COUNCIL OF DELEGATES

OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

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Adoption of the Strategic Framework on Disability Inclusion by the International Red Cross and Red Crescent Movement

Resolution

Document prepared by
The International Federation of Red Cross Red Crescent Societies
in consultation with the International Committee of the Red Cross, the Australian Red Cross and the Norwegian Red Cross

RESOLUTION

Adoption of the Disability Inclusion Strategic Framework by the International Red Cross and Red Crescent Movement

The Council of Delegates,

noting that an estimated one billion people live with some form of disability and that rates of disability are increasing globally due to factors such as ageing and the increase in chronic health conditions,

acknowledging that persons with disabilities possess talents and abilities and make significant contributions to their families and communities everyday,

recognising that persons with disabilities often face significant barriers to participation, social inclusion and economic development that negatively impact their health, education and employment outcomes, leading to increasing poverty,

reaffirming its commitment to persons with disabilities expressed in resolution 9 of the 2013 Council of Delegates on *Promoting Disability Inclusion in the International Red Cross and Red Crescent Movement,* which called for the development of a Movement-wide strategy to be presented for adoption at the next Council of Delegates,

recognising that the International Red Cross and Red Crescent Movement's components, by virtue of their respective mandates, presence and activities, can do more to support the full and meaningful inclusion of persons with disabilities both within the Movement and in their communities,

noting the influence in language and spirit of the United Nations Convention on the Rights of the Persons with Disabilities, approved by the United Nations General Assembly in 2006 in the development of the Movement-wide Strategic Framework on Disability Inclusion,

drawing from the International Federation Strategy 2020, the ICRC Strategy 2015-2018, the International Federation Strategy on Violence Prevention, Mitigation and Response 2011–2020 as well as the International Federation Strategic Framework on Gender and Diversity Issues 2013-2020, and

commending the National Societies, the International Federation and the ICRC for their collaborative work in developing the Movement-wide Strategic Framework on Disability Inclusion and noting the active engagement of persons with disabilities and key civil society organisations in this process,

1. *adopts* the *Movement-wide Strategic Framework on Disability Inclusion 2015-1019,* attached as annex 1;
2. *endorses* the implementation of its three strategic objectives:
    - all components of the Movement adopt a disability inclusive approach;
    - persons with disabilities have equal access to the services and programs the Movement provides, thereby enabling their inclusion and full participation; and
    - all components of the International Red Cross and Red Crescent Movement endeavour to change mindsets and behaviour in order to promote respect for diversity, including disability inclusion.

3. *encourages* all Movement components to develop an implementation plan which identifies the financial, human and other resources as well as the program alignments required – and to establish a baseline and benchmarks against which progress is to be measured;

4. *advises* that an implementation committee with equitable regional representation from National Societies, the International Federation and the ICRC as well as representatives of persons with disabilities will monitor and support the implementation progress;

5. *requests* the International Federation, the ICRC and each of the 190 National Red Cross Red Crescent Societies provide a progress report to the Council of Delegates in 2017 - outlining the achievements to date and showing progress against baseline data - and a final report to the Council of Delegates in 2019 – including achievements to date and recommendations on future revision to the strategic framework.

Annex

**Draft
Movement-wide Strategic Framework on Disability Inclusion**

"Disability is in society, not me"

1. PURPOSE AND SCOPE OF THE STRATEGIC FRAMEWORK

The International Red Cross Red Crescent Movement (the Movement) has expressed its commitment to persons with disabilities in its statutory decisions over the past three decades[1]. The most recent resolution, *Promoting Disability Inclusion in the International Red Cross and Red Crescent Movement*, was adopted unanimously at the 2013 Council of Delegates in Sydney, with significant support from 33 National Societies, the International Committee of the Red Cross (ICRC) and the International Federation of the Red Cross and Red Crescent Societies (International Federation). This Resolution called for the development of a strategy on disability inclusion to provide specific strategic directions to the Movement to:

- ensure that all actions, policies and internal practices are non-discriminatory towards and inclusive of persons with disabilities,
- increase participation of persons with disabilities across the Movement, and
- promote disability inclusive practices throughout its work.

It is important to note that some of the work the Movement currently does already has a positive impact on impairment prevention and disability inclusion. This strategic framework represents both a consolidation of different aspects of existing work and a greater emphasis on more targeted action to promote and embed disability inclusion within the Movement.

This strategic framework is aligned with the International Federation Strategy 2020, the ICRC Strategy 2015-2018 and complements the International Federation *Strategy on Violence Prevention, Mitigation and Response* 2011– 2020 as well as the International Federation *Strategic Framework on Gender and Diversity Issues* 2013-2020[2].

This strategic framework is the result of a participatory drafting process. The International Federation Secretariat, the ICRC, a network of National Societies with technical expertise, civil society organisations, people with disabilities organisations (PDOs)[3] and persons with disabilities have been involved in this process.

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[1] Resolutions adopted by the 24th, 25th and 31st International Conference of the Red Cross and Red Crescent (Resolution 27, Manila 1981; Resolution 28, Geneva 1986; Resolution 2, Geneva 2011 and Resolution 9 of Council of Delegates, Sydney 2013).

[2] The *International Federation Strategic Framework on Gender and Diversity Issues* (2013) recognises disability as a key form of diversity and emphasises the critical interaction between gender, age and disability. Therefore, effectively promotes the integration of disability inclusion.

[3] People with Disabilities Organisations (PDOs) have been commonly known, and are still known in some cases, as Disabled People's Organisations (PDOs).

1.2 DISABILITY AT A GLANCE

Defining disability

Disability is a complex, multidimensional and dynamic concept that has evolved significantly over time. In order to try and make cultural and contextual 'sense' of disability, some individuals and groups have attributed its cause to supernatural forces or moral failings. This has often resulted in exclusion, stigma and marginalisation. Another frequent understanding of disability is the one based on the 'medical model' in which disability is seen to be caused solely by a disease, injury or impairment, the remedy for which, if any, was medical treatment. Through advocacy by the global disability rights movement, the concept of disability has been expanded to recognise that disability is not inherent to the individual -and his or her biological condition – but is the result of the interaction between the person with impairment and enabling or disabling characteristics of his or her socioeconomic environment. This is known as the 'social model', in which people are viewed as being disabled by society rather than by their impairments. This means that the experience of disability is not homogeneous: the impairment, level of support required and the type of barriers faced vary from person to person and all have an impact on a resulting restriction of participation.

The entry into force in May 2008 of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol meant a major international policy shift to a 'human rights-based model' and has marked the beginning of a new era in the efforts to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity"[4]. This human rights-based approach, which is based on the social model of disability and contends that inequities faced by persons with disabilities can only be overcome if society becomes inclusive, is critical to understand the Movement's actions in this area.

In line with the CRPD, this strategic framework considers 'persons with disabilities' to include "*those who have physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others*"[5]. However, it is acknowledged that, since there is no consistency on the definition of disability worldwide, some Movement components may have to make allowances for alternative definitions and language, as appropriate within their contexts.

Being fully included in society means that persons with disabilities are recognized and valued as equal participants and their rights and requirements are understood as integral to the social and economic order. To achieve full inclusion, an accessible, barrier-free physical and social environment is necessary as well as a change in societies' attitudes towards persons with disabilities.

Barriers

There are different types of barriers that may prevent full participation and equal opportunities for persons with disabilities:

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[4] UN *Convention on the Rights of Persons with Disabilities*, Art
[5] Ibid.

TYPE	DEFINITION	EXAMPLE
Environmental	Lack of physical infrastructure that allows access to products, facilities, services, community activities, etc.	Steps, narrow doorways, poor lighting or turning space, making public transportation or toilets inaccessible. The destruction created by natural disasters such as earthquakes or floods and situations of conflict can also create new physical barriers.
Communication	lack of access to information.	Information provided only in one format (e.g. printed posters) may exclude persons with vision impairment or those people who do not have access to public spaces. A program or service that does not offer sign language interpreters may prevent access to persons with hearing impairment.
Institutional	Lack of knowledge; inadequate or inflexible legislation, policies, standards and systems that result in the exclusion of persons with disabilities because they do not consider the needs and rights of persons with different impairments or actively discriminate against them; lack of data and evidence.	A recruitment process whose advertisements and documentation are not in an accessible format on websites, and/or not available in Braille or large print may result in the exclusion of persons with vision impairment. Schools that do not offer special education services, speech pathology and/or additional assisted services for people with intellectual disabilities. .
Attitudinal	Discrimination and stigma; ignorance, exclusion and lack of participation.	Discrimination can be direct i.e. a manager assumes a job candidate with disabilities will have lower capabilities and therefore does not offer him/her the job, or indirect i.e. the recruitment process takes place in a third floor of a building without a lift. An example of stigma is that related to women with disabilities not given access to sexual and reproductive health services.

All these barriers contribute to discrimination and disadvantage experienced by persons with disabilities and all are avoidable. These disadvantages include social isolation, poor health outcomes, lower educational achievements, lower employment rates, higher poverty rates and greater risk of violence in its various forms. Importantly, these barriers may interact with each other, affecting individuals and communities in several ways. Barriers that prevent persons with different impairments achieving their full potential vary according to cultural, political, social and economic factors.

Facts and Figures

The World Health Organisation (WHO) and the World Bank estimate that 15% of the world's population- about one billion people – live with some form of impairment[6]. Patterns of disability in each country are influenced by changes in health, the environment, legislation and how the various types of disability are conceptualised. Other factors include the incidence of road traffic accidents, natural disasters, armed conflict and violence, environmental hazards, poor nutrition, substance abuse as well as coverage of health and social protection systems.

There is evidence that excluding persons with disabilities comes at a cost. An exploratory study by the International Labour Organisation (ILO) in ten developing countries has shown that the exclusion of persons with disabilities from the labour market results in a loss of GDP between 3% and 7%[7].

Discrimination affects people on the basis of characteristics that are subject to differential treatment, prejudice and barriers to full participation. It is essential to highlight that persons with disabilities can be subject to discrimination on the basis of more than just their impairment. When characteristics such as gender, age, sexual orientation, health-including HIV, socio-economic status, religion, nationality, ethnic origin and disability combine, multiple discriminations may take place, rendering the persons concerned even more vulnerable to social exclusion.

Disability and Poverty

Disability and poverty reinforce and perpetuate one another. Poor people are more likely to acquire an impairment and persons with disabilities living in poor conditions are more excluded than other persons within the same group. In fact, 80% of persons with disabilities live in developing countries[8]. Also, disability disproportionately affects excluded populations, with persons with disabilities making up 20% of the world's poorest people[9].

Persons with disabilities often have limited access to health care and education, have difficulty finding employment, face high levels of stigma and discrimination and are commonly denied their rights. These factors all contribute to economic vulnerability and social exclusion[10]. In many low and middle income countries, only 5 to 15% of people who require assistive devices or technologies receive them[11]. The cost of health services exacerbates the poverty level for persons with disabilities[12].

Disability and Gender

Gender, understood as a relationship between sexes embedded in societies' roles and norms, is often seen as operating hierarchically; that is, men being perceived as more powerful and dominant, while women are perceived as less powerful, weaker and subservient[13]. However, it is important to acknowledge that gender-formation is more complex and nuanced than the male-female binary[14].

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[6] WHO (2011) 'World report on disability' available from http://www.who.int/disabilities/world_report/2011/en/

[7] ILO (2009) 'The price of exclusion: the economic consequences of excluding people with disabilities from the work od work; Employment working paper N.43 retrieved from http://www.ilo.org/wcmsp5/groups/public/---ed_emp/-ifp_skills/documents/publication/wcms_119305.pdf '

[8] UN Enable Factsheet on Persons with disabilities, available from http://www.un.org/disabilities/convention/facts.shtml

[9] WHO (2011) World Report on Disability, available from http://www.who.int/disabilities/world_report/2011/en/index.html

[10]CBM (2012), 'Inclusion made easy: A quick program guide to disability in development' available from http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_complete_guide.pdf

[11] WHO (n.a.) *Assistive devices and technologies* available from http://www.who.int/disabilities/technology/en/

[12] WHO (2011) World Report on Disability, available on http://www.who.int/disabilities/world_report/2011/en/index.html

[13] Meekosha (2004) 'Gender and Disability', University of New South Wales, Sydney.

[14] Ibid.

Women and girls with disabilities are often recognised as being multiply disadvantaged, that is, experiencing disadvantage and/or exclusion on account of their gender, their impairment, and often being among the poorest of the poor, due to patriarchal property ownership structures[15]. For instance, women and girls with disabilities are four to 10 times more likely to experience gender-based violence than women and children without disabilities[16].

The image and assumptions of disability can be intensified by gender stereotypes and expectations: for women, a sense of increased passivity and helplessness and for men, a compromised masculinity generated by enforced dependence. This reinforces the need for gender programs to incorporate a disability perspective and vice versa.

Disability, Conflict & Natural Disasters

There is also a bidirectional link between humanitarian situations such as conflict and natural disasters and disability[17]. Persons with disabilities are highly vulnerable in disaster or conflict situations. They may find their situation exacerbated by the loss of family members or support, moving to inaccessible shelter and settlements, the loss of mobility and other aids and the lack of accessible information, food, water, sanitation and other infrastructure[18].

Situations of disaster and conflict also create a new group of people who acquire impairments due to injuries, poor basic surgical and medical care, mental health issues, abandonment and breakdown in support structures and preventive health care. It is estimated that for every one person killed in a disaster, another three are injured or left with a permanent impairment[19].

Disability and violence

Violence is both a cause and an increased risk factor of disability. Interpersonal violence constitutes a significant factor in the incidence and prevalence of impairments across the world. In some countries, up to a quarter of impairments are the result of injuries and violence in some countries[20].

Many inter-related factors, such as abuse of power, poverty, gender inequality or discrimination and substance abuse combine to create increased risk. Persons with disabilities are also more likely to be victims of violence or any crime- including sexual violence- than persons without disabilities[21]. They are also less likely to obtain police intervention, legal protection or preventive care[22]. Violence against children with disabilities occurs at annual rates at least 1.7 times greater than for the rest of their peers without disabilities[23].

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[15] CBM (2012), 'Inclusion made easy: A quick program guide to disability in development' available on http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_complete_guide.pdf and Meekosha (2004) 'Gender and Disability', University of New South Wales, Sydney.

[16] Buscher, D. Humanitarian Practice Network (HPN), Humanitarian Exchange, No. 60, February 2014, Special Feature on Gender-based Violence in Emergencies, Preventing Gender-based Violence: Getting it Right.

[17] World Health Organisation (2012) 'Early Childhood Development and Disability'.

[18] IDDC (2005),' Disability in Conflict and Emergency Situations: Focus on Tsunami-affected Areas' available from www.alnap.org/.../handicap_international_disability_conflict_feb06.pdf

[19] CBM International. (n.a.). Inclusive Emergency Response, available from http://www.cbm.org/index/Default_245472.phphttp://www.cbm.org/index/Default_245472.php

[20] UN Enable Factsheet on Persons with disabilities accessible on http://www.un.org/disabilities/convention/facts.shtml

[21] UK Office for Disability Issues (2014) 'Fulfilling potential: building understanding'

[22] UN Enable *Factsheet on Persons with disabilities* accessible on http://www.un.org/disabilities/convention/facts.shtml

[23] Ibid

1.3 RATIONALE FOR MOVEMENT ENGAGEMENT AND ACTION

The Movement's mission is to prevent or reduce human suffering wherever it is found. This is at the heart of the Fundamental Principle of Humanity and is an expression of the commitment to protect human dignity.

Articles 11 and 32 of CRPD are of special interest to the Movement as they refer to situations of risk and humanitarian emergencies, and to international cooperation, respectively. Art. 11 in particular recognises obligations under International Humanitarian Law and international human rights law and requires that "all necessary measures are undertaken to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters [24]".

Since disasters and conflicts exacerbate both poverty and barriers to persons with disabilities, addressing disability and promoting inclusive practices is at the core of the Movement's mission. The Movement, comprising millions of staff, members and volunteers throughout the world, has a unique potential to drive change across the world and has a manifest responsibility to do so[25].

Many of the barriers facing persons with disabilities face are preventable. The Movement has an important role and responsibility in seeking to address and reduce these barriers, influence decision-makers, address preventable impairments and empower persons with disabilities to meet life's challenges and participate fully in the community.

Responsibilities

All components of the Movement are responsible for implementing this strategic framework within their respective areas and in accordance with their specific mission:

- **National Societies**, as key Movement actors in their domestic contexts, will direct their efforts towards increasing internal capacity, developing strong partnerships with People with Disabilities Organisations (PDOs) and other relevant organisations, ensuring all programming is disability inclusive and implementing disability targeted programming where relevant and appropriate. National Societies will also ensure they are disability-inclusive organisations. Their community networks and auxiliary role to their public authorities make them uniquely qualified to contribute to national strategies for eliminating barriers to greater inclusion.

- The **International Federation** will seek to facilitate and provide support to National Societies to build their capacity in order to implement this strategic framework. The International Federation will also mainstream disability in its own health, disaster-preparedness, humanitarian diplomacy, risk reduction and emergency response activities. Through its presence in relevant international fora, the International Federation will seek to include disability inclusion into its existing advocacy efforts and advocate – where relevant and appropriate- for the rights, needs and interests of persons with disabilities as identified by National Societies, persons with disabilities and/or representative organisations.

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[24] UNCRPD is the only human rights treaty to reference humanitarian emergencies.
[25] International Federation (2009) '*Humanitarian Diplomacy policy*' available on
https://www.ifrc.org/Global/Governance/Policies/Humanitarian_Diplomacy_Policy.pdf

- The **ICRC** will implement activities based on need, both directly and in association with national authorities and National Societies during armed conflicts and other situations of violence. It will identify legal, capacity-building and other measures that authorities can take before, during and after armed conflicts to address the needs and challenges of persons with disabilities in times of armed conflict and communicate these proposals to relevant authorities and to National Societies. It will also provide expertise, advice and support to National Societies that wish to launch programmes responding to specific needs of persons with disabilities before, during or after armed conflict.

Guiding Principles

The key guiding principles that create an enabling environment for this strategic framework are drawn from the Movement's Fundamental Principles and humanitarian values as well as the General Principles outlined in Article 3 of the CRPD. See Annex II for a complete comparative table.

Critically, this strategic framework is informed by a key guiding principle which is firmly grounded on the human-rights approach to disability and relates to the meaningful engagement and consultation of persons with disabilities and their representative organisations in all aspects of this strategic framework and its implementation; the sentiment reinforced by the slogan of the global disability rights movement: '*nothing about us without us'.*

It is important to recognise the essential role that caregivers play everyday in working towards the social inclusion of persons with disabilities. Therefore, this strategic framework will aim to ensure their contribution is appropriately recognised and their needs are supported, acknowledging the fact that many persons with disabilities are themselves caregivers.

Finally, this strategic framework is also informed by the recognition that disability can affect women, men, girls and boys differently. Therefore the Movement's work with persons with disabilities must be responsive at all times to their gender-specific vulnerabilities, needs and capacities.

2. THE STRATEGIC FRAMEWORK

VISION

In line with its Fundamental Principles and humanitarian values, the Movement strives for an inclusive society for all; a society in which persons with disabilities can participate fully and achieve their full potential.

GOAL

All components of the Movement aim to be inclusive organisations, to build their own capacities, to mobilise resources and to involve and support persons with disabilities and their caregivers in order to address barriers hampering their full enjoyment of rights and freedoms.

STRATEGIC OBJECTIVES

To achieve this vision and goal, the following strategic objectives have been identified:

Strategic Objective 1: All components of the Movement adopt a disability inclusive approach.

This objective focuses on ensuring the Movement's internal organisational systems, processes and policies are disability inclusive, including corporate and human resources, marketing, communications and infrastructure.

Strategic Objective 2: Persons with disabilities have equal access to the services and programs the Movement provides, thereby enabling their inclusion and full participation.

This objective aims to ensure the Movement's services, programs and associated products available to individuals and communities are disability inclusive.

Strategic Objective 3: All components of the Movement endeavour to change mindsets and behaviour in order to promote respect for diversity, including disability inclusion.

This objective focuses on challenging negative perceptions on disability and promoting disability as one of many ordinary differences that create human diversity and enrich humankind.

Each strategic objective comprises enabling actions and examples of activities and is inextricably linked to the other objectives. The proposed structure and sequence of the strategic objectives and enabling actions responds to a very purposeful desire to emphasise certain areas of action (i.e. addressing attitudinal barriers) that are considered critical to achieving disability inclusion.

Strategic Objective 1: All components of the Movement adopt a disability inclusive approach.

Persons with disabilities can contribute significantly to the work of all components of the Movement, if barriers that exclude them from full and equal participation in the Movement's work are removed. Therefore, a comprehensive and holistic approach is required where all components of the Movement ensure that their respective spheres of responsibility provide the necessary opportunities and access to persons with disabilities on an equal basis with others.

This **strategic objective** aims to achieve an inclusive Movement where respect for diversity, openness and positive recognition of all persons is cultivated. To achieve this, all components of the Movement will seek to actively involve, engage and consult persons with disabilities during the planning, implementation, monitoring and evaluation of all of their activities. This will allow Movement staff, volunteers and members to have better insight and understanding into the experience of persons with disabilities and ensure the Movement's actions are designed and implemented in such a way as to address this meaningfully in programs, services and activities.

The achievement of this strategic objective will require making reasonable accommodations and adjusting some organisational practices, attitudes and services as well as the Movement's relationships with external stakeholders. Both organisational and individual commitment is central to a disability inclusive approach.

Enabling action 1.1: All components of the Movement better **understand the number and situation of persons** with disabilities within their respective areas.

To implement this strategic framework meaningfully, it is critical to first ensure their representation in order to understand the experiences of persons with disabilities involved in the Movement as governance, staff, volunteers and members in comparison to persons without disabilities. In doing

so, it is essential to develop data collection tools that reflect the social model of disability – identifying barriers as well as impairments- and to adapt these tools to different cultural contexts in order to ensure they capture the real dimension of disability experiences across the Movement.

Sample activities
- Develop and implement consistent data collection systems[26] across all components of the Movement that provide baseline information and enable planning for disability inclusion and relevant analysis to monitor progress against the strategic framework. This may mean enhancing existing data collection systems or implementing new ones[27].

Enabling action 1.2: All components of the Movement **identify and address physical, communication and institutional barriers** which may prevent the access, meaningful participation and/or employment of persons with disabilities.

Removing physical, communication and institutional barriers will contribute significantly towards the full inclusion of persons with disabilities in the activities of the Movement – attitudinal barriers are specifically addressed under Strategic Objective 3. When addressing these barriers, it is important to take a universal design approach, that is, to take into account the characteristics of all members of a community when designing access to services, activities, information and documentation.

Sample Activities
- Identify physical barriers to persons with disabilities by undertaking accessibility audits on current and future Movement properties and venues, and addressing these barriers as appropriate.
- Address communication barriers, including making the Movement's websites accessible and providing appropriate, relevant information in varied formats and through a variety of channels so that persons with disabilities have equal access[28].
- Identify and address institutional barriers by for example including accessibility requirements and standards in all procurement policies and guidelines.

Enabling action 1.3: All components of the Movement have **Human Resources policies, systems and practices** that actively encourage and support the inclusion of persons with disabilities as staff, volunteers and members.

Employing and providing an enabling environment to persons with disabilities will attract new and valuable perspectives, skills and experiences to the Movement, as well as making the Movement more reflective of the diversity present in our communities. This area of work is informed by the concept of "reasonable accommodation" which relates to measures of accommodating the physical, social and attitudinal environment to facilitate the accessibility or participation of persons with disabilities in the labour market on equal basis with others[29]. It is important to note here the multiple

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[26] The Movement may consider utilising the International Classification of Functioning, Disability and Health (ICF) which is a WHO framework for measuring health and disability at an individual and population levels. It recognizes that disability occurs within a context and includes a list of environmental barriers. More information on this framework can be found in http://www.who.int/classifications/icf/icf_more/en/

[27] As a result of the implementation of the Strategic Framework on Gender and Diversity Issues 2013, there is now a minimum requirement on all International Federation emergency responders to collect and analyse sex-, age- and disability-disaggregated data (SADDD) – see International Federation (2015) *Minimum Standard Commitments to Gender and Diversity in Emergency Programming* for more detailed information. .

[28] "Communication" includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology". Definitions, CRPD.

[29] Examples of definitions of 'reasonable accommodation' codified in different national legislations can be found in http://www.un.org/esa/socdev/enable/rights/ahc7bkgrndra.htm

discrimination that may result from the intersection between gender, age, sexual orientation and disability and ensure the activities below are responsive to this.

Sample Activities
- Develop and implement a targeted recruitment and retention approach to increase the number of persons with disabilities employed and volunteering across the Movement.
- Implement merit-based policies and processes in recruitment, selection, professional development and promotion. An example of this is the removal of non-essential requirements such as holding a driver's licence from job descriptions that may create discrimination towards persons with disabilities.
- Develop and implement clear 'reasonable accommodation' policies and procedures to request and provide workplace modifications such as screen reader software or accessible desks.

Enabling Action 1.4: All components of the Movement actively build **partnerships** with People with Disabilities Organisations (PDOs) and other relevant civil society organisations.

The Movement cannot achieve this strategic framework's vision and goal on its own. Rather, an interconnected network of actors is required. People with Disabilities Organisations[30] (PDOs) as well as other key civil society organisations such as development NGOs, women's organisations and other relevant interest groups are key actors and partners in the realization of this strategic framework.

Sample Activities
- Conduct a mapping exercise to identify PDOs and their areas of expertise that are relevant and specific to each Movement components' context and mission.
- Develop formal and informal partnerships with PDOs to mutually enhance our respective knowledge as well as programmatic, organisational and advocacy skills and capacities.
- Engage PDOs and persons with disabilities during the design, implementation and evaluation of relevant inclusive programs and activities.
- Engage persons with disabilities in the delivery of disability awareness training.

Strategic Objective 2: Persons with disabilities have equal access to the services and programs the Movement provides, enabling their inclusion and full participation.

Persons with disabilities have the same needs and rights - health, education, economic and social security – as the rest of the general population[31]. These needs and rights can and should be fulfilled through the ordinary structures of education, health, employment and social services within local communities. However, in some instances, persons with disabilities may require access to specific measures to improve functioning and foster independence such as habilitation and rehabilitation, support services or specialised training.

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[30] In some contexts, formally organised PDOs may not be present; when this is the case, linkages will be made with informal groups of persons with disabilities and/ or individuals with disabilities, assisting in the creation of self-support groups, if relevant and appropriate.
[31] This notion is enshrined throughout the UN Convention on the Rights of Persons with Disabilities (Preamble, Art.1)

This **strategic objective** seeks to ensure that persons with disabilities have equal access to the services and programs the Movement provides, enabling their inclusion and full participation. This means access to the same level and quality of service and the same opportunities to provide feedback, participate in consultations and make complaints as any other person. A twin-track approach is required to achieve this, meaning a disability perspective is mainstreamed within all programs and services and disability-specific programs and services are also supported[32].

At an individual level, persons with disabilities are entitled to have and maintain control over their lives and need to be consulted on issues that concern them directly[33]. At a program level, persons with disabilities are no longer seen as passive recipients of aid and services but as active stakeholders and decision-makers.

Enabling action 2.1: All components of the Movement **mainstream disability** throughout their programs and services.

All components of the Movement will work towards ensuring their programs and services are inclusive, equitable, non-discriminatory and do not create or reinforce barriers. Mainstreaming is a comprehensive approach by which considerations around disability are included in all aspects of programs and services -initial assessment, planning and design, implementation, monitoring and evaluation. This means, in effect, building a disability perspective into existing agendas, frameworks and processes, not adding separate disability -specific activities. Mainstreaming cannot be achieved without the meaningful engagement of persons with disabilities at all stages. It is essential that this process of mainstreaming actively considers the compounding vulnerability that may arise when disability intersects with other characteristics such as gender, age or sexual orientation and its practical implications on program and service delivery.

Sample Activities
- All program plans identify barriers to participation of persons with disabilities and include specific strategies on how to address these barriers to enable persons with disabilities to be included.
- Staff and volunteers identify and consult with persons with disabilities, their representative organisations (PDO) and other relevant organisations during planning, implementation, monitoring and evaluation of programs and services, ensuring that information is provided in a variety of formats, targeting persons with diverse impairments.
- All programs and services report on how persons with disabilities have been included and what has been done to reach out to persons with disabilities in the target groups. This may require integrating data collection on disability into existing reporting requirements at a programmatic level to get a better understanding of who is accessing their services or not, as the case may be.
- Include a reasonable adjustments budget line in all budgets to ensure a specific allocation is made to ensure services provided are non-discriminatory and will benefit people with disabilities.

Enabling action 2.2: All components of the Movement provide **disability specific services**, where relevant and appropriate.

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[32] The twin-track approach was first proposed as an inclusive development approach by DFID (2000), "Disability, Poverty and Development", Department for International Development, United Kingdom.
[33] Supported decision-making may be necessary to enable some individuals to communicate their needs and choices.

The Movement is well placed to facilitate opportunities for persons with disabilities to live the meaningful life they choose and value. To do this, the Movement will adopt, where relevant and appropriate, a community-based rehabilitation approach[34] to increase their access to:

- *support and assistance services*: aimed at ensuring the best possible quality of life for persons with disabilities, which means leading the least restricted lives in the community. For some persons with disabilities, services such as tailored personal support are prerequisites for participating in society.
- *rehabilitation and habilitation services:* aimed at removing or reducing as far as possible the impact of impairments of persons with disabilities, enabling them to become more independent and able to self-determine. Depending on the type of impairment, medical care, physical rehabilitation and/or assistive technologies, may be needed to achieve this end.
- *economic independence programs:* are aimed at providing or facilitating opportunities for the economic inclusion of persons with disabilities as they are a key vehicle to break the cycle of poverty and promote physical, psychological and social well-being as well as economic independence. These programs can be disability-specific or mainstream. Effective access to education, technical and vocational training and guidance, job placement services and promoting opportunities for self-employment or entrepreneurship are all key elements that contribute towards this end.
- *Social, sport, and cultural activities:* aimed at the social inclusion and empowerment of persons with disabilities, such as active participation in local community activities, recreation or sport activities.

Sample Activities
- All components of the Movement actively seek opportunities to partner with relevant organisations, including PDOs in the delivery of disability specific services, where relevant and appropriate.
- All components of the Movement consult persons with disabilities in the design and delivery of disability specific services that are responsive to their needs and relevant to the context and mission of the particular component of the Movement.
- Map out services available for the specific needs of persons with disabilities and assist in ensuring access.

Enabling action 2.3: All components of the Movement actively adopt **prevention and early intervention** approaches to address the causes of impairments*.*
Impairment prevention and early intervention are based on the rationale that preventing impairment from occurring or acting early to reduce its impact results in better social, economic and environmental outcomes for the individual and the community, as well as being cost-effective[35]. It is a proactive approach that promotes better health and wellbeing, community participation and social inclusion.

Sample Activities:
- Embed early intervention and prevention of impairments across relevant Movement policies, programs and services, including it as a program outcome wherever possible.

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[34] Community Based Rehabilitation is a multi-sectoral approach that empowers persons with disabilities to access and benefit from education, employment, health and social services. CBR is implemented through the combined efforts of people with disabilities, their families and communities and relevant government and non-government health, education, vocational, social and other services. Definition retrieved from http://www.who.int/disabilities/cbr/en/
[35]http://www.dpc.nsw.gov.au/__data/assets/pdf_file/0014/115025/M2011-
2_Prevention_and_Early_Intervention_Framework_Attachment.pdf

- Continue to provide the wide range of existing prevention and early intervention programs and services, including ensuring access of persons with disabilities to general health programs[36].

Enabling action 2.4: All components of the Movement actively consider adopting **gender-sensitive poverty alleviation** and **violence prevention, mitigation and response** initiatives within its programs and services, where appropriate and relevant.

Up to 50% of preventable impairments are directly linked to poverty[37]; therefore, addressing poverty will result in a reduction of disability. Also, addressing disability is a concrete step towards reducing the risk of poverty. In addition, everyone has the right to be protected from violence and be supported and empowered to exercise their rights if they have been the victim of violence including persons with disabilities. Finally, as highlighted in the guiding principles section, gender should be an ever present consideration at all times when designing and implementing the examples below.

Sample Activities:
- Continue to deliver programs, services and activities aimed at building community resilience and ensure that these are inclusive and accessible to persons with disabilities.
- Build violence prevention components into projects addressing disabilities and vice versa.
- Deliver economic empowerment programs and initiatives, where relevant and appropriate.

Strategic Objective 3: All components of the Movement endeavour to change mind sets and behaviours in order to promote respect for diversity, including disability inclusion.

Persons with disabilities have the same rights as everyone else in any community. However, persons with disabilities are often treated differently due to attitudinal barriers such as intolerance and stigmatization which result from fear, ignorance, misconceptions or stereotypes. These can lead to discrimination[38] which occurs when persons with disabilities are treated less favourably, *on the basis* of their impairment.

This **strategic objective** aims to mobilise, both internally and externally, towards disability inclusion and in doing so, also to change mind sets and behaviour. It aims to foster acceptance and respect for diversity by recognising the differences that exist among individuals and groups and by acknowledging the intrinsic value of each individual. Diversity is an asset which fosters two-way learning and growth[39]. Personal exposure to and interaction with persons with disabilities is a powerful vehicle to influence improved behaviour and program outcomes as well as to foster mutual respect and understanding.

Enabling action 3.1: All components of the Movement **influence and model behaviour** to address discrimination and foster the full inclusion of persons with disabilities.

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[36] These programs include but are not limited to Disaster Preparedness, Disaster Risk Reduction and climate adaptation, Mine Risk Education, economic security, road safety, child and maternal health, food security, prevention education on sexual health and sexually transmitted diseases, drug and alcohol misuse, mental health awareness and water and sanitation.

[37] CBM 'Inclusive Project Cycle Management Trainers' Manual: Stage 2 / Handout 8' available on http://www.cbm.org/article/downloads/54741/IPCM_Trainers_Stage_2_Handout_8.pdf

[38] The Movement has a strong commitment to fight against all forms of discrimination, as articulated in the Fundamental Principles of Impartiality and Unity.

[39] Non-discrimination and respect for diversity together make up one of the three essential pillars for the promotion of social inclusion and a culture of non-violence and peace (Strategic Aim 3, *International Federation Strategy 2020*).

Changing perceptions about disability can go a long way towards breaking down the barriers that stigma and discrimination create. A multi-faceted and integrated approach is required to raise awareness, identify discrimination in all its forms and then take the steps to reduce it while building respect for diversity. Changing mind sets requires persistence, courage and leadership. At times, immediate results may not be evident, as a change in a person's perceptions and behaviours builds gradually and overtime.

Sample Activities
- Provide disability awareness training[40] to all staff and volunteers upon commencement of their roles and develop a disability inclusive learning toolkit – case studies, guidelines, statistics, and training curriculum - available as a refresher at all other times, focusing on mainstreaming disability.
- Encourage Movement staff, volunteers and members to access self-reflection and learning tools[41] and opportunities aimed at identifying and addressing discriminatory behaviours; this may also include increasing contact, interaction and two-way learning between persons with various types of disabilities and persons without disabilities.
- Offer sensitization activities to promote positive attitudes and encourage positive role models amongst beneficiaries, using innovative tools such as sports, arts or music.
- Participate and actively promote events that offer key opportunities for sensitization, awareness, and interaction with individuals with disabilities.

Enabling action 3.2: All components of the Movement actively increase their **knowledge of disability** in order to promote evidence- based practice.

Discrimination often occurs when people treat persons with disabilities differently because they have little or no knowledge of the particular needs of persons with disabilities and/or because of unconscious bias. This leads at times to a generic approach of persons with disabilities rather through a diversity-sensitive approach[42]. Therefore, all components of the Movement must increase their knowledge on how they and their societies are disabling persons with impairments in order to actively seek to reduce the disabling factors and work with persons with disabilities and their organisations to identify practical solutions.

Sample Activities
- Commission, participate in and/or support research on relevant disability issues, such as examining attitudes and perceptions or learning lessons from international comparisons.
- Participate in national and international fora to acquire a better understanding of disability policy, programs and issues within relevant areas.
- Support documentation of best practices for disability inclusion, building and sharing an evidence base from within and external to the Movement.
- Join or support partner initiatives on data collection and analysis on issues facing people with disabilities to better understand individual contexts.

Enabling Action 3.3: All components of the Movement actively **advocate** for the full and meaningful inclusion of persons with disabilities through Humanitarian Diplomacy.

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[40] This training should cover the mechanisms and results of exclusion, principles of inclusion and, practically, how and where to include persons with disabilities within the project cycle, services and programs.
[41] On-line course "Influencing behaviour" and "Agents of Behavioural Change" toolkit through the International Federation Learning Platform.
[42] It is important to point out that the Movement's Fundamental Principle of Impartiality does not call for equal – or identical treatment - but for equity of treatment, which can in the case of persons with disabilities, call for differentiated approach.

Humanitarian diplomacy aims to access and influence decision makers to act in the interests of persons in vulnerable conditions. Humanitarian Diplomacy may take the form of advocacy, negotiation, communication or formal agreements amongst other measures[43].

Sample Activities
- Advocate with governments for the effective implementation of anti-discrimination legislation, minimum standards of accessibility and inclusion and other initiatives geared towards the full inclusion of persons with disabilities in society.
- Advocate with governments to ensure that programmes are in place that reduce barriers in society.
- Advocate for the meaningful participation of PDOs and persons with disabilities at relevant national and international events, meetings and activities ensuring such gatherings are disability inclusive.
- Link disability inclusion advocacy with other relevant existing advocacy initiatives within the Movement, such as those on gender and other diversity inclusion.
- Encourage multi-sectorial approaches to disability inclusion that include governments, businesses and civic society collectives – including DPOs.
- Position relevant Movement members as speakers and key stakeholders in partner organizations to underscore the commitment to inclusive development on the part of the Movement.

3. MONITORING AND IMPLEMENTATION

An implementation committee with representation from National Societies (with equitable regional representation), International Federation and ICRC as well as representatives of persons with disabilities will monitor and support implementation progress.

All components of the Movement will be required to report to the Council of Delegates in 2017, outlining the achievements to date and showing progress against baseline data. A second report will be presented to the Council of Delegates in 2019 which will include achievements to date as well as recommendations on future revisions to this strategic framework. These reports will require input from all components of the Movement in relation to their implementation of this strategic framework.

ANNEXES

I. GLOSSARY

Movement: The International Red Cross and Red Crescent Movement comprises of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (International Federation) and the National Societies. These are all independent organisations, each having its own status and exercising no authority over the others.

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[43] International Federation (2009) 'Humanitarian Diplomacy policy' available on
https://www.ifrc.org/Global/Governance/Policies/Humanitarian_Diplomacy_Policy.pdf

Disability models[44]

Medical model: This traditional model of disability focuses on the impairment that requires 'fixing or changing' in order for the individual to be a 'normal' member of society. It implies that if a person cannot be 'fixed', they cannot participate equally in society.

Social model: This approach identifies disability as a result of limitations imposed by the particular context in which people live. Removing the 'disabling' barriers in the environment reduces the impact of impairment. This model shifts the responsibility for 'inclusion' from the individual being fixed to the society in which persons with disabilities live becoming more inclusive through the removal of barriers.

Human rights model: This approach sees persons with disabilities as to having a right to access all within their society on an equal basis with others. This incorporates social model thinking where external barriers are identified in conjunction with the person with disabilities being the focal point in the attainment of their rights. The rights-based approach adopts awareness, participation, comprehensive accessibility and twin track as core disability-inclusive principles and has the main characteristic of being a binding approach under the CRPD.

People with Disabilities Organisation (PDO): are those controlled by a majority (51%) of persons with disabilities at the board and membership levels. The role of these organisations includes providing a voice of their own, identifying needs, expressing views on priorities, evaluating services and advocating change and public awareness[45].

Discrimination: is treating a person or group of people less favourably on the basis of an attribute such as disability, race or gender that the person or group of people has. Discrimination can be either direct or indirect. An example of direct discrimination is flatly refusing to lease a house or unit to a person with disabilities. Indirect discrimination happens where rules, practices or policies which appear to be neutral have a disproportionate and detrimental impact on a person or a group of people with a certain attribute – like disability[46].

Impairment: is one component of disability and refers to a problem in a bodily function such as an injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function[47].

Participation: Participation can be understood as both a goal- the situation of social participation as opposite of the situation of social exclusion- and as a process - the active involvement of persons with disabilities in decision-making and actions that affect their lives[48]

Inclusion: is a process that provides for the people included to have the same opportunities and decision-making powers on how to organise society as others. It is not just about "involvement" or "integration" but about upholding rights, recognizing specific needs and barriers to inclusion, and taking steps to address these issues to ensure the full participation of people with disabilities[49.]

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[44] Models definitions adapted from CBM (2012) 'Inclusion made easy: A quick program guide to disability in development' retrieved on 15/12/2014 from http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_complete_guide.pdf
[45] Adapted from http://www.independentliving.org/docs5/RoleofOrgDisPeople.html
[46] Adapted from http://www.idrs.org.au/legal/discrimination.php
[47] Adapted from 'Defining disability and impairment' http://disability-studies.leeds.ac.uk/files/library/Northern-Officers-Group-defining-impairment-and-disability.pdf
[48] Adapted from http://www.disabilityrightsfund.org/files/supporttodpo.pdf
[49] Handicap International (2014) Empowerment and participation: Good practices from South & South-East Asia in disability inclusive disaster risk management

II. GUIDING PRINCIPLES

		7 Fundamental Principles	**Fundamental Principles components**	**RCRC Humanitarian Values**	**Principles from RCRC DI resolution (and UNCRPD General principles)**
Guiding principles for disability inclusion	**Fundamental Principles of RCRC**	**Humanity**	• **Alleviate and prevent suffering** • **Protect life and health** • **Assure respect for and protection of the individual**	• **Active goodwill and care** • **Human dignity and well-being** • **Mutual understanding, safety and peace**	• **Respect for inherent dignity** • **Safety from all forms of violence**
		Impartiality	• **Non-discrimination** • **Actions are solely guided by needs, proportional to the degree of suffering and prioritised on the basis of urgency** • No individual action or decision on the basis of prejudice or personal preference	• **Equality** • **Respect for diversity** • **Objectivity and openness**	• **Non-discrimination** • **Equality of opportunity** • **Equality between men and women, and between boys and girls** • **Respect for difference and acceptance of persons with disabilities as part of human diversity**
		Neutrality	• No taking sides in armed conflicts • No engagement in controversies of a political, racial, religious or ideological nature	• Confidence (trust) • Self-control and discipline • Freedom of action and objectivity	
		Independence	• Not letting political, economic, social, religious, financial, public pressure interfere or dictate RCRC line/action • Auxiliary to public authorities • Maintain autonomy to be able to act in accordance with the Fundamental Principles	• Sovereignty • Co-operation • Freedom of action and confidence	• **Individual autonomy** • **Freedom to make own choices** • **Independence of persons**
		Voluntary Service	• Freely accepted commitment • No desire for gain • Selflessness	• Spirit of altruism and generosity • Spirit of service • Spirit of responsibility and discipline	
		Unity	• One National Society per country • Open to all • Active in entire country	• **Harmony and cohesion** • **Diversity and pluralism** • **Confidence**	• **Full and effective participation and inclusion in society**
		Universality	• **Universal vocation** • **Equality of National Societies** • **Solidarity**	• **Openness to all in the world** • **Cooperation** • **Mutual assistance**	
	External principles	**Disability Inclusive Development**	**Description**		
		Accessibility	Comprehensive accessibility ensures socially imposed disabling barriers are removed to allow for improved access by persons with disabilities.		
		Participation & decision making	Participation promotes community access to the valuable contributions of persons with disabilities – 'nothing about us without us'.		
		Awareness	Awareness encourages identification of incidence, type and impact of disability within a community.		
		Twin-track approach	The twin track approach encourages mainstream inclusion working alongside disability specific initiatives.		

III. STRATEGIC FRAMEWORK SUMMARY

STRATEGIC OBJECTIVES	ENABLING ACTIONS	SAMPLE ACTIVITIES
1. **All components of the Movement adopt a disability inclusive approach**.	1.1 All components of the Movement better **understand the number and situation of persons** with disabilities within their respective areas.	Develop and implement consistent data collection systems across all components of the Movement that provide baseline information and enable planning for disability inclusion as well as relevant analysis to monitor progress against the strategic framework.
	1.2 All components of the Movement **identify and address physical, communication and institutional barriers** which may prevent the access, meaningful participation and/or employment of persons with disabilities.	Identify physical barriers to persons with disabilities by undertaking access audits on current and future properties and venues, and address these barriers as appropriate.
		Address communication barriers, including for instance making the Movement's websites accessible or providing relevant information in varied formats and through a variety of channels so that persons with disabilities have equal access.
		Identify and address institutional policies by for example including accessibility requirements and standards in all procurement policies and guidelines.
	1.3 All components of the Movement have **Human Resources policies, systems and practices** that actively encourage and support the integration of persons with disabilities as staff, volunteers and members.	Develop and implement a targeted recruitment and retention approach to increase the number of persons with disabilities employed and volunteering across the Movement.
		Implement merit-based policies and processes in recruitment, selection, professional development and promotion. An example of this is the removal of non-essential requirements from job descriptions that may create discrimination towards persons with disabilities.
		Develop and implement clear reasonable accommodation policies and procedures to request and provide workplace modifications such as screen reader software or accessible desks.
	1.4 All components of the Movement actively build **partnerships** with appropriate. People with Disabilities Organisations (PDOs) and other relevant civil society organisations.	Conduct a mapping exercise to identify PDOs and their areas of expertise that are relevant and specific to each Movement components' context and mandate.
		Develop formal and informal partnerships with PDOs to mutually enhance our respective knowledge as well as programmatic, organisational and advocacy skills and capacities.
		Engage PDOs and persons with disabilities during the development, implementation and evaluation of relevant inclusive programs and activities.
		Engage persons with disabilities in the delivery of disability awareness training
2. **Persons with disabilities have equal access to the services and programs the Movement**	2.1 All components of the Movement **mainstream disability** inclusion throughout their programs and services.	All program plans identify barriers to participation of persons with disabilities and include specific strategies on how to address these barriers to enable persons with disabilities to be included.

provides, allowing their inclusion and full participation.		Staff and volunteers identify and consult with relevant persons with disabilities, PDOs and other relevant organisations during planning, implementation, monitoring and evaluation of programs and services, ensuring that information is provided in a variety of formats, targeting persons with diverse impairments.
		All programs and services report on how persons with disabilities have been included and what has been done to reach out to persons with disabilities in the target groups. This will require collecting data on disability at a programmatic level to get a better understanding of who is accessing their services or not and why.
		Include a reasonable accommodation budget line in all budgets to ensure to ensure a specific allocation is made to ensure services provided are non-discriminatory and will benefit people with disabilities.
	2.2 All components of the Movement provide **disability specific services,** where relevant and appropriate.	All components of the Movement actively seek opportunities to partner with relevant organisations, including DPOs in the delivery of disability specific services, where relevant and appropriate.
		All components of the Movement consult with persons with disabilities in the design and delivery of disability specific services, which are responsive to their needs and relevant to their context and mission.
		Map out services available for the specific needs of persons with disabilities and assist in ensuring access.
	2.3 All components of the Movement actively **adopt prevention and early intervention approaches** to address the causes of impairments.	Embed early intervention and prevention of impairments across relevant Movement policies, programs and services, including it as a program outcome wherever possible.
		Continue to provide the wide range of existing prevention and early intervention programs and services, including ensuring access of persons with disabilities to general health programs.
	2.4 All components of the Movement actively consider **adopting gender- sensitive poverty alleviation and violence prevention, mitigation and response initiatives** within its programs and services, where appropriate and relevant.	Continue to deliver programs, services and activities aimed at building community resilience and ensure that these are inclusive and accessible to persons with disabilities.
		Build violence prevention components into projects addressing disabilities and vice versa.
		Deliver economic empowerment programs and initiatives, where relevant and appropriate.
3. **All components of the Movement endeavour to change mind sets and behaviours in order to promote respect for diversity, including disability inclusion.**	3.1 All components of the Movement **influence and model behaviour** to address discrimination and foster the full inclusion of persons with disabilities.	Provide disability awareness training to all staff and volunteers upon commencement in their roles and develop a disability inclusive learning toolkit –case studies, guidelines, statistics and training curriculum- available as a refresher at all other times, focusing on mainstreaming disability.
		Encourage Movement staff, volunteers and members to access self- reflection and learning tools and opportunities aimed at identifying and

		addressing discriminatory behaviours.
		Deliver awareness raising activities at a programmatic level to promote positive attitudes and encourage positive role models amongst beneficiaries.
		Participate and actively promote public disability awareness campaigns such as International Day of Persons with Disabilities.
	3.2 All components of the Movement actively increase their **knowledge of disability** in order to promote evidence- based practice.	Commission, participate in and/or support research on relevant disability issues, such as examining attitudes and perceptions or learning lessons from international comparisons.
		Participate in national and international fora to acquire a better understanding of disability policy, programs and issues within relevant areas.
		Support documentation of best practices for disability inclusion, building and sharing an evidence base within and external to the Movement.
	3.3 All components of the Movement actively **advocate** for the full and meaningful inclusion of persons of disabilities through Humanitarian Diplomacy.	Advocate with governments for the implementation of anti-discrimination legislation, minimum standards of accessibility and inclusion and other initiatives geared towards the full inclusion of persons with disabilities in society.
		Advocate with governments to ensure that programmes are in place which address barriers in society.
		Advocate for the meaningful participation of PDOs and persons with disabilities at relevant national and international events, meetings and activities ensuring such gatherings are disability inclusive.
		Link disability inclusion advocacy with other relevant existing advocacy initiatives within the Movement
		Include multi-sectorial approaches to disability inclusion that include governments, businesses and civil society collectives – including PDOs.