



IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

Africa Regional Consultation with GBV & Gender Actors

Workshop Report



May 2018

Introduction

In 2016, the United Nations Inter-Agency Standing Committee (IASC) Working Group established a Task Team to develop IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (herein referred to as IASC Disability Guidelines). The Task Team membership spans UN agencies, humanitarian actors, NGOs and organizations of persons with disabilities (DPOs) and includes Member States as observers. The Task Team is co-chaired by the International Disability Alliance, Handicap International and UNICEF. Further details on the Task Team, including Terms of Reference and Work Plan, can be found on the IASC website:

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action>

The Consultation Process for the Guidelines is currently underway, with **regional consultations** being conducted the Pacific, Middle East and North Africa, Africa and Latin America. Draft Guidelines will be piloted or tested in humanitarian contexts in the third quarter of 2018, and then finalized by the end of the year.

The development of IASC Disability Guidelines mark a significant step in advancing accountability for the inclusion of persons with disabilities within the inter-agency coordination mechanism. Ensuring non-discrimination requires that such guidelines be gender-sensitive, as well as relevant and appropriate to GBV actors working humanitarian settings globally.

The African Disability Forum, Women's Refugee Commission, the Network of African Women with Disabilities (NAWWD), and the CP/GBV Sub-Cluster in Ethiopia, with support from the Australian Government, facilitated a consultation workshop with GBV and gender actors from the Africa region to inform the IASC Disability Guidelines development. This one-day consultation workshop was conducted on Friday 25th May in Addis Ababa, on the margins of the wider the Regional Consultation organized by the IASC Disability Task Team on 23rd and 24th May 2018.

OBJECTIVES OF CONSULTATION WORKSHOP

This one-day consultation workshop brought together both organizations of persons with disabilities (DPOs) and humanitarian actors to:

- Identify priority areas for gender mainstreaming and GBV prevention and response across the Guidelines.
- Collect useful resources, promising practices and other relevant information for gender and GBV actors to be integrated into the Guidelines.
- Map opportunities for gender and GBV actors in the region to contribute to later phases of the Guidelines development and roll-out process.

Please see Annex 1 for the list of participants, and Annex 2 for the Workshop Agenda.

This report summarizes the outputs of workshop activities and key recommendations for the IASC Disability Guidelines moving forward.

Recommendations on Gender Mainstreaming in the IASC Disability Guidelines

Participants referred to the checklist for integrating gender into each stage of the humanitarian program cycle from the IASC Gender Handbook, identifying specific actions that should be integrated into the IASC Disability Guidelines according to each phase of the Humanitarian Program Cycle.

Preparedness

- Incorporate gender and disability into all preparedness activities, ensuring gender balance among persons with disabilities participating in stakeholder meetings, emergency simulations and communities of practice.
- Train all staff on gender and disability in humanitarian action.
- Advocate for increased government commitment to gender and disability sensitive policies and programs relating to humanitarian action.
- Ensure sex, age and disability disaggregated data collection and that gender analyses are integrated into all baseline data collection, assessments, information systems, communication and advocacy.
- Identify and coordinate with local organizations of women with disabilities, and those representing other marginalized groups of persons with disabilities.
- Involve / consult persons with disabilities, especially women with disabilities, in all planning, implementation and monitoring of programs.

Needs Assessment and Analysis

- Collect and analyze sex, age and disability disaggregated data (both quantitative and qualitative).
- Ensure the involvement of women, men, boys, and girls with disabilities and their caregivers in assessments, and where feasible and appropriate, break these categories down to include adolescents, youth, DPOs, LGBTI individuals with disabilities, and others.
- Be aware of, identify and address possible biases in information collection and analysis which may relate to gender, age or type of disability. For example, if most persons with disabilities consultation are men, then the identified priorities may not reflect those of the wider community of persons with disabilities, such as women with disabilities, youth and adolescents with disabilities.

Strategic Planning

- In preparatory processes: Use participatory approaches that include women, girls, men and boys with disabilities in decision-making and planning for programs that impact on their lives and communities, so that they are agents of change rather than passive recipients; and ensure that gender, age and disability disaggregated data is as comprehensive as possible for strategic planning processes.
- In formulation of the humanitarian needs overview: Ensure that the needs of girls and women with disabilities are taken into account, and analyze how the different dimensions of the crisis affects women with disabilities, and / or contributes to an increase in disability among women.

- In formulation of humanitarian response plans: Address both the immediate practical needs of women and girls with disabilities and strategic interests regarding underlying causes and contributing factors to gender inequality.

Resource Mobilization

- Include gender analysis results in the initial assessment reports to influence funding priorities for the overall response, with consideration to existing resources.
- Prepare key messages with inter-agency / inter-sectoral gender working groups (if established), to enable advocacy for both technical and financial resources with donors and other humanitarian stakeholders, including for reasonable accommodations.
- Apply, track and report on the IASC Gender Marker (new Gender with Age Marker) project codes to demonstrate gender equality across programming and identify resource gaps for gender-sensitive disability programming.

Implementation and Monitoring

- Monitor access to humanitarian protection and assistance by women, girls, men, and boys with disabilities, and set indicators to measure change based on the assessed gaps relating to disability and gender equality.
- Ensure complaint mechanisms preserve the dignity and confidentiality of persons with disabilities who are reporting.
- Engage persons with disabilities in program delivery, considering and addressing gender balances (e.g. ensure that both men and women, girls and boys, have opportunities to contribute).

Operational Review and Evaluation

- Review the methodologies and processes used in the program to determine whether there was equal participation and engagement of women and men, girls and boys with and without different categories of disability (e.g. hearing, vision, physical, intellectual, deaf-blind, speech, psychosocial) in: (i) Access to services; (ii) Engagement in planning and implementation decisions; and (iii) Standard Operating Procedures and Policies.
- During annual or mid-term planning reviews, review the project's reach and impact on women, men, girls and boys with disabilities.
- Share learning and good practices on disability and gender inclusion monitoring, learning, accountability and learning within the sector / cluster coordination mechanisms.

A note about care-givers: There is consensus among participants that the IASC Disability Guidelines should address the needs of care-givers of persons with disabilities. A strong disability and gender analysis would reflect the needs of care-givers, as this role still disproportionately falls on women and girls in households in humanitarian settings. Working with care-givers is sometimes essential to open opportunities and foster the participation of persons with disabilities in humanitarian settings. Guidelines should also provide advice on recognizing and responding to violence against persons with disabilities which may be perpetrated by care-givers. This should include training care-givers on human rights.

Recommendations on GBV Prevention and Response in the IASC Disability Guidelines

Participants split into groups to review and provide feedback on the different sections of Draft 1 of the GBV sub-sector guidance. Recommendations are summarized in the table below.

As prioritization of content may be necessary in the future, participants were also asked to identify the three sections that they perceive as being most important to GBV actors, allowing prioritization of sections into most important (green), moderately important (orange) and least important (red). However, **participants stressed that all sections are important and should be included in the final version of the IASC Disability Guidelines.**

Recommendations for changes to Draft 1 GBV Sub-sector Guidance

Terminology

Recommend that language throughout this section should emphasise the positive potential of persons with disabilities. More specifically:

- Section on GBV risks (paragraph 2) should reference the importance of improving negative attitudes of the community.
- GBV actors can also engage persons with disabilities as positive role models (e.g. as community leaders) in GBV programming (to be added to paragraph 3).
- Add “supporters of persons with disabilities” to terminology – recommending a shift away from dependent language relating to “care-givers”.

Priority: 2 votes (red)

Testimony / Voices of Persons with Disabilities

Keep this section.

- Include positive examples of inclusion – The stories included thus far give positive examples of inclusion of persons with disabilities in GBV programs.
- Highlight intersecting identities – The story about a mother supporting her children is because it shows her as a woman, not just someone with a disability.
- Consent – Need to establish a process to ensure that all testimonies / voices of persons with disabilities is accompanied with informed consent.

Priority: 11 votes (orange)

Description of risks / barriers to inclusion specific to sector / subsector

- Too much text – Try to create a simple chart to relate risks – vulnerabilities – barriers. This could also be connected to the roles of stakeholders. Extra text or further information can then go in an annex for people to read if interested / needed.
- Add two more vulnerabilities – Women, men, girls and boys with multiple disabilities, and women, men, girls and boys with new disabilities.
- Enhance the policy barriers section to include (i) service providers with inadequate disability

knowledge which leads to inappropriate service provision; and (ii) lack of policies or inadequate policies (both on content and in implementation) for persons with disabilities which hinders access to services at local and national levels.

Priority: 10 votes (orange)

Existing frameworks and standards

The most relevant and important frameworks to include are:

- Convention on the Rights of Persons with Disabilities, and its linkages to humanitarian action.
- 2030 Sustainable Development Goals which recognize the negative impact that humanitarian crises have on development.
- UNFPA's minimum standards on advocacy and response to GBV.

Priority: 7 votes (red)

Gaps on inclusion of persons with disabilities in the sector / sub-sector

- Orientation and training of GBV program staff in the specific needs of persons with different types of disabilities and fostering the participation and empowerment of women and girls with disabilities.
- Ensure awareness raising of SGBV staff and DPOs on prevention of early and forced marriage of women and girls with disabilities.
- Organize meetings of SGBV actors and organizations of women with disabilities to broaden partnerships for prevention and response to gender-based violence.

Priority: 13 votes (green)

Key elements to consider = MUST DO

Happy with the current structure.

- Under point #1 – Stronger language on addressing the attitudes and assumption of GBV staff (e.g. include assessment of disability-related attitudes as part of the recruitment and induction process for GBV staff).
- Under point #4 and #5 – Disaggregate data by disability type. For example, UNHCR and MMV conducted research in Rwanda on the heightened risk of SGBV among children with disabilities. Also reference data privacy, and the safety and protection of persons with disabilities during referral processes.
- Under point #9 – Needs a more detailed guidance note re: inclusion of women with disabilities in peace and security efforts. We could learn and draw on current practices, such as the IGAD in South Sudan and high-level Revitalization Forum in Addis Ababa, which set selection criteria and travel support for “persons of concern” to participate.

Priority: 14 votes (green)

Role of different stakeholders

- Training DPOs on “safe identification and referral” must be aligned with global standards (i.e. providing information and options for survivors to access) – see IASC GBV Guidelines.
- Role of GBV specialists: (i) Include establishing accessible complaint mechanisms, aligned with standards for prevention of sexual exploitation and abuse (PSEA); and (ii) Include consult with women, men, girls and boys with disabilities from diverse groups to understand their particular needs and effective strategies to address these needs in programming.

Priority: 16 votes (green)

Good practices

This section still needs to be fully elaborated. Recommendations of the types of practices to be included or criteria for selection are:

- Practices must use methodologies which are replicable and amplifiable (i.e. have potential to be upscaled); must address attitudinal, environmental and institutional barriers; and lastly reflect cross-disability diversity as well as having a gender lens.
- Practices need to be aligned with the core principles of the CRPD and humanitarian action.
- Practices should demonstrate women with disabilities in leadership positions working in collaboration with GBV humanitarian actors.

Priority: 11 votes (orange)

Tools and resources

- Tools and resources to be included in the IASC Disability Guidelines must be tried and tested – simple tools which reflect both disability and gender inclusion.
- Tools and resources must acknowledge and respect the privacy and dignity of women and girls with disabilities.
- The GBV section of the IASC Disability Guidelines should be comprehensive, available in multiple formats for accessibility, and be accompanied by training packages to support application / implementation.

Priority: 0 votes (red)

Recommendations for Follow-up Activities Relating to the IASC Disability Guidelines

In this session, participants developed recommendations for three distinct phases of the IASC Disability Guidelines development process: 1. The review and feedback on drafts of the IASC Disability Guidelines; 2. Piloting the Guidelines; and 3. Launch and roll-out of IASC Disability Guidelines. They identified ways in which participants from the Africa consultation could support these future activities, as well as recommendations for the IASC Task Team moving forward.

Recommendations on IASC Disability Guidelines drafting and review process

Participants recommend that the IASC Task Team establish an online process which will allow regional and national actors to engage partners and provide tangible feedback on drafts of the guidelines. This process should include both online discussion groups, as well as soliciting feedback via email. Participants reported that they could support this process by coordinating forums and in-person meetings with regional organizations and other stakeholders, collating and submitting feedback to the online consultation process.

DPO participants reported that the draft could be circulated through the IDA network, regional, sub-regional and national umbrella bodies. However, they also called for a clearly defined strategy to ensure that marginalized groups of persons with disabilities would not miss out in contributing to this process.

Participants stressed the need for all drafts to be made available in French and Portuguese. French-speaking participants reported that it was difficult to fully contribute to the current consultation and recommended that a specific consultation be conducted in French.

GBV actors recommended using the GBV AoR and sub-clusters as a forum for collecting feedback on the draft GBV section. They also recommended that the Sectoral Working Group responsible for drafting the section conduct bilateral consultations with some of the actors responsible for coordination and capacity development on GBV globally, such as UNFPA and IRC.

Consultation members also welcomed the opportunity to review the draft in detail and submit feedback. These members may also have the capacity to share with and gather feedback from field staff engaged in GBV programming. However, participants may need to brief their colleagues and identify more than one focal point from each organization to ensure ongoing contribution to IASC Disability Guidelines development process. The WRC will continue to share drafts with the group as and when they are available.

Lastly, participants recommended establishing some sort of steering committee, highlighting that the end user really must have a say in decisions about what is and isn't included in the IASC Disability Guidelines, and relevant sector-specific guidance.

Recommendations for the IASC Disability Guidelines piloting process

The IASC Task Team should establish criteria for piloting the draft guidelines, which reflects different contexts and settings – urban and camp, different country contexts, and different phases in the humanitarian program cycle. A toolkit should be developed to support the piloting process (and when finalized, the roll-out), including training on using the guidelines. The toolkit should be pre-tested to ensure effectiveness.

A research methodology must be developed to ensure that the piloting process effectively identifies which parts of the guidelines work best (and which sections need improvement). Indicators must be established to measure and evaluate if the IASC Disability Guidelines are effective and culturally appropriate. The pilot process should place the actors that will be using the guidance at the centre of decisions about what does and doesn't work in implementation. Findings from the pilot must also be disseminated and validated with those who were directly involved in the process, including beneficiaries – Validation and feedback mechanisms should be part of the methodology.

Lastly, participants highlighted the importance of engaging a wide range of stakeholders in the piloting process, and the need for greater engagement of government and GBV experts. DPOs can identify focal points to contribute to the piloting process, and other participants will work within their own organizations to support piloting in their own GBV programs and projects.

Recommendations for the launch and roll-out of the IASC Disability Guidelines

Participants suggested multiple strategies that could promote the roll-out and implementation of the IASC Disability Guidance in the Africa region. Firstly, participants recommended a comprehensive orientation and training package be developed, which includes awareness raising materials, guidance on starting conversations, as well as training tailored to stakeholders at different levels in the humanitarian system (e.g. GBV sub-cluster leads, GBV programmers, etc.). These packages should support roll-out at country levels, as well as within organizations.

IASC Disability Guidelines and complementary materials must be produced in different languages and include guidance on roll-out in different contexts (e.g. considering different cultures and religions).

Participants highlighted the importance of working with governments, coordination mechanisms and DPO networks to ensure that the IASC Disability Guidelines are integrated into existing strategies and plans. Particular attention must be given to the sensitization and engagement of donors, targeting key government ministries and key agencies, such as UNHCR, to support the roll-out process.

An online platform should be created where stakeholders can access the guidance, awareness raising materials, and training toolkits in multiple formats and languages. This platform could also provide a central point where stakeholders can see where the IASC Disability Guidelines are being implemented and by which partners, fostering opportunities for information exchange, sharing and learning between humanitarian actors and different stakeholders.

A “Help Desk” may be necessary to provide resource people to support stakeholders to align their own policies and processes with the guidelines, but also to support both training and mentoring in the roll-out process within clusters / sub-clusters / organizations. An expert group should be established to ensure that women and girls with disabilities are engaged throughout the roll-out process.

Lastly, participants recommended wider public awareness raising through the media (e.g. talk shows, social media) and using events on international days (e.g. International Women’s Day) as an opportunity for further dissemination among a wider range of stakeholders. Participants recommended a range of awareness raising materials be developed, including pictorial messages, t-shirts, pamphlets, drama and music.

Recommendations on Tools and Resources to be Referenced in the IASC Disability Guidelines

The following tools and resources were recommended by participants to be referenced at some point in the IASC Disability Guidelines. Further review of each document is required to identify their value add in relation to disability inclusion in humanitarian action, and / or the most appropriate section in which reference each tool (e.g. background or sector-specific guidance).

Protection Mainstreaming Toolkit (2017):

http://www.globalprotectioncluster.org/assets/files/aors/protection_mainstreaming/gpc-pm_toolkit-2017.en.pdf

Tools to Assist in Implementing the IASC Accountability to Affected Populations Commitments (2012):

https://interagencystandingcommittee.org/system/files/legacy_files/TOOLS%20to%20assist%20in%20implementing%20the%20IASC%20AAP%20Commitments.pdf

Gender Guidance for the Humanitarian Program Cycle 2018 - 2020:

https://reliefweb.int/sites/reliefweb.int/files/resources/hpc_2018-2020_gender_guidance_note.pdf

WHO Psychological First Aid: Guide for Field Workers (2011):

http://www.who.int/mental_health/publications/guide_field_workers/en/

UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (2015): http://unfpa.org/sites/default/files/pub-pdf/GBVIE.MinimumStandards.Publication.FINAL_ENG.pdf

http://unfpa.org/sites/default/files/pub-pdf/GBVIE.MinimumStandards.Publication.FINAL_ENG.pdf

Committee on the Rights of Persons with Disabilities, General Comment No. 3 (2016) on Women and Girls with Disabilities:

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/3&Lang=en

Convention on the Elimination of Discrimination Against Women (CEDAW):

<http://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>

Making It Work Gender and Disability Project: <https://www.makingitwork-crpd.org/gender-and-disability-project>

GBV AOR Website: <http://gbvaor.net/>

HI Internal Gender and Disability Training:

Mobility International USA (MIUSA) Website: <http://www.miusa.org/>

HI Disability Checklist

HI Internal B&F Assessment

Save the Children's Safeguarding Children Policy (2014):

<https://resourcecentre.savethechildren.net/library/save-childrens-child-safeguarding-policy-2014>

Women's Refugee Commission's Disability Website:

<https://www.womensrefugeecommission.org/disabilities>

Disabled Women in Africa (DIWA) Training Manual on Gender and Disability Mainstreaming (2015):

<http://diwafrica.org/info@diwafrica.org>

Child Protection Minimum Standards in Humanitarian Action (2012) – Under review:

<http://cpwg.net/minimum-standards/>

IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015): <https://gbvguidelines.org/en/home/>

Inter-Agency GBV Case Management Guidelines (2017): <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>

WHO Clinical Management of Rape Survivors (2004): <http://www.who.int/reproductivehealth/publications/emergencies/924159263X/en/>

Caring for Child Survivors of Sexual Abuse (2012): <http://cpwg.net/resources/caring-for-child-survivors-of-sexual-abuse-irc-unicef-2012/>

UNHCR Heightened Risk Identification Tool (HRIT) (2010): <http://www.refworld.org/docid/4c46c6860.html>

Save the Children International Political Will Tools:

UNHCR's new GBV policy (coming out towards the end of the year)

UNHCR's Age, Gender and Diversity Policy (updated 2018): <https://cms.emergency.unhcr.org/documents/11982/51766/Policy+on+AGD+-+UNHCR+IHP+2018+1/6591507e-2d39-43a2-912d-4c6946ea770e>

Tools relating to research on SGBV against persons with communication disabilities in Rwanda conducted by Manchester Metropolitan University and UNHCR. Literature Review published, but other tools pending.

UN Convention on the Rights of Persons with Disabilities: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

UN Women Training Centre e-Learning Campus: <https://trainingcentre.unwomen.org/>

Sphere Handbook 2018 (pending publication): www.sphereproject.org/

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ANNEX 1: Participant List

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ANNEX 2: Workshop Agenda

Time	Topic
8:30am – 9:00am	Arrivals and registration
9:00am – 9:30am	<p><u>Introduction</u></p> <p>Welcome and introductions. Overview of IASC Disability Guidelines development process.</p>
9:30am – 10:45am	<p><u>Gender Mainstreaming in the IASC Disability Guidelines</u></p> <p>Introductory presentations (30 min) – Our experiences with gender mainstreaming and disability inclusion.</p> <p>Participatory activity (30 min) – Mapping and prioritizing entry points for strengthening gender equality across the guidelines.</p> <p>Group work (30 min) – Three actions for each entry point.</p>
10:45am – 11:00am	Break
11:00am – 12:30pm	<p><u>Disability Inclusion in GBV Programming</u></p> <p>Introductory presentations (30 min) – Our experiences with disability inclusion in GBV programming.</p> <p>Group work (60 min) – Three recommendations for each section of draft sector-specific guidance.</p>
12:30pm – 1:30pm	Lunch
1:30pm – 3:00pm	<p><u>Follow-up and Next Steps</u></p> <p>World Café to cover three core topics:</p> <ol style="list-style-type: none"> 1. Review process – Recommendations on how to engage regional and national actors in the review process. 2. Piloting the IASC Disability Guidelines – Recommendations of locations and partners to test the guidelines. 3. Launch and roll-out processes – Recommendations on how participants can support the launch and roll-out of the guidelines.
3:00pm – 3:30pm	Break
3:30pm – 4:00pm	<p><u>Close</u></p> <p>Closing comments from co-hosts and thank you to all involved.</p>