# WFP Zimbabwe – Food Security and Livelihoods Cluster (FSLC)

Technical Advisors:   Charity Mvere (Charity.Mvere@cbm-global.org); Takunda Marambakuyana (Takunda.Marambakuyana@cbm-global.org); Isabel Calvert (ICalvert@cbm.org.au)

## Handouts

**WHAT do we mean by disability?**
The key points to remember are:
- Disability = impairment x barriers
- Disability is not a homogenous nor static concept
- Impairments are a natural
- Disability is a product of society- we create it so we can fix it.

**"Disability" has evolved** from medical models that sought to 'fix' people; to charity models that reduced people with disabilities to objects rather than active subjects in their own lives; to social models which understand disability as the interaction of a person's characteristic (an impairment) combined **with the barriers** that society creates resulting in restriction of full and equal participation; culminating in the rights based approach where people with disabilities are recognised as having the same rights as everyone else – and that we all have a responsibility to enable those rights to be met.

The **rights-based approach** is embodied in the **UN Convention on the Rights of Persons with Disabilities.**

**UNCRPD** describes disability as including long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder a person's full and effective participation in society on an equal basis with others.

**Barriers** are anything that hinder an individual's full and effective inclusion and participation in society.

Common categories of barriers are:
- Attitudinal/stigma e.g they cannot do that/ they should not do that/ I cannot do that (attitudinal barriers are often the hardest to shift and can be the most discriminating of all barriers)
- Institutional/systemic eg. Laws, policies and program designs

- Physical or environmental e.g in the built environment, transportation.
- Communications e.g lack of sign language, visual communications with no descriptors

Often these barriers are combined.

**Remember that these types of barriers exist before a humanitarian crisis, and are EXACERBATED in a crisis, and NEW barriers are also created in a humanitarian emergency**

Also, not everyone is experiencing the same barriers. Persons with diverse types of impairments experience barriers in different ways. Gender and age can also impact on the kinds of barriers faced.

**Attitudes can often be the biggest single barrier**.

### ATTITUDES
- Attitudinal barriers are particularly pervasive and disabling.
- They can lead to apathy towards addressing the other barriers. For example, when it is believed that people with disability cannot learn, the physical, communication and policy barriers will not be addressed. This highlights the importance of recognising attitudinal barriers within policy dialogues.
- Attitudinal barriers can be addressed. Often the active participation of people with disability = can challenge and change attitudes as the community recognises the contributions that can be made by people with disabilities.

### COMMUNICATION
Communication barriers may occur when information and resources not being available in accessible formats such as Braille, sign language or simple language**.**
- Communication barriers can be overcome by using visual communication in addition to verbal communication, such as sign language interpretation, visual signage, and ensuring adequate light and set up for lip reading. Using simple language allows everyone to participate.

### INSTITUTIONAL/POLICY
- Laws or regulatory frameworks which discriminate against, or fail to protect the rights of, people with disability are examples of policy or institutional barriers.
- An  absence of laws or regulatory frameworks that protect people with disabilities can also pose barriers.

### PHYSICAL BARRIERS
- Physical barriers are barriers within the built or surrounding environment that can restrict the participation of people with disabilities.
- One resource for trying to overcome these barriers is to apply the Universal Design Principles

**Intersectionality:**  Social identities **overlap** and **intersect** with each other, and as we have just learned, someone who has multiple marginalized identities faces even greater discrimination than someone who is stigmatized on the basis of one identity.

 Here are several **examples** from the GSDRC Disability Inclusion Topic Guide (http://www.gsdrc.org/topic-guides/disability-inclusion/):

**Women** with disabilities may experience discrimination both on the basis of their gender and on the basis of their disability. This double discrimination can extend to all areas of life.
**Children** with disabilities face some of the greatest **stigma** and **discrimination** against children in the world.
**Older people** with disabilities are much more likely to be poor.

In many settings, people who experience **mental health** conditions or cognitive disabilities may experience even more discrimination than those who experience **physical** or **sensory** disabilities.

People with **invisible disabilities** often face significant discrimination or disbelief from others.

**Language is critical to changing the way we behave -** How we speak about disability can have a direct impact on how we act, and the impact we have on others.

NASCOH developed a really useful guide to Zimbabwean words and terms that we can use. **Useful Guideline on disability-inclusive language in Zimbabwe**

The UN has also provided useful guides and also communication tips for written materials and documents, for oral meetings, for easy read purposes etc

Useful guideline for appropriate language from the UN :
  * **guidelines on disability-inclusive language**
  * **UNDIS guidelines on disability inclusive communication**

## WHY we should all be committed to disability inclusive development

Key points messages to remember are:

  * 15% of people in the world have a disability – 7% in Zimbabwe
  * Disability prevalence is always underestimated (because of stigma and isolation/ inadequate reporting/recording)  but people with disabilities are a big minority (known as the world's largest minority group)
  * People with disabilities have a much higher risks of poverty, violence, and social exclusion

Disability is an essential issue for WFP not because **people with disabilities have a priority status but because of the** <u>**link between disability and food insecurity.**</u>
People with disabilities are more likely to be food insecure than other people. And food insecurity results in higher prevalence of disability.

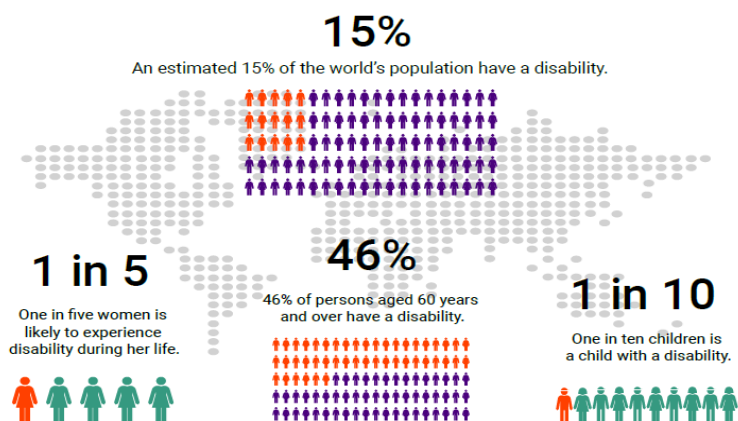## Policy environment – UNDIS, WFP Road Map, UNCRPD

Disability inclusion is a responsibility of <u>all departments within WFP – not only in Programmes.</u>

UNDIS, and the WFP Roadmap commit to disability inclusion. Zimbabwe became Party to CRPD 2016.

WFP Protection and AAP policy states: Ensuring the inclusion of persons with disabilities is crucial to protection and accountability to affected populations

**Global Disability facts and stats:** One of the key reasons why disability inclusion in humanitarian action is so important is that if we are not paying attention to it, we risk leaving people behind.

We will only ever reach 85% of the people in need if our programmes are not disability inclusive, because 15% of the global population (approximately 1 billion people) have a disability.



**15%**
An estimated 15% of the world's population have a disability.

**1 in 5**
One in five women is likely to experience disability during her life.

**46%**
46% of persons aged 60 years and over have a disability.

**1 in 10**
One in ten children is a child with a disability.

In humanitarian contexts, this percentage may be much higher, as a result of injuries, disrupted access to health care and nutrition, and psychosocial impacts which can lead to disability.

- One in five women is likely to experience disability during her life – important for those of us working to respond to nutritional programmes working with pregnant/lactating women
- One in ten children is a child with disability – super relevant for those of us working on nutritional supplement or school-feeding programmes
- And disability does increase with age – and 46% of people over 60 years old have a disability.

## Disability facts and stats – Zimbabwe

Disability prevalence in Zim is estimated at 7% - but is probably underreported (the global average is 15%)

Given the rates of disability we would expect that people with disabilities are present in all spheres of life.  If people with disabilities are not, on average, participating in your activities **at least 7%** you need to find out why.

WFP activities should ensure they are disability inclusive so that people with disabilities can participate fully and enjoy the benefits of WFP support **on an equal basis as others without disabilities.**

## The nexus between poverty, food insecurity/malnutrition and disability

Food insecurity can be caused by political instability, conflict and emergencies, climate change and crop failure **but is also linked to basic nutrition, economic stability and income, and social protection**.

We know that people with disabilities **face barriers which impact their food security.**

4

People with disabilities are **impacted differently** compared to people without disabilities when they are food insecure. For example:
- people with disabilities may have **different nutritional needs**, that are impacted by economic and other shocks.
- The **disability-related costs and the barriers** that people with disabilities face to education and employment mean that they have **reduced income**, and people with disabilities **may implement negative coping strategies such as having to choose between buying needed medical support or buying food.**

When we think of **cash transfers** which can help to address these issues, we also need to be mindful that often social protection schemes are provided at household level, meaning issues of **intra-household power and control dynamics**, or **accessibility, safety and security issues, leave people with disabilities out**.

And, **where social protection measures do exist they often do not cover disability-related extra costs.**

To help address these specific challenges, the full and equal participation of people with disabilities in program design, implementation, monitoring and evaluation, is critical to ensure their needs are understood and catered for, that services are delivered appropriately, and feedback from end users informs continuous improvement.

Investment in **inclusive food security** is **a smart, pre-emptive investment.** Inclusive food security programming will mean that all people, not only people with disabilities, will have equal access to programme benefits.

Conversely, **not investing in inclusivity at the start of a program will only require additional resources, time and energy to address gaps and shortfalls** at a later stage.

**Disability, Food insecurity, and Poverty**
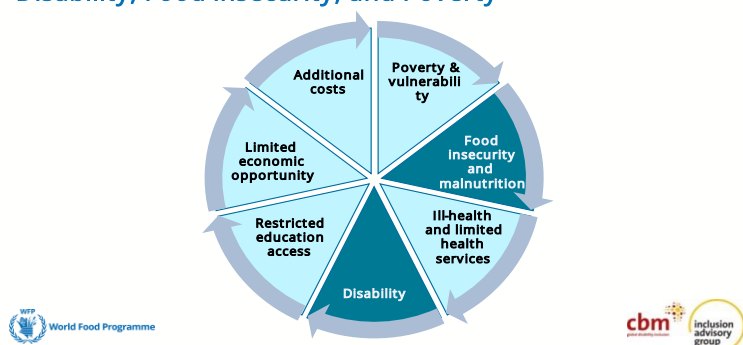


Participation of people with disabilities must be enabled through adequate funding to support their engagement. Reasonable accommodations may be needed to transport people with disabilities to planning/design meetings; to ensure that meetings are accessible and that they can participate fully in those meetings.

Investment in foundational research to understand the prevalence rates of disability and food insecurity in specific locations, is critical to ensure resources are directed appropriately. People with disabilities in centralised and urban areas will have very different challenges, and opportunities, to those living in rural and remote locations.

5

Investment to understand and remove the barriers faced by peoples with disabilities is urgently required to better understand the specific challenges, in specific locations, preventing people with disabilities from accessing programmes and benefitting equally to others without disabilities in these programmes.

Investing in awareness raising of disability issues related to inclusive food security will help bridge the knowledge gap between policy makers, programme designers and implementors and the people their programmes serve.

People with a disability are amongst the poorest and **people living in poverty are at greatest risk of acquiring a disability**, which is relevant to your focus on food security and livelihoods.

The link between poverty, food security and disability has been heightened during the global COVID pandemic, and is something to watch as global food supplies are impacted by the crisis in the Ukraine.

In many locations, the COVID pandemic increased the vulnerability to social and economic shocks, of those with thin social safety nets. **Income declines not only reduce ability to purchase food but also consumption of less nutrient-rich foods, replaced by calorie-rich foods.**

**Negative coping strategies can see people with disabilities having to choose between the medical support they need and food.**

**This nexus emphasises the need for adequate social protections for all, particularly people with disabilities for which poor nutrition and food insecurity can have compounded impact.**

**Impacts for those deriving an income from "informal or invisible employment" exacerbates their insecurity as they attempt to become visible in social protection systems, in order to access social assistance.**

Access to food assistance (including **food aid and cash transfers**) can be challenging for persons with disabilities.  Barriers to their full and equal benefit of such assistance can include physical, transport, and communication accessibility; safety and security issues, and also, in the case of cash transfers, **choice and control  over cash, and barriers to purchasing.**

In regard to livelihoods, often attitudes assume that people with disabilities cannot earn an income, cannot (for example) farm.  These assumptions tend to flow over into ALL livelihoods activities – when of course there **are many opportunities across food systems/ value chains that people with disabilities can participate in equally with others** e.g in value-add activities, in marketing, in inputs supply chains etc .  And of course not all people with disabilities have the same impairments – so we cannot assume that if one group cannot farm - all people with disabilities cannot farm.

Overcoming the assumptions we make about people with disabilities (ie attitudinal barriers) are a fundamental foundation step to achieving disability inclusion.

**Disability results in heightened risk before and during crises**
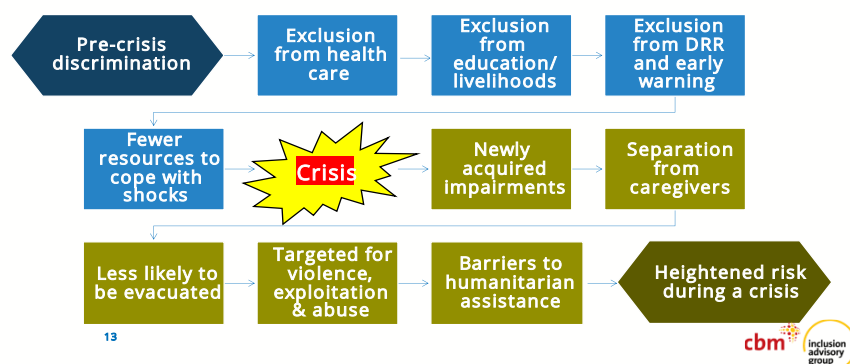
**Disability results in heightened risk before and during crises**

Pre-crisis discrimination and marginalisation means people with disabilities are more susceptible to health issues, poverty, marginalisation, exclusion and have fewer resources to mitigate the impact of crises or recover post-crisis. As such they are disproportionately impacted.

Pre-crisis discrimination results in Exclusion from healthcare;  exclusion from education and livelihoods;  exclusion from DRR and early warning and people with disabilities having fewer resources to cope with shocks. Then a CRISIS OCCURS which results in newly acquired impairments; Separation from caregivers; reduced likelihood of evacuation; targeting for violence, exploitation and abuse; barriers to humanitarian assistance (such as CBT). Overall this generates heightened risk during a crisis

**So, as you can see, people with disabilities are often in a more difficult situation that others in crisis, in situations of food insecurity, and left out of livelihoods activities.**

# HOW to be inclusive of people with disabilities  in WFP Programmes

Focus on:

- Inclusive processes as well as inclusive outcomes
- Take a twin-track approach
- Data – collection, analysis, use,:  Washington group Questions
- Barriers – analysis and removal; accessibility
- Consultation with and participation of people with disabilities

# Disability Inclusion is a process as much as it is an outcome

## Disability inclusion is a Process and an Outcome

People with disabilities **meaningfully participate** in humanitarian response

Process

Outcome

People with disabilities **benefit equally** from humanitarian actions

Processes are equally as important as outcomes when we speak of disability inclusion.

When we are tracking outcomes to see if people with disabilities are being included, we should also be tracking (measuring) processes – asking the question is the process enabling or restricting participation.

For example – savings and loans initiatives are often an outcome in livelihoods activities, but often activities related to savings exclude people with disabilities – often because community-based savings groups or micro-finance agencies think that people with disabilities cannot earn so therefore cannot save.  That **attitudinal barrier must be addressed before savings activities start** – or people with disabilities will be excluded. That is a process issue.

**Monitoring for inclusion at process as well as outcome levels** will help us identify barriers in our programmes – be they systemic (for example in the design of our programmes) or attitudinal (in the mindset of programme participants).

## Twin Track approach:  Often teams ask – "What is better?  Mainstreaming or targeted activities?"

A "twin track" approach is the best way to ensure successful disability inclusive practice in programming.  Twin track means taking 2 tracks – (1) Mainstream disability into all programme stages **AS WELL AS** (2) adopting tailored and targeted activities superficially addressing issues related to disability inclusion.

## Are programmes investing both sides of the "Twin-track"?

**Disability-specific activities**
Targeted interventions to increase the function, capacity and empowerment of people with disabilities

**Mainstreaming activities**
Making sure people with disability can access all activities, services, policies, materials, etc.

**Equal opportunities for people with disabilities**

Prepared for WFP Zimbabwe March 2022

# 3 key strategies to achieving disability inclusion – Data

**3 core strategies for achieving disability inclusion**

| | |
|---|---|
| 1. Collect, analyse and use **data** to inform programming, and to monitor | 2. Identify and remove barriers by implementing a **twin-track approach** |

3. **Consult** with and ensure participation of people with disabilities including through their representative organisations

World Food Programme                                        cbm inclusion advisory group

The collection, analysis and use of data to inform programming is critical. Without data we do not know what base we are starting from or what change/ progress we are making. Its important however to understand what you are collecting data for/ how you are going to use it, and of course, use the data to inform your strategies, advocacy, programmes and activities.

The **Washington Group Questions on functionality** are an excellent tool for obtaining core data. WGQ were designed for national census but have been adapted for different demographics/sectors e.g **regarding children under 5 years of age (UNICEF/WGQ)** or in **regard to labour issues e.g WG-ILO Labour Force survey.**

WGQ **are questions on functionality** – not based on medical diagnoses but they will give you an indication of types of disabilities

**Below are a range of great resources to assist in data collection and application of the WGQ and will share the link to these in the handouts**

The WFP has significant tools which perhaps Marika could share if participants are interested – but there are also lots of publicly accessible and useful sites – including from the Washington group itself which have easy to use guides for application of the tools (in their various formats – the short set, long sets, the UNICEF and ILO versions)

  **WFPGo DI portal: https://newgo.wfp.org/documents/WFP-guidance-on-DI data-related resources**
- **https://newgo.wfp.org/documents/guidance-on-data-collection**
- **Practice note: Collecting and using data on disability to inform inclusive development.**
- Research for All: Making development research inclusive of people with disabilities
- **Disability Data Advocacy Toolkit** (different translations available).
- UNICEF's Centre for Excellence on Data for Children with Disabilities.
- CBM **DID4All website.**
- a Disability data in humanitarian action learning toolkit that includes e-learning, training materials for enumerators and supporting resources.

- **Note on data disaggregation produced by TCD：Disability Data: An evidence-informed approach to decision making regarding the use of disability disaggregated data in WFP food security programming**
- Washington Group website.
- **Disability data collection and analysis** training on use of the Washington Group Short Set of questions.
- **Introductory video that includes an introduction to the Washington Group questions:** Why is it important to identify the population with disabilities?

**Disability is the result of an interaction between a person with an impairment and barriers.**

Identification and removal of barriers is a critical strategy for helping to achieve disability inclusion.

Barriers have a **multiplier effect** on a person with disability – for a person without a disability a barrier might simply be a nuisance; for a person with a disability it can totally restrict access, participation etc

## Accessibility, CRPD, Art 9
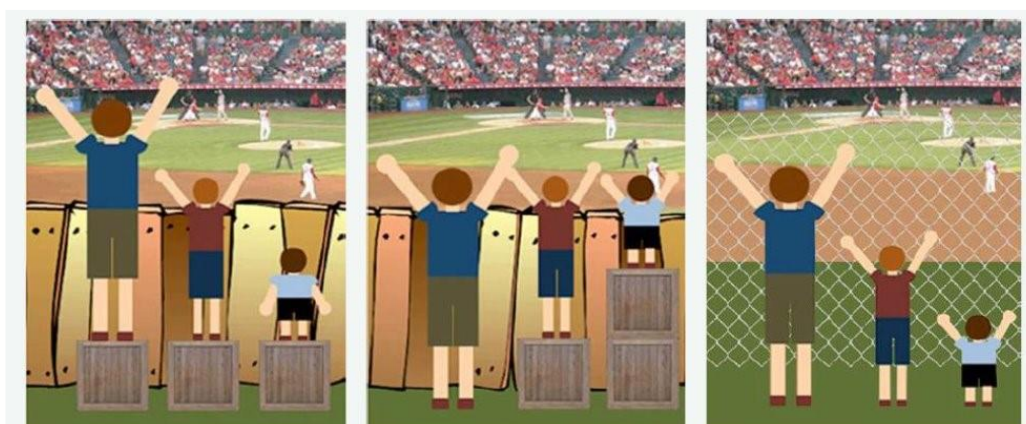


Traditional Design     Reasonable Accommodation     Universal Design

**Accessibility means** taking appropriate measures to ensure that persons with disabilities have access, on an equal basis with others, to the physical environment, to transportation, to information and communication, including information and communication technologies and systems, and to other facilities and services open or provided to the public, in both urban and rural areas.

These measures, which include the identification and removal of obstacles and barriers to accessibility, apply, inter alia, to: a) buildings, roads, transportation, and other indoor and outdoor facilities, including schools, housing, medical facilities, and workplaces; b) information, communications, and other services, including electronic services and emergency services.

10

Prepared for WFP Zimbabwe March 2022

**Reasonable accommodation** means necessary and appropriate modifications and adaptations that do not impose a disproportionate or undue burden when required in a particular case to ensure the equal enjoyment or exercise of all human rights and fundamental freedoms by persons with disabilities.

**Universal design** means the design of products, environments, programs and services so that they can be used by all people to the maximum extent possible without the need for adaptation or special design. Universal design does not exclude assistive devices for specific groups of people with disabilities when necessary to.

## Analyse and remove barriers

**Always do barrier analysis** – what are the barriers restricting people with disabilities from:

- **freely and equally accessing cash transfers**. Are they enabled to access cash? Or debit / food cards?  Do they have control over their access or are they dependant on someone else?
- **equally accessing food distribution** (in schools or remote locations?) – if distribution is taking place in schools, those 1 in 10 children with a disability are often NOT in school – so how are they getting access to food supplements?  If distribution sites are inaccessible how are people with disabilities getting food – how are you getting food to them?
-  participating in **savings schemes?**  Are they participating?  Are you disaggregating savings group participation data by disability to know if they are participating or not?  If they are not – do you know why?  Is it a problem with the savings group model? (this is a process problem – indicating a systemic barrier) Or with attitudes of members of savings groups? Or criteria of with micro-finance institutions? (again a systemic barrier/ process problem)
- participating **in income generation activities** (can people with disabilities access support for agricultural production; are they engaged in value-add activities or marketing, or small enterprise opportunities)  Has the food system analysis 9or value chain analysis) made assumptions about what people with disabilities can or cannot do?

Different people experience barriers differently – so best to … ask them

Analysis is the first step only – **have to act to remove them.**

You might not be responsible for removing every barrier experienced by people with disabilities but **we are all responsible for ensuring the all people benefit equally from our activities.**

So – work out **which barriers you can remove** and **advocate for removal of barriers beyond the scope of your programme**

## Consultation and participation

The best easiest and most effective way to understand disability issues is to ask people with disabilities themselves – consulting with people with disabilities and their representative organisations is absolutely critical to inclusive practice.

People with disabilities are the experts in their own lives. They face barriers every day, and have come up with solutions to overcome those barriers. They know what support they need.

So, the key way to achieve inclusion is not for us to be guessing or assuming how to do things, but get out there and ask people with disabilities themselves.

## Types of participation
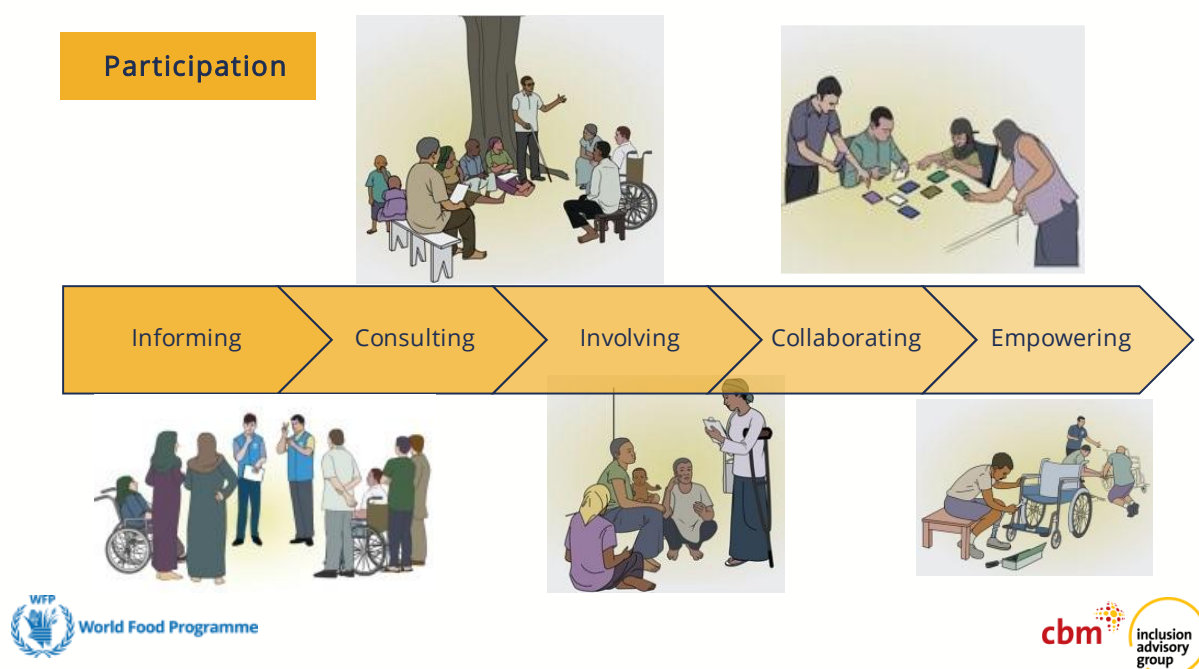


There are different degrees of "participation".

UNCRPD calls for **FULL** participation to ensure **the equal enjoyment** of people with disabilities **ON THE SAME BASIS AS OTHERS**

- Informing – means telling people – just giving information TO people
- Consulting – is EXTRACTING information from people
- Involving – means people are PARTICIPATING – but that can be just being invited to attend/ or turning up but not really engaged
- Collaborating – means fully engaging with people on an equal basis
- Empowering – means enabling people with disabilities to lead the way.

**CRPD requires us to have empowering relationships with people with disabilities – not only inform them.**

**Key points to note to achieve disability inclusion**

Prepared for WFP Zimbabwe March 2022

- ✓ **Engage directly with people with disabilities (particularly women with disabilities) and their representative organisations,** to understand the increased vulnerabilities and particular barriers they face and identify strategies to remove those barriers.
- ✓ Ensure people with disabilities **are identified via needs assessments, by disaggregating data by disability, preferably utilising the Washington Group Questions.**
- ✓ **Raise awareness of the rights and needs for people with disabilities**, as positive attitudes towards people with disabilities are a precondition for their inclusion in emergency preparedness efforts.
- ✓ **Ensure all information is inclusive**, by providing **multiple types of accessible communications to meet different needs** (i.e., sign language interpreters, captions, pictorial forms).
- ✓ **Ensure any infrastructure built is accessible** and inclusive by embedding **universal design principles and reasonable accommodation**.
- ✓ **Support disability-specific requirements** such as disability support services and referral networks, by partnering with OPDs.
- ✓ Ensure your program has sufficient **budget to enable inclusive practices**

## Cluster coordination key actions on disability inclusion

**(ref:** IASC Guidelines on the inclusion of persons with disabilities in humanitarian action- Chapter 9 in particular); UNICEF Tip sheet on Engaging with OPDs in Humanitarian Action

Cluster coordinators and information managers play a pivotal role in coordinating and supporting partners to identify and address the needs, barriers, risks, and capacities of children and adults with disabilities, to make humanitarian response person-centred, safe, and accessible for all throughout the Humanitarian Programme Cycle.

This document outlines some key minimum actions required to ensure that disability inclusion is embedded across cluster coordination systems and processes.

**Key minimum actions/steps**

Appoint a **disability inclusion focal point**

**Identify OPDs** and, together with partners, **support their capacity to engage** in Cluster strategy development, participate in disability inclusion working group/ task force meetings, and to become partners. Aim to engage at least 1 local OPD at national/ sub national level.

Work closely with **disability focal point/s at ministries** if they exist, and remember to include the government counterparts when making a capacity building or awareness plans

Hold **cluster meetings in accessible locations** and provide support for transport, accessible communication, and other reasonable accommodations when needed

Ensure that **persons with disabilities are considered in the development of the Strategic Operational Framework (SOF)** by involving OPD representatives in the process, consulting with children and adults with disabilities from affected populations on their priorities, and using disability disaggregated data if available

**Provide sensitization and training for partners**, including national partners, on disability inclusion principles and approaches. In addition, mainstream disability inclusion considerations into all training for cluster partners.

**Reflect disability inclusion in relevant advocacy and communication**/ information materials to highlight inclusion as a core principle of the cluster

The IASC Guidelines provide really useful tips and guidance on how to embed disability across cluster coordination systems and processes.

CBM is collating this with other materials (eg. UNICEF) that provide guidance in regard to preparedness, needs assessment and analysis, strategic planning, resource mobilization, implementation and monitoring, and at review and evaluation points. This can be shared with you once finalised.