**Gender Equality Measures in**

**Disability-Specific Interventions**

*This Tip Sheet offers interventions, guiding questions and an example of how the 4 Key GEMs support gender equality in disability-specific projects and programs. The IASC GAM identifies the extent to which these elements are present in proposals or implemented projects.*

**Gender Equality in Disability-specific Interventions:** Women, girls, boys, men of different ages have equal access to disability-specific services and assistance. These services meet their needs and preferences, as well as those of family members or care-givers supporting them.

In humanitarian settings, disability-specific interventions enable the daily living and social participation of people with disabilities on an equal basis with others. This includes their full access to and engagement in the delivery and receipt of humanitarian assistance. Organizations can make disability-specific assistance responsive to different needs by:

* Identifying the different situations and needs of diverse people with disabilities, as well as the distinct barriers they face in accessing services and assistance;
* Exploring the roles of women, girls, boys, and men with disabilities in households, including relationships with caregivers, and implications for accessing disability-specific services;
* Providing appropriately adapted services and assistance including rehabilitation, assistive aids and devices, specific non-food items, adapted livelihoods and vocational training/opportunities, psychosocial support, and inclusion advocacy;
* Mapping and sharing information on gender- and age-appropriate disability services and assistance, including women and girl’s protection and empowerment, and support for people of diverse sexual orientation and gender identity.
* Ensuring women and men with disabilities across the life course have an equal say in project decisions;
* Measuring whether women, men, girls and boys with disabilities benefit equally from interventions.

Gender analysis enables organizations delivering disability-related interventions to identify the needs, priorities, and service preferences of different gender groups. Analysis should also explore the age- and gender-related risks in accessing disability services, such as harassment on public transport, children taken out of school to accompany family members, and exploitation faced by mothers of children with disabilities. Some individuals may rely on family members to access services, and health providers may have discriminatory attitudes relating to people of different ages and genders.

**Questions to Inspire Action**

|  |  |
| --- | --- |
| **Needs Analysis Set** | **Gender Analysis (Key)** How does the crisis affect disability-related needs of women, men, girls, and boys? What daily activities do diverse people with disabilities need support with? What are the gender and age groups of family care-givers? How have new disabilities affected gender roles in the household? What are the psychosocial support needs of different gender/age groups with disabilities? What attitudes and assumptions hinder women, girls, boys, and men from participating and accessing services?  |
| **Disaggregated Data (SADD)** How do service access rates, barriers and enablers vary by gender and age? |
| **Good Targeting** Are staff aware of how gender and age affect access and inclusion in disability-specific projects and programs? What actions are taken to target groups with less access to services? Are services and distribution designed and located for safe access by all gender and age groups?  |
| **Adapted Assistance Set**  | **Tailored Activities (Key)** Do disability-specific interventions respond to needs, roles, and dynamics of different gender and age groups identified in the analysis? What efforts are made to address barriers affecting different groups? Are skills and strengths of both women and men across the life course reinforced in the project? How are family members and care-givers engaged? |
| **Protect from GBV Risks** What steps are taken to reduce risk of sexual violence against people with disabilities accessing services? Are women, girls, boys, and men with disabilities asked how to make interventions safer? Are staff trained in safe identification and referral of survivors of GBV? Is there a referral pathway so GBV survivors with disabilities have access to specialist support?  |
| **Coordination** Does the disability-specific project fit with cluster/response plan priorities & complement other clusters’ actions? Is the gender analysis and data shared?  |
| **Adequate Participation Set** | **Influence on Project (Key)** Are different gender and age groups consulted equally in the design, implementation, and review of the project? Is there fair representation of women and men among community focal points/ mobilizers/ committees?  |
| **Feedback** Is there a process where people can safely raise issues about disability-specific interventions and projects, including complaints? How does the organization ensure confidentiality and continued access to services in the event of a complaint? How are women, men, girls and boys with disabilities engaged in feedback processes?  |
| **Transparency** Is information about services accessible, easy to understand, and appropriate for all gender and age groups? How is the information adapted for potentially isolated women, men, and caregivers across age groups? |
| **Review Set** | **Benefits (Key)** Are targets and indicators disaggregated by sex and age? Do they demonstrate that the intervention is reaching women and men with disabilities of different ages? Are women, men, girls and boys benefiting from disability-specific interventions?  |
| **Satisfaction** Are women and men with disabilities and care-givers in different age groups equally satisfied with assistance and delivery?  |
| **Project Problems** Does the project regularly check with women, men, girls and boys with disabilities and their families to identify problems? Are barriers or negative consequences different depending on gender and age groups? How does the project plan to improve? Is discrimination or exclusion from disability-specific services addressed?  |

**GAM Example in Disability-Specific Programming**

*The following example of disability-specific programming would be Code 4M – Can you work out why? See the GAM Overview.*

|  |  |  |
| --- | --- | --- |
| **Key GEM A: Gender Analysis** (The needs, roles, dynamics of women, girls, boys, and men in different age groups are understood) Refugees arriving in Bangladesh from Myanmar are mostly women and children, arriving with injuries caused by gunshots, shrapnel, fire, landmines, and amputated limbs. Disability-specific service providers are rapidly scaling up operations to provide emergency non-food items, rehabilitation services, and psychosocial support to people with disabilities and their families. In Cox’s Bazaar, women and girls with disabilities face greater social discrimination and stigma because of gender norms and attitudes relating to disability. The also face greater risk of sexual violence, and as a result, are often isolated in their homes with little access to information on services and activities. Older women with disabilities face emotional, financial and physical abuse as well as physical barriers to accessing services. Women and girls living with disabled family members generally assume greater care-giving roles and tend to be isolated with few support networks. Boys with intellectual disabilities experience violence and abuse in the community and are excluded from informal education activities due to assumptions and negative stereotypes about their capacity. Men with disabilities across the life course are also excluded from income generating activities but are better able to access rehabilitation services and assistance.  | **Key GEM D: Tailored Activities** (How did the project respond to the gender analysis?)A female mobile team made specific outreach to women of all ages with disabilities and caregivers, providing information, goods, services and referrals, including group psychosocial support sessions, in homes. Community committees have equal representation of women and men, including older and younger people, and 20% of community mobilizers were people with disabilities. Individuals are consulted, and safe transport arranged to access the rehabilitation center, where concurrent activities are run for female caregivers. Mobilizers also provide training on the Humanitarian Inclusion Standards and disability awareness-raising for humanitarian actors and community members, recognizing intersecting discrimination against women, girls, men, and boys with disabilities, and supporting their inclusion in other gender- and age-appropriate interventions in the camp.  | **Key GEM J: Benefits** (What benefits were gained by affected groups?)Women and girls with disabilities reported receiving appropriate items and assistance, and better understanding the support services available. Female caregivers accessed services and support and expanded their networks through rehabilitation center activities. Boys with intellectual disabilities reported accessing child friendly spaces alongside others in their age groups. However, parents will not let girls with intellectual disabilities attend these activities for fear of abuse and exploitation when traveling to and from the child friendly spaces. Youth with disabilities, mostly men, reported eligibility and inclusion in livelihood activities and opportunities. However, older people with disabilities remain excluded from livelihoods opportunities. Women, girls, boys, and men with disabilities all received some type of rehabilitation equipment that facilitated their participation in activities.  |
|  |
| **Key GEM G: Influence on Projects** (How women, girls, boys, and men with disabilities in different age groups were involved in decision-making) Women, girls, boys, and men with disabilities in different age groups were asked about their needs and how they should be addressed. All agreed on the need for mental health and psychosocial support services, and this has been prioritized by agencies, along with providing the reproductive health services requested by women and girls. Different gender and age groups were engaged in selecting items for the NFI kits, including clothing, bedding, menstrual hygiene materials, rehabilitation aids, diapers, urine bags and bed pans, etc. Girls and boys with disabilities reported that they are still not engaged meaningfully in planning with the organizers of child-friendly spaces, highlighting the need to strengthen participatory planning approaches of facilitators. Older women and men with disabilities report being excluded from community consultations and decision-making processes highlighting the need for more targeted sensitization and awareness raising in the community. |