, violence (or fear of violence), and abuse with their peers, the case workers, and the psychologist. At the Cox Bazar WGSS, World Vision supplies services to more than 1,200 female participants. Five dedicated facilitators provide monthly awareness session on prevention of sexual exploitation and abuse, psychological first aid, gender-based violence, sexual reproductive health, human trafficking, and child marriage. Community facilitators connect women and girls to counseling, psychosocial support, and sexual reproductive health support from the WGSS center. Those who need additional support receive case management services by a trained case worker and psychosocial support from a psychologist.

Ensuring an inclusive approach to programming within the WGSS

As a partner within the Australian Humanitarian Partnership (HAP), the Cox Bazar WGSS worked with several partnerships to secure disability inclusion within their WGSS. The project staff had access to a mobile psychosocial support service for persons with disabilities, training for community facilitators on how to adapt training sessions and workshops to secure inclusion, and a partnership with the Center for Disability in Development and CBM for technical assistance on improving communication with participants with hearing and speech disabilities. These partnerships helped them to implement the recommended four must-do actions from the IASC Disability Inclusion Strategy:

- **Promote meaningful participation:** The sisters learned a traditional style of embroidery and how to use sewing machines to make traditional crafts. These creative outlets provided them with activities they enjoyed doing at the WGSS and at home.
- **Remove barriers:** Information sessions that are only delivered through speech can be a barrier for those with hearing and speech disabilities. Staff were trained to use flip charts, pictures, and other nonverbal communication techniques to make sure the sisters would benefit from the content of the various training sessions.
- **Empower persons with disabilities; support them to develop their capacities:** The oldest sister, Asminda, has since become an active member of the local community watch group and regularly visits homes within the camp to listen to any challenges and share information she learned at the WGSS using sign language and pamphlets.
- **Disaggregate data for monitoring inclusion:** Inclusive program monitoring means the participation of persons with disabilities is reflected and captured during program monitoring and reporting.

[3] "Home signs" are a set of gestures or signals that are not standardized and are developed for use within a particular household or family.

The following resources were used to secure disability inclusion in this program:

- Humanitarian inclusion standards for older people and people with disabilities
- IASC Guidelines Inclusion of Persons with Disabilities in Humanitarian Action
- Disability Inclusion Tip Sheet developed by Age and Disability Working Group (ADWG)
- Tip Sheet for Assistive Device Provision developed by ADWG
- Accessibility: Technical Guidance Notes and Good Practices developed by ADWG
- Washington Group of Questionnaires (WGQ): https://www.washingtongroup-disability.com/question-sets/

For more information on this case study, please see the original blog post: A safe space to create for displaced sisters with disabilities (australianhumanitarianpartnership.org).

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