



# Power of humanity

Council of Delegates of the International Red Cross  
and Red Crescent Movement

22 – 23 June 2022, Geneva, Switzerland

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

ADDENDUM TO THE  
FINAL PROGRESS REPORT

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## EXECUTIVE SUMMARY

Steady progress has been made during the period 2019–2022 on all objectives of the Strategic Framework on Disability Inclusion by all components of the International Red Cross and Red Crescent Movement (Movement). The work documented by Movement components corresponds to the three objectives set out in the Framework although explicit links with it are not very strong.

### **Strategic Objective 1: All components of the Movement adopt a disability-inclusive approach**

All components of the Movement have endeavoured to **better understand the number and situation of persons with disabilities** within their respective areas. To this end, the International Committee of the Red Cross (ICRC) has adopted a disability inclusion strategy called [Vision 2030 on Disability](#) and is implementing the recommendations of an [Inclusive Programming Operations Assessment](#) completed in 2021. In 2020, a study was conducted on the inclusion of persons with disabilities in the ICRC's human resources (HR) policies and practices. Recommendations from this study are being implemented through an objective external review of where the ICRC stands on diversity and inclusion. The ICRC is also working on **addressing physical, communication and institutional barriers to the inclusion of persons with disabilities**. Its new Investment Policy now includes a reference to the accessibility of premises, and its Infrastructure Board incorporated the Principles of Universal Design in its terms of reference. Guidelines are also being developed to support accessibility in the organization.

National Societies have continued to implement programmes under this strategic objective, with **33 actions** by 23 National Societies recorded in their 2019 and 2020 annual reports relating to the thematic areas of **social inclusion and social welfare, institutional reform, health, disability services and COVID-19 response**. **A summary of the data for all three strategic objectives is provided in the introduction, with a detailed breakdown under each objective.**

The International Federation of Red Cross and Red Crescent Societies (IFRC) has supported National Society action during this period by providing technical guidance and support on **disability-disaggregated data** and making information about it available through the Federation-Wide Databank and Reporting System (FDRS). Work on **mapping disability-inclusive shelter** was supported by the IFRC to establish a better baseline for this aspect across the sector. Recognizing the increasing importance of accessible communications, the **IFRC's website was redesigned with accessibility at its core**. National Societies, with IFRC support, worked to **support accessible volunteering** and involve more persons with disabilities in Movement events. Efforts to support **inclusive recruitment practices** were made at some IFRC delegations, but global efforts on this require more resources. The focus on people with intellectual disabilities continued during this period, with emphasis on strengthening the guidance on engaging with people with this type of disability.

**Collaboration and partnerships with organizations of persons with disabilities (OPDs)** were emphasized by all Movement components. Collaboration was established with National Societies in many countries and, in some cases, with the IFRC. All components of the Movement made specific efforts to include persons with disabilities in their awareness-raising sessions. The IFRC, the ICRC and some National Societies collaborated with the International Disability Alliance (IDA). The IFRC has a strong partnership with the Special Olympics, and the ICRC is working with IDA to develop protocols for engagement with OPDs.

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

Inclusion and full participation **throughout the Movement is ensured primarily by mainstreaming disability into programmes and services**. The ICRC does this by mainstreaming disability into its Accountability to Affected People (AAP) Framework and is stepping up efforts in this regard with the development of an Inclusive Programming Policy. The ICRC AAP Framework explicitly states the ICRC's commitment to taking into account diversity factors, such as gender, age and **disability**, in understanding the specific needs of affected people. This is further defined under AAP guiding principle 5 "Inclusive and accessible programmes", according to which operations should (1) assess the role of **disability** and other

diversity factors in community structure and power dynamics, (2) assess whether **disability** and other diversity factors are excluding individuals and groups from accessing aid, and (3) disaggregate data by sex, age and **disability** to better understand the context, monitor reach and assess inclusion in activities. Connections with HR, the Physical Rehabilitation Programme (PRP) and international humanitarian law (IHL) bring a holistic approach to disability inclusion in the organization through Vision 2030 on Disability. In addition to mainstreaming, **the ICRC also offers targeted disability-specific services**, where relevant and appropriate, through the PRP. The ICRC is continuously updating commentaries on the implementation of IHL, and in line with the Convention on the Rights of Persons with Disabilities (CRPD), it **ensures preventive and early intervention approaches to address the causes of impairments**. The ICRC recognizes **gender as a cross-cutting component** in disability inclusion through its Inclusive Programming Approach.

The vast majority of the work of National Societies falls under this strategic objective, with 109 actions in 46 countries. The main thematic areas are **social inclusion and social welfare, COVID-19, health, disability services, emergency assistance, livelihoods, education and mental health and psychosocial support (MHPSS)**. Accordingly, most IFRC support is related to this strategic objective, with 65 actions in 31 country delegations in virtually the same thematic areas.

The majority of National Society actions and IFRC support is related to mainstreaming disability into services. This mainstreaming has been thoroughly integrated into the IFRC's work on **protection, gender and inclusion (PGI)**. Over the last two years, direct support for National Societies mainly involved finalizing the PGI policy, operational framework, training and other support materials. More specific and detailed guidance has also been developed on **disability-inclusive water, sanitation and hygiene (WASH) and shelter** and on actions for the COVID-19 response which is disability-inclusive, with a particular focus on people with intellectual disabilities.

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

At the ICRC, shaping attitudes and behaviour in relation to disability among staff is achieved through training sessions for staff at delegations and headquarters. Online awareness-raising sessions on disability inclusion are also organized. Externally, the ICRC engages with stakeholders through disability inclusion dialogues, side events and round tables for sharing, learning and advocacy on disability inclusion in armed conflict.

Actions by National Societies were not as numerous in this area, with just 12 in 10 countries, mostly related to influencing others. The majority involved awareness-raising at community level, some in collaboration with governments or aimed at influencing governments. There were also fewer IFRC actions in this area than for Strategic Objective 2, specifically 17 actions by 10 delegations, although the IFRC acting under its own mandate to influence humanitarian partners was more involved in this type of work than National Societies.

At the global level, there was significant action to change mindsets through IFRC-organized events – webinars, summer schools and online forums – and events such as the **United Nations General Assembly (UNGA) and the Humanitarian Networks and Partnerships Weeks organized by the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA)**. Disability issues were also integrated through engagement in other relevant forums on **education, youth and PGI**.

## 1) INTRODUCTION

Persons with disabilities represent approximately 15% of the world's population<sup>1</sup> and often face a variety of barriers that negatively impact their access to services, such as education and employment, leading to increasing poverty. In addition, they are disproportionately affected in times of conflict and disaster and are at higher risk of violence and abuse than the general population. The lack of disability data, particularly data disaggregated by disability, is significant and exacerbates the marginalization of persons with disabilities.<sup>2</sup>

Movement components, and National Societies in particular, have a long history of providing a variety of disability-related services and programmes. This report gives a summary of some of the measures put in place in the period from 2019 to 2021 to ensure persons with disabilities can benefit from mainstream programmes and services, while recognizing that there is still much more work that can be done.

In 2013, the Council of Delegates (CoD) unanimously adopted the first resolution on this subject "Promoting Disability Inclusion in the International Red Cross and Red Crescent Movement". Subsequently, the resolution "Adoption of the Strategic Framework on Disability Inclusion by the International Red Cross and Red Crescent Movement" adopted by the CoD in 2015 was a catalyst for increasing efforts within the Movement, based on three strategic objectives, according to which this report is structured:

- Strategic Objective 1: All components of the Movement adopt a disability-inclusive approach.
- Strategic Objective 2: Persons with disabilities have equal access to the services and programmes the Movement provides, thereby enabling their inclusion and full participation.
- Strategic Objective 3: All components of the Movement endeavour to change mindsets and behaviour in order to promote respect for diversity, including disability inclusion.

Globally, attention to disability inclusion in humanitarian and development work has grown since the adoption of the resolution, as demonstrated by the adoption of the *Charter on Inclusion of Persons with Disabilities* at the World Humanitarian Summit in 2016, the development of the Inter-Agency Standing Committee (IASC) *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action*, the Global Disability Summits in 2018 and 2022 and the focus on persons with disabilities in the IFRC's *World Disasters Report 2018*. The ICRC and the IFRC are actively involved in a number of inter-agency processes, bringing the perspective and experience of National Societies to them.

## 2) BACKGROUND

This report serves as an *addendum* to the [2017 report](#) and [2019 report](#) on the Strategic Framework, the timeframe for which officially ended in 2019. However, the 2019 report recommended that the CoD continue to receive reports, with a view to reviewing the Strategic Framework "no later than 2023". This report provides some context for such a future review, which it is recommended be considered by the CoD.

In the previous reports to the CoD, attempts were made to survey National Societies on the implementation of the Strategic Framework. However, responses were limited, with only 9 respondents in 2017 and 24 in 2019 (42% of whom were not aware of the Strategic Framework). To gain a clearer and broader picture of the implementation of disability inclusion work by the Movement worldwide, this report has extracted information from two main sources: National Society annual reports for the years 2019 and 2020 and IFRC operational reports for the same period.<sup>3</sup> The overall data from these sources is shown in the charts below and expanded on in each section of the report.

Fifty-nine National Societies had annual reports that included some mention of disability inclusion, with a total of 239 actions listed in the two-year period (111 in 2019 and 128 in 2020). IFRC operational reports (for long-term programming) from 35 offices included 89 different mentions of IFRC support for National Society disability inclusion work.

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<sup>1</sup> World Health Organization, *World Report on Disability*, 2011.

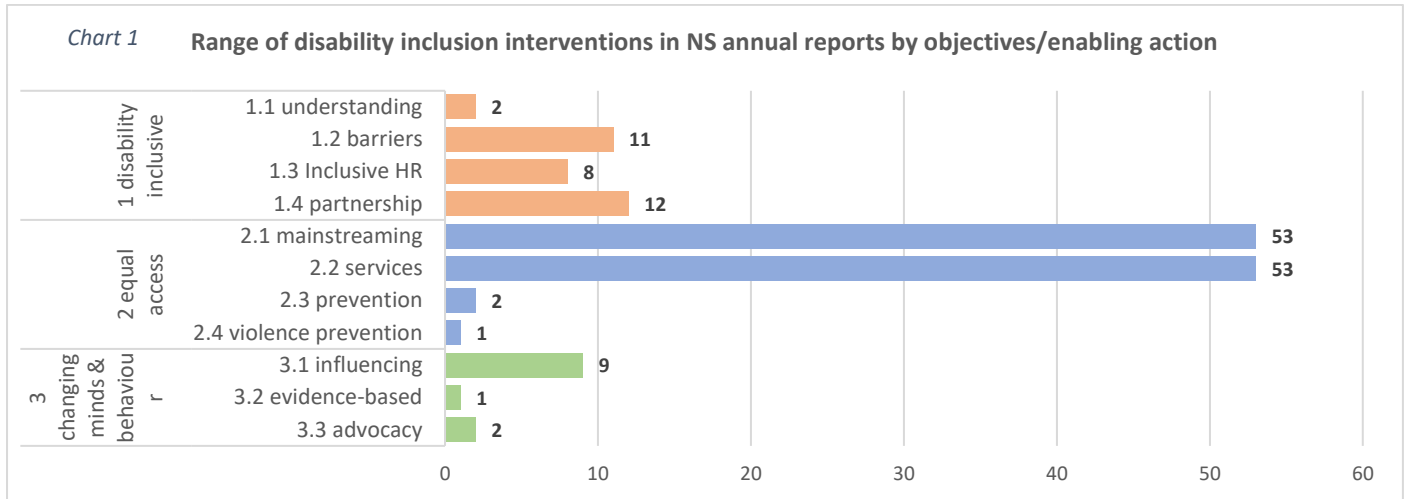
<sup>2</sup> IFRC, *World Disasters Report 2018*.

<sup>3</sup> National Society reports as submitted to the FDRS (<https://data.ifrc.org/fdrs/>). The most recent annual reports available at the time of writing were for the years 2019 and 2020.

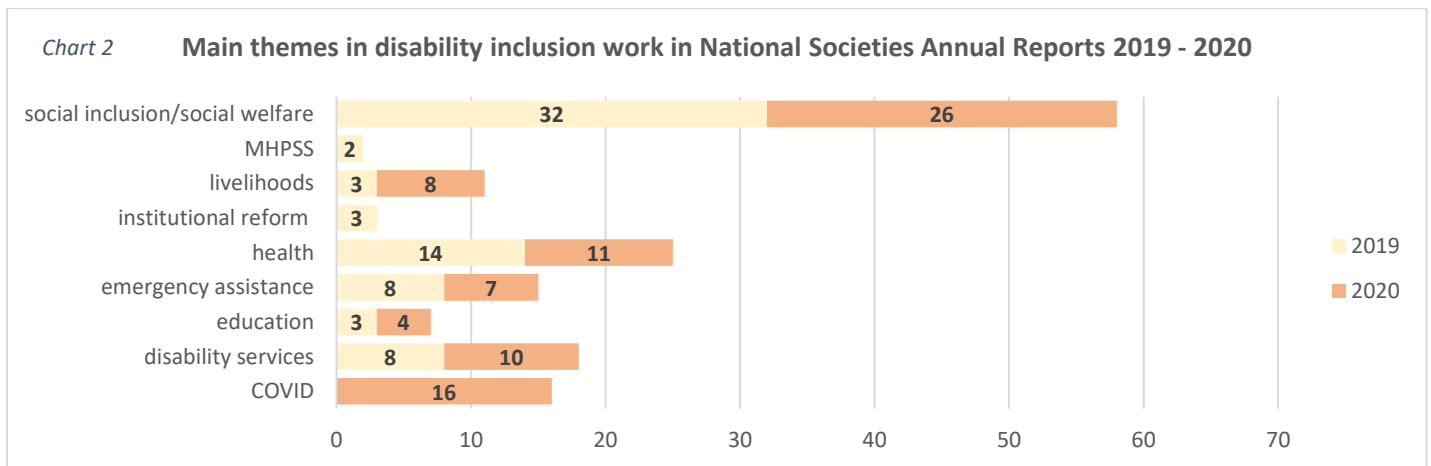
There were some limitations to IFRC support at the global level as the Disability Inclusion Coordinator position (created in 2017) remained unfilled for the duration of the reporting period, although an officer on loan from the Finnish Red Cross supported disability inclusion in the COVID-19 response for six months.

**SUMMARY OF DATA FROM NATIONAL SOCIETIES**

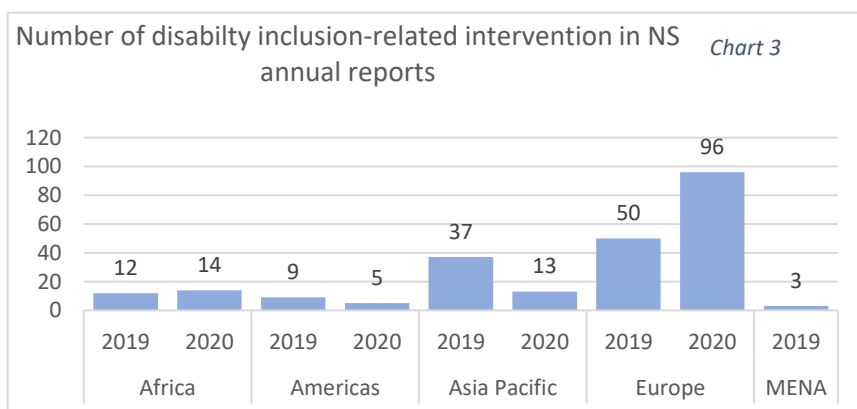
The clear focus of National Society work, as evidenced in their annual reports, was on programming. In this area, there were an equal number of activities with disability mainstreamed and programmes dedicated specifically to services for people with disabilities.



Across the three objectives of the strategy, there is a range of thematic areas of work where National Societies mainstream disability inclusion, such as health, education and emergency assistance, as shown in Chart 2.



The level of reporting across the regions in National Society annual reports varied, with significantly more reporting from the Europe region. However, meaningful analysis was limited by the fact that there were more reports or more detailed reports submitted to FDRS from Europe than from the other regions. Anecdotal evidence shows that there are a number of programmes in other regions that are not reported through the annual reporting mechanism, but it is not possible to quantify them.



It should be noted that the charts above show the number of disability inclusion actions reported; in many cases, there are multiple programmes in any one National Society. The overall number of National Societies reporting any kind of disability inclusion work in the period 2019–2020 was 58. The distribution by objective was as follows: Objective 1: 23 National Societies; Objective 2: 46 National Societies; Objective 3: 9 National Societies.

**IFRC support to National Societies**

The support provided by the IFRC to National Societies (Chart 4 below) matched the type of programming by National Societies, with a slightly higher proportion of influencing and advocacy work, reflecting the IFRC’s mandate in this area. In emergency response (Chart 5 below), the integration of disability considerations was constant in 2019 and 2020, and while it decreased in 2021, this was at least partly due to the raising of the standard by which “integration” was measured in that year.

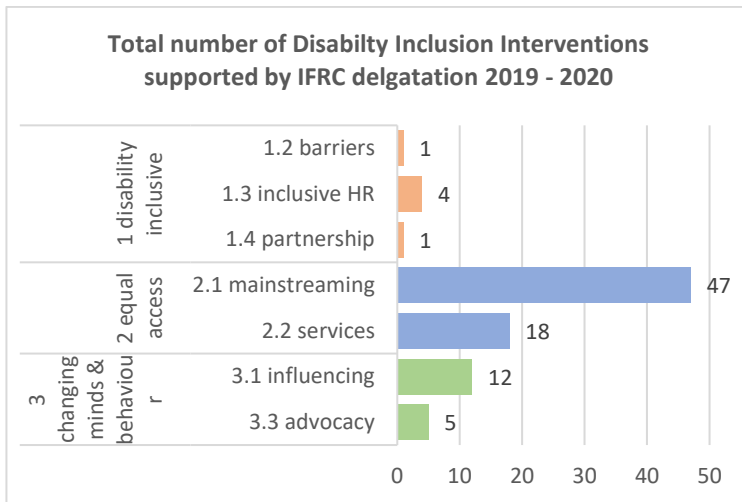


Chart 4

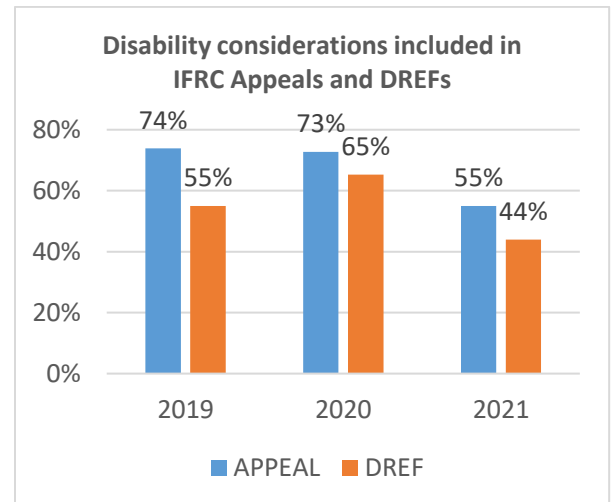


Chart 5

**3) ANALYSIS/PROGRESS**

**STRATEGIC OBJECTIVE 1: ALL COMPONENTS OF THE MOVEMENT ADOPT 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**

In 2020, the ICRC adopted Vision 2030 on Disability. It is a ten-year organizational strategy on disability inclusion that aims to transform the way the ICRC addresses disability inclusion across the organization and its operations. The Vision involves cross-organization collaboration that brings together four departments working on different aspects of disability inclusion: (1) the AAP Unit’s Inclusive Programming Approach to addressing disability inclusion in operations within a broader diversity inclusion agenda that recognizes that persons with disabilities are present in every context; (2) the Physical Rehabilitation Programme delivering quality, accessible and sustainable rehabilitation services to all persons with physical disabilities; 3) Diversity and Inclusion at the ICRC to build an enabling work environment for persons with disabilities; and (4) the International Law and Policy Department supporting advocacy, legal and policy efforts by demonstrating the complementarity between IHL and the CRPD.

The ICRC AAP Unit’s Inclusive Programming Approach recognizes that disability intersects with other forms of identity, including age, gender, ethnicity and race, affecting people’s experiences of armed conflict and humanitarian response. In 2021, the ICRC completed an assessment of inclusive programming in ICRC operations, the findings of which are now guiding its work on inclusion in operations. This assessment, led by the Humanitarian Advisory Group, **conceptualized disability inclusion as a mainstreamed concept** and suggested a number of recommendations to achieve the desired goal of inclusive programming, which are presently being implemented. These were: (1) create a simple and easily understandable WHY for inclusive programming; (2) create an operational version of inclusive programming terminologies; (3) clarify



HOW to put inclusive programming into practice; (4) identify mechanisms to ensure that inclusive programming is prioritized and integrated in various policies, processes and tools; and (5) share good practice within and across delegations to create a social norm that inclusive programming is already happening across the organization. The disability-specific components of these recommendations are being addressed through the implementation of Pillar 1 of Vision 2030 on Disability.

In 2020, the ICRC engaged the services of an external consultant to evaluate the inclusion of persons with disabilities in ICRC HR policies and practices. This initiative was conducted by the Diversity and Inclusion Team in the Office of the Director-General and by the AAP Unit in Operations. Management and support was provided by the Diversity and Inclusion Team. The consultant delivered a report detailing findings and recommendations on the inclusion of persons with disabilities as staff at the ICRC. These recommendations described the situation at the time in terms of the inclusion of persons with disabilities in HR policies and practices. The report further provided recommendations on recruitment and stronger inclusion of persons with disabilities already working at the organization.

In 2021 and 2022, the ICRC conducted an external review to evaluate where the ICRC stands in terms of diversity and inclusion in an objective and measurable way. It was carried out in partnership with the company Economic Dividends for Gender Equality (EDGE). EDGE is the leading global assessment methodology and certification standard for gender and intersectional equity. The review included an assessment of existing **policies** and **practices** and **statistical data on career progression**. The survey incorporated the Washington Group Short Set on Functioning in order to generate data on staff with disabilities for the purpose of ensuring accessibility and reasonable accommodation.

Disability-disaggregated data has been slowly improving within National Society and IFRC programmes. FDRS figures show that in the years for which data is available (2017–2020), disability disaggregation across all indicators increased from 8% to 19%, and use of the Washington Group questions increased from 3% to 8% (9% in 2019) – see Chart 6. For the disaggregation of staff and volunteer numbers in FDRS, the percentages are significantly higher than the average – 25% of staff and volunteer data provided to FDRS is disaggregated by disability, up from 7% and 9% respectively in 2017 (Chart 7).

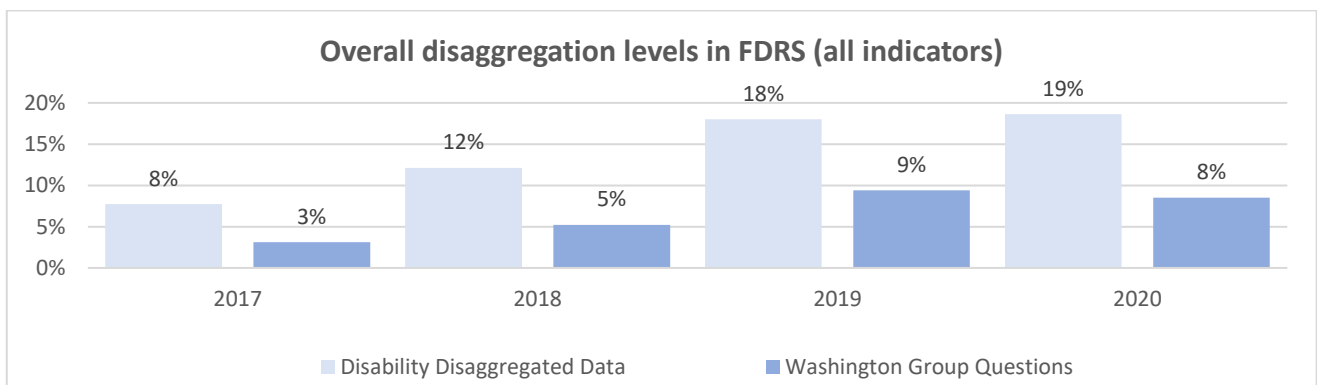


Chart 6

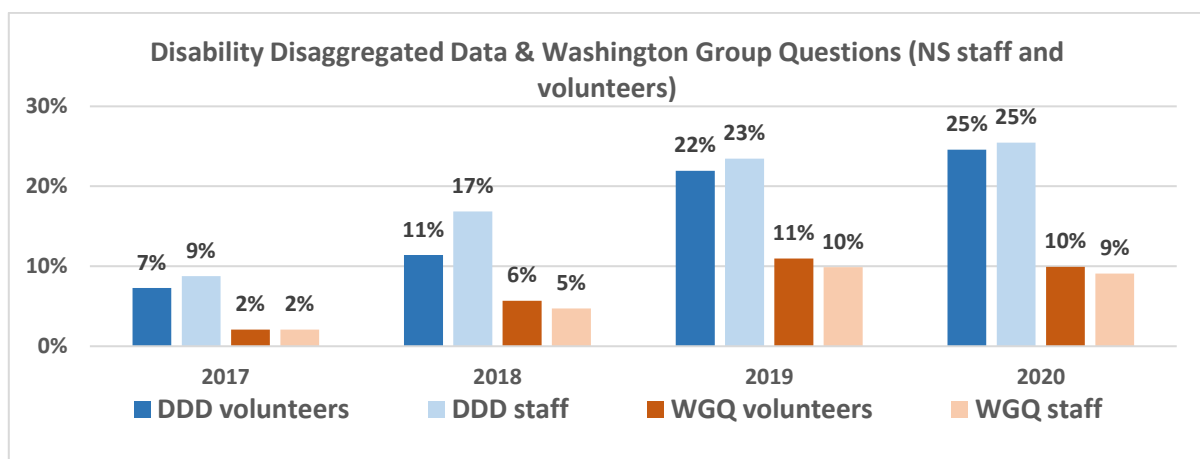


Chart 7

Although there are few National Society annual reports that mention specific actions to improve understanding, most of the 53 references to “mainstreaming” included disability-disaggregated data, demonstrating that many National Societies are analysing and responding to the situation of persons with disabilities in their programming. These efforts were supported by 47 actions to assist with mainstreaming carried out by IFRC delegations.

As part of collaboration with the Global Shelter Cluster Working Group on Inclusion of Persons with Disabilities – through the Australian Red Cross – a baseline mapping of disability mainstreaming and inclusion in the sector was undertaken. The issues and challenges identified have guided the ongoing activities of the Working Group and led to the revision of the IFRC guidance on disability-inclusive shelter to make it a reference tool for the humanitarian community.

### **Enabling action 1.2: All components of the Movement identify and address physical, communication and institutional barriers**

The ICRC defines “accessibility” as access to basic life-saving services grounded in humanitarian and human rights law. Emergency programmes should be accessible to ensure equal access for all individuals and groups within the affected population, including persons with disabilities.

Institutional barriers in the ICRC have been mitigated with the adoption of Vision 2030 on Disability which, over ten years (2020–2030), will influence the organization’s policy environment to make it disability-inclusive. The ICRC’s new Investment Policy includes an accessibility component, and the ICRC Infrastructure Board has incorporated the Principles of Universal Design in its terms of reference. As a result, new ICRC premises are progressively being constructed in compliance with the Principles of Universal Design. For example, the new delegation premises in Nairobi are accessible to persons with disabilities, and all new physical rehabilitation centres (PRCs) are being built taking into account accessibility considerations. There are seven PRCs recently built or under construction that meet physical accessibility criteria in Afghanistan, Iraq, Yemen, the Central African Republic, the Democratic Republic of the Congo, Mali and Nigeria.

In order to address information and communication barriers, the ICRC has produced a Guideline on Accessible Media. This is an important tool that will guide all staff in enhancing accessible communication. In 2022, the ICRC will finalize guidelines on physical accessibility, which will harmonize accessibility initiatives across the ICRC.

Barriers to accessible digital communications are becoming an increasingly significant factor, as more work is being done online. The [IFRC public website](#) was entirely redesigned with accessibility at the forefront, using globally recognized standards and adapting its form, content and functioning to ensure people with visual, hearing and cognitive disabilities can easily use it.

National Societies that reported specific activities related to this “removing barriers” enabling action were France, Georgia, Kyrgyzstan, Luxembourg, North Macedonia, Malaysia, Spain, Swaziland, Turkey and the United Kingdom. Most of the activities were related to making volunteering more accessible or to involving persons with disabilities in Movement events. In addition, many of the activities mentioned under enabling action 2.2 combine accessible programming with removing barriers to accessible volunteering.

### **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**

The ICRC’s HR strategy is known as the People Strategy. Its central theme is enhancing employee experience at the ICRC. Employee experience is the sum of all the interactions an employee has with the ICRC from the recruitment stage until they leave the organization. This includes employees with disabilities. To support the implementation of its People Strategy, the ICRC has a dedicated pillar in Vision 2030 on Disability, specifically Pillar 3, which establishes a commitment to building an enabling work environment for persons with disabilities. It is supported by a plan of action that promotes the inclusion of persons with disabilities in recruitment processes and the work environment, including reasonable accommodation.

Efforts have begun to support inclusive recruitment processes globally at the IFRC, but further resources are required to continue implementation. Some country and regional delegations made specific efforts to promote



inclusive recruitment, for example, the Jakarta country cluster delegation (Indonesia, Timor-Leste), the Philippines and the Africa regional delegation.

Countries where National Societies reported activities related to this enabling action included the Bahamas, France, Georgia, Maldives, Namibia, Norway, Serbia and the United Kingdom. A common emphasis was specific efforts to recruit persons with disabilities as volunteers and to ensure that they are involved in both receiving and running training programmes. There was also a focus on putting more accessible staff recruitment procedures in place, including accountability measures adopted by some National Societies to better measure improvements.

For example, the Liberian Red Cross Society recruited 28 persons with disabilities (22 men and 6 women) as volunteers, and during the COVID-19 response, they supported community mobilization and information sharing. It also improved accessibility at its branch buildings to facilitate this.

#### **Enabling action 1.4: All components of the Movement actively build partnerships with People with Disabilities Organizations and other relevant civil society organizations**

The ICRC respects the fact that persons with disabilities understand their situation and context better than anyone else, especially in times of conflict. Therefore, partnering and collaboration with OPDs is enhanced to improve the effectiveness and accountability of the ICRC's humanitarian operations and programmes. Since 2020, the ICRC has involved staff with disabilities and global and local OPDs in its webinar awareness-raising sessions. It is aware that OPDs operate in their own specific context and have management structures that differ from those of the ICRC. Therefore, in collaboration with IDA, it is currently in the process of developing engagement protocols to guide these partnerships and collaboration with OPDs.

Through Australian Red Cross engagement with the Global Shelter Cluster Working Group on Inclusion of Persons with Disabilities, collaboration has continued with IDA on shelter issues. The IFRC continued to collaborate with the Special Olympics in the areas of inclusive advocacy, programming, awareness-raising and exploratory efforts related to the inclusion of people with intellectual disabilities in National Society COVID-19 responses in 2020 and 2021.

In 2020, IFRC participation in the Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action, coordinated by IDA, facilitated the further sharing of key resources on disability inclusion in the COVID-19 response within the IFRC network. Links were established between national OPDs and National Societies in Nepal, Syria (both with Abilis Foundation), Tajikistan, South Sudan, the Philippines and Uganda. Some of these collaborations were linked to research and funding proposals. However, maintaining the partnerships is challenging because of low HR capacity on both sides.

Collaboration with OPDs and other civil society organizations was reported by the National Societies of Belarus (health care), France (institutional reform), Ghana (health), Ireland (social inclusion of migrants), Montenegro (social inclusion, social welfare and disability services), Spain (disability services and COVID-19 response), Tuvalu (first aid), Uzbekistan (institutional collaboration) and Gambia (COVID-19 support). The Liberian Red Cross has partnered with the National Union of Organizations of the Disabled (NUOD).

### **STRATEGIC OBJECTIVE 2: PERSONS WITH DISABILITIES HAVE EQUAL ACCESS TO THE SERVICES AND PROGRAMMES THE MOVEMENT PROVIDES, THEREBY ENABLING THEIR INCLUSION AND FULL PARTICIPATION**

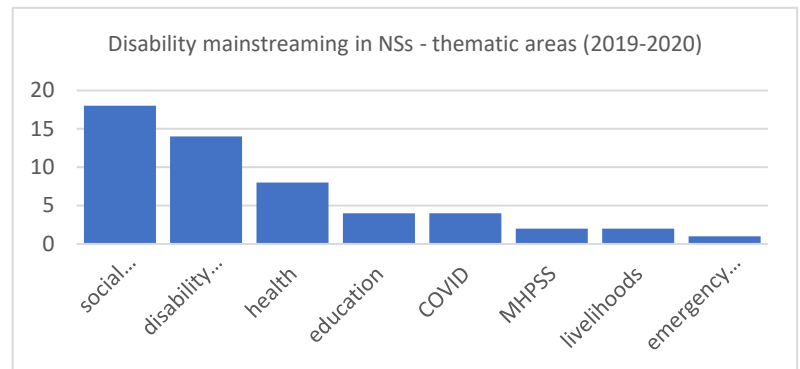
#### **Enabling action 2.1: All components of the Movement mainstream disability throughout their programmes and services**

Strategically, since 2019, the ICRC conceptualizes persons with disabilities as part of the affected population, thereby mainstreaming disability into its operations through the AAP Framework, which explicitly sets out the ICRC's commitment to taking into account diversity factors such as gender, age and **disability** in assessing the specific needs of affected people. This is further defined under AAP guiding principle 5 "Inclusive and accessible programmes", according to which operations should (1) assess the role of **disability** and other diversity factors in community structure and power dynamics, (2) assess whether **disability** and other diversity factors are excluding individuals and groups from accessing aid, and (3) disaggregate data by sex, age and **disability** to better understand the context, monitor the reach of activities and assess inclusion. The

ICRC therefore recognizes that affected people are diverse and that disability is just one diversity factor, and addresses this through its Inclusive Programming Approach. The inclusion of persons with disabilities is specifically addressed by Vision 2030 on Disability.

Programmatically, the ICRC identifies affected people with disabilities as those born with impairments (congenital) and those that acquire impairments during conflict. Therefore, **disability mainstreaming** in the ICRC's programmes and operations includes a cross-impairment view of disability in order to address multiple intersecting vulnerabilities, such as disability, age and gender, which can, depending on context, compound barriers to assistance and participation.

Despite these significant efforts, several of which are still in progress, gaps remain in terms of inclusion and participation. ICRC AAP self-assessments conducted at the delegation level reveal that participation and inclusion are two aspects of AAP that require further efforts in order for them to be fully realized. This is true for persons with disabilities and also more broadly in relation to other diversity factors. This is part of the reason why, since 2019, the ICRC has invested in the development of a dedicated



Inclusive Programming Team at headquarters, consisting of four advisers tasked with supporting the operationalization of these efforts. This team includes the ICRC Disability Inclusion Adviser.

Mainstreaming disability considerations is the most common activity carried out by National Societies, with 33 countries reporting 53 activities (see Chart 1 on page 2) across all regions. The main thematic areas are shown in Chart 8 on the right. Mainstreaming activities vary from simple targeting to more thorough assessment and adaptation. Many National Societies provided adapted communication about COVID-19 measures, including sign language, easy-to-read documentation and methods for visually impaired people.

Specific reporting on the COVID-19 response also provided more details on National Society work to address disability inclusion issues in this context. In 2020 and 2021, 38 National Societies reported adaptation activities, specific targeting measures and awareness-raising to ensure support for and the inclusion of people with disabilities in their COVID-19 response.

IFRC support to National Societies therefore also naturally focused on mainstreaming in many cases, with 26 offices providing support in 47 different instances. Mainstreaming disability has also been one of the primary focus areas in a wide range of PGI activities carried out over the past three years. The *Minimum standards for protection, gender and inclusion in emergencies* were updated with significant disability inclusion components, accompanied by a detailed toolkit with extensive guidance on disability inclusion.

Basic and specialized online and face-to-face PGI training developed in 2021 includes a focus on disability inclusion, complementing the dedicated training on disability inclusion reported on in 2019. Disability considerations were mainstreamed into all guidance related to PGI in the COVID-19 context. Lastly, in 2022 the IFRC PGI Policy and Operational Framework was finalized, with disability considerations a key feature.

The main sectors with specific mainstreaming guidance were Shelter and WASH. The influential shelter guide *All Under One Roof* was revised in 2021 for wider use in the humanitarian sector. The new [guidance note on PGI and WASH](#) incorporated core advice on disability inclusion, and examples of implementation supported by the IFRC include [innovative disability-inclusive latrines in Lebanon](#).

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

From the 1980s through to the present day, the ICRC's work on disability has been led and implemented by the PRP. The approach applied in the past was the medical model based on rehabilitation for victims of war. Although it continues to carry out activities aimed at rehabilitating those affected by war, the PRP is

progressively developing a more comprehensive approach, adding a social inclusion component to its programme that includes sport and microeconomic initiatives for persons with disabilities.

In Vision 2030 on Disability, the PRP commits to delivering high-quality, equitably accessible and sustainable rehabilitation services to people with disabilities in armed conflict and other situations of violence and to promoting their integration and inclusion in society. This will be achieved by adopting a multidisciplinary and people-centric approach, aiming to strengthen local and national rehabilitation systems and working collaboratively with its global network of national and local partners.

Disability-specific services are mentioned in National Society reports as often as mainstreaming – the same number of actions were reported (53) although they were concentrated in slightly fewer countries (26). The thematic areas were similar to those reported for mainstreaming, with the addition of the category “integrated disability services”, referring to programmes where a range of services (health, social welfare, education), rather than one specific one, are provided expressly to support persons with disabilities (see Chart 9). Some examples include the Gambia Red Cross Society supporting hearing and visually impaired children to ensure access to education, access to employment in El Salvador, assistance for disabled war veterans in Finland and a range of health, social and medico-social establishments and services for people with disabilities in Georgia, Hungary, North Macedonia and Singapore, among others. Rehabilitation and physiotherapy services were provided in a number of countries including Somalia, Syria, the Democratic People’s Republic of Korea, Mongolia, Slovakia and Turkey.

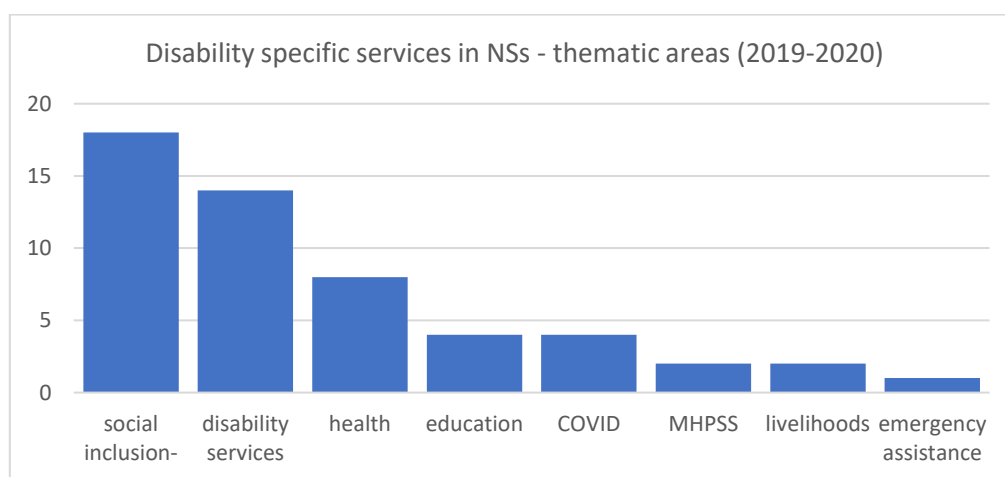


Chart 8

For this enabling action, IFRC support is required less and is less aligned with National Society programmes than for the mainstreaming enabling action, as the majority of National Societies providing dedicated services are accomplished in this area and do not need support. Nonetheless, 18 IFRC offices are providing support to National Societies in some aspects of their services for persons with disabilities, either in the form of institutional support or technical expertise (Africa West Coast, Fiji, Indonesia, Pakistan, Palestine, Papua New Guinea, Philippines, Russian Federation, Belarus, Moldova, Syria and Yemen).

In the area of disability-inclusive education, the IFRC, Association of Southeast Asian Nations (ASEAN) Cooperation, Special Olympics Indonesia and the Ministry of Youth and Sports of Indonesia collaborated closely to support the Indonesian Red Cross Society (PMI) in developing training modules for students with intellectual disabilities. In 2020, IFRC webinars on the RCRC education response to COVID-19 profiled the disability inclusion work of the Palestine Red Crescent Society, as did a workshop at the Global Youth Summit, which also outlined the work of the Egyptian Red Crescent Society.

In addition, the IFRC is active in relevant inter-agency processes, such as the work of the Inclusive Education Task Team of the Inter-Agency Network for Education in Emergencies (INEE IETT), contributing to the collection of resources on disability inclusion and webinars on inclusive education in COVID-19 times in July 2021 and supporting a symposium event related to child protection, humanitarian action and disability inclusion.

**Enabling action 2.3: All components of the Movement actively adopt prevention and early intervention approaches to address the causes of impairments**

The ICRC's preventive and early intervention approach to impairments is implemented through its efforts to prevent crisis and armed conflict. The ICRC is continuously updating commentaries on the implementation of IHL, which includes defining the implementation of IHL with respect to instruments of human rights law, such as the CRPD. This is to ensure that the rights and dignity of persons with disabilities are respected by all parties to armed conflict.

Only one National Society reported activity under this enabling action – American Red Cross support for measles vaccination. Many other National Societies continue to provide vaccination support but do not document it as such. There was no specific IFRC support documented in relation to this enabling action. This data suggests that any revised Movement framework on disability may not prioritize this area.

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

In its 2022 draft Inclusive Programming Policy, the ICRC distinguishes gender as one of the dimensions of diversity. Disability and gender, together with other diversity factors such as age, overlap and interact with each other to create diverse identities.

The ICRC Inclusive Programming Approach emphasizes the concept of intersectionality, underlining that individual identities are not defined by just one aspect of their diversity. It is a combination of diversity factors in relation to power dynamics in a particular context that affects peoples' access to or exclusion from society and basic humanitarian services. In the draft policy, the ICRC singles out gender as the most prevalent form of discrimination. An intersectional approach recognizes that gender combines with disability to create more complex identities. Through its Inclusive Programming Approach, the ICRC uses gender as an analytical tool to explore gender dynamics and as an approach to ensure equitable access to assistance and protection for all, including persons with disabilities.

This is closely related to the concept of vulnerability, which for the ICRC is something fluid that is influenced by social power dynamics and can change over time. It is usually a combination of factors that make a person or a group vulnerable (e.g. most survivors of gender-based violence tend to be female, but "Girls and young women with disabilities are more likely to experience violence than either their male peers or girls and young women without disabilities")<sup>4</sup>.

The gender-sensitive aspect of this enabling action has been well integrated into many of the actions listed under enabling actions 2.1 and 2.2. As mentioned under 2.1 in particular, mainstreaming disability has been a primary aim in the development and implementation of the IFRC's strategic focus on PGI in its support for National Societies over the past three years. There were, however, few documented actions specifically related to "poverty alleviation and violence prevention, mitigation and response" initiatives. In National Society reports, Ecuador, El Salvador and Vanuatu specifically mentioned violence prevention activities in relation to disability. In IFRC updates, support for gender-sensitive violence prevention was included as part of other initiatives in Afghanistan, Bangladesh, Myanmar, Pakistan, Europe and Central Asia, and Palestine – mostly linked to addressing intersectionality between gender and disability to ensure effective protection and inclusion programming.

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<sup>4</sup> [UNFPA: My Body is my Own - Claiming the right to autonomy and self-determination.](#)

### **STRATEGIC OBJECTIVE 3: ALL COMPONENTS OF THE MOVEMENT ENDEAVOUR TO CHANGE MINDSETS AND BEHAVIOUR IN ORDER TO PROMOTE RESPECT FOR DIVERSITY, INCLUDING DISABILITY INCLUSION**

#### **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**

At the Global Disability Summit both in 2018 and 2022, the ICRC made a commitment to “**improving awareness** among its staff and **understanding barriers** that persons with disabilities face in contexts of armed conflict and other situations of violence”.

This commitment is strongly founded on Vision 2030 on Disability and is being implemented by various ICRC departments. For example, the Diversity and Inclusion Team incorporates disability inclusion into its awareness-raising sessions. The AAP Team also organizes monthly webinars that are attended by a cross-section of ICRC staff. The purpose of these webinars is to raise awareness on various aspects of AAP. A few of these webinars are dedicated to raising awareness on disability inclusion.

National Societies that reported activities to influence others included Argentina, Germany, Kenya, Maldives, Serbia, Somalia, Turkey and Viet Nam. The thematic areas addressed were mainly social inclusion and social welfare, health care, and disability inclusion in emergencies. The activities were campaigns, round tables, forums and other public-facing events, with some activities also at the grassroots level influencing behaviour in the community, for example, in Kenya.

IFRC activities at the field level that focused on influencing and awareness-raising included initiatives in Bangladesh, the Solomon Islands, the Philippines and Myanmar. They consisted of community awareness-raising activities and actions aimed at influencing government authorities and National Society management to better consider disability inclusion requirements. The regional offices for the Americas and the country cluster for the Pacific provided online guidance on disability-inclusive shelter.

At the global level, however, many of the activities mentioned in more detail under 2.1 and 2.2 above included providing programming guidance to influence behaviour. An example of this was awareness-raising about COVID-19 with the support of the Finnish Red Cross – technical guidance on disability inclusion in COVID-19 response was curated and shared with the IFRC network.

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

Since 2020, the ICRC has developed organizational training packages on disability inclusion. One of them is a **face-to-face training package** on disability inclusion in humanitarian action, and the other is an online training package on disability inclusion. These training packages are based on the IASC *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action*.

In 2021, the ICRC trained 234 field officers on disability inclusion. The results of this training will shape the ICRC’s approach to disability inclusion in its field work. In addition, the ICRC AAP training modules, including specific material on inclusive programming and disability inclusion, continue to be delivered on a regular basis across ICRC delegations. In 2021, 679 ICRC colleagues were reached worldwide through AAP training.

A small number of National Societies reported providing training or carrying out other knowledge development activities. In North Macedonia, Montenegro, Somalia and the Philippines, the disability services programmes ran skills training for care assistants. In Spain, the National Society included disability as a key aspect of its detailed annual study into vulnerability factors in the country.

Globally, IFRC support to staff and National Societies in terms of improving knowledge was focused on increasing the quality and reach of disability inclusion components in PGI training. This training was thoroughly revised in 2021, with the extensive incorporation of disability-focused aspects throughout, including a specific focus on disability-disaggregated data. Training was piloted for emergency response team leaders, with plans for a more extensive roll-out in 2022.

In Africa, the IFRC also provided specific training on disability inclusion principles and practices to address barriers. Staff and volunteers from Kenya, Uganda, Nigeria, Zimbabwe, Sierra Leone and Tanzania and all members of the IFRC Africa PGI regional network received training. It covered the definition of disability inclusion, disability etiquette, barriers and action to be taken to ensure disability inclusion.

In 2020, the regional office for Europe worked with a research institute and a university to carry out an in-depth study on access by migrants to health and care services in Balkan countries, including a focus on disability, in collaboration with the National Societies of Bosnia and Herzegovina, Serbia, North Macedonia and Montenegro. Participants gained knowledge and skills in research methods and tools.

### **Enabling action 3.3: All components of the Movement actively advocate for the full and meaningful inclusion of persons with disabilities through humanitarian diplomacy**

The ICRC has continuously advocated for the inclusion of disability perspectives in situations of crisis and conflict. In 2021, it successfully **influenced the report to the UNGA on disability and armed conflict** published by the UN Special Rapporteur on disability in August 2021. The ICRC's key **recommendations included** the need to integrate a disability perspective at the strategic, operational and tactical level in military planning, operations and training and to bring together communities that previously had little contact with each other, namely persons with disabilities and their representative organizations, and the military.

In March 2021, the ICRC also co-organized a successful **virtual expert consultation on integrating a disability perspective into military operations** with the Geneva Academy and Diakonia. It brought together state diplomatic representatives, military experts, the UN Special Rapporteur on the rights of persons with disabilities, other disability rights experts, IHL academics, civil society experts and humanitarians.

IFRC advocacy highlights included a "[Red Talk](#)" with four disabled women speaking about problems and solutions in the COVID-19 response (in collaboration with the Palestine Red Crescent and the Special Olympics), webinar sessions at the UNGA in 2020, an IFRC summer school on humanitarian education, a webinar on disability inclusion, shelter and COVID-19 in collaboration with the Australian Red Cross and a session at the Humanitarian Networks and Partnerships Weeks together with the ICRC.

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## **Conclusion and recommendations**

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The Movement Strategic Framework on Disability Inclusion is as relevant and necessary today as it was when it was adopted in 2015. Despite the significant advances outlined in this report, disability inclusion continues to present gaps and is a pressing need for the Movement and affected people with disabilities. Continued efforts are needed to fully realize the letter and the spirit of the objectives and enabling actions of the Framework. The existing normative frameworks of Movement components need to be further disseminated and translated into operational changes that positively impact the experiences of people with disabilities affected by conflict. Furthermore, increased collaboration and exchange among Movement components could provide opportunities for more shared learning and mutually reinforcing efforts.

We strongly recommend that the Movement Strategic Framework on Disability Inclusion be reviewed by Movement components to assess progress and effectiveness no later than 2023. At that time, the need for a new revised resolution to be submitted either to the CoD or the International Conference should be assessed and determined.

Beyond this Framework, we note that the Global Disability Summits held in 2018 and 2022 are important events that raise the profile of disability inclusion. The summits have also helped the Movement components make more specific commitments that go beyond this Framework.

The ICRC Vision 2030 promotes a holistic approach to disability inclusion in the organization. Lessons have already been learned from this approach and should be shared throughout the Movement. The data from National Societies and the IFRC included in this report demonstrates (for the first time in such detail) that



there is extensive work being done by National Societies across the world in all areas of disability inclusion, albeit with a clear and strong focus on programming work in relation to both mainstreaming and specialized services. IFRC support for this work at the global, regional and national level continues to be strong and responds to National Society needs. The achievements of the IFRC network are impressive, but the opportunities for collaboration and coordination are currently limited. This issue needs to be established as a priority, and opportunities with existing partners, such as the Special Olympics, should be maximized.

The lack of a dedicated IFRC (or Movement) disability inclusion focal point has been keenly felt over the past two years. It has led to reduced implementation under some of the objectives mentioned above and limited the potential for improving coherence and linkages between National Societies. To facilitate the required sharing of information and lessons learned, it is recommended that interested Movement partners consider ways to support a coordination function for the IFRC network or for the wider Movement, with a view to supporting the development of a community of practice on disability inclusion.