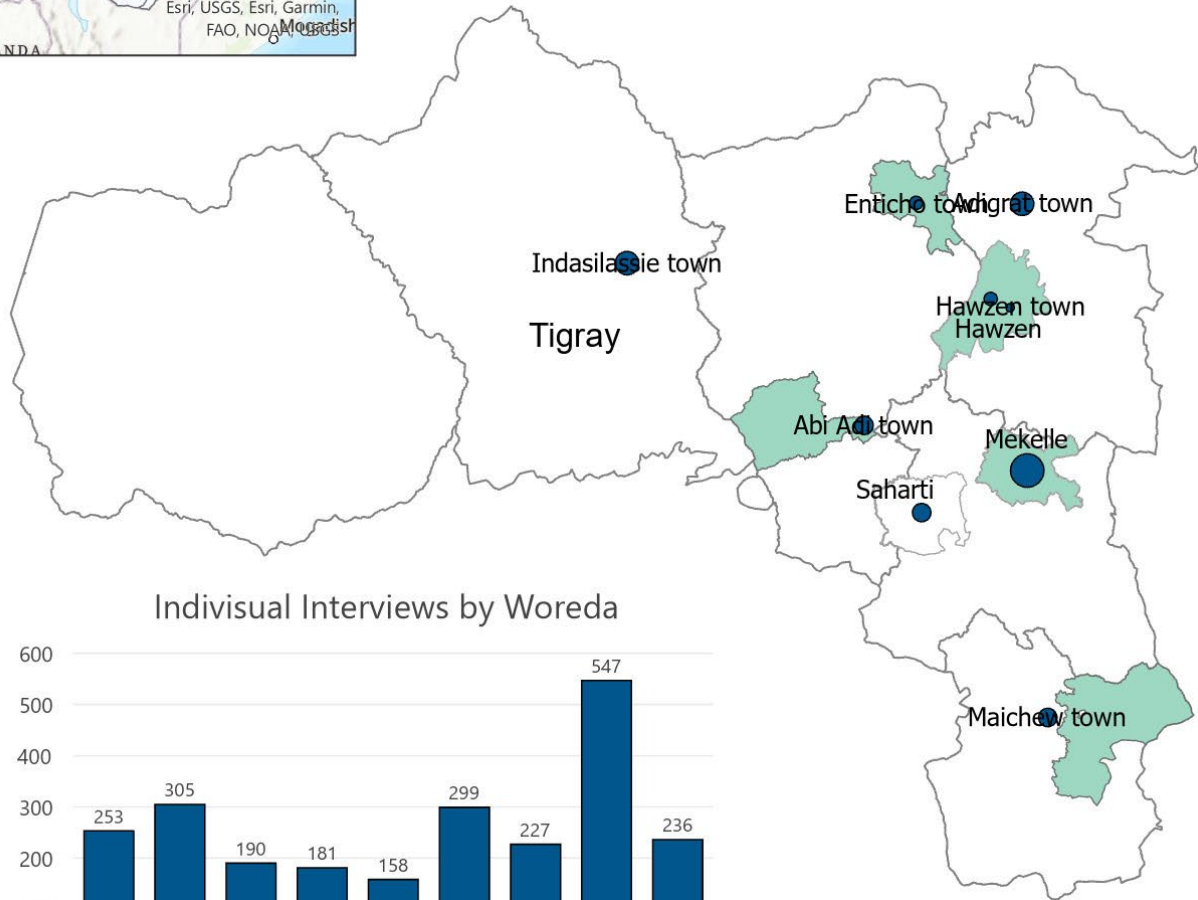# Rapid Assessment on the Humanitarian Situation of Persons with Disabilities in Tigray
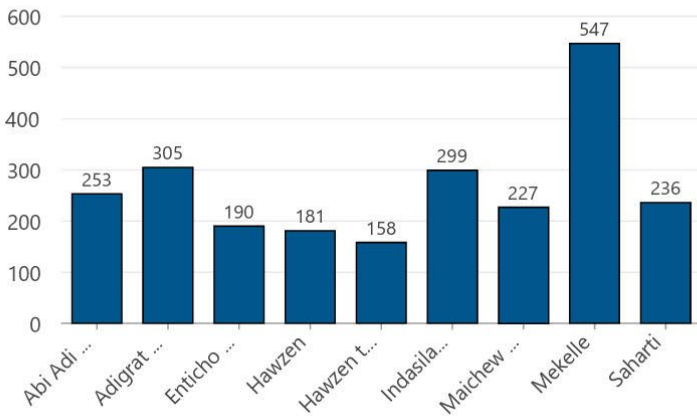

June 2023

Based on data collected during March - April 2023 and secondary data sources

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UNHCR and Partner IHS and Disability Inclusion TWG of the Protection Cluster in Tigray, in Collaboration with the Global Protection Cluster

Location of assessment conducted in Tigray (June 2023)
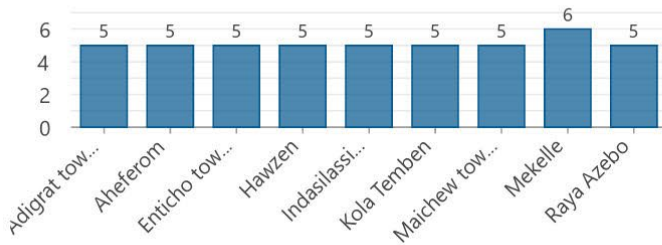
Figure 1: Location of the assessment conducted in Tigray, Source: Field Survey, 2023

Executive Summary

In the face of increasing humanitarian needs and limited humanitarian services, Persons with Disabilities (PWDs) face a plethora of challenges in their daily lives. Their inherent rights, interests, needs, and priorities are often exacerbated in times of war which require targeted and responsive humanitarian interventions from various partners. This is more evident in the context of Tigray where the situation of PWDs has been characterized as one of the major points of concern requiring comprehensive assessment and tailored responses. Against this backdrop, this assessment looked into the overall humanitarian situation, needs, priorities, and accessibility issues of PWDs in light of prevailing barriers thereof. To this end, the assessment employed both qualitative and quantitative research methods using household surveys, FGDs, and desk reviews. Accordingly, the findings reveal that there are various unmet humanitarian needs and priorities, mainly multi-purpose cash support, food assistance and medical services for PWDs. Moreover, the findings indicate the existence of seasonal availability and inaccessibility of humanitarian services for PWDs which are often worsened by major barriers including attitudinal, environmental, institutional, and information communication, not to mention the details. Finally, the assessment findings call for a comprehensive and multi-sectoral humanitarian service program targeted at promoting and fulfilling the basic needs and rights of PWDs through needs-based intervention, integrated advocacy, context-specific awareness raising, and capacity-building programs for PWD structures and service providers.

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Keywords: PWDs, Humanitarian Service, Need, Accessibility, Barrier, Tigray.

Acronyms

BoLSA   Bureau of Labor and Social Affairs

CRPD   Convention on the Rights of Persons with Disabilities

DTWG   Disability Inclusion Technical Working Group

FDRE   Federal Democratic Republic of Ethiopia

FGD   Focus Group Discussion

IASC   Inter-Agency Standing Committee

ICRC   International Committee for the Red Cross

IDPs   Internally Displaced Persons

IHS   Innovative Humanitarian Solutions

NFIs   Non-Food Items

NGO   Non-Governmental Organizations

PWDs   Persons with Disabilities

SGBV   Sexual and Gender-based Violence

TCSA   Tigray Central Statistical Authority

UNHCR   United Nations High Commissioner for Refugees

UNICEF   United Nations Children's Fund

WaSH   Water, Sanitation and Hygiene

Contents

Chapter One

1. Introduction

1.1. Background

Persons with disabilities (PWDs) include persons who have long-term sensory, physical, psychosocial, intellectual, or other impairments that, in interaction with various barriers, prevent them from participating in or having access to, humanitarian programs, services, or access to protection services (Inter-Agency Standing Committee Guidelines (IASC), 2019). Globally, there are about one billion PWDs which consists of 15% of the world's total population. Developing countries have a higher prevalence of disability as compared to developed ones.

The World Bank and World Health Organization 's joint report (2011) on disability estimated that 17.6% of the Ethiopian population are PWDs. The report also indicated that 95% of the PWDs are living below the poverty line. Likewise, the report of FDRE National Plan of Action (2012) on PWDs reveals that 84% of them are living in rural areas and have limited access to basic services.

Though there have been limited reports and assessment findings made on PWDs to understand the overall situations and figures in Tigray, the regional Bureau of Labour and Social Affairs (BoLSA) reports that about 169,000 PWDs had been under direct government support before the outbreak of the war in Tigray in November 2020. More challengingly, following the war and its consequences, the PWDs were exposed to a lack of adequate humanitarian assistance, lacked access to social services and basic needs, and suffered massive injuries, and exposure to protection risks due to displacement. Therefore, this rapid assessment was designed to explore the overall humanitarian situation of PWDs in Tigray and make recommendation on inclusion of PWDs in humanitarian assistance.

1.2. Objectives

The general objective of the rapid assessment is to explore the overall situation of PWDs in terms of humanitarian needs, accessibility of services, and major barriers thereof in Tigray. Given this, the assessment also seeks to address the following specific objectives:

- To identify humanitarian needs and services gaps in respect of PWDs,
- To analyze the extent of accessibility of humanitarian services to PWDs, and
- To examine the major barriers affecting PWDs' access to humanitarian needs and services.

1.3. Methodology

1.3.1. Description of the Study Areas

The National Regional State of Tigray is one of the federal states of Ethiopia located in the Northernmost part of the country. It is bordered by Eritrea to the North, Sudan Republic to the West, Amhara Regional State to the South, and Afar Regional State to the East. According to the Tigray Central Statistical Authority (TCSA, 2023) projection, the total population of the region is estimated to be 5,787,600. The total land size of the region covers 54,593 Km^2 (of which 1.3 million hectares are cultivable). The region consists of seven administrative zones and 94 Woredas.

1.3.2. Methods and Data Collection Tools

The assessment used a mixed research method, both quantitative and qualitative, to capture comprehensive and holistic findings pertinent to the overall situation of PWDs in Tigray. More importantly, the qualitative approach aimed to elicit the feelings, thoughts, views, and perceptions that the sampled informants do have on the concept of disability, the extent of humanitarian service gaps, needs, priorities, barriers, and accessibility in respect of PWDs. The quantitative aspect of the assessment was intended to figure out PWDs' humanitarian needs and access, statistically.

In this assessment, both primary and secondary sources of data were used. UNHCR implementing partner for protection of Persons with Specific Needs together with member of the Disability Inclusion Technical Working Group collected the primary data through

Figure 2: FGD discussions with key informants in Adigrat, Photo Credit: IHS

Household Survey Questionnaires, using KoBo application, and FGDs with key informants. The household survey questionnaires, which were prepared in both English and Tigrigna languages to avoid linguistic barriers, had been uploaded to the respective data enumerators' smartphones through the KoBo app which was directly connected to UNHCR server. Additionally, the assessment used FGDs with key informants from government officials, humanitarian service providers, host community leaders, and representatives of PWDs associations. Pilot testing was conducted to ensure the validation of the tools.

Secondary data were taken from various sources and reports to complement and triangulate with primary data. The secondary sources were international Conventions, national and local governmental

and non-governmental organizations' policy documents, frameworks, guidelines and reports, journals, books, and websites.

1.3.3. Sampling Technique and Procedures

The assessment used both probability and non-probability sampling techniques. The former was used to select informants to fill out the household survey questionnaires through the KoBo application. Accordingly, a total of 2,484 respondents were selected through a systematic random sampling method. Because of the security situations and government administrative functionality, the sample size of each administrative zone has been limited to the figures illustrated in the diagram below.
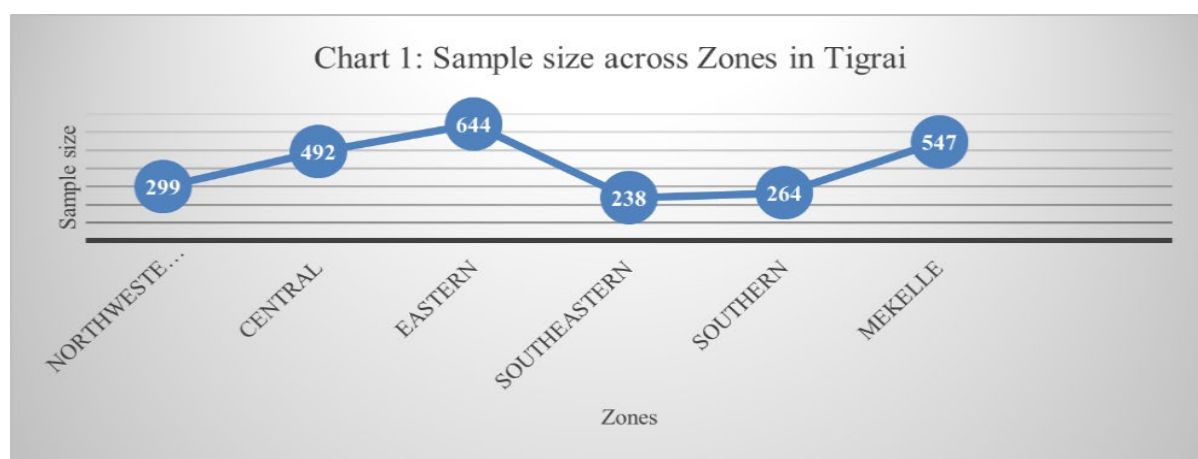
Source: Field Survey, 2023

A purposive sampling technique was used to select sample Woredas hosting both IDPs and host communities based on the presumed effects of the war on PWDs. Accordingly, ten Woredas namely, Kola-Tembien, Ahferom, Shire, Adigrat, Hawzen, Seharti, Mohoni, Maichew, Ayder, and Hadnet were selected purposively. Besides, the assessment used both purposive and snowball sampling techniques to select key informants for 46 FGDs, which consisted of an average of seven discussants.

1.3.4. Data Analysis Approach and Ethical Considerations

The assessment employed descriptive statistical, legal, and thematic analysis approaches to organize, analyze and interpret major findings. Descriptive statistical techniques, such as percentages, frequency, averages, tables, and charts, were applied to present the responses quantitatively. The legal analysis was devoted to analyzing the existing gaps in light of the normative frameworks regarding the rights and protection of PWDs. In terms of the thematic analysis approach, the assessment thematically organized and analyzed major findings across three major themes, which were developed based on the main objectives: a) the overall situation of PWDs; b) the nature and accessibility of humanitarian services and needs of PWDs; and c) barriers challenging access. The entire data analysis and interpretation were also accompanied by a series of data triangulation processes.

The assessment has been duly informed by relevant ethical principles and standard data management protocols. PWDs have been involved in the entirety of the process right from the proposed development to the final stage of the assessment report in the capacity of data enumerators, supervisors, and team leaders. The data collected in the course of the assessment were thoroughly transcribed, coded, and analyzed anonymously, and may be shared with partners and relevant government bureaus based on prior consent of the IHS/UNHCR.

Figure 3: Discussions with Adigrat community members, Photo Credit: IHS

Chapter Two

2. Humanitarian Needs and Priorities of PWDs in Tigray

2.1. Introduction

This chapter presents the major findings on the overall humanitarian needs and priorities of PWDs in Tigray. It also highlights the pertinent normative frameworks governing the rights, protection concerns, and risks of PWDs in light of the findings. The chapter begins with providing a brief demographic composition, types of impairments, and the awareness level of respondents as to the availability of humanitarian services.

2.2. Demographic Characteristics of Respondents
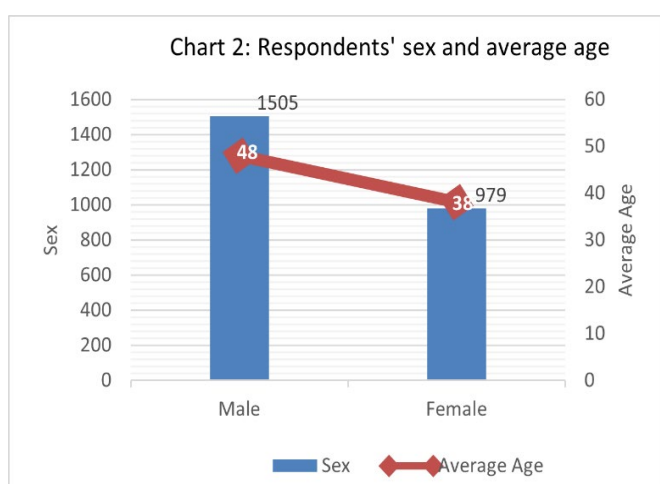
Chart 2 depicts that from the total of 2,484 respondents, 61% and 39% of them were males and females, respectively. This has in turn a patent implication on the preponderance of male disability demographic ratio than females. The Chart further indicates that the average family size of the households is 4.94 which is close to 5 persons per household.

Source: Field Survey, 2023

The average size of the PWDs in the household is also 1.17 denoting that significant households are embracing more than one PWDs. The average family size of the households tells us the degree of actual and potential challenges surfacing in each family. In terms of age disaggregation, the average age of respondents lies at 43. This implies the majority of the respondents are adults and so they demand adult-tailored humanitarian interventions.

Chart 3: Number of PWDs with various impairments and severity level of difficulties sustained

Impairment	Value
Mobility impairments	1324
Vision impairments	667
Cognitive impairments	552
Hearing impairments	340
Speech impairments	256
Other impairments	83
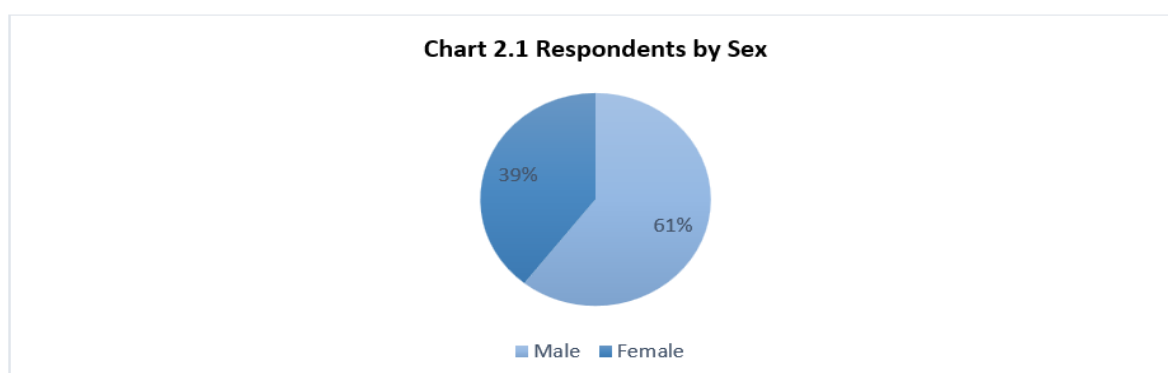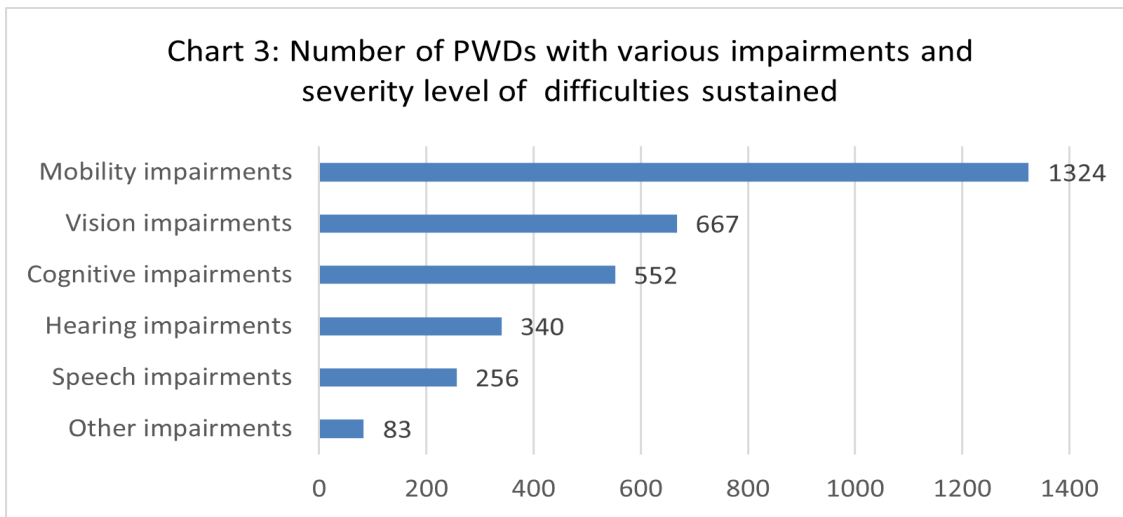
Source: Field Survey, 2023

Chart 3 shows that the majority of the respondents face mobility (physical), visual and cognitive impairments, respectively. This, in turn, calls for extensive provision of assistive devices, such as wheelchairs, crutches, white canes, eyeglasses, and Ortho-physiotherapy, as well as mental health and psychosocial support services. The awareness level of respondents as to the availability of existing humanitarian services has been provided in the following chart.

Chart 4: Respondensts perception of their awareness of the services which might be available to them

	Value
Yes	922
No	853
Not applicable	38
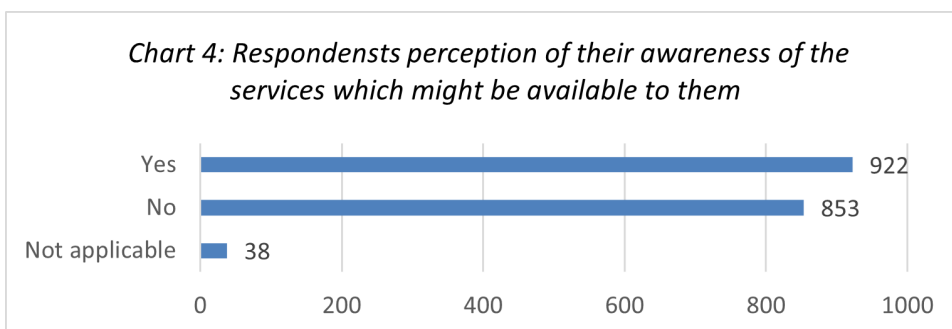
Source: Field Survey, 2023

From Chart 4, 34.33% of the respondents are not aware of the availability of humanitarian services. This indicates that there is a gap in information and communication channels. In this connection, most of the FGD discussants put that advocacy for the fulfillment of PWDs' needs is at a minimal level.

Chart 5: Reasosns for lack of information as to available services

	Value
No information on all types of…	689
Less access to means of information…	351
Information is not shared in an…	333
Other	20
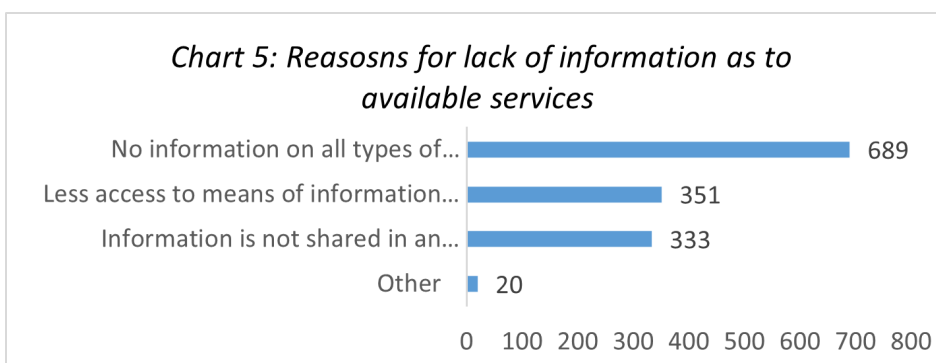
Source: Field Survey, 2023

As indicated above, the combined majority of the respondents which accounts for 74.6% reported that the main reasons for lack of awareness are attributable to the absence of proper information on all types of humanitarian services and less access to means of information such as TV and radio to update themselves. Yet again, the respondents added that information was not shared in an accessible design and format that enabled PWDs to be informed and get engaged.

2.3. Priority of Basic Humanitarian Services

Chart 6: Priorty of basic services

Category	Value
cash Assistance	2133
Food	1732
Medical Services	1497
Shelter	1032
Health including rehabilitation Education	911
Education	551
Employment	391
WaSH	311
Social activities	305
Other	42
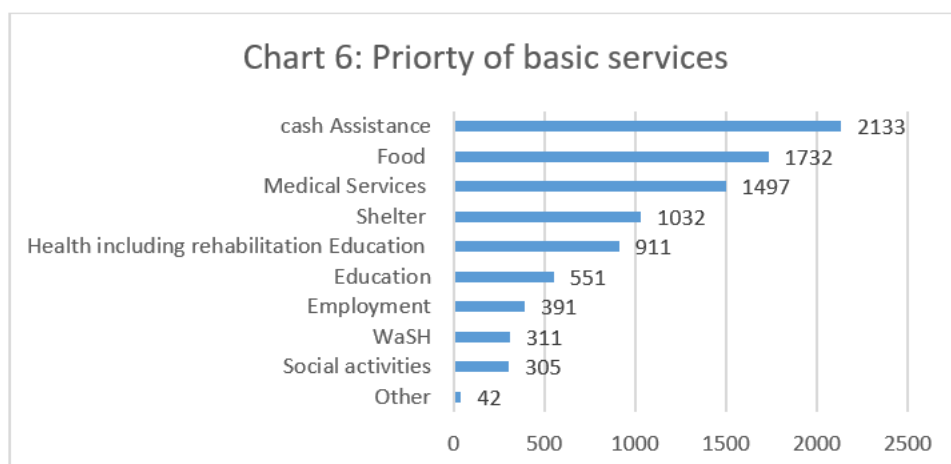
Source: Field Survey, 2023

Chart 6 shows that the priority humanitarian needs of the PWDs are multi-purpose cash assistance, food, medical services, and shelter. In other words, 24% of the respondents reported that they require multi-purpose cash assistance in the first place followed by food wherein, 19.5% of them are in need of food assistance. The third and fourth priorities are medical services and shelter at 16.8% and 11.6% respectively.

The subsequent discussions make a modest attempt to explain the multi-sectoral needs and priorities of PWDs based on Chart 6.

2.3.1. Livelihood Programs and Assistance

The precedence of multi-purpose cash reinforces the inability of the targeted PWDs to afford life-sustaining food, medication, shelter, and livelihood. Cash injection in humanitarian assistance can serve all other socio-economic rights and needs including livelihood and employment.

Despite the priorities indicated above, the majority of the FGD discussants from Adigrat, Kola-Tembien, Seharti, and Shire responded that there has been limited humanitarian aid brought into their locality over the past two years to meet their priorities. For instance, four out of the six FGD discussants from Adigrat responded that the economic hardship of PWDs is one of the major challenges affecting their lives. They also pointed out that a significant number of PWDs have no

sustainable source of income. Likewise, majority of FGD discussants from Enticho and Maichew replied that virtually all portions of the PWDs have no work to earn money for themselves. The respondents from the said area suggested to have a detailed assessment aimed at identifying the PWDs for entrepreneurship followed by financial and material support thereto. Albeit the aforementioned challenges of PWDs concerning livelihood, Article 27 of the Convention on the Rights of Persons with Disability (CRPD) guarantees the protection of the right of PWDs to work and employment.

2.3.2. Food Assistance

From Chart 6 above, it is noted that 19.5% of the respondents prioritized food as their top second humanitarian need next to multi-purpose cash assistance. Related to this, most of the FGD discussants from Shire, Seharti, Hadnet, and Ayder Woredas also expressed that PWDs are in a very bad situation in terms of food supply. They underlined that PWDs' food needs cannot be fully addressed only through seasonal subsistence kind of food aid, but by providing demand-driven and sustainable support. Likewise, FGD discussants from all target Woredas stated that PWDs are living in desperate conditions. They raised a lack of adequate food support for PWDs. The respondents explained that they only get the 15 kilograms of wheat quota provided by the humanitarian organizations equally with the host community without disability specific considerations.

Even worse, one of the FGD discussants from Enticho Woreda explained this dire humanitarian situation using the local Tigrigna proverb which goes, *"ዘይብላያ ኣዴ ኻስ ካብ ከውሒ ትፀንዕ'* roughly translated as "a broke mother is as solid as a stone." What is more saddening is that almost all of the respondents claimed that there is a situation where PWDs were forgotten in the seasonal food ration distribution due to a lack of proper documentation and a low level of awareness. Consequently, the PWDs chose travel to distant places to fulfill their daily food consumption by begging.

A typical case showing the severity of the food problem can be discerned from the FGD findings of Kola Tembien Woreda. The direct verbatim of one FGD respondent has been summarized below:

> "In our Woreda, some humanitarian organizations used to register us now and then, but no assistance has come to us, so far. We are in an extremely bad situation. The situation is turning from bad to worse. We are not given any meaningful attention by humanitarian organizations. We are in a double siege due to disability, so to say. It is hardly possible to say that we are getting food support. Surprisingly, we received food aid once in six months due to the limitation of quota. 15 kg of wheat per head per month is exceedingly small; however, we could not get that amount monthly."

The findings indicate the existence of considerable gaps in food assistance in the study area, affected persons with disability. These gaps in assistance to PWDs implicate noncompliance with Article 28 (1)

of the CRPD which stipulates that States parties are obligated to recognize the right of PWDs to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions.

2.3.3. Medical and rehabilitation services

Referring to Chart 6 above, 16.8% of the respondents prioritized medical services whereas 10.2% of respondents opted for health and rehabilitation services. The combination and isolated effects of these hitherto unmet humanitarian needs would mean a lot in the face of the health-related problems endured by PWDs. More importantly, FGD finding from Hawzen, Seharti, Abiy Adi and Shire demonstrate that PWDs have not been the target of humanitarian services especially when it comes to medical services. Undeniably, the findings reveal that there has been diametrically low medical, health, and rehabilitation support for the most vulnerable people including unaccompanied and separated children, SGBV survivors, and lactating and pregnant women.

2.3.4. Shelter and settlement

As it has been depicted in Chart 6, 11.6% of the respondents mentioned shelter as their fourth priority of humanitarian needs. In this regard, most of the FGD discussants demonstrated that some IDPs were given tents whilst others were hosted in groups at school/college or classrooms without having adequate shelter and Core Relief Items (CRIs). One of the FGD discussants from the Abiy Adi IDP site described the degree of shelter problems in the following way:

> "I have been here at this IDP site for the last two years, but I have never received shelter or CRIs from any humanitarian organization. On top of this, I live together with 18 households in a single room wherein, it is too congested affecting our dignity and privacy. We have no bed sheets, blankets, and mattresses. We have been sleeping on arranged stones, tables and open spaces, and bare floors as a result of which we faced health complications. For this reason, many IDPs left the shelter and are forced to live in the host community. Imagine how the situation we are in is really difficult for us, as PWDs, to live here during the rainy season."

Now, in the initial stages of an emergency, shelter is a critical determinant of survival, along with water supply, sanitation, food, and health care. Shelter plays an essential role in reducing vulnerability and building resilience in communities, but the practical findings tend to prove otherwise.

2.3.5. Other Humanitarian Needs and Priorities

Apart from the abovementioned top four priority humanitarian needs namely, multi-purpose cash assistance, food assistance, medical services, and shelter, this section summarizes some other

important humanitarian needs such as education, WaSH, and social protection that the respondents replied to as their needs. Accordingly, 22.2% of the respondents put education as their important priority. This priority seems to be less than expected. The probable reason could be an issue of timing. During the assessment time, there were no windows of opportunity for resuming education partly because of the siege and *de facto* humanitarian blockade imposed on Tigray.

Concerning WaSH, FGD findings from Maichew confirm that WaSH facilities are not met yet. As a result, the life of PWDs is getting threatened. In particular, the lack of water supply and dignity kits for women and girls affects the overall sanitation and personal hygiene of PWDs. The FGD discussants further reveal that PWDs have urgent needs for hygiene kits. Social protection, as a humanitarian need, was also mentioned as another point of priority on the part of the respondents. In this regard, FGD discussants from Seharti and Adigrat stated that PWDs need vibrant associations and to be consulted in different programs and platforms affecting their interests and rights; taking part in informed social activities without discrimination; having due access to capacity building programs at all structures and humanitarian inclusion and accountability in place.

2.3.6. Assistive Devices

According to the IASC Guidelines, assistive technology, devices, and mobility aids are external products - devices, equipment, instruments, software, specially produced or available, that maintain or improve an individual's functioning and independence, participation, or overall well-being. They can also help prevent secondary impairments and health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware that improve mobility, hearing, vision, or the capacity to communicate. Humanitarian organisations can deliver assistive devices through a range of channels. They must, nevertheless, understand what types of devices PWDs require to increase their ability to function in the context and increase their capacities and resilience.

Some PWDs from Abiy Adi consider assistive devices exactly like their body parts, as opposed to an additional requirement. Therefore, assistive devices for PWDs are equally important as food which altogether become a basic need. However, after the worst war in Tigray, PWDs in the IDPs sites and the community have not been assisted with any assistive device response. According to the respondents, humanitarian organisation even did not seem to understand their need for assistive devices.

Because of the foregoing, the following chart shows the extent of PWDs' need for assistive devices.

2.3.7. Protection Risks

Apart from the social protection needs raised above, Chart 7 below displays the level of protection risks PWDs are facing.

Chart 7: Protection risks that PWDs face in the community
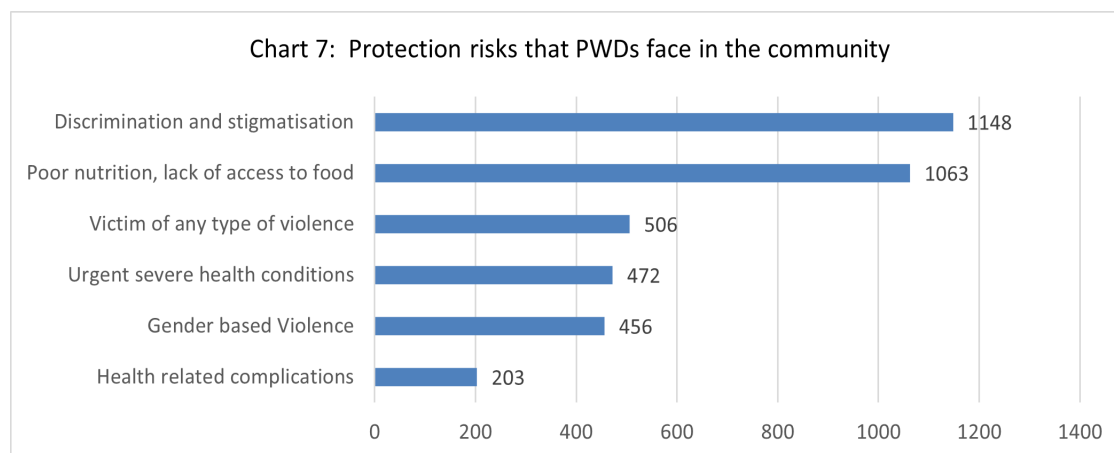
Source: Field Survey, 2023

From Chart 7, 46% of the respondents stated that discrimination, stigmatization, and denial of resources are the major protection risks affecting PWDs; whilst 42.7% of the respondents replied that poor nutrition and lack of access to food are the second pressing protection concerns. Having highlighted the humanitarian service needs, priorities, and gaps at some level of generality, the next chapter seeks to look into the accessibility dimension of PWDs' humanitarian needs.

Chart 8: PWDs' needs to assistive device in their daily activities
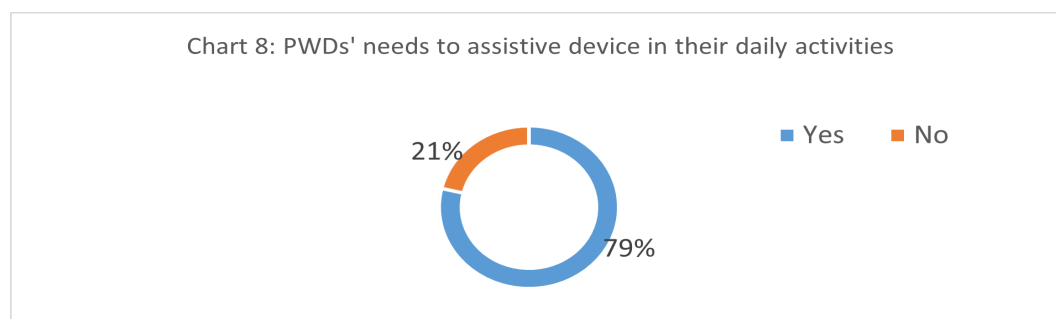
Source: Field Survey, 2023

As we see from chart 8, PWDs require assistive devices to engage in daily activities and the ratio of respondents shows that the majority (79%) of respondents required assistive devices to access services in the community and ensure their equal inclusion in all facilities. This is not simply an aid, but their basic right. As stipulated under Article 26 sub-article 3 of the CRPD, States Parties must promote the availability and usage of assistive devices including the technology and design relevant to PWDs.

Chart 9: Reasons for lack of assitive devices

Reason	Value
Lack of finance to buy the assistive device	1684
Not available within health services	703
Lack of community support for my assistance device	588
I don't have information about assistance devices	387
Lack of access to my need of assistive device	10
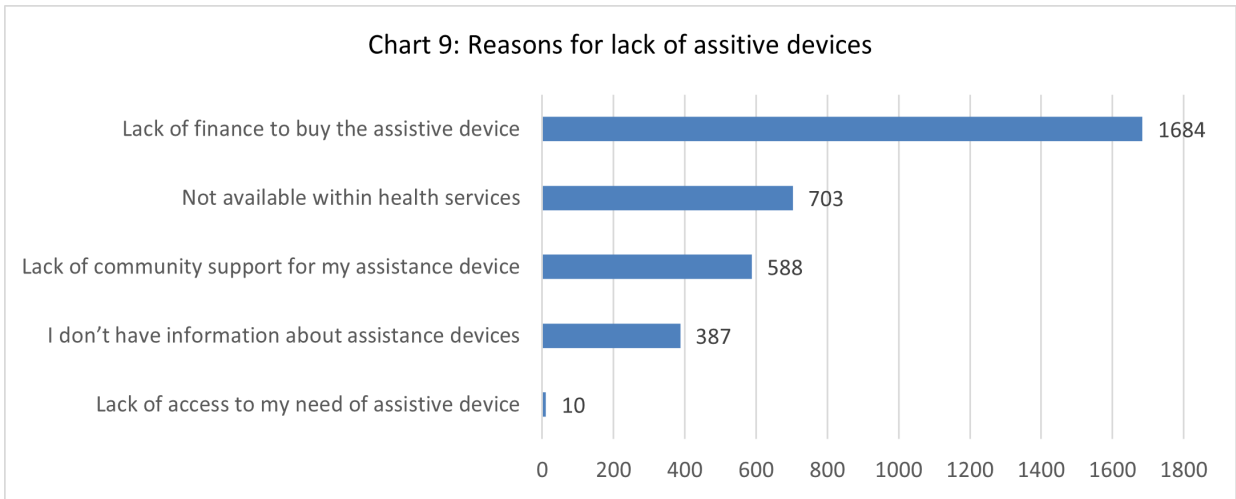
Source: Field Survey, 2023

From chart 9 above, more than 88% of the respondents answered that the reasons why PWDs do not have the required assistive devices are lack of finance, lack of availability of assistive devices in health centers, and lack of community support. Lack of adequate information and awareness about the required assistive devices were also identified as additional reasons by the respondents.

Chart 10: List of available adpatable facilities

Facility	Value
Provide physical assistant devices	49
Give priority sites on public transport	28
Develop appropriated transport services to PWD (ambulance, special bus service, etc)	22
High contrast paint to support low vision	18
Ramps in place	15
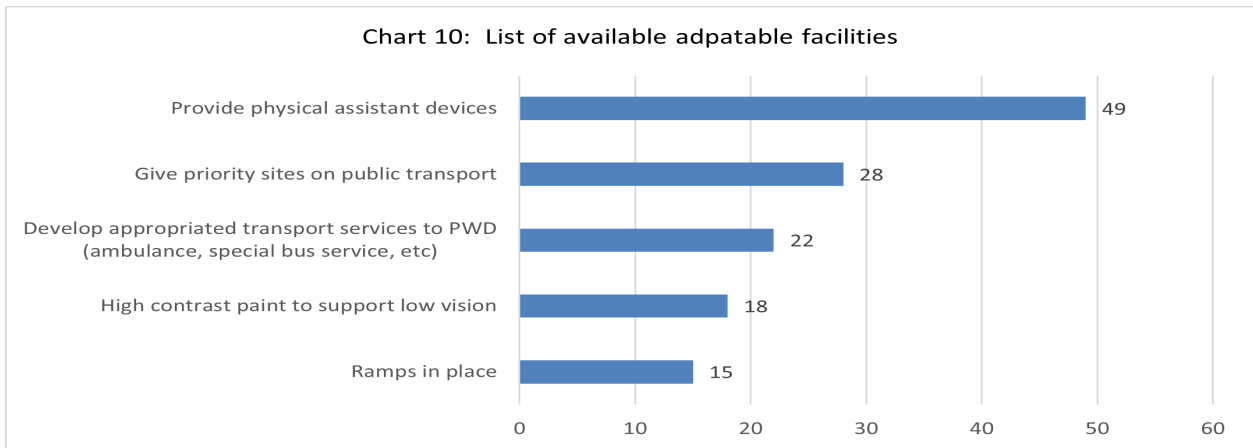
Source: Field Survey, 2023

Out of the small number of respondents who reported that there are adapted facilities for PWDs, the provision of physical assistance devices was answered by the majority (37%). Giving priority to sites on public transport and developing appropriate transport services for PWDs such as ambulances, special bus services, etc. were identified second and third respectively based on the responses.

Chapter Three

3. Accessibility of Humanitarian Services to PWDs

3.1. Introduction

In the words of the CRPD, accessibility is treated as both a general principle (Article 3) and as an independent right of PWDs (Article 9). The 2019 IASC Guideline also defines accessibility in terms of affirming the right of PWDs to enjoy access on an equal basis with others, to the physical environment- to transportation, information and communication technology systems and other facilities and services open or provided to the public both in urban and rural areas. Accessibility is a precondition for inclusion for PWDs. The present section adopts the spirit and purpose of accessibility, as envisaged by the provisions of the CRPD and the IASC Guideline.

3.2. Accessibility of Humanitarian Services

Chart 11: Acessibility of current humanitarian services to PWDs v. those without disabilities

Category	Value
No	790
Yes	681
I don't know	342
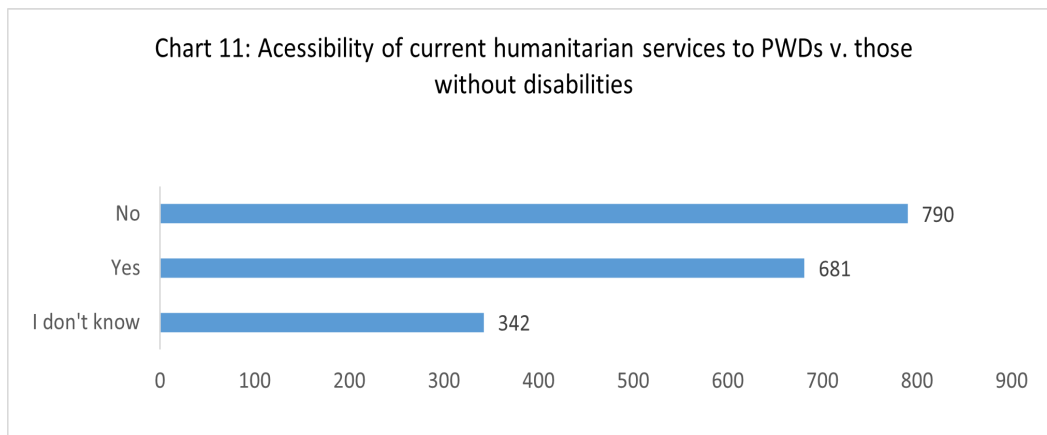
Source: Field Survey, 2023

As indicated in Chart 11 above, 44% of the respondents reported that the current humanitarian services are less accessible to PWDs when compared to persons without disabilities. FGD findings from Shire, Adigrat, Seharti, Maichew and Abiy Adi Woredas substantiate that all PWDs have not been in a position to receive humanitarian assistance, at all claiming that it is ironic to talk about accessibility in the absence of available humanitarian aid ready for distribution, at first.

On top of this, the accessibility of humanitarian services for men and women with disabilities is extremely difficult as compared to persons without a disability. The main reasons, according to the FGD discussants and KII interviewees are - less focus given by the community, perceived status of less productivity and poor advocacy works geared towards PWDs' accessibility issues.

3.2.1 Accessibility of Food Assistance

As is clear to everyone, food and shelter are basic human needs and rights. This being so, the accessibility of food to PWDs appears to be a prime consideration of humanitarian programs and actors. In this connection, FGD discussants from Adigrat invariably reported that foodstuffs have been provided to the whole community once per four months. They also described that there are situations where a few PWDs are intentionally or negligently excluded from getting such limited support. Similar kinds of views have been reflected by the FGD discussants from Seharti and Ayder Woredas. They mentioned that there are inaccessible information dissemination methods like the absence of visible notice boards, clear timelines, and suitable distribution centers. Besides, the FGD discussants added that lack of transportation and well-verified documentation are posing considerable challenges to PWDs' access to food ration distribution.

3.2.2 Accessibility of Medical Services including Rehabilitation

Chart 12: Ability to use health facilities without support

Category	Value
No	905
Yes	787
No access to health facilities	125
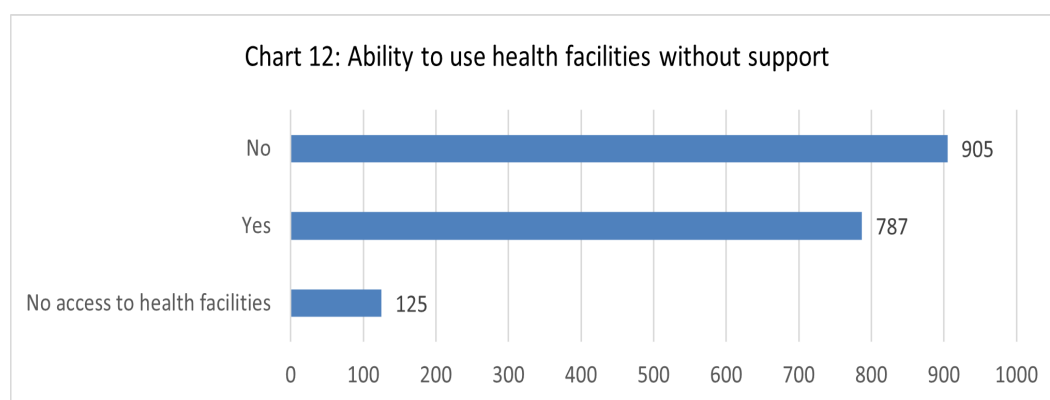
Source: Field Survey, 2023

From Chart 12 above, the majority (905) of the respondents replied that health facilities are less accessible to PWDs. This is due to the lack of financial capacities to use health facilities effectively; the long distance of PWDs' residential places; and the poor infrastructure set up of health centers that are less suitable and accessible to PWDs when they are in need, as put in Chart 13.

Chart 13: Explaining health related difficulties

Category	Value
Lack financial capacity to use health facilities effectively	599
High distant from my resident	375
Poor infrastructural set up of health institutions	325
Lack of understanding of needs of persons with…	246
Persons with disabilities are not welcomed or targeted…	202
Inaccessible services of health institutions (card room,…	164
Limited implementation of health policies to support…	109
Lack of sign language translation	58

Source: Field Survey, 2023

Despite the empirical findings above, Article 25 of the CRPD affirms, States Parties recognize that PWDs have the right to the enjoyment of the highest attainable standard of health without discrimination based on disability. The CRPD also envisions that health services need to be nearest to PWDs residents, including in rural areas. Similarly, the 2019 IASC Guideline stresses the guarantee that PWDs have the right to access all mainstream health services and receive information about their health conditions and treatment. This comes true when the programs adopt universal design and are inclusive of, and accessible to everyone, including PWDs.

3.2.3 Accessibility of WaSH Facilities
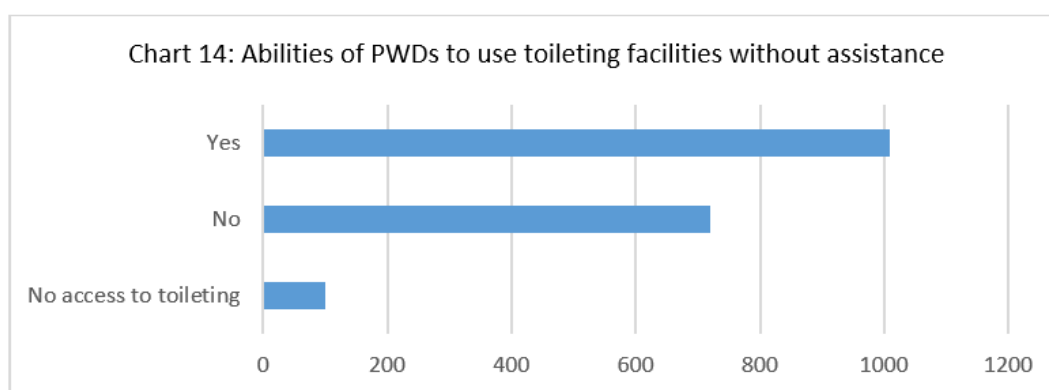
Source: Field Survey, 2023

As displayed in Chart 14, majority of the respondents reported that PWDs can use toilet facilities without assistance. On the other side, 713 respondents answered that PWDs face difficulties in accessing toilets. Most of the FGD discussants from Abiyi Adi, Seharti, Shire, and Adigrat also reported that WaSH facilities are inaccessible to PWDs for the reasons mentioned in chart 15, blow.
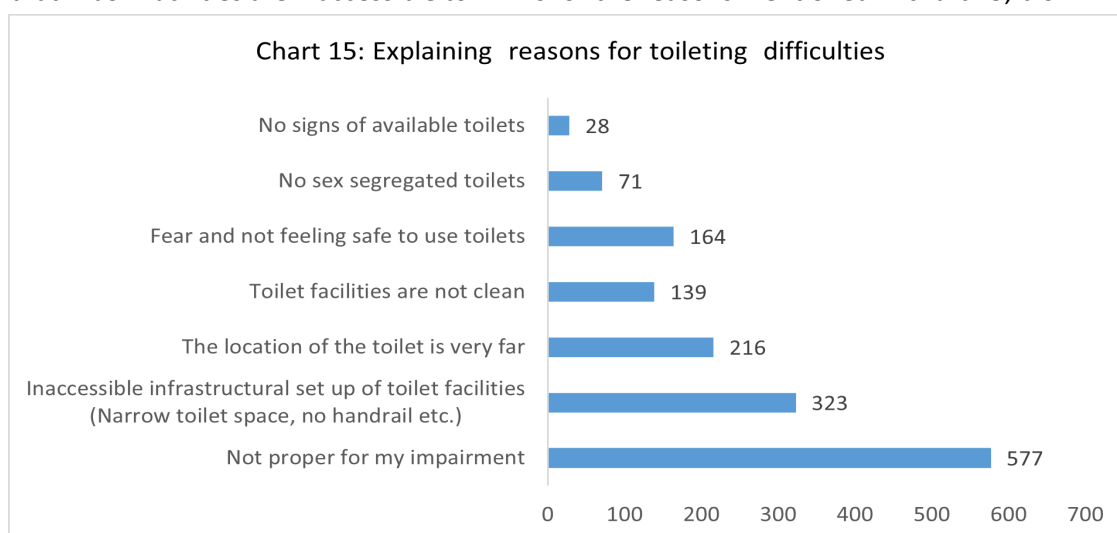
Source: Field Survey, 2023

As indicated in Chart 15, the majority of the respondents spelled out the absence of suitable and accessible infrastructural setup of toilet facilities particularly narrow toilet space and absence of

handrails as critical challenges affecting toileting. In addition, some of the respondents mentioned problems of distant toilet locations, fear and unsafe feelings to use toilets, and absence of sex-segregated, clean, and obvious signs of available toilets as other obstacles affecting PWDs' access to toileting services. Because of this, FGD discussants from most of the assessment areas suggested that both humanitarian and government agencies need to ensure that sanitary and latrine facilities are accessible on the ground and be adapted to the needs of persons with diverse types of disabilities.

3.2.4 Accessibility of Education Services

Chart 16. Ability of PWDs to use education facilities without support
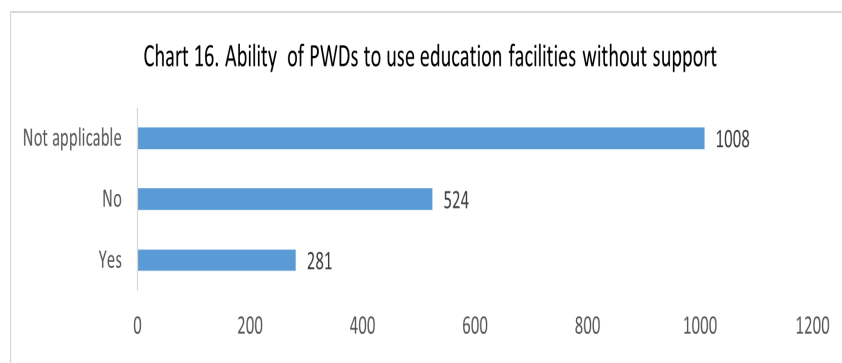
Source: Field Survey, 2023

As shown in Chart 16 above, 524 of the respondents reported that PWDs are unable to use education facilities without support. The rest, 281 respondents, replied that they can use education facilities without support. FGD discussants from Ayder and Hawzen opined that humanitarian programs on

Chart 17: PWDs explanation of difficulties on education
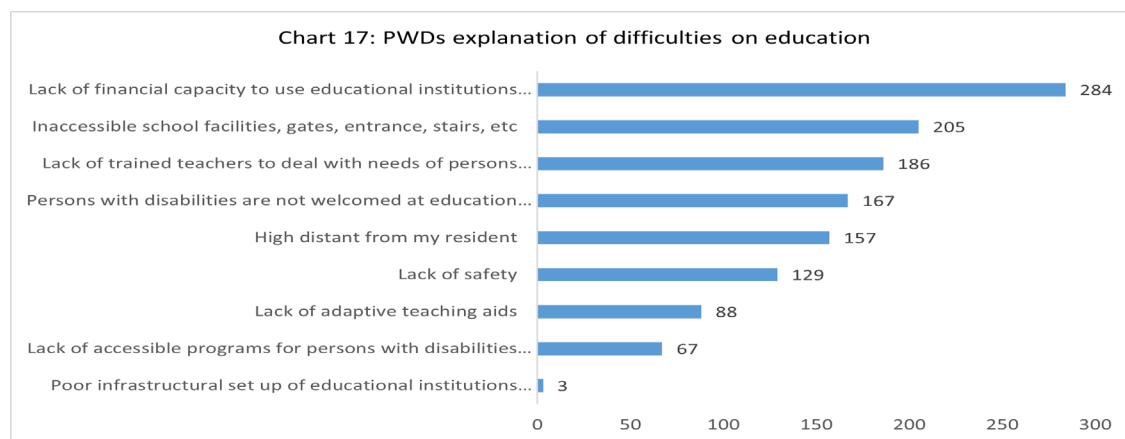
Source: Field Survey, 2023

education, in most cases, fail to be up to the universal design and are not targeted to PWDs particularly children with disabilities. A study conducted by UNICEF in 2018 in Addis Ababa city, indicates that children with disabilities are much less likely to start school than their peers without disabilities.

Concerning the fundamental issues which hinder using education facilities in their area, Chart 17 shows that lack of financial capacity to enroll in educational institutions: inaccessible school facilities,

gates, entrances, stairs, etc.; and a lack of trained teachers to deal with needs of PWDs students are the top three major challenges implicating access to PWDs. In similar terms, almost all FGD discussants from Seharti Woreda put forward that PWDs cannot use education facilities for the following reasons: absence of adequate humanitarian partners operating on education emergencies, improper educational infrastructures and facilities, distant location of the schools, low attention on educational inclusiveness and lack of well-trained teachers.

3.2.5 Access of PWDs to Participate in Humanitarian Programs

Chart 18: PWDs' access priorities to participate in humanitarian programs/services

Category	Value
Assistive devices (such as wheelchair, walker, hearing aid…	1247
Accessible information	900
provide aid to PWD	786
Accessible transport	769
Enhance participation	592
Improve understanding of the rights of PWDS	498
Develop networking activities and social connection	299
Environmental adaptations	187
Advocacy program undertaken	141
Promote international convention through training	101

Source: Field Survey, 2023

Chart 18 above vividly shows the priorities of access mentioned by the respondents. Accordingly, access to assistive devices during participation in humanitarian programs has been ranked as the number one priority which constituted 68.8 % of the respondents. The second most important access needed by PWDs is access to information which received 49.6% of the respondent's responses. The next priorities include the provision of aid; enhancement of access to transport; enhancement of participation; and, improving understanding of the rights of PWDs by the humanitarian staff, respectively.

Chapter Four

4. Major Barriers Affecting PWDs Access to Humanitarian Services

4.1. Introduction

For this chapter, the term barrier is defined as a set of factors in a person's environment that hamper participation and create disability. For girls and boys, women and men with disabilities, barriers limit access to, and inclusion in, society and humanitarian assistance thereby increasing household vulnerability and level of need. Barriers can be either classified as a threat, if put in place by an actor purposefully; or as a vulnerability, if happening as an inadvertent act. In both cases, these barriers lead to exclusion, which increases the likelihood of PWDs facing threats and vulnerabilities at a higher level than the rest of the crisis-affected population (IASC Guideline, 2019). This chapter will deal with the attitudinal, environmental, institutional, and communication barriers that PWDs face in their access to humanitarian services.

4.2. Attitudinal Barriers

Attitudinal barriers are defined as behaviors, assumptions, and perspectives toward PWDs (Bridger, 2020). Thus, this section presents the attitudinal barriers faced by PWDs in light of the prevalent negative impacts, gender and age classifications, and the attitude of humanitarian staff.

4.2.1. Impact of attitudinal barriers on PWDs

Chart 19 : Presence of negative perceptions towards PWDs
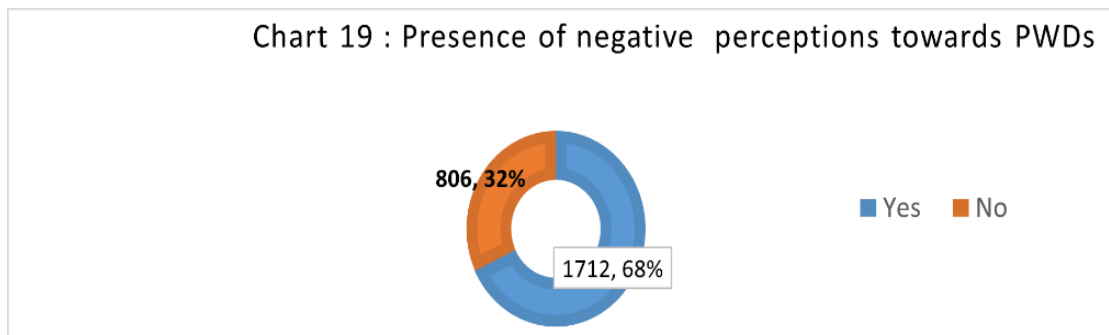
Source: Field Survey, 2023

Chart 19 above shows that 68% of the respondents reported that PWDs are negatively affected because of their disability status during their daily engagements with the community. The immediate Pareto diagram complements the negative impacts of the community's perceptions towards the PWDs under consideration.

Chart 20: Pareto Diagram on Impacts of attitudinal barriers
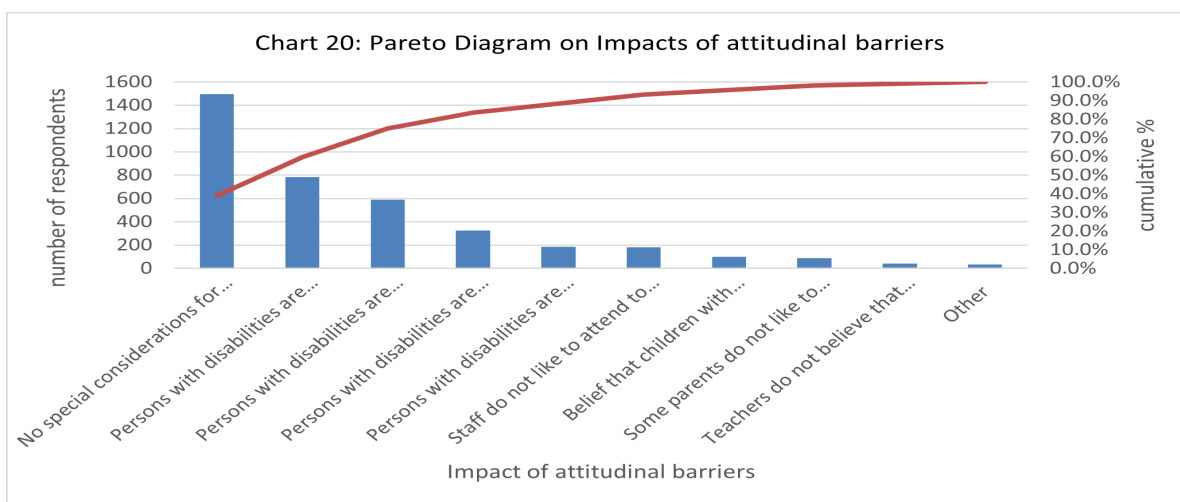
Source: Field Survey, 2023

In the Pareto diagram 20, the respondents ranked the top three impacts of the attitudinal barriers faced by PWDs. These are: no special consideration has been made for PWDs; they are not welcomed in the course of humanitarian services owing to elevated levels of stigma; and they are not considered as potential benefactors of humanitarian programs. The Pareto diagram illustrates that if this 20% of the negative impacts are addressed, then 80% of the problems on attitudinal barriers would be resolved. In support of this, the FGD findings from all the sampled Woredas show that PWDs are not treated fairly specifically during the delivery of humanitarian services. Conversely, they are oftentimes, seen as beggars and dependents. This negative attitude reflects the widespread charity model of perceiving PWDs- a model that characterizes PWDs as simple recipients of aid.

Worse of it, most of the FGD discussants reported that PWDs are highly discriminated against and mistreated by the service providers. This indicates that there is a significant level of exclusion of PWDs in service provisions and even they are not able to benefit from some programs irrespective of their legally protected rights.

However, the CRPD states that the latter have the right to participate equally in every aspect of socio-economic activities and get special protection. Article 8 of the same reads that States Parties must undertake awareness raising activities on the issue of PWDs to ensure and foster their rights and dignity in the community including at the family level (CRPD, 2006). Thus, the assessment findings prove that the practice on the ground does not promote the rights of PWDs.

4.2.2. Attitudinal Barriers Across Gender and Age Classifications

Although attitudinal barriers are common to all PWDs, there are varied impacts of attitudinal barriers across gender and age.

Chart 21: Comparing women/girls with disability v. men/boys with disability experiencing attitudnal barriers

Category	Value
Not Applicable	504
No	586
Yes	1429
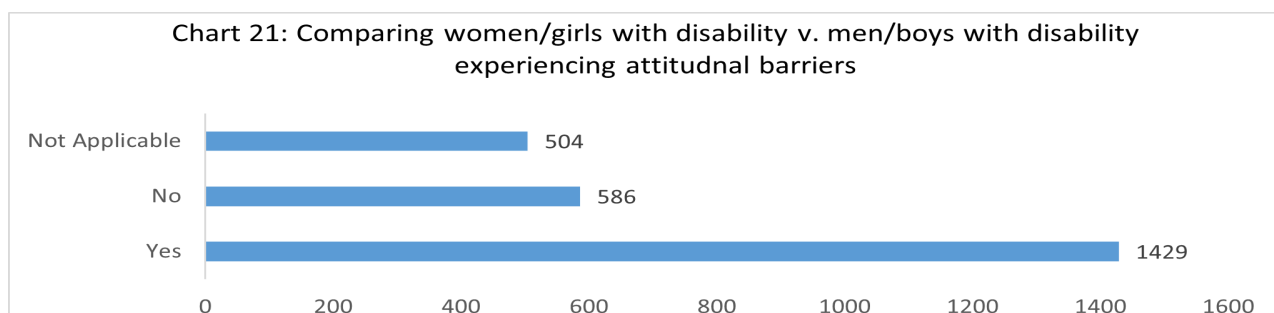
Source: Field Survey, 2023

Chart 21 above shows that 56 % of the respondents gave their perspective as women with disabilities experience extra challenges of negative attitudes due to their gender differences. On the other hand, Article 6 of the CRPD compels States Parties to take necessary measures to ensure equal participation of women/girls with disability in all aspects of life.

Chart 22 : Aggravating Factors for Attitudnal barriers on Women with Disabilities

Factor	Value
Challenges access to services based on gender norms	930
Discrimination	804
Challenges to engagement-communication-ignoring	599
Lack of interaction with women with disability based on …..	404
Insulting	349
Harassment	330
Exposure to GBV and other harassment	311
Stigmatisation	144
Less of appreciation	143
Aggressive	99
Other	32
Might be at risk of Smuggling and trafficking	16

Source: Field Survey, 2023

Chart 22 above shows the general perception of the respondents regarding the contributing factors for attitudinal barriers faced by women with disabilities. For greater focus, the chart produces six major factors. These include challenges in accessing services based on gender norms; discrimination; ignoring during their communication and engagement; lack of interaction with women with a disability based on gender; insult and harassment, in order.

Organizing and identifying the challenges based on the majority of the respondents' perceptions help actions be taken on a priority basis. Referring to Article 35 of the FDRE Constitution embraces the legal right of women and substantive equality such as temporary affirmative actions.

However, the existing assessment report indicates women with disabilities are facing multiple violations of their fundamental rights and dignity.

Chart 23: Comparison of children with and adults with disability in terms of attitudnal barriers

Category	Value
Yes	1469
No Idea	621
No	429
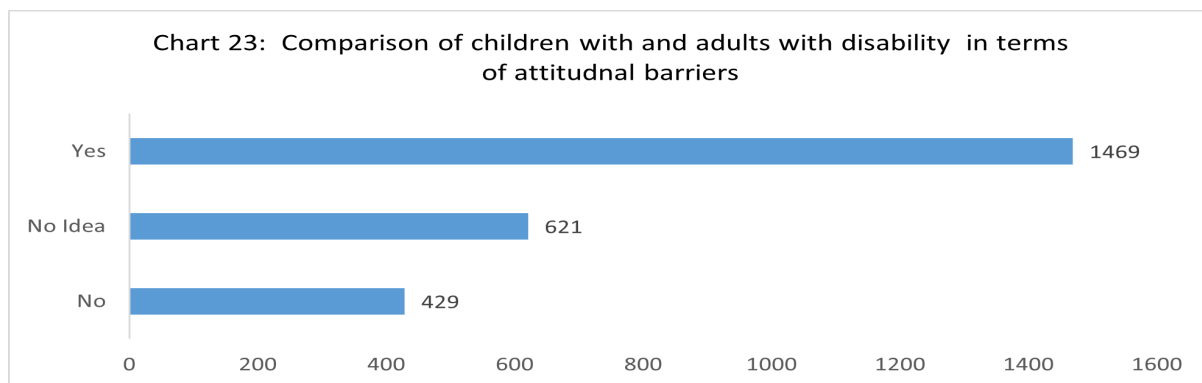
Source: Field Survey, 2023

Chart 23 above aims at comparing the age-wise differences in attitudinal barriers concerning PWDs taking adults and children as units of analysis. Accordingly, 58% of the respondents reported that children with disabilities experience different attitudinal challenges as compared to adult PWDs. The following chart illustrates the reasons for the varied challenges faced by children with disabilities.

Chart 24 : Typical experience/s of age based attitudnal discrimination

Experience	Value
Underestimated based on age	1034
No access to services	569
Discrimination	533
Bullying	519
Harassment	427
Not respected	358
More fear to interact with children with disability	285
Insulting	281
No engagement-communication-ignoring	202
Less of appreciation	123
Aggressive	107
Exposure to GBV and other harassment	95
Stigmatisation	62
Other	21
Smuggling and trafficking	10

Source: Field Survey, 2023

Chart 24 shows the existence of considerable challenges that affect the lives of children with disabilities such as underestimation based on age, lack of access to services, discrimination, and bullying. These barriers have been identified by more than 46.2% of the respondents.

These reasons indicate that children with disabilities tend to face more challenges particularly at schools regardless of their basic rights to education, not to mention all. In this regard, only 3% of children with disabilities in Ethiopia go to school.[1] This is because of varied reasons such as stigma, inflexible teaching practices, inaccessibility of the schools, lack of trained teachers, and lack of teaching aid materials. As a result, children with disabilities are the most disadvantaged groups to access basic services, despite the laws and policies in place.

Chart 25: Do older persons with disability (above 60+ of age) experience different attitudinal challenges comparing to adults

Category	Value
Yes	1384
No idea	630
No	505
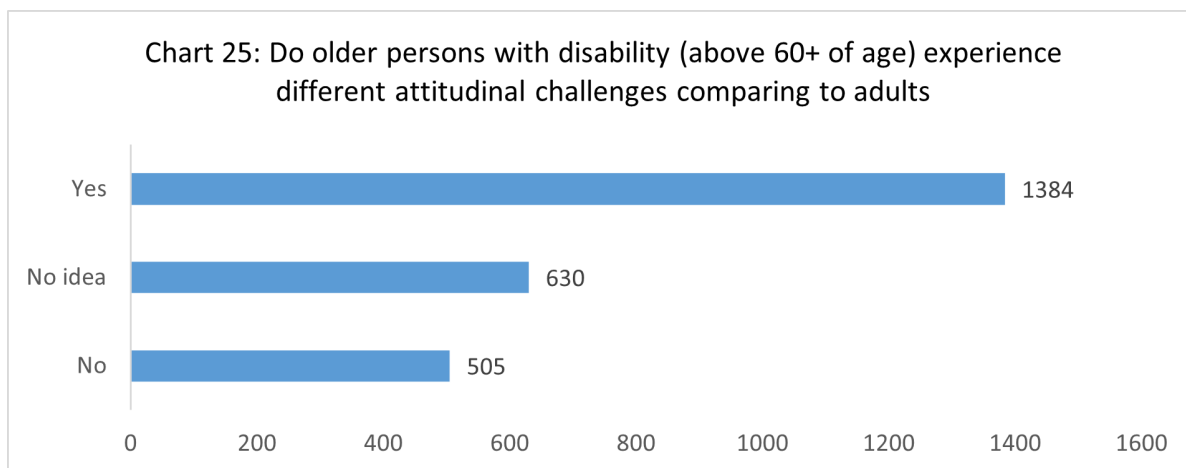
Source: Field Survey, 2023

As is discernible from the foregoing Chart 25, around 55% of respondents answered that elderly persons with disabilities experience different attitudinal problems compared to adults. In support of these findings, Articles 25 and 28 of the CRPD states that elderly persons with disabilities are among the most vulnerable groups and have the right to be protected from further disability by providing health services and livelihood programs.

Chart 26: Attitudinal challenges experienced by older persones with disabilities

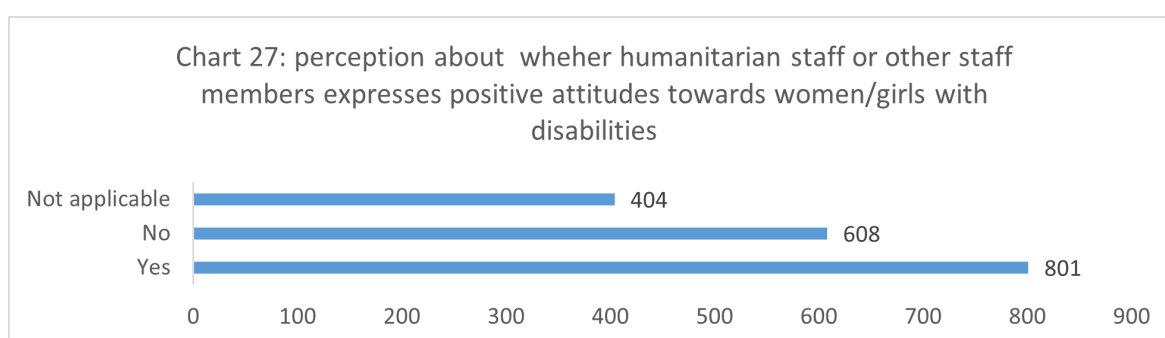| Category	Value
Less access to services	1006
Less respected	826
More discrimination	515
Less engagement-Communication-...	391
Less of appreciation	296
More insulting	202
More aggressive	186
More fear to interact	155
More stigmatisation	105
Exposure to GBV and other harassment	38
Other	16
Smuggling and traficking	12

Source: Field Survey, 2023

From this chart, it follows that less access to services, less respect, and wide discrimination have been identified by the majority (62%, as combined) of the respondents as the most critical challenges that

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[1] Handicap International, Ethiopia at: http://www.handicap-international.us/ethiopia

old PWDs experience during their daily activities. The inclusion of older PWDs is one of the basic principles in humanitarian standards to protect from any violations respecting their inherent dignity (Help Age International and Handicap International, 2018).

4.2.3. Attitudes of Humanitarian Staff on PWDs

The attitudinal barriers to PWDs are already addressed in full detail in the previous section. In this part, the assessment focuses particularly on the attitudes of humanitarian staff toward PWDs. The findings of the assessment are indicated by separately addressing the attitude of humanitarian actors toward women and men with disabilities.

Chart 27: perception about wheher humanitarian staff or other staff members expresses positive attitudes towards women/girls with disabilities

Source: Field Survey, 2023

In this chart 27, majority of the respondents (more than 44.2%) reported that humanitarian or other staff have expressed positive attitudes towards women with disabilities. On the other hand, 33.5% of the respondents witnessed that humanitarian and other staff have a negative attitude towards women with disabilities. The second percentage implies the huge gaps of women PWDs in terms of inclusiveness by humanitarian and other organizations. The FGD discussants, in many of the assessment areas, have also confirmed that humanitarian staff has been influenced by the poor cultural practices during humanitarian deliverability, lack of awareness of the socio-economic contribution of women with disabilities, and noncompliance with the internal code of conduct of humanitarian staff.

4.3.   Environmental Barriers

PWDs are prevented from access to different facilities and socio-economic interactions. The Ethiopian Building Proclamation of 2009, among others, mandates that any public building, stairs, and walkways must be suitable for use by PWDs. It is also important to take note of the principles of universal design and reasonable accommodations of physical infrastructures to overcome PWDs' environmental barriers. This section, hence, presents the environmental problems faced by PWDs in accessing numerous services.

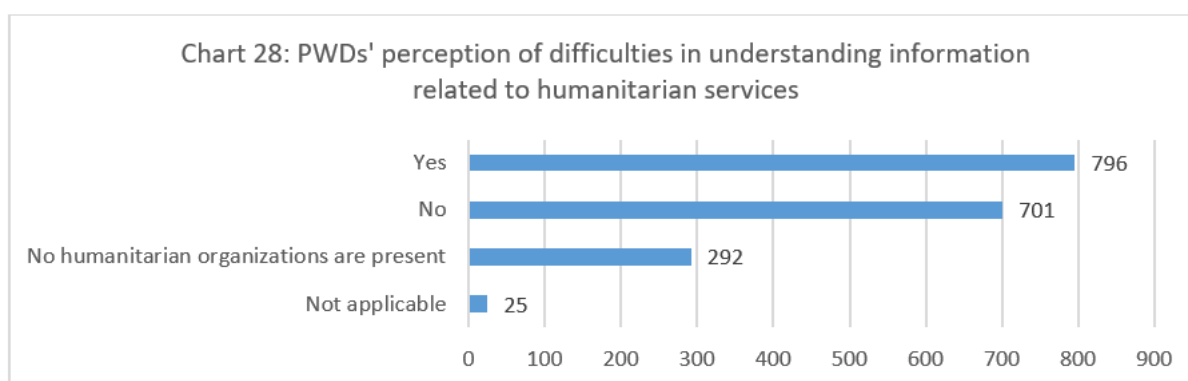| Table: Key physical barriers preventing PWD's access to facilities and services	
Key physical barriers	**Frequency**
No transportation is available or accessible to PWDs and is costly (unorganized movements)	1635
Facilities are too far from some PWDs to reach	1349
Lack of assistive device availability (wheelchair, crutch, and cane)	1057
The geographic orientation	564
Stairs, traffic, and uneven ground prevent access to spaces for persons using wheelchairs	369
Inaccessible toilets/showers/drains	265
Inaccessible sites: Access to enter and use learning spaces is limited. I.e.: insufficient circulation space for persons using mobility aids, lack of visual cues to support access by persons who have difficulties seeing (tactile bands, handrails, and sufficient lighting)	215
Lack of accessible latrines for PWDs in the services spaces	194
Unorganized movements (e.g., cars, animals)	190
Lack of proper lighting	145
Lack of tent space in IDP sites	117
Noise pollution/noisy environment	112
Others	95

The table above shows the key physical barriers that PWDs face in accessing different facilities and services. The table portrays that no accessible transportation services to PWDs are available: facilities are too far for some PWDs to reach; lack of assistive devices; inaccessibility of services due to geographic orientation; and unsafe walkway spaces for PWDs have been raised as the key physical barriers amongst which PWDs are facing in their daily activities. In addition, the FGD findings from Seharti, Shire, Abiy Adi, Hawzen, Entcho, and Adigrat invariably prove that the design of IDP sites' shelters, educational facilities, buildings, road constructions and WaSH facilities, latrines and water points, and other social infrastructure are less accessible to and inconvenient for, PWDs. This shows unbridgeable gaps between the humanitarian services and facilities on the one hand and the reasonable accommodation requirements set out in the Ethiopian Building Proclamation No. 624/2009.

4.4. Institutional Barriers of PWDs

For this assessment, institutional barriers are construed as inadequate or inflexible laws, policies, standards, and systems that contribute to the exclusion of PWDs. In this regard, FGD discussants from most of the assessment areas demonstrated that every PWD, like any citizen, is capable of contributing to their nation's productivity and overall development goals. They also stressed that their impairment does not and cannot prevent them from achieving a reasonable standard of living for themselves. It is rather, the institutional policies and practices denying them equal rights and opportunities. The existing institutions at all levels and sectors failed to include PWDs to have active participation in policy formulation, decision-making, and socio-political representations. To quote the direct verbatim of one FGD discussant from Seharti Woreda, "Our (PWDs') voices have never been heard; the local authorities come to us merely to mobilize resources in the name of us - we are instrumental for them; they do not allow us to speak our minds; and now, we are left at the mercy of the occasional and disparate humanitarian assistances which are often subject to misappropriation by the aid distributors."
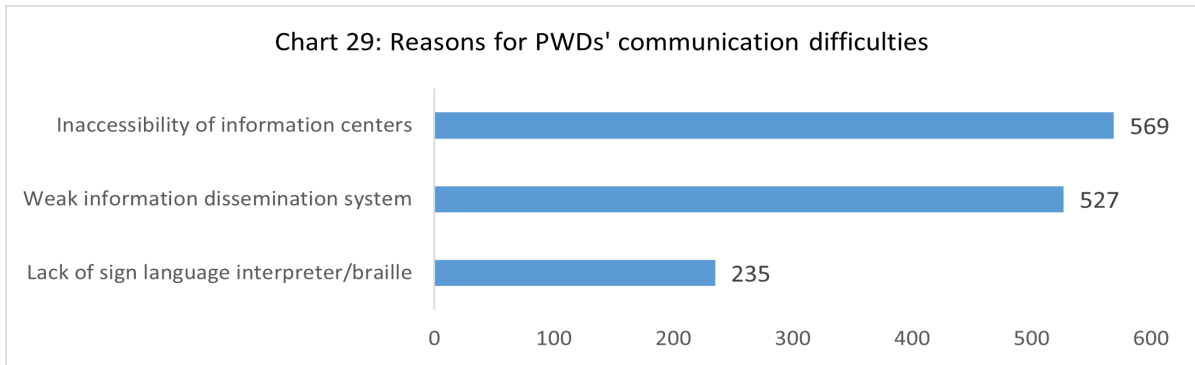
4.5. Communication Barriers

Communication barriers are barriers chiefly associated with a lack of access to information related to the effective exercise and enjoyment of PWDs' rights and interests. In a way, effective communication has a lot to do with the presupposition that any information pertinent to PWDs should be conveyed in a suitable format, easy language, and accessible media apparatus convenient to several types of impairments.

Chart 28: PWDs' perception of difficulties in understanding information related to humanitarian services

Yes	796
No	701
No humanitarian organizations are present	292
Not applicable	25

Source: Field Survey, 2023

Chart 28 above shows that 43.9% of the respondents reported that PWDs experienced much more difficulty in understanding the information conveyed by humanitarian actors. Conversely, 38.6% of them described that PWDs do not face information and communication difficulties.

Chart 29: Reasons for PWDs' communication difficulties

Category	Value
Inaccessibility of information centers	569
Weak information dissemination system	527
Lack of sign language interpreter/braille	235

Source: Field Survey, 2023

As can be glanced from Chart 29, most of the respondents replied that the major reasons for PWDs' difficulty to understand information disseminated by humanitarian actors are the inaccessibility of information centers and weak information dissemination systems in their respective localities. The unavailability of sign language translators, Braille, and other assistive technologies have been also stressed as other important reasons challenging PWDs not to understand information related to humanitarian service interventions. In support of this view, FGD discussants from Kola-Temben explained: "In our area, there is no organized and free flow of information on humanitarian services for PWDs; we can say there is no media coverage to expose and voice out our living conditions; there are no Centers where PWDs and humanitarian service providers can learn a sign language, Braille, Ortho-physiotherapy training and the like. Let alone effective communication, we have no access to information to know which humanitarian organizations are present and functioning in our locality."

Chapter Five

5. Concluding Remarks and Limitations

5.1. Concluding Remarks

The rapid assessment explored the overall humanitarian situation, needs, priorities, and accessibility concerns of PWDs along with the corresponding barriers surfacing in the sampled Woredas of Tigray. Of the impairment types subject to the assessment, the empirical findings demonstrate that persons with mobility (physical), visual and cognitive impairments constitute the majority of the respondents in order. Concerning the humanitarian needs and priorities of PWDs, the findings further reveal that there are wide ranges of humanitarian service gaps warranting extensive and urgent demands of multi-purpose cash support, food assistance, medical supplies and rehabilitation services, shelter and settlement as well as assistive devices.

As for the availability and accessibility of humanitarian services to PWDs, the assessment findings indicate that there are no sufficiently available humanitarian services in virtually all areas of the assessment. In particular, PWDs have critical challenges in accessibility to food assistance, education services, health and medical facilities, and WaSH services. This is reported to be the case mainly because humanitarian service programs and interventions are less congruent with the requirements and principles of reasonable accommodation and universal design. More specifically, the findings pinpoint a lack of financial capacities; poor infrastructural setup; less suitable facilities, and distant locations as major challenges affecting access of PWDs to humanitarian services.

The assessment results also identify four major barriers affecting PWDs' access to basic humanitarian services and programs, being attitudinal, environmental, institutional, and Information communication. The dominant attitudinal barriers affecting PWDs include harmful cultural norms and practices; elevated levels of stigma and exclusion and wrong societal and humanitarian actors' perceptions of PWDs' productivity. The findings identify key physical barriers such as inaccessible transportation services; distant location of facilities; lack of assistive devices; unsafe walkway spaces. More importantly, the findings establish that the existing institutions at all levels and sectors have failed to include PWDs to have active participation in policy formulation, decision-making, and socio-political representations. The institutional barriers are also manifested in terms of failure to provide special and differential treatments towards PWDs and lack of robust protection policy and advocacy works by the humanitarian service providers.

Another major barrier affecting PWDs' accessibility to humanitarian services is information communication. In this regard, the findings show that there are inaccessible information centers; weak

information dissemination systems; unavailability of sign language translators and trainers; lack of *Braille* and other assistive technologies hindering PWDs from not having adequate information and effective communication with humanitarian service providers.

5.2. Limitations

The assessment has encountered certain limitations related to security threats, logistic constraints, loss of local administrative records and memories, and institutional research experience. As the assessment was conducted at a time when regional security issues were less predictable, much of the data collection work and field-level supervision have not been up to the proposed expectations and methodological design. On top of this, the assessment is the first of its kind in Tigray as a result of which, it did not benefit much from prior empirical research and baseline assessments to work with. As the scope of this rapid assessment was also a limited number of Woredas, the findings might not ensure the required level of representativeness and the qualitative characterization of all humanitarian needs and service gaps affecting PWDs throughout the region.

Chapter 6

6. Key Recommendations

As a result of the findings and based on the needs reported by respondents of the assessment, in line with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action 2019, key recommendations and actions are tailored for clusters and actors in Tigray as follows:

6.1. Global coordination structure, Donors, CCCM, Clusters and Organizations.

1. **Support to develop a holistic organizational inclusion strategy in Tigray**: Ensure the strategy addresses both the specific barriers reported, and intersecting vulnerabilities experienced by persons with disabilities, based on the findings of the assessment. Ensure that persons with diverse disabilities are active participants, with leadership roles to define inclusive actions.

2. **Partnering with** organisations of persons with disabilities to prepare and implement the disability inclusion strategy and response activities, in accordance with the Convention on the Rights of Persons with Disabilities, and the IASC guideline.

3. **Promote the rights of persons with disabilities through all actions,** ensuring that actors adhere to clear standards, guidelines and indicators which ensure participation of persons with disabilities is monitored throughout the project cycle.

4. **Allocate Flexible Fund for** inclusion integration and mainstreaming in the response to address the needs of persons with disabilities. Fund should support the alignment of using the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.

5. **Ensure specialized services for all persons with disabilities,** across all age ranges, such as rehabilitation services, unconditional cash, and the provision of assistive devices and ensure availability and sustained services, for persons with disabilities.

6. **Set targets** for the number of persons with disabilities of all ages, participating in empowerment programs, to ensure that persons with disabilities are not overlooked and are able to access urgent services on an equal basis with others.

7. **Advocate to improve educational system, and funding for** humanitarian partners operating on education in emergencies.

6.2. All Actors

1. Organizations and clusters should continue to facilitate barrier assessment in all other communities in which they operate. This assessment should inform specific actions taken.

2. Ensure active participation of persons with disabilities in all decisions related to programming toward them.

3. Allocate adequate budget and implement integration of actions to identify specific needs of individuals at the service level and provide individualized supports and case management to mitigate barriers to participation such as assistive devices, reasonable accommodation, and transport allowances for the individual and their care giver. For physical accessibility, consider budgeting at least an additional 0.5-1 per cent. For non-food items and assistive devices, consider budgeting at least an additional 3-4 per cent

4. Mitigate negative attitudes and misconceptions amongst humanitarian staff by ensuring that staff are sensitized to the human rights approach to disability and common barriers to participation in services, including the consequences of these barriers.

5. Include awareness raising campaigns amongst communities. Conducting awareness raising campaigns should be achieved by engaging, prominent community figures and persons with disabilities themselves.

6. Develop the skills and capacities of the staff on the identification of persons with disabilities, how to utilize diverse communication methods and how to meet their specific needs, including the ability to make referrals to other services where indicated.

7. Use diverse communication alternatives through consultations with persons with disabilities and older persons. At a minimum, ensure augmentative and alternative communication devices (AACs) are available to support people who are non-verbal to enable basic interactions with staff, including the ability to provide informed consent.

8. Ensure physical facilities are designed in line with the principles of universal design drawing on the International Organization for Standardization (ISO) standards. Where this is not possible from the outset, consult an experienced engineer in consultation with an inclusion professional, whom have strong experience in environmental adaptations for people with diverse abilities, to explore where temporary measures may be taken to promote physical access to facilities, such as portable ramps, grab rails, commodes and over the toilet frames. Provide safe lighting and accessible signage in all environments. Consult older people and people with disabilities to choose the most appropriate location and the frequency for distributing of services, food, cash or other services.

9. Whenever possible, prioritize older people and persons with disabilities in queues for

distribution, or, if they prefer, organize dedicated queues or distribution times. To avoid causing harm, raise awareness within the community of the reasons for prioritizing certain groups.

10. Consider accessible transport options and, where applicable, the provision of transport allowances for the individual and their care giver.

11. Improvement of public transport system that is available within communities, and improve in road and pathway quality to enable safe access.

12. Build outreach approach for ensuring access, or distribute services to cover wider geographical areas as distance was key barrier to access services.

13. Ensure all complaints and feedback mechanisms are known, understood and accessible for persons with disabilities and that follow up and feedback to the individual/family is completed by using different compliant format, regular monitoring visits and collecting testimonies.

14. Ensure disaggregated monitoring and evaluation of projects, specifically measuring access for persons with disabilities through conducting regular focused group discussions and interviews with persons with disabilities to collect both quantitative and qualitative monitoring and evaluation information.

15. Informed consent to assistance or services should always be obtained from all persons with disabilities regardless of the type of impairment. Various communication methods should be utilized to enable this.

6.2.1 Livelihood Programs and Assistances

1. Create an inclusive livelihood opportunity for persons with disabilities by analysis of the market needs and sustainable factors within their communities.

2. Arrange consultations with older people and persons with disabilities to assess their capacities skills, interests and needs in relation to livelihoods. Involve organizations of people with disabilities (OPDs) and older people's associations (OPAs) in conducting a market assessment and monitoring inclusive activities.

3. Adapt criteria and set a target for targeting the distribution of cash, vouchers, and livelihoods assets to ensure safe access for older people and persons with disabilities and\or care givers.

4. Adapt livelihood modality and provide case management and individual tailored support using skills analysis to provide persons with the needed adapted tools and methods to ensure active participation in livelihood opportunities.

5. Provide inclusive vocational training for persons with disabilities as preparation phase before participation into income opportunities when needed. Ensure to include care givers to ensure sustainability and access to services.

6. Use accessible information about assistance that is easy for people with limited financial literacy

to understand. While using different modalities within livelihood opportunities such as use easy reading instructions, recorded process, visualized directions, use sign language, adapt time and modalities such as home-based opportunities, so that older people and people with disabilities can participate.

7. Collect and monitor information on the livelihoods capacities and needs of people who may be less visible and their care givers, such as those who are isolated or unable to leave their shelter.

8. Use flexible implementation approach through using different modalities based on individual skills, capacities and needs such as in-kind, vouchers, small business, or cash transfers; Provide unconditional cash for persons with severe difficulties that are unable to leave their shelters. Be sure to use different formats and clear targeting criteria as people lack access to technology as reported and might be at risk of exclusion.

9. Build the capacity of staff to make livelihoods activities safe and accessible for older people and persons with disabilities by providing guidance and training on how to adapt livelihood opportunities to ensure equal access to all.

6.2.2 Health and Rehabilitation Requirements and Assistive devices

1. Prioritise access for persons with disabilities to health services who experience lack of rehabilitation services during last period, which lead to long term complications, psychological impact, and lack of independency.

2. Set a community-based rehabilitation approach in Tigray (CBR). This can ensure improve access to sustainable rehabilitation services if applicable.

3. It is essential to organize locally appropriate mental health and psychosocial supports network that promote self-help, coping and resilience among affected people. By training key professionals to lead this community approach, support will be provided to persons with disabilities and older persons to build better social connections.

4. Adapt or establish standardized case management protocols for the most common complications due to gaps of health services or rehabilitation services during the last period, considering national standards and guidelines.

5. Establish a standardized referral system and ensure it is utilized by all actors in Tigray.

6. Ensure to build comprehensive rehabilitation services including functional rehabilitation services and provision of assistive devices needs. This should be in line with the domains of the International Classification of Functioning, Disability and Health (WHO, 2001) This includes promoting functional independence in all personal, domestic and community activities of daily living through therapy. (This requires more follow up by health actors to access needs and build by more tailored guidance access to functional rehabilitation services and assistive devices training for health staff,

such as training for key staff in core Occupational Therapy assessment and intervention skills to promote the functional approach in case this profile does not exist among health staff in Tigray).

7. Training and supervision of health workers on the importance of access to assistive devices, and how to ensure practical techniques of conducting training of using these devices.

8. All rehabilitation actors should consider expanding the assistive devices available to support activities that are not only mobility related, such as built up cutlery and plate guards to promote independent feeding, and dressing aids to reduce dependence on a care giver and to promote better self-esteem, while in case of lack of availability, actors to **Create an alternative modality** to facilitate access to assistive devices based on the community resources such as using **Appropriate Paper-Based Technology (APT).**

9. Distribution of portable pressure mattress, portable toilets, bed bans as part of assistive devices, for persons reported facing health complications due to sleeping on arranged stones, tables and open spaces which consider substantial risk of long-term complications that can be avoided.

10. Ensure referrals of persons with disabilities to required services such as (but not limited to) MHPSS, child protection case management and GBV services. Promote ongoing coordination with relevant protection actors to ensure holistic management and diverse needs are met.

6.2.3 Social Protection, Participation, Empowerment & Accountability requirements

1. It is essential to build the capacity of individuals and communities to identify and respond to protection risks. This includes providing training and support to community members, as well as ensuring that protection staff have the necessary skills and knowledge to effectively implement inclusive protection programs.

2. Protection programs should help to facilitate the meaningful participation of persons with disabilities in all processes related to decisions which impact their lives while in displacement. Such meaningful engagement would contribute to ensure evidence-based planning for interventions.

3. Protection programs should also strive to empower persons with disabilities and their communities to identify community-based protection sustainable solutions for deep rooted social issues.

4. Develop outreach activities, including community-based outreach, to reach individuals who are isolated in their place of residence.

5. Include case studies and discussions of disability in core trainings for protection staff, community outreach staff, protection focal points and protection committees.

6. Monitor and report on violations of the rights of persons with disabilities. Include targeted violence, poor nutrition, forced medical treatment, and disability-related discrimination, violence - GBV.

7. Add case studies and discussions of disability to practitioner training such as GBV training tools.

8. Ensure inclusive protection mechanisms are put in place with specific consideration of the needs of persons with diverse disabilities.

9. Consider introducing a buddy system for adolescents and youth with and without disabilities.

10. Consider promoting a community support person/care giver program. Where people in the community (including persons with disabilities who are independent) are provided basic training on supporting persons with various functional difficulties these care givers are compensated for their time under cash for work.

11. Create community committees which include female and males with various difficulties. These committees can participate in monitoring of the rights of persons with disabilities, their concerns and raise complaints and feedback to camp management.

6.2.4 Shelter and settlement

1. Considered family size to define shelters besides privacy and protection concerns when distribution of shelters for persons with disabilities.
2. Ensure that shelters are accessible, particularly those with intellectual and psychosocial disabilities, and may need additional space.
3. Use universal designs when planning any infrastructure. Ensure that camp design does not create accessibility barriers for persons with disabilities and promotes participation without increasing stigma. Consider width of walkways, ground surfaces and visual and communication cues and consult persons with disabilities for guidance on these issues.
4. Its required for further analysis by clusters on the impact and reasons that many IDPs decide to leave shelter and are forced to live in the host community.

6.2.5 Education services

1. Build an inclusive educational action plan by having the principle that all children with disabilities can learn.
2. Ensure that reasonable accommodations are made when needed; and that budget is available for that.
3. Define with OPDs how to support formal or informal education services.
4. Plan actions to strengthen inclusive education systems. (For practical ideas and resources, refer to INEE, Pocket Guide to Learners with Disabilities.)
5. Support formal and non-formal education system for persons with disabilities.

6. Build informal support for children and adults with disabilities, and older people, to access education, such as volunteers, siblings, buddy systems, and peer support.

7. Improve accessibility of schools for children with disabilities. Mitigate stigma through awareness campaigns at schools using theaters, plays and drama with involvement of OPDs.

8. Train teachers and sensitize students on the rights of persons with disabilities accessing education.

9. Create systematic support for scholarships and funds to cover costs of education for persons with disabilities.

10. Adapt teaching methods, and methods used to assess the education level for persons with disabilities to match diverse capacities and needs.

6.2.6 Food security and Nutrition

1. Consider further analysis on existence of considerable gaps in food assistance.

2. Share accessible information using different format (easy reading process) on how to make food easier to eat.

3. Report eating habits of older people and people with disabilities about their strategies, before, during and after the humanitarian crisis. Make grinding meals accessible to IDPs living in IDP sites and in host communities.

4. Include therapeutic feeding programme for persons reported being unable to feed themselves.

5. Consider assisted eating and dietary requirements, and the nutritional quality of foods, including types of food required (such as liquid foods) and adapt the size and format of food packages accordingly.

6. Explore the viability of providing food processors, which can be powered by solar panels, or manual use to enable individuals to alter the texture of food themselves.

7. Employ a community-based approach by identifying staff and where possible, community members, who can support persons with disabilities to access food rations (on site and via outreach). Provide reasonable accommodations; include assistance with transport, and childcare for parents of children with disabilities and for parents with disabilities.

6.2.7 WASH Services

1. In line with the Sphere Standards (2018) ensure water, sanitation and hygiene facilities are located within 25 meters of persons with significant functional difficulty and that at least 1 toilet in every 5, and 1 bathing facility in every 5 are designed in alignment with the universal design principles. This includes, at a minimum, ramp access, wide doorways (>90cm), adequate circulation space inside the facility, safe seating, and grab rails.

2. Where universal design is not possible from the outset, consider temporary, locally sourced methods to enhance accessibility of toileting and bathing facilities such as installation of grab rails, portable ramps, portable shower chairs and 'over the toilet frames' to support function and reduce the risk of harm (such as falls) during self- care activities.

3. Consider the distribution of commodes (portable toilets) and bed pans for people who cannot reach or use toileting facilities

4. Women with disabilities may need access to flexible and diverse menstrual hygiene management materials. Adapt menstrual hygiene materials to meet their requirements.

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