



**GOOD PRACTICES BROCHURE:  
Intersection of Gender and  
Disability in Humanitarian  
Responses**



**GENDER**  
**IN HUMANITARIAN ACTION**  
Asia and the Pacific



**OCHA** United Nations Office  
for the Coordination of  
Humanitarian Affairs



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## Introduction

The impacts of natural disasters and complex emergencies are disproportionately felt by people with disabilities, who are among “the most socially excluded groups in any displaced or conflict-affected community”.<sup>1</sup> Women and adolescent girls with disabilities “are particularly vulnerable to discrimination, exploitation and violence, including gender-based violence (GBV)” and often face difficulties in “accessing support and services that could reduce risk and vulnerabilities”.<sup>2</sup> Exclusion from social networks, discrimination and stigma often increase vulnerability to violence, abuse and exploitation.

Women and girls with these underlying risks and vulnerabilities often suffer from a greater impact of COVID-19. In the recent Policy Brief on ‘A Disability-Inclusive Response to COVID 19’<sup>3</sup> the United Nations highlighted that people with disabilities are at greater risk of contracting the coronavirus and developing more severe health conditions. Due to exclusion and discrimination, they are facing difficulties in accessing health care and life-saving procedures during the pandemic, and they are particularly disadvantaged by the socioeconomic consequences of COVID-19.

In July 2019, the Inter-Agency Standing Committee published Guidelines on the ‘Inclusion of Persons with Disabilities in Humanitarian Action’<sup>4</sup> which set out essential actions that humanitarian actors must take in order to effectively identify and respond to the needs and rights of people with disabilities. The humanitarian guidelines are the first to be developed with and by people with disabilities and their representative organizations in association with traditional humanitarian stakeholders.

In line with the objectives of the Guidelines, this brochure aims to provide practical guidance on including people with disabilities and their families in humanitarian programming and coordination by highlighting four case studies that illustrate good practices and examples in humanitarian settings in Asia and the Pacific.

1 <https://www.berghahnjournals.com/view/journals/girlhood-studies/9/1/ghs090109.xml>.

2 [https://reliefweb.int/sites/reliefweb.int/files/resources/Disability%20Inclusion\\_Translating%20Policy%20into%20Practice%20in%20Humanitarian%20Action.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Disability%20Inclusion_Translating%20Policy%20into%20Practice%20in%20Humanitarian%20Action.pdf).

3 [https://www.un.org/sites/un2.un.org/files/sg\\_policy\\_brief\\_on\\_persons\\_with\\_disabilities\\_final.pdf](https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf).

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

## Shifting the focus – An intersectional targeting approach for food assistance in Khyber Pakhtunkhwa, Pakistan



**World Food Programme**

In humanitarian emergencies, women with disabilities are disproportionately affected due to numerous barriers that prevent their full and effective participation and engagement in humanitarian programmes, but also because policymakers and practitioners may not understand the intersection between gender and disability. As a result, women with disabilities often experience exclusion and increased vulnerability in times of crisis.

There is a growing discussion around effective targeting of groups in vulnerable situations and an aim to move beyond traditional one-dimensional categorization. If policymakers assume households with limited income, low resilience and displacement status are a homogenous group, they may fail to consider that the intersections of gender, age and disability can magnify and aggravate marginalization.

The newly merged districts and tribal subdivisions of Khyber Pakhtunkhwa Province of Pakistan at the border with Afghanistan are located in one of the most remote regions of the country. Some 97 per cent of the 5 million inhabitants of the merged areas live in rural areas, and many of them have lost their homes and livelihood during years of conflict. Since 2008, millions of people have been displaced from the area as a result of military operations. Over the past several years, World Food Programme (WFP) Pakistan has assisted the Government in providing targeted food assistance to displaced families.

In 2020, WFP Pakistan carried out a Comprehensive Food Security and Livelihood Assessment, which found that more than one third of the households in the merged areas (roughly 1.8 million people) are still moderately or severely food insecure. Overall, 3.5 per cent of the individuals in the merged areas are reported to have some form of physical or mental disability, which is higher than the national average.<sup>5</sup> The main forms of reported disabilities are difficulty in walking or climbing steps (33 per cent) followed by vision impairment and physical disability (32 per cent).<sup>6</sup> Women and people with disabilities have extremely limited economic opportunities, and their vulnerabilities are further increased by low levels of literacy, limited access to health facilities and a strict tribal culture with limited or no opportunities for skills development.

5 The fifth Population and Housing Census conducted in 1998 identified the population of people with disabilities in Pakistan to be 2.38 per cent of the entire population. However, as per the sixth Population and Housing Census of 2017, the percentage has gone down to less than 0.48 per cent.

6 <https://www.wfp.org/publications/pakistan-comprehensive-food-security-livelihood-assessment-cfsla-2019-2020>



In order to effectively identify and prioritize the most vulnerable households and to provide an informed foundation for the design of more appropriate and effective responses, WFP Pakistan decided to change its status-based targeting approach, which had considered displacement as the main indicator. WFP Pakistan shifted its approach to assess vulnerabilities based on the intersections of sex, age and disability, including for in-camp residents. Through an intersectional lens, WFP Pakistan was able to explore the qualitative dimensions in vulnerability experienced by different people and groups.

Ms. Yameena (pictured) is a female head of household, which includes her husband who has a disability and their six children. She is the main income-earner. WFP Pakistan identified her household as highly vulnerable and prioritized it for food assistance and nutrition programming. Ms. Yameena manages her family, supports her husband and takes care of their house and compound. She feels that the voices of women and people living with disabilities are often missed in assessments at community level. Being fully engaged in the assessment process allowed her to inform about the barriers that she and her family are facing and the support that they require.

While intersectionality is becoming an established concept, more practical guidance and understanding of how to implement it in a humanitarian and recovery context are needed. Furthermore, more efforts must be made to integrate intersectionality in targeting approaches. Failure to collect data that can be disaggregated by sex, age and disability results in a lack of visibility. It increases marginalization and prevents policymakers from designing effective and inclusive programming.

## From local partnerships to local actions – Building alliances for disability inclusion across the Pacific



The Pacific is characterized by rates of GBV up to twice the global average and these rates are 2–3 times higher for women with disabilities as highlighted in the 2013 research report, “A Deeper Silence”, of the United Nations Population Fund (UNFPA).<sup>7</sup> The increase in violence during emergencies and the lack of disability inclusion in Pacific humanitarian preparedness and response efforts place women and girls with disabilities in a position of extreme vulnerability.



UNFPA together with the International Planned Parenthood Federation (IPPF) and the Pacific Disability Forum (PDF), have created a regional initiative to support local alliances as a key strategy to mitigating the impact of emergencies on women and girls with disabilities.



Building alliances between the organizations has been critical in developing and implementing actions plans. With the support of the Pacific Subregional Office of UNFPA, IPPF and PDF, participants from across six Pacific island countries (Fiji, Kiribati, Tonga, Samoa, Solomon Islands and Vanuatu) were brought together to share their expertise in disability, emergency and GBV programming to build together local plans to redesign and transform the way GBV is envisaged in emergency programmes in the region. Such localized partnerships have been formed between UNFPA, national disability organizations (networked with the Pacific Disability Forum) and the national Member Associations of IPPF. Two of these countries, namely Fiji and Kiribati, have progressed to incorporate ministry focal points for disability to ensure that the alliance is not only localized but supported and sustained by national governments.

A focus of these alliances moving forward will be the adaptation of dignity kits to the specific needs of women and girls with disabilities. Dignity kits provide women and girls with a range of essential hygiene and sanitation items including clothing, sanitary pads, soap and underwear. With these essential items, women and girls are better able to maintain their dignity in crisis. The distribution of dignity kits provides a key opportunity for implementers

<sup>7</sup> <https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf>.



to deliver messages to women and girls in crisis and to understand their needs, concerns and vulnerabilities. Messages focus on service delivery points for health and GBV as well as prevention of sexual exploitation and abuse. The distribution of dignity kits is a cornerstone of the programme and a critical first step in laying the foundations for disability inclusive GBV in emergency programming.

## Unconditional cash grants for women affected by COVID-19 and floods in Bangladesh



Some 7.2 million people with disabilities in Bangladesh are among the lowest income earners in the country, and many of them having no income at all. The Gender in Humanitarian Action Working Group in Bangladesh conducted a COVID-19 Rapid Gender Analysis (RGA) in the summer of 2020 and found that women with disabilities are disproportionately affected by the COVID-19 pandemic. For example, 79 per cent of women with disabilities had completely lost their income over the shutdown period. Multiple layers of discrimination due to gender inequality, social exclusion, stigma and social attitude can raise protection concerns and prevent women and girls from accessing information, health services and response facilities.<sup>8</sup>

Suma Akthar, a 22-year-old women who was born with intellectual and speech disability, and her family are among those who have been strongly affected by the economic impact of the COVID-19 pandemic and the series of floods that struck parts of Bangladesh in 2020. Suma and her three siblings live with her parents in Chilmari Upzila, a subdistrict of Kurigram District. Her father has a chronic disease and for the past five years he has been unable to work. Her brother used to provide the only income for the family but lost his job during the pandemic. Because of the pandemic and floods, the situation gradually worsened for the family, as Suma's mother recalls:

*"Because of the pandemic, we have lost all our sources of income, and on most days we could only afford one meal per day. On top of that, we experienced floods five times this year. Because our home was flooded, we had to stay in a shelter made of plastic sheeting for three weeks, constantly suffering from rainfall. We had no more food or firewood left for cooking and sold our last animals to buy food. I had to collect drinking water from a tube-well about half a kilometre away and would take my daughter with me every time, because I was worried about her safety and security. Suma is unable to speak, and it is difficult for her to remember things. I spent many sleepless nights worrying about her."*

8 <https://asiapacific.unwomen.org/en/digital-library/publications/2020/05/covid-19-bangladesh-rapid-gender-analysis#view>.





Christian Aid, with support from UN Women Bangladesh, is supporting local partners in responding to the detrimental effects of COVID-19 and the recent floods. In cooperation with women-led civil society organizations (CSOs), they are providing livelihood trainings and cash grants to women with intersectional identities such as widows, women headed households, manual labour workers and women living with disabilities. Local women-led CSOs were closely involved in identifying and registering the most vulnerable and marginalized groups by visiting individual households and consulting with local community leaders. Community members were consulted again after the initial beneficiary selection to provide further input. Suma was one of the women enlisted under the emergency support project funded by UN Women, which provides recipients with BDT 3,000 (about \$35). The money was received by Suma's mother through the mobile financial service bKash.

The unconditional cash grant allows families, such as Suma's, to purchase food and other essential items in times of crisis. As of 30 September, over 2,000 women across five districts have received cash grants.

The original case study was contributed by: Kausik Das (UN WOMEN) and Patrick Palma (Christian Aid)

## Strengthening the voice of women with disabilities in Vanuatu



Women and girls in Vanuatu experience significant disadvantages. They are excluded from decision-making processes and leadership at all levels, they live with poor health and reach lower levels of education compared to men and they often face widespread violence. This is particularly the case for women with disabilities. CARE International has been on Futuna Island in south Vanuatu since 2008, and has worked with communities to build resilience to disasters and climate change shocks and increase women and girls' involvement in community and national leadership.

"When I was a young girl, I thought my disability is not good, so I am not good either," says Dolores as she recalls her early years. Born with a hand impairment, she was abandoned by her parents at birth and adopted by another family. She later married, had four children and was able to make a living with her husband from farming and fishing. However, Dolores reported that "People in our community did not notice us". That was one of the reasons Dolores decided to participate in CARE Life Skills training as part of the Women and Girls Empowerment Project in 2014. Encouraged by the experience, Dolores joined additional courses on nutrition and basic first aid in the following months after her first training.

CARE's gender equality programme works to build the aspirations and skills of women and girls, change the power relationships that affect their lives, and transform communities to support equality. CARE's initiatives range from the Young Women's Leadership programme that is equipping young women to advocate for gender equality in their spheres of influence, to the Gender Seminar Series that is building the gender skills and knowledge of CSOs in Vanuatu, to the Women's Economic Empowerment Groups that help women to find and take advantage of income generation opportunities, from peanut growing to poultry and pig production. CARE Vanuatu also works closely with the Vanuatu Society for People with a Disability to ensure the needs of people with a disability are considered during humanitarian responses and to offer opportunities to build the capacity of local community leaders.

In 2016, Dolores attended special training at the Vanuatu



Society for People with a Disability and took part in CARE Disaster Risk Reduction and Climate Change Adaptation training. As her skills grew, she realized that she had a lot to offer her family and her community. With growing confidence, she began to speak up and look out for other people with disabilities both in her village and in other communities around Futuna. Through her efforts and commitment, she quickly built trust with the communities, including the elders, and later in 2016 Dolores was appointed as the Assistant Secretary of the local Community Disaster and Climate Change Committee, to give a voice to people with disabilities at the provincial level.

“It opens their eyes to those of us who are living with a disability,” says Dolores. “I realize that things are slowly changing. Since learning with CARE, I’ve been able to make a really valuable contribution to the people with disabilities living in Futuna.” In the future, she plans to set up a business that will support other people with disabilities and help them to discover their value too.

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