



Inclusion Task Force
Yemen

TIPSHEET

Ensuring LIVELIHOOD Responses in Yemen are Inclusive of Persons with Disabilities

This tip sheet provides an overview of the factors that may put persons with disabilities at heightened risk in the COVID-19 pandemic and response in humanitarian settings; and proposes actions to address these risks within the COVID Livelihood response. This note draws on the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, the UN policy brief on Disability-Inclusive Response to COVID-19 and the practical field experience of HI and collaborating partners in Yemen. All sources were reviewed and applied to the COVID-19 response in the form of a tip sheet for livelihood actors.

During the current phase of the COVID-19 response the needs and rights of persons with disabilities need to be considered. This document shares practical tips on how to identify and reduce the risk faced by these groups by designing and delivering a more inclusive livelihood response in poor urban and internally displaced settings.



This publication was developed by Handicap International (New name Humanity and inclusion), in collaboration with the Food Security and Agriculture Cluster and with input from the Protection Cluster, ProCap, and endorsed by the Yemen Inclusion Task Force. Funded with support from Germany's Ministry of Foreign Affairs, though the views expressed are the authors' alone.

WHY DOES DISABILITY INCLUSION MATTER IN THE LIVELIHOOD RESPONSE to COVID-19?

Yemen, which is one of the poorest countries in the Arab world, is chronically underdeveloped with 44% food insecurity and 58% stunting among children less than 5 years of age. This is the second highest stunting rate in the world. During 2011, prices of staple food such as wheat, flour, sugar, milk and dairy products rose by between 40% and 60%. At the same time Yemeni households were vulnerable to new food price shocks, with about 96% of Yemeni families being net buyers of food, and around 17.5% of the population living below the 1 PPP\$ poverty line and 34.8% under the national poverty line according to the 2006 Household Budget Survey. The poorest Yemeni households spent a third of their income on bread alone. Unemployment among 15-24 age groups was 52.9% and 44.4% among the 25-59 years group. The poverty ratio increased from 35 % in 2006 to over 50 % in 2010, resulting in increased poverty rate of living on less than \$ 2 a day¹. According to WFP, the “risk of hunger pandemic as COVID-19 set to almost double acute hunger by end of 2020” means that the risk for Yemen cannot be imagined.

People with disabilities with no or limited access employment and livelihood opportunities are at extreme risk. Below, are recommendations to help humanitarian actors to adapt their programs and procedures to ensure inclusion of people with disabilities?

KEY CONSIDERATIONS TO ADDRESS IDENTIFIED RISKS: RECOMMENDATIONS FOR PROGRAMMERS

Inclusion of persons with disabilities in livelihood activities is achieved by following the minimum key steps to programming with protection principles being at the forefront of all activities

DATA DISAGGREGATION AND IDENTIFICATION OF BARRIERS:

Program workers

- To understand the different ways in which people with disabilities experience the impact of COVID-19, and to monitor their inclusion in all phases of the response and recovery, ensuring the collection and availability of disaggregated data by disability as well as sex and age is essential. To that end, data should be collected using internationally recognized methods, such as the [Washington group questions](#) tools.
- Develop livelihoods programmes that are suitable for persons with disabilities, support their need, responsibilities.
- Ensure equal access for women and men from people with disabilities for livelihood opportunities that promotes family unity and community caring mechanisms

Front line workers

- Identify and analyse the attitudinal, physical and institutional barriers present in the area of planned intervention. Here,
 - Attitudinal barriers refer to negative attitudes, thoughts, perceptions and misconceptions existing within the communities which we work and which we as staff members may hold. These attitudes are reported as one for the most significant barriers to participation for persons with disabilities.
 - Physical barriers exist within infrastructure, transport and services which impede access for persons with physical, sensory, hearing, visual and intellectual or cognitive difficulties. Common examples include steps impeding wheelchair access, small spaces in toilet facilities, broken or uneven roads and footpaths, lack of suitable transport options, poor lighting impeding vision, absence of sign language translation or visual descriptions for persons with hearing impairment and more.
 - Institutional barriers relate to lack of policies and procedures which exist in our own organisations. An example at the programmatic level would be the absence of a mechanism to identify persons with disabilities and provide reasonable accommodation² in order to ensure equal access and participation.
- Ensure services and assistance are reaching the most vulnerable from persons with disabilities. Monitor and respond to any explosive practice/abuse of power

¹ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/undp-yem-qualitative_study_-_multi-dimensional_livelihoods_assessment_in_conflict_affected_areas_0.pdf

² ‘Reasonable accommodation’ means necessary and appropriate modification and adjustments, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. (UNCRPD, Article 2.)

NON-DISCRIMINATION:

Program workers

- Non-discrimination is a core human rights principle. COVID-19 response and recovery must prohibit discrimination on the basis of disability, as well as any criteria which could have a disproportionate impact on persons with disabilities. It is necessary to recognise and take measures against disadvantage experienced by persons with disabilities by taking proactive steps, including through reasonable accommodation, to ensure they equally benefit from COVID-19 response measures.
- Train staff who are willing to support individuals with disabilities.
 - For example train them on the use of the Washington Group Questions (WGQs) in livelihood activities; the rights of persons with disabilities and their diverse functional capacities in livelihood activities; how to complete an individualised functional assessment and provide safe means of diverse reasonable accommodation modalities, ensuring the principle of 'Do no harm' is respected.

Front line workers

- Identify the facilitators or the resources you have to enable participation of persons with disabilities in the communities which you work and within your own organisation.
 - For example, can you connect with organisations of persons with disabilities (OPDs) or informal networks to consult on and strengthen your project? In the absence of OPD's or informal networks, have you consulted with individuals with disabilities and their families? Do you have financial resources to support the provision of reasonable accommodation in your project?

PARTICIPATION

Program workers

- Persons with disabilities have the right to participate fully and effectively in decisions that affect their lives. They are a diverse, non-homogenous population who possess unique knowledge and lived experience of disability that others do not.
- Conduct an **individual functional assessment** of the persons' abilities, understand how these abilities interact with the tasks of the livelihood activity and therefore identify where the adaptations or modifications must be made to bridge 'the gap'.
 - Examples from the field include: adapting a shovel with a shoulder strap and additional forearm support to ensure that a person with one arm can dig with stability and reduced risk of lower back pain.
 - Another example is placing tactile tape and high contrast markings along a cash boxes' edges to enable a person with low vision to identify where the notes (money) should be placed in the cash till.
 - To avoid causing harm, training in the provision of diverse types of accommodations for persons with difficulties in all livelihood activities is recommended

Front line workers

- Close consultation and active involvement of people with disabilities and their representative organizations at all stages—from planning and design to implementation and monitoring is key to ensuring inclusive response. For example Work with the specialised organisations in disability to help identify individuals from disabled groups to use them as a resource to improve service delivery, referral and trainings
- Partnerships and collaboration will improve effectiveness and accountability, assist in directly achieving inclusion and ensuring that all action related to COVID-19 benefits persons with disabilities, and contributes to longer-term development and recovery.

ACCESSIBILITY

Program workers

- Ensuring accessibility of facilities, services and information is fundamental to a disability inclusive COVID-19 response and recovery.
- If public health information, buildings, transport, communications, technologies, goods and services are not accessible, persons with disabilities cannot take necessary decisions, live independently and isolate or quarantine safely, or access health and public services on an equal basis with others. Such measures do not need to add greatly to overall cost especially if the needs of the maximum number of users are considered in the initial design. Research shows that if they are considered from the design stage, ensuring accessibility can cost as little as 1% more.

- Set up feedback and complaint mechanisms e.g. Phone calls, suggestion/feedback box to report abuse, exploitation etc.

Front line workers

- Relevant staffs should ensure the safety and effectiveness of accommodations. This should be done by close follow up of the individual when working in order to adapt the accommodations where needed. Staffs also includes working with families and care givers (when indicated) to ensure that they can provide ongoing safe support after the activity is complete.

ACCOUNTABILITY

Program workers

- Accountability is essential for ensuring that the COVID-19 response and recovery is inclusive and respectful of the rights of persons with disabilities. The humanitarian actors are accountable to affected populations, including persons with disabilities, and mechanisms need to be established to engage with communities to inform programming and adjust it according to feedback.
- Ensure an accessible complaints and feedback mechanism is available to persons with disabilities and they feel comfortable to use it.

Front line workers

- Ensure the meaningful participation of persons with disabilities. That is, persons with disabilities should be supported to actively engage in the activity on an equal basis with others.
- Ways of measuring meaningful participation could be a qualitative based survey which assesses individual self-perceived performance and satisfaction related to one's own performance and engagement.

Annex: Guidance on sourcing online training for the application of Washington Group Questions

1. Visit this site: <https://humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action>
2. Scroll down to this section:

Learning Toolkit

► **E-Learning: Collecting Data for the Inclusion of Persons with Disabilities in Humanitarian Action – The Application of the WGQs**
(Available in 4 languages – English, French, Arabic, and Spanish.)

This 2-hour course has been designed to support humanitarian programme staff understand, plan for and use the WGQs to identify persons with disabilities in humanitarian action. With case studies, practical examples and a wealth of supporting resources, the e-learning is an essential entry point for all programme staff interested in understanding more about how to use the WGQs.

The e-learning is available on:

► disasterready.org (you first need to [sign up for an account](#))
([French](#)) ([Arabic](#)) ([Spanish](#))

► kayaconnect.org (accessible for mobile phones and tablets)
([French](#)) ([Arabic](#))

3. Sele
4. Follow the prompts which includes setting up a Disaster Ready or Kaya connect account
5. Field workers should complete the first two modules (1 hour maximum). Project officers, program managers and senior staff should complete all 4 modules (2 hours maximum).

For more information contact:

Anwar Sadat: Inclusion technical coordinator-HI at a.sadat@hi.org

Gordon Dudi: Food Security and Agriculture Cluster (FSAC) Coordinator at Gordon.Dudi@fao.org