



User Guidance for Age and Disability Inclusion Matrix

Date: November 2022

User Guidance for AD Inclusion Matrix

1. Introduction:

The Protection Analytical Framework (PAF) is a key step to offer an in-depth and integrated protection analysis to provide the foundation for guiding programmes in humanitarian response. This particular guidance complements existing guidance on the PAF. Its aim is to strengthen the disability and age inclusion lens in the PAF, and to make the specific and generic protection risks and capacities that persons with disabilities and older persons experience in a humanitarian setting more visible. Better analysis around disability and older age, it is assumed, will enhance quality protection programming and strategies more inclusive of persons with disabilities and older persons.

According to the UNCRPD, disability is an evolving concept. It results from the interaction between persons with long-term impairments and attitudinal, institutional, and physical/ environmental barriers, which hinder an individual from fully and effectively participating in society on an equal basis with others.¹ In humanitarian crisis disability has been understood as the relationship between a person's impairment and their environment, which presents either barriers or enablers, impacting directly their safety and risk exposure:

Diagram 3 | Barriers and enablers to inclusion of persons with disabilities in humanitarian action

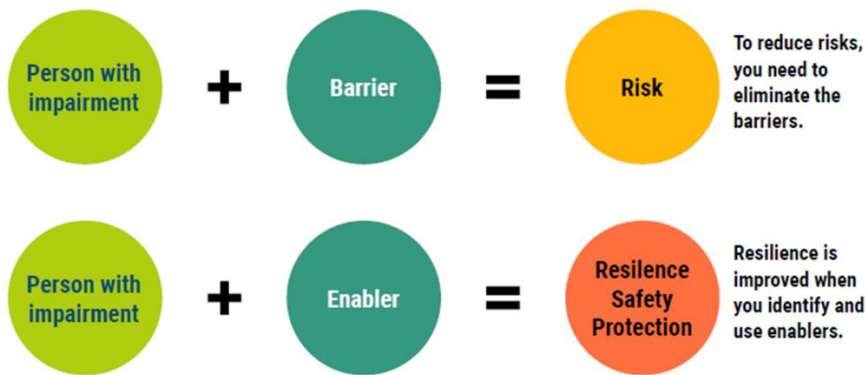


FIGURE 1 IASC GUIDELINES ON INCLUSION OF PERSONS WITH DISABILITIES IN HUMANITARIAN ACTION. 2019

Humanitarian responses are increasingly recognising that those experiencing intersectional discrimination face disproportionate impacts. Persons with disabilities may experience targeted violence and abuse because of their disability.

The World Health Organization/ World Bank global disability report concludes that about 15% of the world's population has a disability². In some situations of protracted humanitarian crisis, latest evidence suggests that the prevalence of disability is higher and they face significant protection risks.³ In Syria the prevalence of disability is 24% for persons of two years old and above⁴. However, while first evidence

¹ CRPD, article 1, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html>

² WHO World Report on Disability (2011)

³ WHO, Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies (2012);

⁴ Humanitarian Needs Assessment Programme 2022.

User Guidance for AD Inclusion Matrix

exists on their situation, in most humanitarian contexts, persons with disabilities are significantly under-identified.⁵

In humanitarian contexts, persons with disabilities are more likely to face barriers that limit their access to humanitarian response as well as their meaningful participation. “Barriers can be either classified as a threat if put in place purposefully by an actor or as a vulnerability if happening as an inadvertent act. In both cases, these barriers lead to exclusion, which increases the likelihood of persons with disabilities to face threats and vulnerabilities at a higher level than the rest of the crisis-affected population.”⁶

An older person is defined by the United Nations as someone over 60 years of age. Where life expectancy is low, people in their 50s may be considered older and this may be reflected in national policy. Within this group, people aged over 60 years and people aged over 80 years are likely to require very different types of support in displacement.⁷

An estimated 4 percent of all displaced persons in the world are older people, though a lack of age-disaggregated data may hide a much higher percentage⁸

Like persons with disabilities, older persons are vulnerable. They should therefore be identified as such, as they may be isolated from family and friends and less able to find food and shelter⁹.

Response and preparedness programming should consider the capacities and rights of all persons with disabilities and older persons and make deliberate efforts to remove physical, communication, institutional and attitudinal barriers to their access and participation. Risks to women and girls with disabilities can be compounded by gender and age inequality and discrimination.

46 per cent of people aged 60 years or above have a disability, and more than 250 million experience moderate to severe disabilities, many of them associated with sight or hearing loss.¹⁰

2. Scope of the guidance.

This guidance document is aimed at assisting users to make use of the disability and age inclusion matrix, that is to consider adding or adapting questions and indicators with regards to disability and older age, so as to provide a more comprehensive protection analysis. The guidance will present key factors that reflected under each barrier might be faced by persons with disabilities that can be translated into the equitation of risks and threats that increase vulnerabilities factors. While it is not an additional tool, its complementary to the existing protection analysis tools, it should be integrated to all the steps of the analytical framework, which means that users should be aware of the PAF tools (PAF Description table, Detailed conceptual of the framework, Analysis plan, Analysis workflow, and PAF concepts matrix sheet) based on the PAF process of analysis which is summarised in the below figure.

⁵ UNHCR <https://www.refworld.org/docid/5ce271164.html>

⁶ DG ECHO, The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations (2019, DG ECHO Operational Guidance).

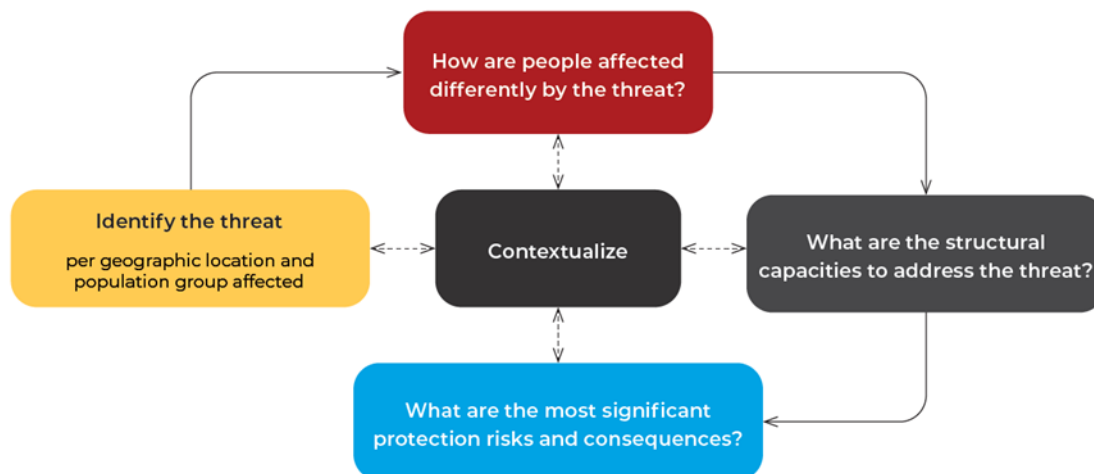
⁷ UNHCR Policy on age gender and diversity March 2018.

⁸ UNHCR, <https://www.unhcr.org/older-persons.html>

⁹ MIPAA: <https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf>

¹⁰ UN Enable: <https://www.un.org/development/desa/disabilities/disability-and-ageing.html>

User Guidance for AD Inclusion Matrix



How to organize data and information: Data and information must be associated with key factors to compare, interrelate and obtain results meaningful for action.

The matrix aims to assist users in taking proactive measures to identify barriers and remove protection threats, ideally building on existing capacities, at the individual and institutional level with the ultimate goal of enabling equal access and participation of all individuals regardless of disability, age and gender or other diversity characteristics through defining protection threats and building the proper response.



How to Report your Protection Analysis Updates using the Inclusion Matrix:

- a) If available and sufficient, looking at the available data and information that has already been collected by other stakeholders on barriers facing persons with disabilities and older persons to access to services.
- b) Build on findings from assessments as well as consultations with persons with disabilities, older people and with humanitarian actors from diverse technical backgrounds.
- c) For purposes of the matrix, boys and girls, women and men with physical, mental, intellectual, or sensory impairments, must be addressed, as these impairments may result in difficulties in functioning and dependency on caregivers. These groups might therefore experience threats differently.
- d) In identifying measures, it is to be considered that persons with disabilities and caregivers, older persons, as well as organizations, institutions, and communities, have capacities to contribute to the response. While defining risk mitigation measures that is to identify and remove barriers, organizations, institutions, and communities are requested to build on and reinforce existing capacities.

User Guidance for AD Inclusion Matrix

- e) Consider any reasonable accommodation that support you to run consultation of older persons and persons with disabilities (sign language, accessible locations, easy read tools etc)
- f) Users need to identify where the gaps are within existing policies, actions and practices of organisations and authorities responsible for the protection threat and risks.

Where applicable, ensure to incorporate identified actions to remove barriers in relevant sections of the initial assessment. Also ensure to make note of specific tools/frameworks in use within the organizations, institutions, and communities to ensure maximum clarity on efforts related to the inclusion of persons with disabilities and older persons.

Detailed guidance on conducting information collection exercises (assessments, Focus Group Discussions, etc.) related to step 2 and 3 in the above-described process is offered in the section on 'Detailed Recommendations' below.

Examples of potential barriers for persons with disabilities and older people are added to the matrix example below in the Annexes 4.3.

3. Operationalize age and disability inclusion in analysis processes.

Extreme violations of rights include chaining, excessive isolation, targeting by armed groups, maiming and/or homicide, denial of food and healthcare, forced sterilization or chemical restraint (context-specific), bullying and discrimination; abuse and neglect; targeted violence; and attitudinal, institutional and physical barriers to services, safety, and protection.

To gather information on protection risks, engagement and consultation with Organisation of Persons with Disabilities (OPD), Older People Associations (OPAs) is key action, key informant interviews, and focus group discussions with individuals and their caregivers to establish the types of barriers and nuances based on age and disability.

In addition to identifying the barriers, it is equally important to identify enablers and protective factors (factors that enhance capacities, safety, protection, access to protection mechanisms).

Reflection moments pre PAF use.

3.1. Key Considerations.

The recommendations to be considered in the Protection Analysis Update (Column D in the matrix): Context analysis can be helpful for this pillar, particularly regarding existing systems and services

3.2. Barriers and protection risks

The following recommendations to be considered in the Barriers and Guidance (**Column G and H in the matrix**):

Introduction to Barriers:

User Guidance for AD Inclusion Matrix

Barriers are factors in a person's environment that hamper participation and create disability. for girls and boys, women, and men with disabilities of all ages, older persons which limit access to and inclusion in society.

Attitudinal barriers are negative attitudes that may be rooted in cultural or religious beliefs, hatred, unequal distribution of power, discrimination, prejudice, ignorance, stigma and bias, among other reasons. Family members or people in the close network of persons with disabilities may also face 'discrimination by association'. Attitudinal barriers are at the root of discrimination and exclusion. Older age can be viewed as an impairment making disability in older age 'normal' which, in turn, can prevent older persons from fully participating in their everyday life.

Environmental (physical) barriers include physical obstacles in the natural or built environment that "prevent access and affect opportunities for participation", and inaccessible communication systems. The latter do not allow persons with disabilities/older persons to access information or knowledge and thereby restrict their opportunities to participate. Lack of services or problems with service delivery are also environmental barriers.

Institutional barriers include laws, policies, strategies, or institutionalized practices that discriminate against persons with disabilities/older persons or prevent them from participating in society. These barriers may also relate to organizations' project design, as well as humanitarian actors' attitudes and skills, in addition to those of de facto local authorities. Gaps in data systems can result in poor quality or a lack of reliable data can mean older persons with and without disabilities are excluded from processes and programs.

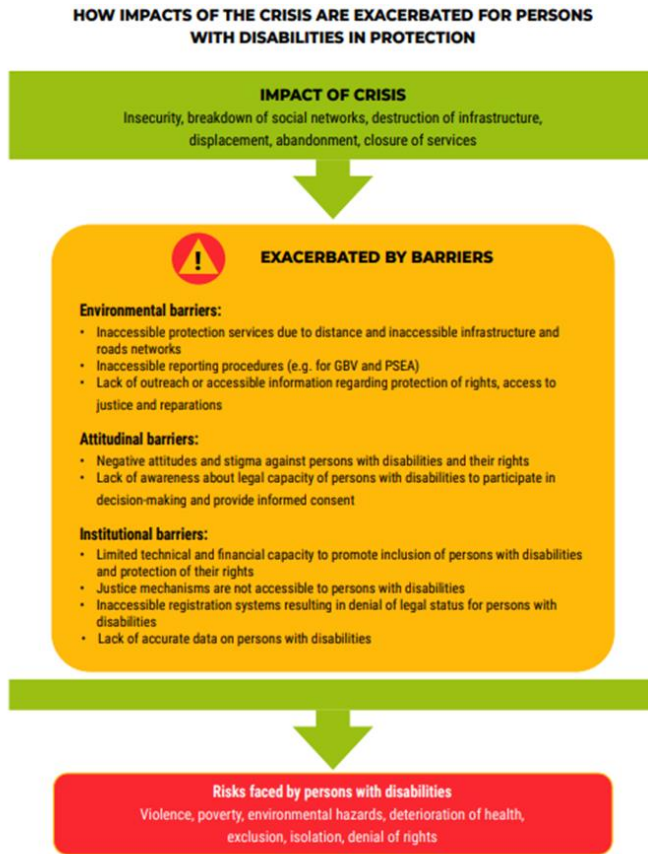
Communication barriers: Includes the absence of multiple formats of communication (audio and visual) and lack of inclusive communication techniques which might lead to the exclusion of older persons and persons with disabilities. Examples include using only written communication which will exclude those who are illiterate, absence of braille and sign language interpreters. Communication barriers may be less visible than physical barriers, but it is important to detect them.

Consider the below points on barriers:

- A. Please take note of the definitions of different types of barriers offered above.
- B. There is no limit to the number of identified barriers - physical, communication, attitudinal and institutional
- C. The same barriers may apply to different Pillars.
- D. It is recognized that barriers interact across neatly defined categories, for the purposes of this matrix these linkages do not have to be defined.
- E. The same risk mitigation measures may apply to different barriers and to multiple protection risks and impacts of the threats on persons with disabilities of all ages, text can be repeated where applicable.

Based on the IASC the below graphic shows what are Relations between barriers and protection risks. Short and practical narrative.

User Guidance for AD Inclusion Matrix



Detailed recommendations

This section provides detailed recommendations for PC to fill the matrix in an evidence-based manner. Annexes of this document offer (example) tools that can be utilized for this purpose.

Key to accurate identification and engagement of persons with disabilities and older people in this process and in your wider analysis using the PAF is the ability of actors to identify those with disabilities aligned with international standards. For information on the identification of persons with disabilities, please refer to guidance on identifying persons with disabilities in humanitarian contexts such as the one of UNHCR for the registration.

It is recommended to closely follow this methodology and report on any challenges which may arise during any phase of the analysis process so that these can be addressed on a rolling basis. Support should be available from the Inclusion Technical Working Group or Inclusion Taskforce in the country (if available or any relevant WG) as well as the Capacity Building Pillar \GPC or relevant technical expertise.

Conducting the analysis process.

The process of identifying barriers and effects of protection threats should be strengthened through direct engagement with persons with disabilities / older people via assessments, key informant interviews and Focus Group Discussions. These engagements will yield both qualitative and quantitative data and information that will enable the identification of protection risks and barriers to accessing protection assistance and services.

If possible, consult with key stakeholders including organizations of persons with disabilities and older persons associations of your analysis regarding the attitudinal, institutional, and environmental barriers and risks which increase protection threats.

User Guidance for AD Inclusion Matrix

It is important to gather the ideas, opinions, and concerns of persons with disabilities and other stakeholders, who are of diverse age and gender statuses. Relevant data and information should include details of the geographic locations where the threat is present, the consequences of the barriers, and the capacities present to address the threat. There may be several protection threats based on the barriers impacting or influencing individuals in the given context, which you may need to prioritize to ensure the analysis is appropriately focused.

3.3. Human rights engagement

While conducting a protection analysis update, protection clusters need to utilize relevant human rights mechanisms and tools to better advocate for the rights of persons with disabilities and older persons, and this includes ensuring more systematic integration of the human rights mechanisms in the protection analysis and planning activities of field protection clusters.¹¹ To ensure the rights of persons with disabilities and older persons in the inclusion matrix, two human rights tools were presented under the 'Core Corresponding Rights' - Column K. The first is the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the second is the Madrid International Plan of Action for Ageing (MIPAA).

The Convention on the Rights of Persons with Disabilities (2006) introduced a new paradigm for persons with disabilities. It shifted policy and policy implementation from a charitable and medical approach to one based on rights. Article 11 on humanitarian emergencies and article 31 on Data and Statistics lay out responsibilities and direction for adapting humanitarian response and related data collection¹².

Moreover, it is worth mentioning that the Madrid International Plan of Action for Ageing (MIPAA) was adopted at the Second World Assembly on Ageing in 2002 and is considered the most comprehensive internationally agreed plan of action on ageing to date. It was a turning point in how the world addressed the challenges related to global population ageing. The broad aim of MIPAA is "to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights" (para. 10). It calls for changes in attitudes, policies and practices at all levels in all sectors and It is a resource for policy making, suggesting ways for governments, NGOs, and other actors to perceive, interact with and care for older persons. It is the first time governments agreed to¹³¹⁴ link questions of ageing to other frameworks for social and economic development and human rights.

See Column K for corresponding articles of CRPD¹⁵ and MIPAA¹⁶.

3.4. Suggested indicators and Information Management

General guidance on data analysis and related processes.

¹¹ GPC Website: Human Rights Engagement: <https://www.globalprotectioncluster.org/old/human-rights-engagement/>

¹² OHCHR committee on the CRPD including on reporting and other obligations, <https://www.ohchr.org/en/treaty-bodies/crpd>

¹³ For further details please see: Franciska Felder, Laura Daivy, Rosemary Kayees: Disability Law and Human Rights. Theory and Policy. 2022

Valentina Della Fina, Rachele Cera, Giuseppe Palmisano: The United Nations Convention on the Rights of Persons with Disabilities : A Commentary. 2017 (chapter on article 11 by Giovanni Carlo Bruno)

¹⁴ <https://link.springer.com/book/10.1007/978-3-030-86545-0>

¹⁵ [Link](#)

¹⁶ [Link](#)

User Guidance for AD Inclusion Matrix

This section of the Disability and Age-Inclusion Matrix focuses on indicators and information management.

For those that are conducting regular protection analysis updates with a set of indicators, it is recommended to adapt them to be disability and age inclusive in its disaggregation around vulnerability factors, and/or add disability and age specific indicators. Those specific indicators and/or any disaggregation should connect with other relevant factors, such as gender or displacement status as applicable. Suggested examples are provided under column F. which will be adapted at later stage under the revised protection risks for 2023.

Throughout the analysis process, it is important to use primary and secondary data, and cite in the PAF update which types were used.

The initial step of making existing processes more inclusive, includes identifying and looking at the available secondary data and information, and assess the quality and scope of the data available with regards to disability and age. Those secondary data resources can be found in column I.

If data isn't available, sufficient and/or of poor quality, then it is best to conduct consultations with older people, persons with disabilities from the affected population, and/or relevant staff with responsibilities and expertise on older age and disability engaged in the response. Suggested primary data collection considerations are available for each pillar under column J. More details can be found in the 'other recommended minimum actions' below.

General guidance on the indicators

The table below highlights a first set of suggested indicators relevant to each pillar and sub pillar.

- Short guidance on JIAF/PAF indicators

Pillar/ Sub Pillar	Suggested Indicators
Pillar One: Context Legal Landscape	UNCRPD ratification registered UNCRPD optional protocol ratified and registered Legitimate evidence of regular monitoring National ageing strategy Member states - MIPAA
Pillar One: Conflict Conflict History	Barriers to safety and protection in emergency for persons with disabilities of all ages Incidents of preventable death or injury due to barriers to flee

User Guidance for AD Inclusion Matrix

<p>Pillar Two: Threats to Population</p>	<p>Number and nature of reported incidents of stigmatization, discrimination in access to humanitarian assistance and abuse of persons with disabilities of different age groups and sex.</p> <p>Number and nature of reported incidents of stigmatization, discrimination in access to humanitarian assistance and abuse of older persons of different age groups and sex.</p> <p>Number and nature of reported Incidents of targeted harassment or violence against persons with disabilities/ or older persons</p> <p>Number of persons with disabilities and/or older persons that were left behind in areas exposed to direct threats</p>
<p>Pillar Three: Threat's Effect</p> <p>Characteristics of affected population</p>	<p>% of assessed service sites that are not universally accessible</p> <p>% of assessed sites where evidence exists of negative perceptions and beliefs of families/communities that make it difficult for persons with disabilities to access services</p> <p>% of latrines which are not universally accessible</p> <p># of persons with disabilities reached by hygiene promotional activities and campaigns</p> <p># of older people reached at home (homebound due to immobility)</p>
<p>Pillar Three: Threat's Effect</p> <p>Coping strategy</p>	<p>Number of Incidents of forced begging of persons with disabilities/ older people</p> <p>Prevalence of forced marriage disaggregated by age, gender and disability</p> <p>Incidents of denial of food for persons with disabilities of all ages and sex</p> <p>Incidents of exclusion from education of children and youths with disabilities of both sex as means to reduce spending</p> <p>Incidents of exclusion from rehabilitation and protection services</p> <p>Incidents of chaining of persons with disabilities of all ages and sex</p> <p>Incidents of negative health outcomes due to diverted spending away from/denial of required medicine and medication to other essential items</p>
<p>Pillar Four: Existing Capacities</p>	<p>Number of actors, mechanisms, including OPDs and OPAs able to operationalize support to persons with disabilities, older persons and their families in order to mitigate barriers to services</p> <ul style="list-style-type: none"> - Number of disability and age-inclusive case management systems - Number of response actors that function and are accessible to persons with disabilities and older persons of different age groups - Number of disability and age inclusive response mechanisms (safe spaces, counselling, etc.)

The proposed examples of indicators allow monitoring the reduction of threats that relate to removal of barriers, given that the information entered in the tool is dynamic (depending on the context, situation, etc.) However, organizations and institutions are strongly recommended to take the following steps to ensure follow-up analysis across the PAF pillars:

Other recommended minimum actions for primary data collection

User Guidance for AD Inclusion Matrix

- Train teams (from enumerators to analysts on rights based approach to age and disability, and related options of disaggregated data to provide more comprehensive data on the protection threats impacting men and women with and without disability of different age groups.
- Ensure you consult with key stakeholders, including persons with different types of disabilities, older men and women from the affected population as much as possible throughout the analysis.