

Tip sheet for monitoring a disability-inclusive response to COVID-19 in humanitarian settings

Developed by Disability Advisory Group (FCDO-UN SBC)¹ in cooperation with the UNDIS Interagency Working Group on COVID-19 Humanitarian Response and Recovery²

September 2020

Introduction

As also recognized in the Global Humanitarian Response Plan (GHRP) COVID-19, persons with disabilities are at heightened risk of contracting and developing a severe case of COVID-19 and facing indirect health impacts. They are also disproportionately affected by the socio-economic impacts of COVID-19 and measures to control the pandemic. These negative impacts are exacerbated in humanitarian contexts.

This note aims to provide guidelines and resources at a technical level for the application of a disability-inclusive monitoring framework within the COVID-19 humanitarian response. It builds upon [the guidance on strengthening disability inclusion in Humanitarian Response Plans](#).

COVID-19 Response: The monitoring frameworks

1. [GHRP Monitoring framework](#)^{3 4}:

- The GHRP monitoring framework comprises two components; the situation and needs monitoring, and the response monitoring.
- The GHRP will be reported against in bi-monthly highlights, prepared by OCHA
- There is no explicit mention of disability within the GHRP indicators. However, some indicators include and target people most vulnerable to COVID-19.
- Further, the GHRP calls for disaggregation and analysis of data by sex, age, and disability to allow for meaningful measurement of the impact as well as of response effects on key groups, including people with disabilities
- The GHRP monitoring framework can provide a useful basis for integrating COVID-related needs and response into country-level Humanitarian Needs Overview (HNO)/ Humanitarian Response Plan (HRP) monitoring frameworks⁵

2. [HPC 2021 Monitoring framework](#)

COVID-19 needs and response will be integrated into the 2021 HNOs and HRPs, with monitoring addressed in the following:

HNO: Part II: Monitoring of Situation and Needs

- Identifies how humanitarian consequences and needs may evolve, concerning the direct impacts of COVID-19 and how COVID-19 exacerbates existing humanitarian impacts.

HRP: Part III: Monitoring and Accountability

¹ The UK Foreign, Commonwealth and Development Office (FCDO)- UN Single Business Case is a multi-year, multi-agency programme built around a single Results Framework shared by six UN agencies (UNICEF, WFP, UNHCR, OCHA, IOM, WHO). The Disability Advisory Group under this initiative is led by UNICEF and includes these six agencies together with the International Disability Alliance, Humanity & Inclusion and CBM.

² See <https://www.un.org/en/coronavirus/disability-inclusion> for more information

³ See https://www.unocha.org/sites/unocha/files/GHRP-COVID19_July_update.pdf

⁴ GHRP Monitoring Framework:

https://drive.google.com/file/d/1XgfuxXnIJRywtQvxG0BEIqOkIw_BcKl1/view?usp=sharing

⁵ In addition to other frameworks, such as the indicators for monitoring human rights implications of COVID-19, contained in the UN Framework for the Immediate Socio-Economic Response to COVID-19

https://www.un.org/sites/un2.un.org/files/un_framework_report_on_covid-19.pdf

- Identifies the extent to which strategic and sectoral objectives are being achieved as a component of assessing accountability of the response to affected populations.
- Describes how affected populations will participate in monitoring the response.

Tips for a disability inclusive monitoring framework

1. Rationale:

- Persons with disabilities may be differently impacted and may require adaptations in the response or be specifically targeted to address health, social and economic impacts. A better understanding of the impacts of COVID-19 and the diverse experiences and priorities of persons with disabilities helps ensure the effectiveness of COVID-19 response
- Due to the existence of various barriers, it cannot be assumed that persons with disabilities are equally reached and benefit from humanitarian assistance and protection. Access by persons with disabilities needs to be an explicit component of the monitoring framework to flag any access barriers

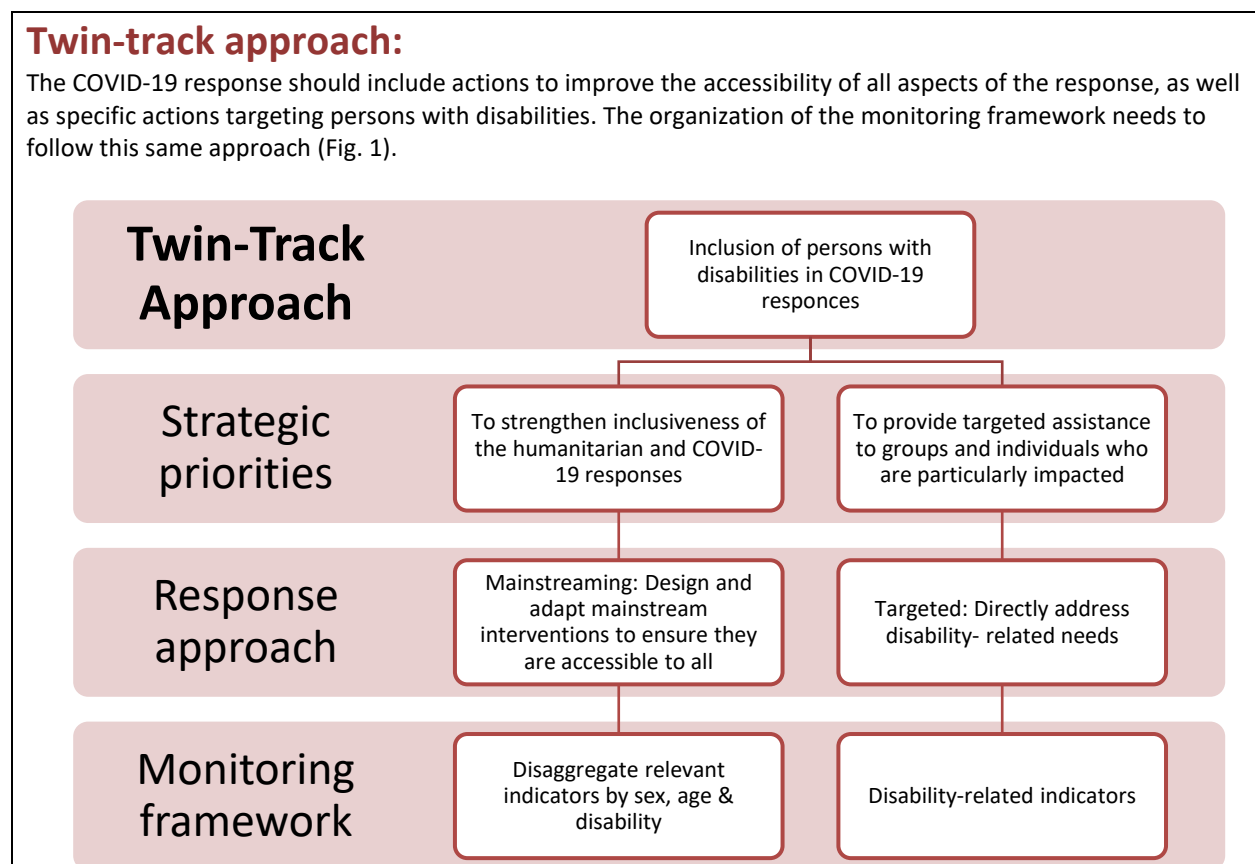
2. Key components

Monitoring of disability-inclusive humanitarian action has two main components:

- **Situation and needs monitoring:** Identify how the humanitarian situation and needs may evolve for persons with disabilities, with consideration for barriers to accessing assistance and other factors that heighten risk. While the needs assessment process is important for understanding how the crisis is impacting persons with disabilities and their needs and priorities, needs monitoring addresses how these needs evolve.
- **Response monitoring:** Identify how humanitarian response reflects the needs and priorities of persons with disabilities; how persons with disabilities are accessing assistance in safety and dignity; and the impact of assistance on vulnerability and resilience; as well as the participation of persons with disabilities in the response

Twin-track approach:

The COVID-19 response should include actions to improve the accessibility of all aspects of the response, as well as specific actions targeting persons with disabilities. The organization of the monitoring framework needs to follow this same approach (Fig. 1).



- **Mainstreaming** in the monitoring framework: disaggregated indicators

Capturing information about access by persons with disabilities or the accessibility of services to them (e.g. percentage of COVID-19-impacted children and youth accessing remote/ distance learning programs, disaggregated by age, sex, and disability)

- Aggregation helps us to understand the big picture, but disaggregation helps us to reveal the underlying trends and patterns and to respond fairly and accurately⁶

- **Targeting** in the monitoring framework: Disability-specific indicators

Capturing data about services directly addressing the needs and priorities of persons with disabilities (e.g. # of persons accessing disability support services, rehabilitation services, or assistive technology/ # of staff trained in disability inclusion)



Key action: Promote participation of persons with disabilities and organizations of persons with disabilities (OPDs) in monitoring processes⁷. For example, engage OPDs in the design of post-distribution monitoring systems and conduct focus group discussions with men and women with disabilities to identify any barriers to accessing assistance

Collecting data and using estimates

To calculate Persons in Need (PiN) figures

- Having a PiN figure disaggregated by disability contributes to guiding the design of the response and enables monitoring of the impact of COVID-19 and access to humanitarian assistance by persons with disabilities. For example, if persons with disabilities make up 15% of PiN, but 30% of those facing food insecurity and 7% of beneficiaries of food assistance, this discrepancy flags a concern around food security that will need to be further explored and addressed
- To calculate PiN with disabilities, collect primary data using internationally recognized methods, such as the Washington Group Set tools⁸, and the WHO Model Disability Survey⁹. However, where the primary data collection is not feasible, and reliable secondary data sources on disability¹⁰ are not available or reliable, evidence-based estimations can be used.
 - Assess whether secondary data sources (such as administrative data or national prevalence rates) are reliable. This should include comparing with the global estimate of 15% of the population having a disability (10% of children); and considering data collection methods used

⁶ More info: Why Data Disaggregation is key during a pandemic

<https://iris.paho.org/bitstream/handle/10665.2/52002/Data-Disaggregation-Factsheet-eng.pdf?sequence=8>

⁷ The following guidance from OHCHR offers some advice on participation by persons with disabilities and other marginalized groups in data collection:

<https://www.ohchr.org/Documents/Issues/HRIndicators/GuidanceNoteonApproachtoData.pdf>

⁸ More info: Using the Washington Group Tools to Assess the Impact of COVID-19 on Persons with Disability

<http://www.washingtongroup-disability.com/wp-content/uploads/2017/01/Using-the-Washington-Group-Tools-to-Assess-the-Impact-of-COVID-19-on-Persons-with-Disability-1.pdf>

⁹ More info about disability Data Survey Instruments and Applicability in Humanitarian Settings: Annex 3 Guidance on strengthening disability inclusion in Humanitarian Response Plans

(<https://reliefweb.int/report/world/guidance-strengthening-disability-inclusion-humanitarian-response-plans>)

¹⁰ More info about disability secondary data sources page 10 Guidance on strengthening disability inclusion in Humanitarian Response Plans (<https://reliefweb.int/report/world/guidance-strengthening-disability-inclusion-humanitarian-response-plans>)

(e.g. if data is collected using a binary question such as ‘do you have a disability?’, data should not be considered reliable)¹¹

- If secondary data sources are not reliable, use the global estimate (15%)¹², adjusting if needed to factor in that in some humanitarian contexts, the number of persons with disabilities will be significantly higher than the global average due to acquired impairments, mental health issues¹³, disruption in services and the creation of new barriers.

To report on the number of persons reached

- To monitor persons with disabilities reached, a reliable tool such as the Washington Group Short Set of Disability Questions¹⁴ (WGQs) should be integrated into systems for registration of beneficiaries and monitoring tools
- In some situations, reporting using actual data on persons reached may not be feasible and estimates may be used, such as where services are provided as a public good (e.g. WASH facilities). In reporting on numbers of persons with disabilities reached (e.g. # of persons accessing WASH services, disaggregated by disability), estimates (such as 15% of the population) can be used only if the response has been deliberately designed and implemented to be inclusive of and accessible to people with disabilities (e.g. WASH facilities are constructed in line with accessibility standards). Estimates cannot be used if the response is not accessible and inclusive, as it cannot be assumed that persons with disabilities have been reached.

Narrative reporting: GHRP bi-monthly highlight

Examples for the ‘field practice: adapting the response’ component:

- Describe efforts made to improve access to prevention measures (e.g. making WASH facilities accessible)
- Describe how risk communication is provided in accessible formats
- Describe support to education actors to make distance/ remote learning and return to school programs inclusive
- Describe measures taken to ensure accessibility of remote service provision (such as telehealth and online MHPSS)
- Describe how persons with disabilities have been included in cash transfer and other social protection measures to address the economic impacts of the crisis
- Describe how gender-based violence and child protection services are adapted to COVID-19 related risks and restrictions have been made inclusive of persons with disabilities
- Describe any specific, targeted interventions for persons with disabilities, such as the provision of assistive technology

Situation and needs monitoring indicators: HNO/HRP

1. Disability-specific indicators

Disability- specific indicators may be used where there are risks identified specifically for persons with disabilities. These should be specific to the context. For example, the number of people with disabilities living in

¹¹ For more guidance on assessing reliability of secondary data, see page 15 Guidance on strengthening disability inclusion in Humanitarian Response Plans <https://reliefweb.int/report/world/guidance-strengthening-disability-inclusion-humanitarian-response-plans>

¹² COVID-19 Programme Monitoring and Analysis Framework UNICEF COVID-19 PME Working Group

¹³ Including Everyone: Strengthening the collection and use of data about persons with disabilities in humanitarian situations

¹⁴ See <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

residential institutions (where risks of infection and human rights abuses are higher), or the number of cases of targeted violence against persons with disabilities.

2. [Priority indicators for disaggregation by disability](#) ¹⁵

Indicator	Rationale and use of data	Suggested methodology
Number of COVID-19 cases	To flag where persons with disabilities may be disproportionately impacted and may need to be targeted for protective measures. Having this indicator disaggregated enables disaggregation of others (such as # people with severe cases requiring hospitalization), as it is an entry point	Integrating the WGQs in demographic questions on admission / COVID-19 testing.
Total number of deaths among confirmed cases	To flag where persons with disabilities may be disproportionately impacted and may need to be targeted for protective measures.	Based on disaggregated data for # of COVID-19 cases
Number of children and youth out of school due to school closures	To plan for the provision of accessible and inclusive remote learning programs. Note that where numbers of children and youth with disabilities who are impacted by school closures are low compared to PiN figures for children with disabilities, this flags a need to focus on strengthening inclusive education systems in recovery.	Estimated from the percentage of children with disabilities in the education system before school closures
Number of people adopting crisis level coping strategies	To flag where persons with disabilities may be disproportionately impacted and may need to be targeted for livelihoods and protection interventions	Integrating WGQs into assessment processes to calculate Reduced Coping Strategy Index
Number and proportion of people with unacceptable food consumption score	To flag where persons with disabilities may be disproportionately impacted and may need to be targeted for food security and livelihoods interventions	Integrating WGQs into assessment processes to calculate food consumption score

Response monitoring and indicators: HNO/ HRP

1. [Disability-specific indicators](#)

Disability- specific indicators may be used where interventions are being delivered specifically for persons with disabilities (i.e. targeted activities, from the twin-track approach described above). These should be specific to the context. For example, provision of assistive technology to children with disabilities to support access to remote learning programs; distribution of hygiene kits to persons with disabilities living in institutions or support to persons with disabilities to transition out of institutions, including through support to governments to provide alternatives to institutionalization.

¹⁵ The prioritized indicators are based on the GHRP monitoring framework and selected according to a number of criteria, including:

- Relevance to risk factors for persons with disabilities
- Impact of the data generated-

2. [Priority indicators for disaggregation by disability¹⁶](#)

Indicator	Rationale and use of data	Suggested methodology	Example activities ¹⁷
Proportion of affected population expressing satisfaction on access to services and information	Strengthen accountability to affected populations by identifying any concerns that persons with disabilities face in accessing services	Where demographic data (such as sex and age) are collected, integrate the Washington Group questions into mechanisms for collecting feedback and complaints. Targeted focus group discussions and confidential interviews with service users who have disabilities.	Making feedback and complaints mechanisms accessible to people with physical, hearing, visual, intellectual, and psychosocial impairments
Number of people (girls, boys, women, men) receiving essential healthcare services	Identify gaps in access to health services in order to address any barriers	Integrate WGQs in Health Information Management Systems (HIMS)	Training for health care workers on communicating with persons with disabilities improving accessibility of health centers
Number of children and youth supported with distance/home-based learning	Identify gaps in access to distance/ remote learning programmes by children with disabilities in order to address any barriers	As data on children reached by distance learning modalities are often not possible to obtain (particularly for offline platforms like TV/Radio), estimates can be used (see above) if distance/ home-based learning is accessible to children with physical, intellectual, visual, and hearing impairments. Estimates are based on coverage of the different media and must be verified by Focus Group Discussions/ key informant interviews (KIIs) with children with disabilities and their caregivers. Where children are registered for learning support, integrate Washington Group/ UNICEF Child Functioning Module into implementing partner tools for registration.	Provision of assistive technology to support access to online learning, guidance to parents/ caregivers on supporting learning of children with disabilities

¹⁶ The prioritized indicators are based on the GHRP monitoring framework and selected according to several criteria, including: Relevance to risk factors for persons with disabilities; Impact of the data generated; Low effort/cost/time to disaggregate; Low technical complexity

¹⁷ Note that these are examples only and need to be adapted to the local context, in consultation with persons with disabilities. For more detailed guidance on activities, see <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/iasc-key-messages-applying-iasc>

Number of people (including children, parents and primary caregivers) provided with mental health and psychosocial support services	To identify any gaps in access to MHPSS services in order to address barriers	In the case of individual support, integrate Washington Group/ UNICEF Child Functioning Module into implementing partner tools for intake/ registration. In the case of population-based programmes (particularly for offline platforms like TV/radio), estimates can be used (see above) if platforms used are accessible to children with physical, intellectual, visual, and hearing impairments. Estimates are based on coverage of the different media and must be verified by Focus Group Discussions/ key informant interviews (KIIs) with children with disabilities and their caregivers.	Provision of MHPSS across numerous platforms (online, radio, telephone) to improve accessibility for people with different impairment types
Number of people reached with critical WASH supplies (including hygiene items) and services	To measure access to COVID-19 prevention measures. More specifically, to identify gaps in access to WASH supplies and services in order to address barriers	Estimates can be used (see above) only if WASH services and facilities meet accessibility standards for persons with disabilities. Must be verified by Focus Group Discussions/ KIIs with persons with disabilities.	Provision of hygiene information in accessible formats, retrofitting hand-washing facilities to improve accessibility
Number of people who have accessed protection services	To monitor gaps in access to protection services faced by persons with disabilities, including child protection services and those addressing violence, especially sexual and gender based violence and monitor potential issues of discrimination when accessing COVID-19 prevention and response	Integrate the WGQs at registration, assessment, protection monitoring and/or protection response monitoring.	Training for protection actors on engaging with persons with disabilities, improving accessibility of GBV reporting mechanisms and child helplines
Number of people reached with life- saving information about COVID-19 and prevention measures	To identify gaps in access to information, in order to address these	Estimates can be used (see above) only if information is provided in multiple accessible formats to reach people with hearing, visual, and intellectual/ psychosocial disabilities. Must be verified by Focus Group Discussions/ KIIs with persons with disabilities.	Ensuring that information is provided in formats accessible to people with physical, hearing, visual, intellectual and psychosocial impairments; ensuring that information campaigns do not generate stigma against persons with disabilities

Number of people/households most vulnerable to/affected by COVID-19 who have received livelihood support, e.g. cash transfer, inputs and technical assistance	To identify gaps in access to livelihood support, to address barriers, noting that provision of assistance is at household level	Integrate WGQs in HH questionnaires at registration for assistance and/ or post-distribution monitoring	Ensuring that cash delivery mechanisms are safe and accessible for persons with disabilities, support to governments to address barriers for persons with disabilities to access national social protection systems
Number of refugees, internally displaced persons (IDPs) and migrants particularly vulnerable to the pandemic who receive COVID-19 assistance	To monitor gaps in access to COVID-19 assistance faced by persons with disabilities living in forced displacement, and allow identification of intersecting barriers based in both disability and displacement status	Integrate the WGQs at registration, assessment, protection monitoring and/or response monitoring (e.g. post-distribution). When available, information could be extracted from existing registration data with potential for disability disaggregation e.g. UNHCR proGres data	Building partnerships between local OPDs and displaced persons with disabilities, advocacy with local authorities for displaced persons with disabilities to access specific assistance provided through national systems

Addressing key questions:

- ***How to collect data on persons with disabilities in the context of COVID-19 related movement restrictions?***

Consider strategies and approaches to overcome these challenges

1. Collecting primary data: [Using the Washington Group Tools to Assess the Impact of COVID-19 on Persons with Disability](#), including remote data collection
2. Fill the gaps with robust disability secondary data analysis: [Guidance on strengthening disability inclusion in Humanitarian Response Plans](#), page 10 & 15
3. Partnership with disability community, particularly persons with disabilities and their representative organizations and disability experts to collect descriptive and qualitative data
 - a. Types of disability descriptive data and how to collect them. See [IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#) page 33
 - b. Include disability in area based [key informant networks](#) and the [Humanitarian Experts Network](#)

- ***How to train enumerators on using the Washington Group question sets in data collection processes?***

Humanity & Inclusion have produced a useful [e-learning and training pack](#) for enumerators on applying the Washington Group questions in humanitarian contexts:

- ***How to ensure that an inclusive monitoring framework delivers maximum value?***

Working towards inclusive data and linking that with an inclusive programming cycle will ensure maximum value. UNICEF report: [Producing disability-inclusive data: explains why it matters and what it takes](#)