Executive Summary:


As part of Core Responsibility 3 “Leave No One Behind,” the purpose of transformation 3G “Address other groups or minorities in crisis settings” is to ensure that the specific needs of minorities or groups with particular vulnerabilities are identified and met in crisis situations. At the World Humanitarian Summit, stakeholders made over 100 commitments to support the advancement of this transformation. The overwhelming majority of those commitments related to ensuring the needs of people with disability were included in humanitarian action. A groundbreaking Charter for the Inclusion of Persons with Disabilities was also launched, which has been endorsed by more than 140 stakeholders, as of the time of writing.

The predominant focus of the 29 stakeholder reports under this transformation relate to the implementation of their commitments on disability inclusion. Efforts to address other minority identities, including persons who are marginalised in multiple ways, were much less reported on. To advance this transformation and ensure that the specific needs of all minorities and vulnerable groups are addressed in a crisis it will be important this is given greater attention in future years.

Most significant progress made across reporting on transformation 3G – Address other groups or minorities in crisis settings

The collective effort thus far to address the needs of other groups and minorities in crisis settings have predominantly focused on persons with disabilities. By far the most common action reported by stakeholders was endorsing the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. Nearly all of the 29 stakeholders who reported...
against Transformation 3G considered disability in some way. Beyond endorsing the Charter, the next most commonly reported activity was the review or development of organisational guidelines regarding the inclusion of persons with disabilities in activities such as preparedness, humanitarian response and reconstruction. Handicap International continued to show leadership in this area by refining the Minimum Standards on Age and Disability Inclusion in Humanitarian Action, first published in 2015.

A smaller number of those who reported considered disability status in combination with age (young and older persons) and sex, with a focus on activities such as data collection and guideline development. HelpAge International acknowledged, “we need to recognise the intersection between ageing and disability in our policies and programmes.” A number of UN entities and some NGOs and Member States reported that they have either begun or continued to disaggregate data to include these demographic characteristics. For example, Australia “requests all data submitted by partners to be disaggregated by sex, age and disability.”

The main barriers/ challenges to progress

Stakeholders noted a number of barriers to progress, both within their own organisations and while implementing activities.

Issue literacy and mainstreaming

Stakeholders reported a lack of knowledge and understanding on how to improve integration of the needs of persons with disabilities into programs, pointing to a deficit of guidelines. As one positive example to address this challenge, CBM International reported they have developed a mobile App (Humanitarian Hands on Tool – HHoT) that provides concrete actions to help field workers include disabilities in their response activities. Another challenge raised concerned ongoing discrimination or patronising attitudes within organizations. On this issue, the Women’s Refugee Commission observed, “discrimination, knowledge gaps and resource constraints are barriers to building the needed skills, capacities and commitment among practitioners.” Stakeholders also reported constraints on funding, staffing or other resources for handling what, for many, was a new commitment.

Data collection

Stakeholders who reported noted that data collection and validation during a crisis is uniquely challenging, especially in the presence of language barriers which may be multiplied by the need for specialized services such as sign language interpreters. Although many organisations reported improvements in data collection, additional progress is needed to mainstream disaggregation of disability data, facilitating identification and outreach to persons with disabilities. The UN Relief and Works Agency for Palestine Refugees (UNRWA) notes that the “internationally agreed [upon] approach for disability identification within census and survey processes […] is still being tested in humanitarian and emergency contexts.” Even outside a crisis setting, local entities often lack the policies, capacity and resources to capture disability data.
Addressing multiple vulnerabilities

Another challenge relates to individuals who are marginalised in multiple ways. Take the example of a woman from a minority group, who is not a participant in the public sphere for cultural reasons, who also has a disability. Stakeholders noted that someone in this situation is particularly vulnerable in a disaster or crisis but faces increased challenges in accessing assistance and protection. Stakeholders also acknowledged that organisational mandates may sometimes exacerbate access problems by, for example, focusing on either women or persons with disabilities but being ill-equipped to address the needs of someone in both categories. Recognising this challenge, Finland plans to disseminate knowledge concerning best practices regarding women with disabilities in refugee situations. UN Women recommended organisations “recognize that multiple intersecting factors such as gender, age, ethnicity, and minority status necessitate distinct responses and measures.” Another critical step to recognise the unique challenges faced by those who are marginalised in multiple ways is by enlisting minority groups in decision-making.

Measuring progress

Generally, efforts by stakeholder organisations to set measurable benchmarks for implementation of their commitments appear to be in the early stages during this reporting cycle. A number of stakeholders, however, demonstrated good practice when measuring progress. Three categories of good practice with respect to setting benchmarks are as follows.

First, stakeholders establish targets tied directly to their stated goals. For example, Johanniter-Unfall-Hilfe tied programme indicators directly to the five components of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action and UN Women tracks the presence, type and vehicle for inclusion activities in each country.

Second, stakeholders solicit appropriate input in the evaluation process. CBM International receives input from staff as well as persons with disabilities and Union of Kurdish Students in Syria and Germany (UKSSD) has oversight from international donors and partner organisations.

Finally, stakeholders select measurable metrics. The United Nations Children’s Fund (UNICEF) tracks where and how many disability inclusive emergency kits are distributed and the United Nations Development Programme (UNDP) recovery programmes prioritise a minimum of 10 percent of funds for persons with disabilities and their households.

Gaps between the actions of stakeholders and advancing the transformation

The Report of the Secretary-General for the World Humanitarian Summit identified a number of actions needed to fully address minorities and other groups in crisis settings. An important first step for stakeholders will be broaden their efforts to gather data on other identified groups beyond those with people with disabilities, including: older persons, ethnic minorities, trafficked persons, persons in conditions of slavery or forced labor, and other groups. At the national level, more progress is needed on putting in place inclusive national development strategies and legal frameworks to protect and respect the rights of the most vulnerable and disadvantaged groups. In fragile and at-risk areas, establishing social protection programmes and safety nets that specifically include disabled persons and other identified groups, and could be scaled-up in the event of a crisis, would be a much-needed step to assist with inclusion and needs identification.
Highlights of good practice

- Australia has launched the Australia Humanitarian Partnership, together with six Australian NGOs, which has as a key priority to elevate the role of people with disability in decision-making. Australia also requests all data submitted by partners to be disaggregated by sex, age and disability, in order to ensure that the gender equality and social inclusion dimensions of their responses can be assessed. They note, however, that “collecting and verifying data can be challenging in a crisis.”

- Germany is making an effort to establish equitable activities and policies toward meeting this commitment in regards to a demining initiative, asserting, “It is important for us to ensure…that we are not discriminating between mine victims and other persons with disabilities.”

- Among NGOs, the Union of Kurdish Students in Syria and Germany’s efforts were particularly noteworthy. In addition to endorsing the Charter on Inclusion of Persons with Disabilities, this organisation:
  
  - Uses a broad definition of minorities beyond disability status, citing “ethnic, social, and political background.” While not comprehensive, this definition is a clearer reflection of transformation goals than efforts which solely focus on disability.
  
  - Has changed internal policy to be more inclusive of minority groups and more responsive to community-level contexts, even while acknowledging the difficulties in doing so. The intensely local nature of crises requires that significant effort be expended in a frequently-changing situation to identify which minorities are represented in an area, what their needs are, and to tailor appropriate outreach.
  
  - Began operating in more locations so that “internally displaced persons (IDPs) and other local social groups are included in receiving services.” This approach recognises that geographic dispersion and limited mobility may be significant barriers to accessing humanitarian aid for minorities, especially following population displacements.

Recommendations

1. Include more minority and other groups in programmes and initiatives. This should ideally be done both within organisational policy and through ongoing dialogue and engagement through mechanisms such as community engagement, advisory positions, and staffing. The direct expertise of marginalised individuals is invaluable and necessary for more inclusive decision-making in the humanitarian context. The insight of those who are marginalised in multiple ways will be particularly valuable.

2. Develop robust evaluation metrics. This is essential both to achieving progress and improving organisational understanding of the commitment and its relationship to the organisation’s mandate (thus resolving the challenge of issue literacy). As noted above, the most effective progress assessment involved engaging staff, target populations, and donors in evaluating efforts using measurable metrics tied directly to programme goals. In addition, while much of this reporting cycle’s activity focused on persons with
disabilities, these lessons can be applied wholesale to future efforts to include other minority groups in humanitarian action.

3. **Leverage global expertise.** Globally, there is an opportunity to harness innovation and technology, including through public-private partnerships, to better understand and meet the needs of vulnerable and marginalized people in crises, for example by gathering data about minority populations in the presence of language and other barriers.

4. At the policy level, consideration could be given to supplementing or amplifying the existing Charter on Inclusion of Persons with Disabilities and the Inclusion Charter through a new or revised charter or handbook advocating a “whole person” intersectional approach to identifying and providing humanitarian assistance in the context of what are often multiple vulnerabilities presenting in single individual, leaving the individual at heightened risk in a crisis setting.

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**About this paper**

All stakeholders who made commitments at the World Humanitarian Summit (WHS) in support of advancing the Agenda for Humanity were invited to self-report on their progress in 2016 through the Platform for Action, Commitments and Transformation (PACT) (agendaforhumanity.org). The information provided through the self-reporting is publicly available and forms the basis, along with other relevant analysis, of the annual synthesis report. The annual synthesis report will be prepared by OCHA and will highlight trends in progress, achievements and gaps that need more attention as stakeholders collectively work toward advancing the 24 transformations in the Agenda for Humanity. In keeping with the multi-stakeholder spirit of the WHS, OCHA invited partners to prepare short analytical papers that analyze and assess self-reporting in the PACT, or provide an update on progress on initiatives launched at the World Humanitarian Summit. The views expressed in this paper are those of the authors and do not necessarily reflect the views of the United Nations Secretariat.