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

Developed by Disability Advisory Group (FCDO-UN SBC)[1] in cooperation with the UNDIS Interagency Working Group on COVID-19 Humanitarian Response and Recovery[2]

September 2020

Introduction

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

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

COVID-19 Response: The monitoring frameworks

1. GHRP Monitoring framework[3] [4]:

The GHRP monitoring framework comprises two components; the situation and needs monitoring, and the response monitoring.
The GHRP will be reported against in bi-monthly highlights, prepared by OCHA
There is no explicit mention of disability within the GHRP indicators. However, some indicators include and target people most vulnerable to COVID-19.
Further, the GHRP calls for disaggregation and analysis of data by sex, age, and disability to allow for meaningful measurement of the impact as well as of response effects on key groups, including people with disabilities
The GHRP monitoring framework can provide a useful basis for integrating COVID-related needs and response into country-level Humanitarian Needs Overview (HNO)/ Humanitarian Response Plan (HRP) monitoring frameworks[5]

2. HPC 2021 Monitoring framework

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

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

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[1] The UK Foreign, Commonwealth and Development Office (FCDO)- UN Single Business Case is a multi-year, multi-agency programme built around a single Results Framework shared by six UN agencies (UNICEF, WFP, UNHCR, OCHA, IOM, WHO). The Disability Advisory Group under this initiative is led by UNICEF and includes these six agencies together with the International Disability Alliance, Humanity & Inclusion and CBM.
[2] See https://www.un.org/en/coronavirus/disability-inclusion for more information
[3] See https://www.unocha.or024 39 Tf1.42 Tm0 G( )]TJETQq0.00000912 0 612 792 reW*ñBT/F1 9.96 Tf1 0 0 1 91.944 119(3/N)-3(ICE)-

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

in the monitoring framework: disaggregated indicators

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

Aggregation helps us to understand the big picture, but disaggregation helps us to reveal the underlying trends and patterns and to respond fairly and accurately[6]

in the monitoring framework: Disability-specific indicators

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

Promote participation of persons with disabilities and organizations of persons with disabilities (OPDs) in monitoring processes[7]. For example, engage OPDs in the design of post-distribution monitoring systems and conduct focus group discussions with men and women with disabilities to identify any barriers to accessing assistance

Collecting data and using estimates

To calculate Persons in Need (PiN) figures

Having a PiN figure disaggregated by disability

Number of people (including children, parents and primary caregivers) provided with mental health and psychosocial support services	To identify any gaps in access to MHPSS services in order to address barriers	In the case of individual support, integrate Washington Group/ UNICEF Child Functioning Module into implementing partner tools for intake/ registration. In the case of population-based programmes (particularly for offline platforms like TV/radio), estimates can be used (see above) if platforms used are accessible to children