

How to Use the DTM Field Companion for Disability Inclusion

In order to increase usefulness and usability of DTM MSLA data by clusters and cluster members, DTM worked with global Disability Inclusion experts from **IOM, UNHCR, UNICEF, Oxfam, Humanity and Inclusion and others** to identify a recommended approach and basic information needed in most contexts that could be collected through KII and Observation by enumerators (commonly used in DTM MSLA).

These experts realized that DTM MSLA could identify barriers faced by persons with disabilities in accessing basic goods and services. To do so, the information should be solicited from persons with disabilities.

[As per other DTM Field Companions on various sectors, these information needs were translated in proposed questions and included in the DTM Field Companion.](#)

Using the DTM Field Companion for Disability Inclusion

DTM teams and Partners in countries (e.g., Clusters, sectors, agencies, NGOs) who are planning a disability inclusive response **will jointly discuss the type of information they are missing that can be collected by DTM**, in line with the shared **DTM&Partners Process**.

After identifying the missing information, they will jointly agree on the phrasing of the questions, on an analysis plan, on data-sharing modalities and their respective roles in interpreting the information. DTM and Partners can then use the DTM Field Companion for Disability Inclusion in the **DTM&Partners Toolkit to identify how to fill their information needs and adjust to the specific context of their response**.

- The Field Companion for Disability Inclusion includes **suggested question phrasing for 11 information** often needed by partners to design an inclusive response, that assess types of barriers faced by persons with disabilities to accessing basic goods and services. Each suggested phrasing is linked to a **specific use and mock-up analysis**. It also indicated **which humanitarian sector can minimize barriers identified by each question**.

- The Field Companion for Disability Inclusion also helps **DTM coordinators give examples of answers** that enumerators may receive from KI and suggests which of the set options the enumerators will select.

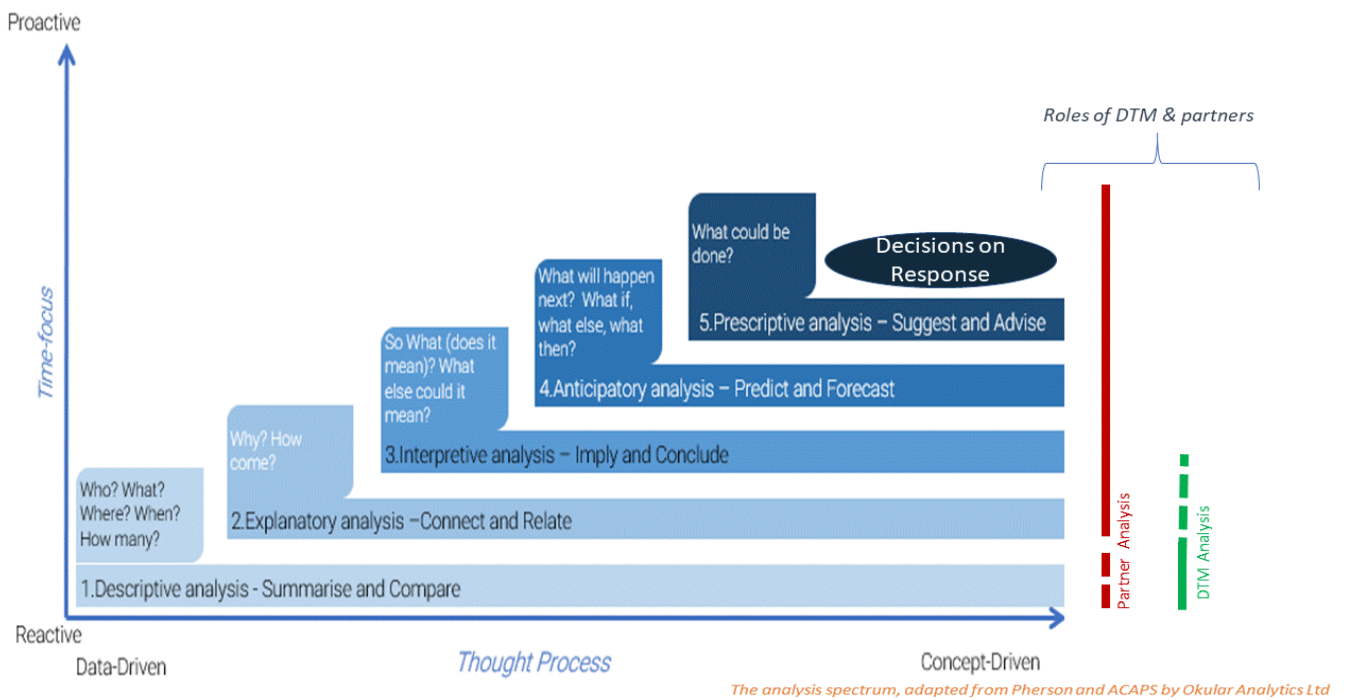
- The Field Companion for Disability Inclusion includes also examples of use of the DTM results, and links them to practical response actions that Partners can take (AAP/CWC, CCCM, Child protection, GBV, Health, Protection, Shelter, WASH...),

Collecting data

Information should be collected **directly from persons with disabilities**, by including persons with different disabilities among Key informants and Organizations of Persons with Disabilities, as best practices teach. In some circumstance, when this is not immediately possible, enumerators can ask key informants to approach persons living with different disabilities and identify such barriers. While not ideal, as the results may be less accurate, this second modality may result in increasing Key Informants' awareness about specific barriers otherwise invisible to persons living without disabilities. This can only work if the initial contact is appropriately followed up and moves to direct interviews with persons with disabilities over the successive rounds.

Sharing and Analysing DTM KII information on Disability Inclusion

DTM will communicate where and when partners can find the results of data collection. DTM and partners will have agreed on what data are sensitive and how these sensitive data will be shared. DTM and partners will agree on specific presentations of DTM results to sectoral colleagues. DTM can present the data and descriptive analysis and explain how the results were collected and analysed. Partners will understand the specific datasets and have the responsibility to analyse further, interpret, explain, and identify solutions to reduce barriers and ensure access to basic goods and services for all persons with all types of disabilities



DTM Field Companion for Disability Inclusion

Unique ID	Dissemination Category	Instructions for the Form	Information Need	Type of Question
M1843	Public	Select 3- do not use the word "disability"	Top 3 additional barriers that PwD face in obtaining appropriate items from distributions (food /cash/NFI /other)	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)

Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face in obtaining items from distributions (e.g., food, money/vouchers/cards, NFIs distributions)

Response Options Text

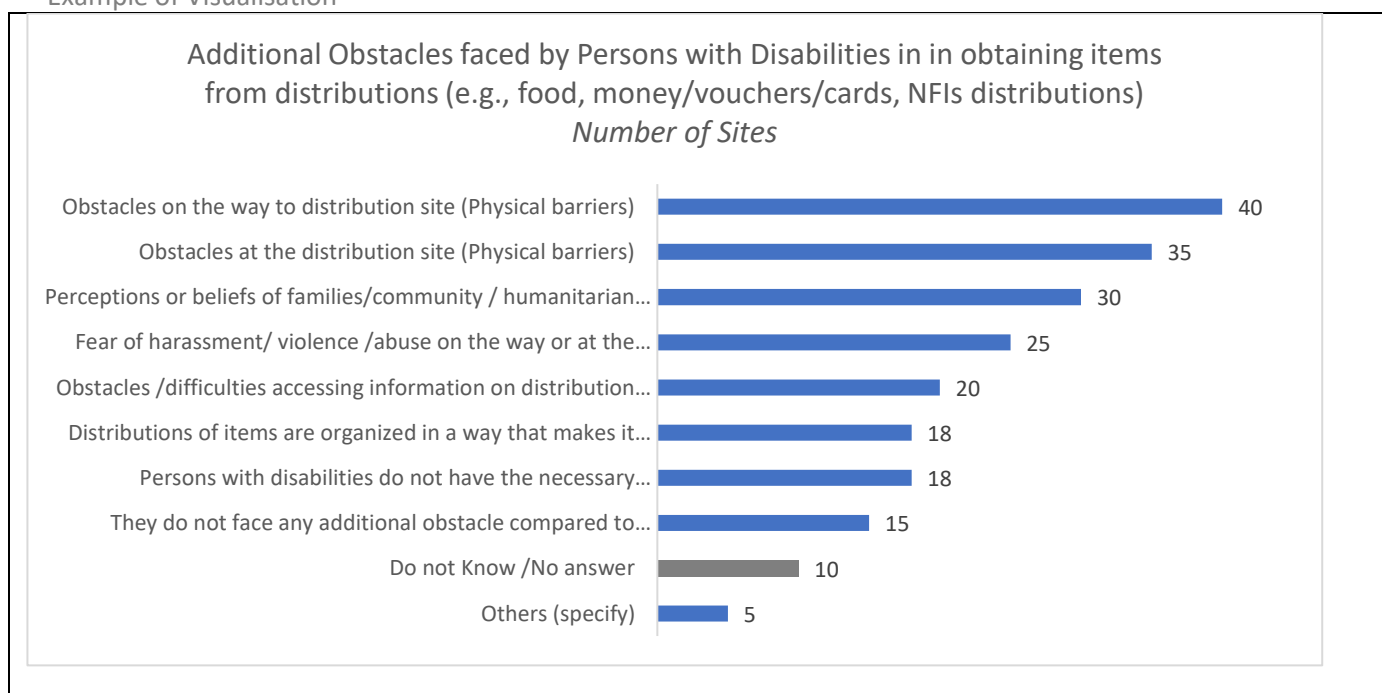
Obstacles on the way to distribution site (Physical barriers)
Obstacles at the distribution site (Physical barriers)
Perceptions or beliefs of families/community and humanitarian service providers and other actors make it difficult/impossible for persons with disabilities to access distribution /items (attitudinal barriers)
Fear of harassment/ violence /abuse on the way to distribution or at the distribution site (attitudinal barriers)
Obstacles /difficulties accessing information on location and time/day of distribution (informational barriers)
Persons with disabilities do not have the necessary documentation to access distribution (institutional/administrative/legal barriers)
Distributions of items are organized in a way that makes it difficult for them to get the items (institutional/organizational barriers)
Persons with disabilities do not face any additional obstacle compared to everybody else;
Others (specify);
Do not Know /No answer

Preconditions for Data Collection

Recommended Source of Information

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated	Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities
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Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers at distribution sites that affect persons with disabilities, in x% of assessed sites Persons with disabilities do not receive information on how they can get items; in yx% of assessed sites, Persons with disabilities are afraid of theft/attacks at distribution site; while in zx% of assessed sites it is perceptions and beliefs of families/community that make it difficult for Persons with disabilities to get distributed items... In x% of assessed sites, Key Informants could not answer.

Data of Interest for:

AAP	CASH	CCCM	Child Protection		Food Security	GBV	
			Protection	Shelter & NFI	WASH	HI, Organizations of people with disabilities (OPDs)	

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by distribution actors at a National/area level, as well as at site/location level.

National level analysis can be used by distribution actors prioritize locations for intervention and design programmes. Each sector (CCCM, Food Security, NFI/Shelter...) can use results to prioritize sectoral interventions in locations, modify distribution modalities, minimize barriers to improve access to assistance. (See guidance for examples)

Analysing the data at a location level can help distribution actors in each location address barriers (see guidance for examples)

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Obstacles on the way to distribution site (Physical barriers)	The distribution site is too far away for people who have difficulty walking. The road to the distribution site is too rough, uneven terrain, no accessible transportation. People with disabilities (e.g., Persons who have difficulty seeing, hearing, walking, moving, climbing steps, remembering, communicating, understanding, concentrating...) have difficulties carrying items back to their homes because packages/ items are difficult (un-adapted/ too heavy/ large) to carry and wheelbarrows and other means of transport not adapted. People with disabilities use part of what they receive to pay for assistance in collecting/ transporting the items.	Set-up alternative modalities of collection, such as allowing safely identified proxy collectors and providing delivery. Provide transportation assistance e.g., wheelbarrows/ donkey. Ensure that items are delivered in a way that they can be carried/ transported in an easy way Change location of services (e.g., providing more localized sites)

<p>Obstacles at the distribution site (Physical barriers)</p>	<p>Persons with disabilities cannot move around easily because of rough or uneven terrain, lack of ramps/presence of steps, insufficient space to move around for persons using mobility aids, lack of tactile cues to support access by persons who have difficulties seeing (tactile bands, handrails, sufficient lighting), The site is too crowded and persons with disabilities have difficulties navigating around the site. For example, people who have difficulties seeing cannot find the right queue. Lack of accessible latrines that persons with disabilities can use at the distribution site; The latrines have squat toilets, which can't easily be used by people who don't have use of their legs or the latrines are too small to enter if using a wheelchair or other mobility device.</p>	<p>Set-up alternative modalities of collection, such as allowing safely identified proxy collectors and providing delivery. Make modifications to the site to improve accessibility. E.g., ensure accessible pathways through the site; provide a shaded waiting area with seating for people who have difficulty standing for long periods; accessible latrines Make modifications to the distribution process to address barriers. E.g., establish a priority queue, with adequate and accessible signage, for persons who have difficulty standing for long periods and have difficulties understanding complex processes; use clear audio messaging for people with visual impairments; provide an assistant to accompany people who have difficulty navigating the site</p>
<p>Perceptions or beliefs of families/community and humanitarian service providers and other actors make it difficult/impossible for persons with disabilities to access distribution /items (attitudinal barriers)</p>	<p>Some persons with disabilities are not allowed to leave their shelter due to stigma, fear by other community members</p>	<p>Implement community awareness raising campaigns on disability inclusion and non-discrimination. Support persons with disabilities to participate actively in the community, such as including them in community representative structures, as part of staff and volunteers. Establish disability inclusive protection and safety assessments Until concerns are addressed, set-up alternative modalities of collection, such as allowing safely identified proxy collectors and providing delivery.</p>
<p>Fear of harassment/violence /abuse on the way to distribution or at the distribution site (attitudinal barriers)</p>	<p>When people with disabilities leave their home, other people call them names or are violent or threatening towards them. Some people take items from persons with disabilities as they're returning to their shelters. Persons with disabilities are afraid to leave their homes to access items.</p>	<p>Establish or strengthen mechanisms for monitoring and reporting violence and abuse. Engage community leaders in messaging to address violence and harassment. Until concerns are addressed, set-up alternative modalities of collection, such as allowing safely identified proxy collectors and providing delivery.</p>
<p>Obstacles /difficulties accessing information on location and time/day of distribution (informational barriers)</p>	<p>Information is shared on flyers and noticeboards and people who are blind or not able to read can't access it; audio announcements do not reach more isolated individuals or deaf persons. Information is shared without allowing enough time for a person with physical disabilities to plan how they go to the site or find a support person to assist</p>	<p>Make information available in multiple and accessible formats (audio, written, braille, sign language, local language large print, high-contrast; easy-to read and understand) Identify and reach out to networks of persons with disabilities to appropriately disseminate information Ensure information is disseminated in accessible locations and/or facilities</p>
<p>Persons with disabilities do not have the necessary documentation to access</p>	<p>Persons with disabilities do not have documents to be registered for cash or other distribution. (Documents can include "Disability IDs" and other documents that provide accreditation for a disability.)</p>	<p>Conduct outreach to register persons with disabilities and ensure access to documents Allow access through alternative documentation Ensure information about registration is accessible</p>

<p>distribution (institutional/administrative/legal barriers)</p>	<p>Criteria for accessing specific support is narrowly defined and/ or only includes people who have medical certificates.</p>	<p>to persons with disabilities (audio, written, braille, sign language, local language large print, high-contrast; easy-to read and understand)</p>
<p>Distributions of items are organized in a way that makes it difficult for them to get the items (institutional/organizational barriers)</p>	<p>There are no priority queues or people with disabilities don't have information about how and where to join priority queues.</p> <p>The collection processes is complicated, and involves moving to various stations</p> <p>The collection process is slow and people with disabilities have difficulty waiting for long periods at distribution sites.</p> <p>During the distribution process, names are called out and people who have difficulty hearing miss out when their name is called.</p>	<p>Set-up alternative modalities of collection (proxy) and door-to door ensuring that protection principles are maintained and ensure that persons with disabilities are consulted during registration (process to add beneficiary names to the list) and PDMs</p> <p>Set-up accessible distribution mechanisms: (gender-divided) priority queues, shaded resting spots, assistance during distributions, visual signage</p> <p>Implement staff awareness rising campaigns on disability inclusion and non-discrimination</p> <p>Support persons with disabilities to participate in any community mechanisms for managing distribution sites and processes (e.g. food assistance committees)</p> <p>Ensure information about distribution processes is accessible to persons with disabilities</p>
<p>Persons with disabilities do not face any additional obstacle compared to everybody else</p>		<p>Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators</p>

Unique ID	Dissemination Category	Instructions for the Form	Information Need	Type of Question
M1833	Public	Select 3- do not use the word "disability"	Top 3 additional barriers that PwD face in using toilets/latrines	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)

Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face in in using toilets/latrines

Response Options Text

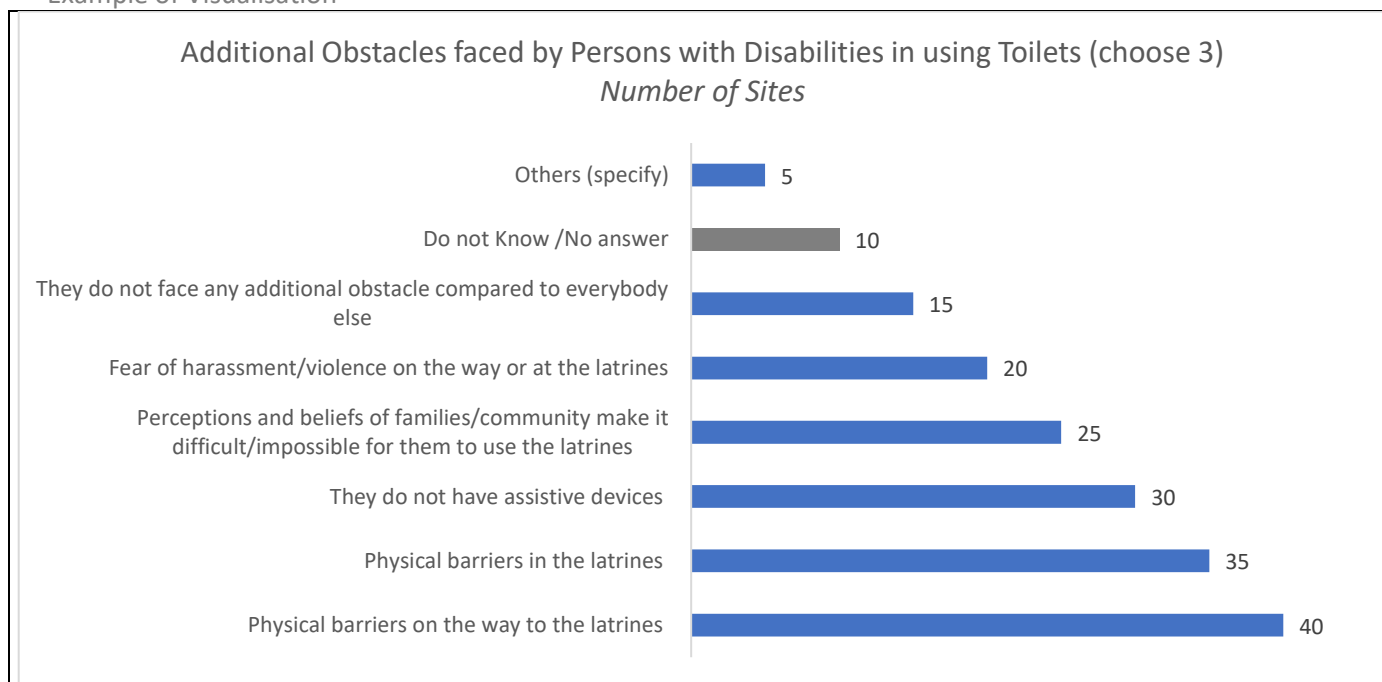
Obstacles on the way to the latrines (Physical barriers),
Obstacles in using the latrines (Physical barriers),
Perceptions and beliefs of families/ community/ humanitarian service providers and other actors make it difficult /impossible for them to use toilets/latrines (attitudinal barriers),
Fear of harassment /violence on the way or at the latrines (attitudinal barriers),
Obstacles /difficulties accessing information on location and existence of accessible toilets/latrines (informational barriers),
Persons with disabilities do not have the necessary documentation to use accessible latrines /facilities (institutional/administrative/legal barriers),
Distributions of WASH items are organized in a way that makes it difficult for persons with disabilities to get items that they need (institutional/organizational barriers)
Persons with disabilities do not face any additional obstacle compared to everybody else;
Others (specify);
Do not Know /No answer

Preconditions for Data Collection

Recommended Source of Information

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed, and disseminated	Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities
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Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers to access toilets/latrines that affect persons with disabilities (Persons with disabilities), in xx% of assessed sites. Lack of assistive devices hinders access to latrines for Persons with disabilities in xx% of assessed sites; in xx% of assessed sites, Persons with disabilities fear harassment /violence on the way or at the latrines.

Data of Interest for:

AAP		CCCM					
			Protection		WASH	HI, Organizations of people with disabilities (OPDs)	

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by WASH actors at a National/area level, as well as at site/location level.

National level analysis can be used by WASH actors prioritize locations for intervention and design programmes. WASH sector can use results to prioritize sectoral interventions in locations, design programmes to provide appropriate devices to allow access to WASH facilities, modify design, and minimize barriers in other ways.

Analysing the data at a location level can help WASH actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Obstacles on the way to the latrines (Physical barriers),	Latrines are located in inaccessible areas (e.g., latrines are too far, rough or uneven terrain, lack of ramps/presence of steps, insufficient circulation space for persons using mobility aids, lack of tactile cues to support access by persons who have difficulties seeing (tactile bands, handrails, sufficient lighting) Latrines are located too far away for some persons with disabilities to reach	Change location of services and facilities (e.g., more localized sites) Identify an accessible location of services and facilities Make pathways to key facilities and services accessible Allocate shelters close to WASH facilities to Persons with disabilities and their families
Obstacles in using the latrines (Physical barriers),	Latrines are too narrow for a wheelchair or have steps or obstacles to access them, so some people with disabilities need to crawl on hands and knees. (e.g., no grab bars to hold on to, lack of space for mobility aids (wheelchair, walker, crutches); or sufficient room for caregiver/ support persons. Latrines cannot be used by some people due to the way they are designed, (e.g., stairs/uneven ground, lack of visual cues to allow use by persons who have difficulties seeing (tactile bands, handrails, sufficient lighting)); People with disabilities do not have the assistive devices to be able to use the latrines	Make service location/ and or facility accessible according to universal design standards, in consultation with persons with disabilities
Perceptions and beliefs of families/ community/ service providers	Family/Parents of persons with disabilities prefer to keep them inside the shelter due to high levels of stigma.	Implement community awareness raising campaigns on disability inclusion and non-discrimination. Support persons with disabilities to participate actively in the community, such as including them in

make it difficult to use toilets (attitudinal barriers),		community representative structures, as part of staff and volunteers. Establish disability inclusive protection and safety assessments
Fear of harassment /violence on the way or at the latrines (attitudinal barriers),	Persons with disabilities are called names and pushed over when they move around in the community.	Establish or strengthen mechanisms for monitoring and reporting violence and abuse. Implement community awareness raising campaigns on disability inclusion and non-discrimination. Establish disability inclusive protection and safety assessments
Obstacles accessing information on location and existence of accessible toilets (informational barriers),	Persons with disabilities were not aware/ didn't receive accessible information about needs assessment process for latrines. Information not shared widely and in inaccessible formats and locations Persons with disabilities cannot access feedback mechanisms for requesting adapted latrines.	Make information available in multiple and accessible formats (audio, written, braille, sign language, local language large print, high-contrast; easy-to read and understand) Identify and reach out to networks of persons with disabilities to appropriately disseminate information Ensure information is disseminated in accessible locations and/or facilities
Persons with disabilities do not have the necessary documentation to use accessible latrines /facilities (institutional/admin/legal barriers),	Persons with disabilities do not have documents to be able to access disability inclusive WASH facilities. (Documents can include "Disability IDs" and other documents that provide accreditation for a disability.)	Conduct outreach to register persons with disabilities and ensure access to documents Allow access through alternative documentation Ensure information about registration is accessible to persons with disabilities (audio, written, braille, sign language, local language large print, high-contrast; easy-to read and understand)
Distributions of WASH items are organized in a way that makes it difficult for persons with disabilities to get items that they need (institutional/organizational barriers),	Items distributed do not consider the requirements of persons with disabilities: e.g., lack of commodes or toilet chairs to address accessibility in public toilets; Co-ordination between WASH and health actors is limited	Set-up alternative modalities of collection (proxy) and door-to door ensuring that protection principles are maintained and ensure that persons with disabilities are consulted during registration (process to add beneficiary names to the list) and PDMs Set-up accessible distribution mechanisms: (gender-divided) priority queues, shaded resting spots, assistance during distributions, visual signage Implement staff awareness rising campaigns on disability inclusion and non-discrimination Support persons with disabilities to participate in any community mechanisms for managing distribution sites and processes (e.g. food assistance committees) Ensure information about distribution processes is accessible to persons with disabilities
No additional obstacle compared to everybody else		Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators

M1834	Public	Select 3- do not use the word "disability"	Top 3 additional barriers that PwD face in obtaining water	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)
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Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face in obtaining water?

Response Options Text

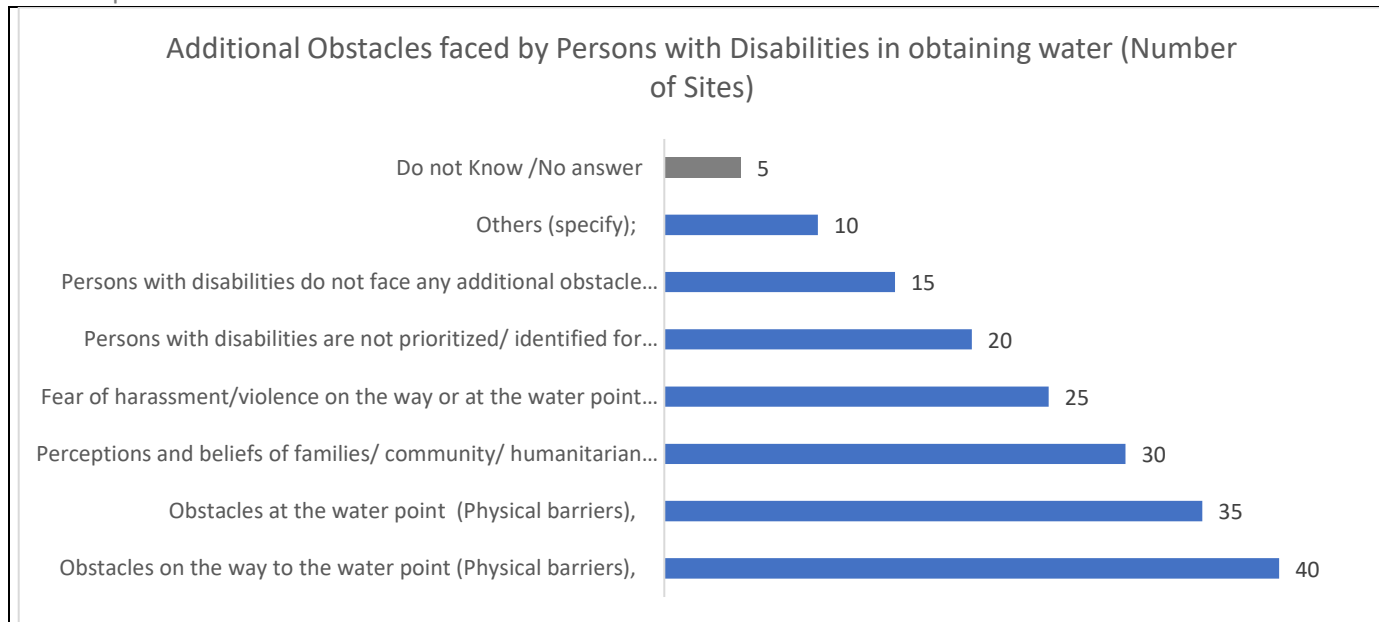
Obstacles on the way to the water point (Physical barriers),
Obstacles at the water point (Physical barriers),
Perceptions and beliefs of families/ community/ humanitarian and other actors make it difficult/impossible for them to obtain water (attitudinal barriers),
Fear of harassment/violence on the way or at the water point (attitudinal barriers),
Persons with disabilities are not prioritized/ identified for additional water allocation (institutional barrier)
Persons with disabilities do not face any additional obstacle compared to everybody else;
Others (specify);
Do not Know /No answer

Preconditions for Data Collection

Recommended Source of Information

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated	Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities
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Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers to access water that affect persons with disabilities (Persons with disabilities), in xx% of assessed sites. Lack of assistive devices hinders access to water for Persons with disabilities in xx% of assessed sites; in xx% of assessed sites, Persons with disabilities reported fear harassment /violence on the way or at the water point.

Data of Interest for:

AAP		CCCM				
			Protection		WASH	HI, Organizations of people with disabilities (OPDs)

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by WASH actors at a National/area level, as well as at site/location level.

National level analysis can be used by WASH actors prioritize locations for intervention and design programmes. WASH sector can use results to prioritize sectoral interventions in locations, design programmes to provide appropriate devices to allow access to water, modify design, and minimize barriers in other ways.

Analysing the data at a location level can help WASH actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Obstacles on the way to the water point (Physical barriers),	<p>Access to Water points difficult when it rains for wheelchair users.</p> <p>Water points are too far, rough or uneven terrain, lack of ramps/presence of steps, insufficient circulation space for persons using mobility aids, lack of visual cues to ensure access of persons who have difficulties seeing (tactile bands, handrails, sufficient lighting)</p>	<p>Provide transportation/assistance</p> <p>Change location of services and facilities</p> <p>Identify an accessible location of services and facilities</p> <p>Make pathways to key facilities and services accessible</p> <p>Allocate shelters close to water points to Persons with disabilities and their families</p> <p>Provision of adapted devices that support mobility and enable carrying of items (such as water) i.e. tricycle</p>
Obstacles at the water point (Physical barriers),	<p>Water pumps are too high for wheelchair users to reach</p> <p>Water pump drains create obstacles to reaching the pump</p> <p>Water pumps are generally designed without consideration for accessibility (steps/uneven ground, insufficient circulation space, no visual cues, tactile strips, handrails, handrails)</p>	<p>Make service location/ and or facility accessible according to universal design standards in consultation with persons with disabilities</p> <p>Materials to collect water are not accessible/ adapted for persons with disabilities to collect water (i.e., jerrycans/ buckets)</p>
Perceptions and beliefs of families/ community/ humanitarian and other actors make it difficult/impossible for them to obtain water (attitudinal barriers),	<p>Other community members are afraid of water being 'contaminated' by persons with disabilities.</p> <p>Family/Parents of persons with disabilities prefer to keep them inside the shelter due to high levels of stigma</p>	<p>Implement community awareness raising campaigns on disability inclusion and non-discrimination.</p> <p>Support persons with disabilities to participate actively in the community, such as including them in community representative structures, as part of staff and volunteers.</p> <p>Establish disability inclusive protection and safety assessments</p> <p>Until concerns are addressed, set-up alternative modalities of collection, such as allowing safely identified proxy collectors and providing delivery</p>

<p>Fear of harassment/violence on the way or at the water point (attitudinal barriers),</p>	<p>Other community members push aside persons with disabilities in the queue at water points.</p> <p>People with disabilities prefer not to go to water points for fear of violence and harassment</p>	<p>Establish or strengthen mechanisms for monitoring and reporting violence and abuse.</p> <p>Engage community leaders in messaging to address violence and harassment.</p> <p>Until concerns are addressed, set-up alternative modalities of collection, such as allowing safely identified proxy collectors and providing delivery.</p>
<p>Persons with disabilities are not prioritized/ identified for additional water allocation (institutional barrier),</p>	<p>People with disabilities cannot wash their clothes and do not have enough water to meet their hygiene needs</p> <p>People with disabilities are more prone to illness because of a lack of sufficient water</p>	<p>Assess disability specific health needs, gaps and resources.</p> <p>WASH actors to collaborate more closely with health actors to determine methods of assessing and distributing additional water to people with disabilities</p>
<p>Persons with disabilities do not face any additional obstacle compared to everybody else</p>		<p>Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators</p>

M1835	Public	Select 3- do not use the word "disability"	Top 3 additional barriers that PwD face in using bathing facilities	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)
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Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face in using bathing facilities?

Response Options Text

Obstacles on the way to the bathing facilities (Physical barriers),
Obstacles in using bathing facilities (Physical barriers),
Perceptions and beliefs of families /community/ humanitarian and other actors make it difficult/ impossible for them to use bathing facilities (attitudinal barriers),
Fear of harassment/ violence on the way or at the bathing facilities (attitudinal barriers)
People with disabilities do not have information on where the accessible bathing facilities are located (informational barrier),
Persons with disabilities do not face any additional obstacle compared to everybody else
Others (specify)
Do not Know /No answer

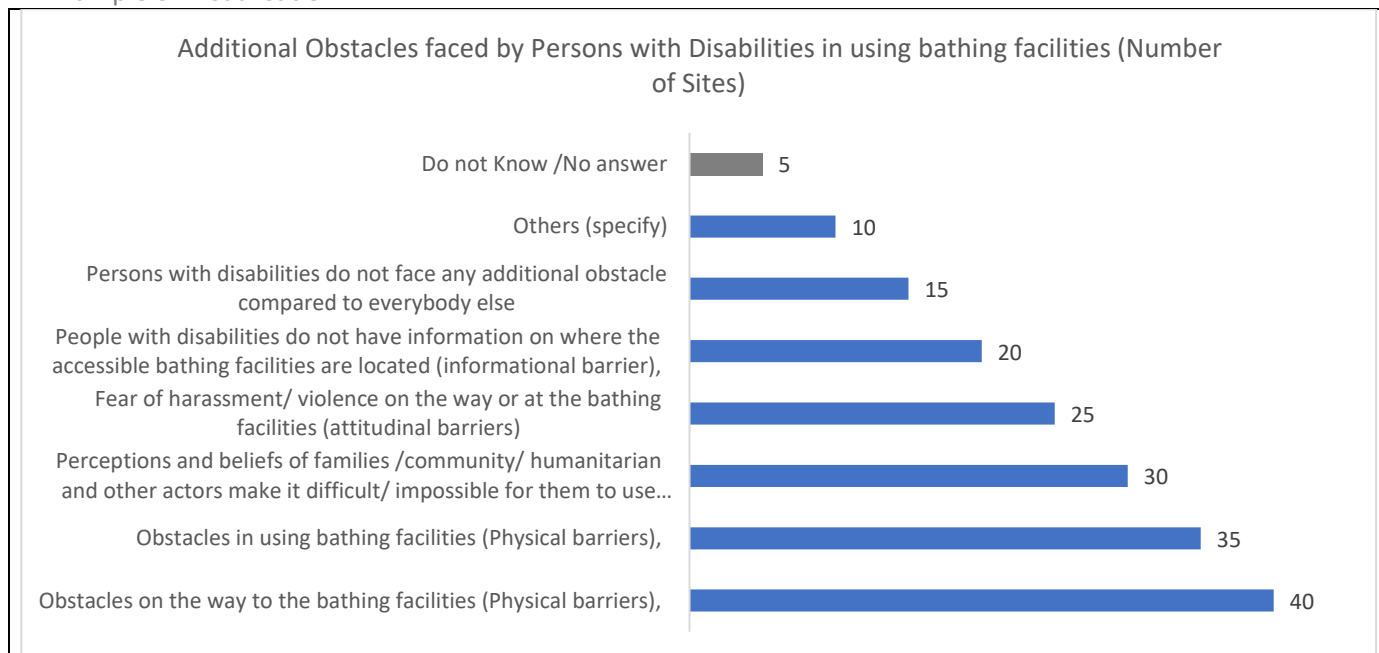
Preconditions for Data Collection

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated

Recommended Source of Information

Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities

Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers to access bathing facilities that affect persons with disabilities (Persons with disabilities), in xx% of assessed sites. Lack of assistive devices hinders access to bathing facilities for Persons with disabilities in xx% of assessed sites, while in xx% of assessed sites, Persons with disabilities fear harassment /violence on the way or at the facilities..

Data of Interest for:

AAP		CCCM				
			Protection		WASH	HI, Organizations of people with disabilities (OPDs)

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by WASH actors at a National/area level, as well as at site/location level.

National level analysis can be used by WASH actors prioritize locations for intervention and design programmes. WASH sector can use results to prioritize sectoral interventions in locations, design programmes to provide appropriate devices to allow access to WASH facilities, modify design, and minimize barriers in other ways.

Analysing the data at a location level can help WASH actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Obstacles on the way to the bathing facilities (Physical barriers)	The roads to the facilities are inaccessible for wheelchair users and those using mobility aids Bathing facilities are too far to reach. Bathing facilities are generally inaccessible due to lack of ramps/presence of steps, insufficient circulation space for persons using mobility aids, lack of visual cues to ensure access of persons who have difficulties seeing (tactile bands, handrails, sufficient lighting)	Provide transportation/assistance Change location of services and facilities Identify an accessible location of services and facilities Make pathways to key facilities and services accessible Allocate shelters close to bathing facilities to Persons with disabilities and their families
Obstacles in using bathing facilities (Physical barriers)	There is not enough space for persons with disabilities who need assistance with bathing. Bathing facilities are not designed and adapted for use by persons with disabilities (e.g., no grab bars to hold on to, lack of circulation space for mobility aids (wheelchair, walker, crutches) or for caregiver, bathing facilities cannot be used by some people due to the way they are designed, stairs/uneven ground, lack of visual cues to support access by persons who have difficulties seeing (tactile bands, handrails, sufficient lighting)); Persons with disabilities do not have the assistive devices needed to use bathing facilities	Make service location/ and or facility accessible according to universal design standards together with persons with disabilities Provision of assistive devices to enable persons with disabilities to use the bathing facilities

<p>Perceptions and beliefs of families /community/ humanitarian and other actors make it difficult/ impossible for them to use bathing facilities (attitudinal barriers)</p>	<p>Other community members are afraid that disability is contagious and so don't like to share facilities with persons with disabilities. e.g. inaccurate fears of 'contamination' by persons with disabilities, high levels of stigma keep people isolated in their shelters);</p> <p>Family/Parents of persons with disabilities prefer to keep them inside the shelter due to high levels of stigma.</p>	<p>Implement community awareness raising campaigns on disability inclusion and non-discrimination.</p> <p>Support persons with disabilities to participate actively in the community, such as including them in community representative structures, as part of staff and volunteers.</p> <p>Establish disability inclusive protection and safety assessments</p> <p>Make available information to persons with disabilities and community members on their rights of access and participation</p>
<p>Fear of harassment/ violence on the way or at the bathing facilities (attitudinal barriers)</p>	<p>Families keep girls with disabilities inside the shelter from a fear of sexual violence if they go outside.</p>	<p>Establish or strengthen mechanisms for monitoring and reporting violence and abuse.</p> <p>Engage community leaders in messaging to address violence and harassment.</p>
<p>People with disabilities do not have information on where the accessible bathing facilities are located (informational barrier)</p>	<p>Persons with disabilities were not aware/ didn't receive accessible information about needs assessment process for bathing facilities</p> <p>Information not shared widely and in inaccessible formats and locations</p> <p>Persons with disabilities cannot access feedback mechanisms for requesting adapted bathing facilities</p>	<p>Make information available in multiple and accessible formats (audio, written, braille, sign language, local language large print, high-contrast; easy-to read and understand)</p> <p>Identify and reach out to networks of persons with disabilities to appropriately disseminate information</p> <p>Ensure information is disseminated in accessible locations and/or facilities</p>
<p>Persons with disabilities do not face any additional obstacle compared to everybody else</p>		<p>Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators</p>

M1836	Public	Select 3- do not use the word "disability"	Additional Obstacles faced by Children with Disabilities in accessing education	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)
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Question Text

What are the top 3 additional obstacles that children with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face in accessing education?

Response Options Text

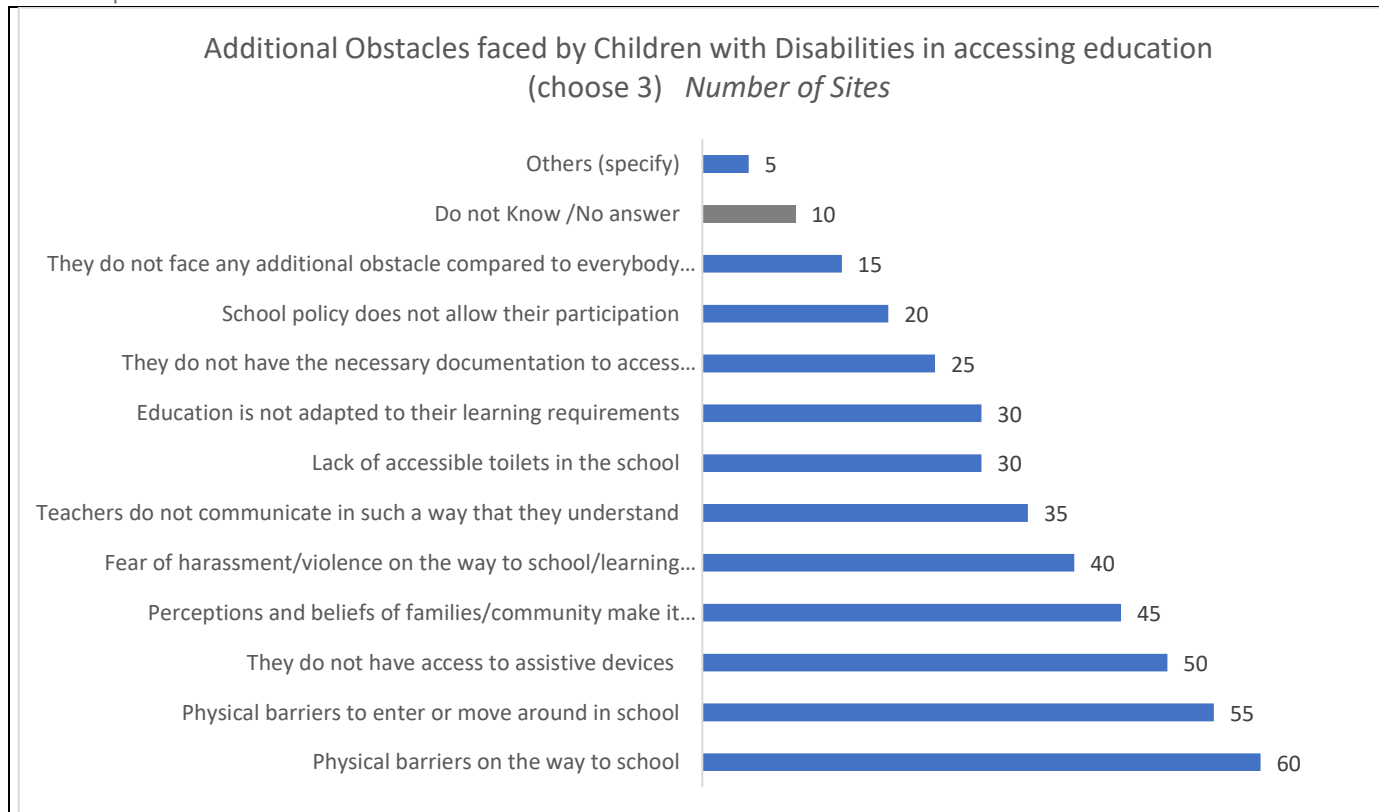
Obstacles on the way to school/learning space (Physical barriers),
Obstacles to enter or move around in school/learning space (Physical barriers),
Perceptions and beliefs of families /community/ teachers and school administration make it difficult/impossible for them to engage in learning centre (attitudinal barriers),
Fear of harassment /violence on the way to school/ learning centre or at school/learning centre (attitudinal barriers),
Education is not adapted to their learning requirements (institutional /organizational barriers),
Children with disabilities do not have the necessary documentation to access education (institutional /legal/admin barriers),
Children with disabilities do not face any additional obstacle compared to everybody else
Others (specify)
Do not Know /No answer

Preconditions for Data Collection

Recommended Source of Information

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated	Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities
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Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers to access schools/learning centres that affect children persons with disabilities. Lack of assistive devices hinders access to education for children with disabilities in xx% of assessed sites, while in xx% of assessed sites, children with disabilities fear harassment /violence on the way or at the school/centre or at the school/centre...

Data of Interest for:

AAP				Education		
	MHPSS		Protection			HI, Organizations of people with disabilities (OPDs)

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by Education actors at a National/area level, as well as at site/location level.

National level analysis can be used by Education actors prioritize locations for intervention and design programmes. Education sector can use results to prioritize sectoral interventions in locations, design programmes to provide appropriate devices to allow access to Education, modify design, and minimize barriers in other ways.

Analysing the data at a location level can help Education actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Obstacles on the way to school/learning space (Physical barriers)	Roads to schools are inaccessible (e.g., rough or uneven terrain, lack of ramps/presence of steps, insufficient circulation space for persons using mobility aids, lack of visual cues to ensure access of persons who have difficulties seeing (tactile bands, handrails, sufficient lighting),) The schools are far away and there is no transport, so children who have difficulty walking are not able to reach them. Transport to schools for children with disabilities and caregivers is too expensive	Provide transportation assistance. Set-up buddy systems or other community-based mechanisms to support children to get to school Reach out to health actors to facilitate access to assistive devices Improve accessibility of roads to school Allocate shelters close to schools/learning centres to children with disabilities and their families
Obstacles to enter or move around in school/learning space (Physical barriers)	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, sufficient lighting), stairs and uneven ground preventing access to learning spaces for persons using wheelchairs. Lack of accessible latrines for persons with disabilities in the learning spaces	Make service location/ and or facility accessible according to universal design standards together with parents and children with disabilities

<p>Perceptions and beliefs of families /community/ teachers and school administration make it difficult/ impossible for them to engage in learning centre (attitudinal barriers)</p>	<p>Belief that children with disabilities are not able to learn, families do not prioritize them for schooling or fears from families that they will not be safe); Some parents do not like to have children with disabilities in the same classroom as their children, because they're worried that it will negatively impact their learning. Teachers do not believe that children with disabilities can learn</p>	<p>Include children with disabilities in student councils and similar student-run mechanisms; include parents of children with disabilities in parents' associations; engage OPDs in community-led education initiatives Support persons with disabilities to train as teachers or classroom volunteers Implement awareness raising campaigns on the right and capacity of children with disabilities to learn Teacher and school administration training and sensitization</p>
<p>Fear of harassment /violence on the way to school/ learning centre or at school/learning centre (attitudinal barriers)</p>	<p>Children with disabilities are teased by other children in the school, so their parents are reluctant to keep sending them</p>	<p>Conduct disability inclusive protection and safety assessment Include children with disabilities in student councils and similar student-run mechanisms; include parents of children with disabilities in parents' associations; engage OPDs in community-led education initiatives Set-up buddy systems and other disability-inclusive community-based protection mechanisms Include children with disabilities in awareness raising campaigns</p>
<p>Education is not adapted to their learning requirements (institutional /organizational barriers)</p>	<p>Items such as large print books or materials in Braille are not available for children who have difficulty seeing. (e.g., teachers are not trained, curriculum is not adapted, education material is not adapted, examinations not adapted; no sign language interpreter/knowledge); Lack of assistive technology for learning The school policy does not allow for enrolment of children with intellectual disabilities, as they must be referred to a special school.</p>	<p>Engage OPDs and parents of children with disabilities in review of education policies, strategies and programs (including mapping of facilities and services inclusive of children with disabilities) Based on findings: work with education providers to adapt curricula; strengthen teacher training; adapt learning methods and tools;</p>
<p>Children with disabilities do not have the necessary documentation to access education (institutional /legal/admin barriers)</p>	<p>Children with disabilities may not have the documentation that schools require (birth-certificates and other documentation may be needed) to access specific learning support, at little or no cost</p>	<p>Ensure access to birth certificates/registration document Advocacy with education actors to allow access through alternative documentation Make available information about how to get documentation to access education</p>

<p>children with disabilities do not face any additional obstacle compared to everybody else</p>		<p>Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators</p>
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M1837	Public	Select 3- do not use the word "disability"	Additional Obstacles faced by People with Disabilities in participating in social and cultural activities in the site. Answers also indicate Obstacles faced by persons with disabilities to move around in the site	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)
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Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face in participating in social and cultural activities in the site/location?

Response Options Text

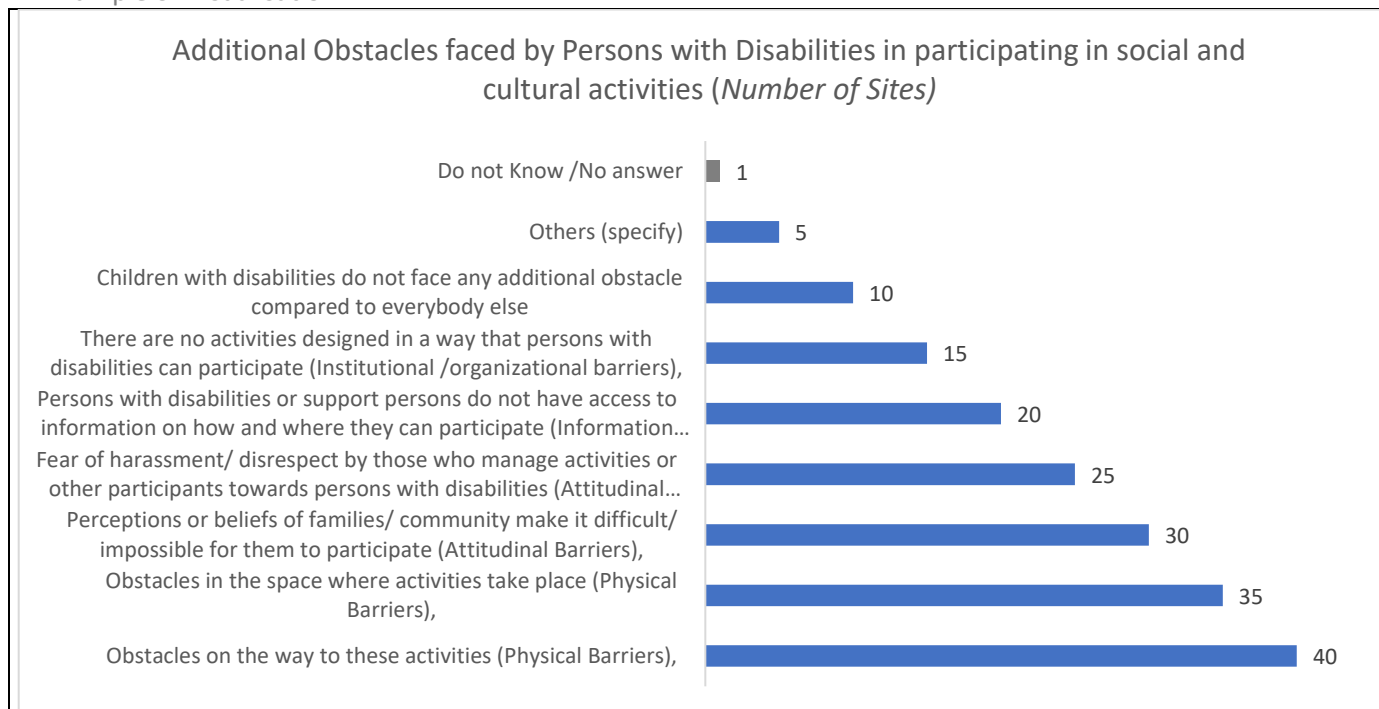
Obstacles on the way to these activities (Physical Barriers),
Obstacles in the space where activities take place (Physical Barriers),
Perceptions or beliefs of families/ community make it difficult/ impossible for them to participate (Attitudinal Barriers),
Fear of harassment/ disrespect by those who manage activities or other participants towards persons with disabilities (Attitudinal Barriers),
Persons with disabilities or support persons do not have access to information on how and where they can participate (Information barriers),
There are no activities designed in a way that persons with disabilities can participate (Institutional /organizational barriers),
Children with disabilities do not face any additional obstacle compared to everybody else
Others (specify)
Do not Know /No answer

Preconditions for Data Collection

Recommended Source of Information

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated	Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities
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Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers to the way to social and cultural activities that affect persons with disabilities (Persons with disabilities). Lack of assistive devices hinders access to social and cultural activities for Persons with disabilities in xx% of assessed sites, while in xx% of assessed sites, Persons with disabilities fear harassment /violence on the way or at these activities...

Data of Interest for:

AAP		CCCM	Child Protection			
	MHPSS		Protection			HI, Organizations of people with disabilities (OPDs)

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by CCCM, MHPSS, GBV, Protection, Child protection actors at a National/area level, as well as at site/location level.

National level analysis can be used by actors to prioritize locations for intervention and design programmes. CCCM, MHPSS, GBV, Protection, Child protection sectors can use results to prioritize sectoral interventions in locations, design programmes to provide appropriate devices to allow access to such activities, modify design, and minimize barriers in other ways.

Analysing the data at a location level can help actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Obstacles on the way to these activities (Physical Barriers)	Roads to centres are inaccessible (e.g., rough or uneven terrain) The centres are far away and there is no transport, so some people with disabilities cannot reach them Transport to centres for people with disabilities is too expensive	Provide transportation/assistance Change location of activity; Identify an accessible location of activity Reach out to health actors to ensure access to assistive devices Make pathways to key facilities and services accessible Allocate shelters close to communal areas for persons with disabilities and their families Conduct activities at a more localized/ neighbourhood level, thus bringing activities closer to people
Obstacles in the space where activities take place (Physical Barriers)	Community centres where activities are held have stairs that make it difficult for people with disabilities to enter. (e.g., lack of ramp, no grab bars to hold on to, and outside spaces have uneven ground lack of circulation space for mobility aids (wheelchair, walker, crutches), lack of tactile cues to support access by persons who have difficulties seeing (tactile	Change location of activity to an accessible space Make service location accessible according to universal design standards on consultation with persons with disabilities

	bands, handrails, sufficient lighting)	
Perceptions or beliefs of families/ community make it difficult/ impossible for them to participate (Attitudinal Barriers)	Family members are ashamed to go to activities together with persons with disabilities, due to high levels of stigma. e.g., there is a fear of persons with disabilities in the community, People with disabilities don't feel welcome at activities	Implement community awareness raising campaigns on disability inclusion and non-discrimination. Support persons with disabilities to participate actively in the community, such as including them in community representative structures, as part of staff and volunteers. Establish disability inclusive protection and safety assessments Make available information to persons with disabilities and community members on their rights of access and participation
Fear of harassment/ disrespect by those who manage activities or other participants towards persons with disabilities (Attitudinal Barriers)	Women and girls with disabilities are afraid to participate in community activities because there have been instances of them being targeted for sexual harassment. Persons with disabilities are humiliated by organizers or other participants when joining activities	Establish or strengthen mechanisms for monitoring and reporting violence and abuse. Engage community leaders in messaging to address violence and harassment Support persons with disabilities to participate in community leadership structures Ensure that information about feedback and complaints mechanisms (including for PSEA) and the mechanisms themselves are available in accessible formats
Persons with disabilities or support persons do not have access to information on how and where they can participate (Information barriers)	Information about community activities is passed through community leaders, who don't have contact with persons with disabilities. Information about activities is provided only in inaccessible formats and locations (e.g., written or audio)	Conduct assessments on details of barriers to access to information Make information available in multiple and accessible formats (audio, written, braille, sign language); (local language; large print, high-contrast; pictograms; easy-to read and understand) Identify and reach out to networks of persons with disabilities to disseminate information
There are no activities designed in a way that persons with disabilities can participate (Institutional /organizational barriers)	Oly one type of activity is offered, which some persons with disabilities do not enjoy or find difficult to participate in.	Explore barriers and solutions with persons with disabilities and OPDs Work with persons with disabilities to adapt activities to ensure that are disability sensitive/ accessible to all Provide a range of options for social and cultural activities Engage persons with disabilities, including youth, in planning social/ cultural activities
Persons with disabilities do not face any additional obstacle compared to everybody else		Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators

M1838	Public	Select 3- do not use the word "disability"	Additional Obstacles faced by People with Disabilities in going to and using Healthcare services	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)
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Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face in going to and using Healthcare services?

Response Options Text

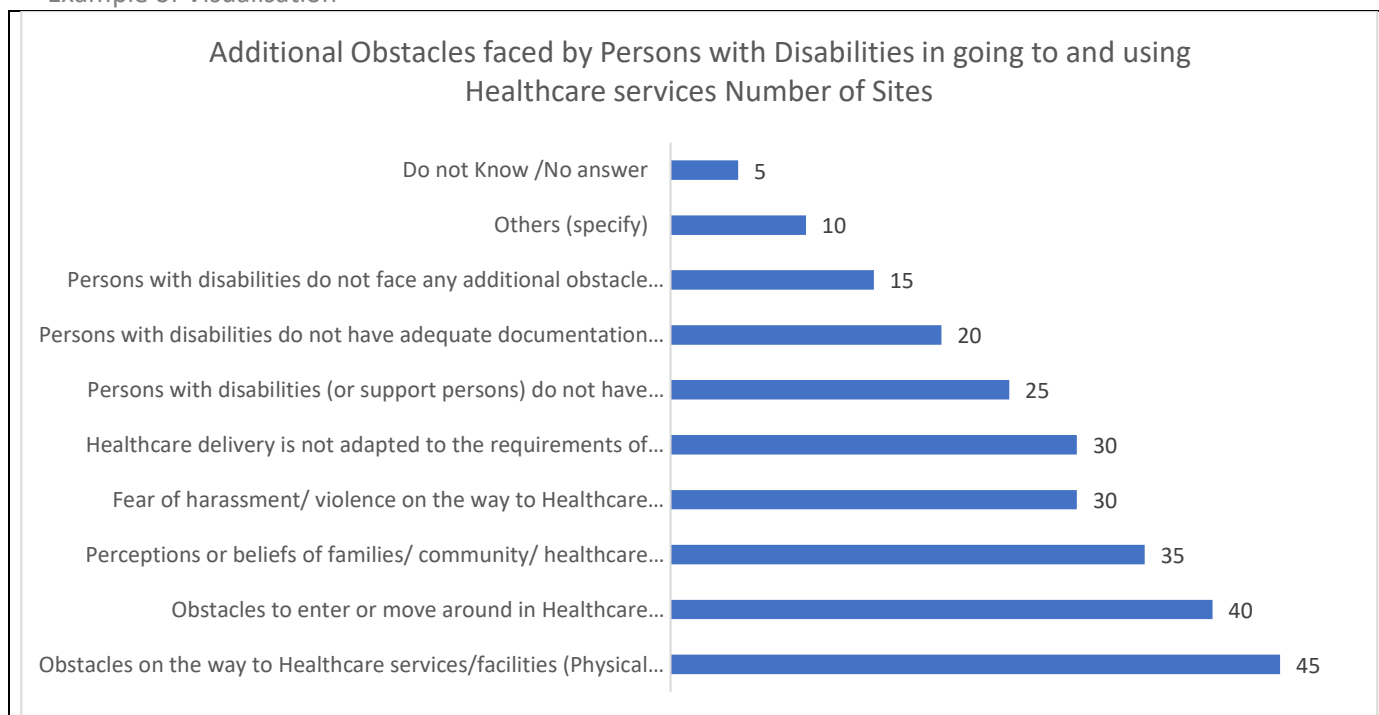
Obstacles on the way to Healthcare services/facilities (Physical barriers),
Obstacles to enter or move around in Healthcare services/facilities (Physical barriers),
Perceptions or beliefs of families/ community/ healthcare workers make it difficult/ impossible for them to go to Healthcare facilities (attitudinal barriers),
Fear of harassment/ violence on the way to Healthcare service/facility or at the Healthcare service/facility (attitudinal barriers),
Healthcare delivery is not adapted to the requirements of persons with disabilities,
Persons with disabilities (or support persons) do not have information on available services, or how they can go to or use Healthcare services (Information barriers),
Persons with disabilities do not have adequate documentation to access healthcare facilities, services or benefits
Persons with disabilities do not face any additional obstacle compared to everybody else
Others (specify)
Do not Know /No answer

Preconditions for Data Collection

Recommended Source of Information

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated	Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities
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Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers to access healthcare that affect persons with disabilities (Persons with disabilities). Lack of assistive devices hinders access to healthcare for Persons with disabilities in xx% of assessed sites, while in xx% of assessed sites, Persons with disabilities fear harassment /violence on the way or at the healthcare centre...

Data of Interest for:

AAP			Child Protection				Health
	MHPSS		Protection			HI, Organizations of people with disabilities (OPDs)	

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by CCCM, Health, MHPSS actors at a National/area level, as well as at site/location level.

National level analysis can be used by actors to prioritize locations for intervention and design programmes. CCCM, Health, MHPSS, Protection, Child protection sectors can use results to prioritize sectoral interventions in locations, design programmes to provide appropriate devices to allow access to Healthcare services, modify design, and minimize barriers in other ways.

Analysing the data at a location level can help actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Obstacles on the way to Healthcare services/facilities (Physical barriers)	<p>Healthcare facilities are too far for some people with disabilities to reach</p> <p>Paths or roads to facilities are rough or uneven terrain</p> <p>no transportation is available or accessible to people with disabilities and is costly</p>	<p>Provide transportation/assistance</p> <p>Change location of services and facilities</p> <p>Identify an accessible location of services and facilities</p> <p>Make pathways to key facilities and services accessible</p> <p>Allocate shelters close to bathing facilities to Persons with disabilities and their families</p> <p>Set-up alternative modalities, outreach and door-to door</p>
Obstacles to enter or move around in Healthcare services/facilities (Physical barriers)	<p>Rooms located on upper floors cannot be accessed by people who have difficulty walking due to lack of ramps, , no grab bars to hold on to,</p> <p>Narrow doorways or lack of circulation space for mobility aids (wheelchair, walker, crutches),</p> <p>steps/uneven ground,</p> <p>lack of tactile cues to support access by persons who have difficulties seeing (tactile bands, handrails, sufficient lighting)</p> <p>Lack of accessible toilets/latrines within healthcare facilities</p>	<p>Make facility accessible according to universal design standards, in consultation with persons with disabilities</p> <p>Make available wheelchair and walker in facility to assist mobility</p>

<p>Perceptions or beliefs of families/ community/ healthcare workers make it difficult/ impossible for them to go to Healthcare facilities (attitudinal barriers)</p>	<p>Persons with disabilities are not welcome in health centres due to high levels of stigma. (e.g., there is a fear of persons with disabilities in the community,;</p> <p>Persons with disabilities are not considered as potential beneficiaries of certain services based on misbeliefs: e.g. misbeliefs about women and girls with disabilities not requiring access to Sexual and Reproductive Health</p>	<p>Include respectful images of persons with disabilities in community health awareness campaigns Conduct disability inclusion training and awareness raising of health actors, together with DPOs Support persons with disabilities to participate on any community based public health initiatives (including community-based health awareness activities, health outreach volunteers and health committees) Establish disability inclusive protection and safety assessments</p>
<p>Fear of harassment/ violence on the way to Healthcare service/facility or at the Healthcare service/facility (attitudinal barriers)</p>	<p>Persons with disabilities are afraid to go to healthcare facilities because there have been instances of them being harassed both travelling to the centres and within the centre themselves</p> <p>Persons with disabilities are humiliated by healthcare workers or others when attending facilities</p> <p>Health staff do not like to attend to persons with disabilities as it is more difficult and time consuming</p>	<p>Establish or strengthen mechanisms for monitoring and reporting violence and abuse. Engage community leaders in messaging to address violence and harassment Implement staff, Health volunteers and outreach workers awareness campaigns on disability-inclusion/ health awareness rising together with persons with disabilities Engage DPO in health awareness rising campaigns inside and around facilities Develop health massaging inclusive of persons with disabilities and advert through accessible channels</p>
<p>Healthcare delivery is not adapted to the requirements of persons with disabilities</p>	<p>Healthcare staff are not adequately trained on working with persons with disabilities Health facilities do not have access to material and equipment to provide adequate healthcare to people with different types of impairments, healthcare staff do not communicate in an accessible way with persons with disabilities. (e.g. absence of trained sign language interpreters)</p>	<p>provide information and training on working with persons with disabilities to health care providers</p> <p>Training of Health staff on inclusive communication and provision of alternative communication tools and methods</p>
<p>Persons with disabilities (or support persons) do not have information on available services, or how they can go to or use Healthcare services (Information barriers)</p>	<p>Information about health services is given in community meetings, which persons with disabilities don't attend.</p> <p>Information about health care is provided in only one format and located in inaccessible places (e.g. written or audio)</p>	<p>Identify and reach out to networks of persons with disabilities to disseminate information and to advice on accessible channels for dissemination of information Make information on accessing healthcare available in multiple and accessible formats (audio, written, braille, sign language); (local language; large print, high-contrast; pictograms; easy-to read and understand)</p>

<p>Persons with disabilities do not have adequate documentation to access healthcare facilities, services or benefits</p>	<p>People with disabilities may not have the documentation that health care facilities require (birth-certificates and disability IDs) to access specific healthcare support, at little or no cost</p>	<p>Ensure that persons with disabilities have access to information about accessing required documentation</p>
<p>Persons with disabilities do not face any additional obstacle compared to everybody else; Others (specify)</p>		<p>Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators</p>

M1839	Public	Select 3- do not use the word "disability"	Additional barriers that Persons with Disabilities face to access/leave/live in their shelter	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)
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Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face entering, leaving and living in their shelter?

Response Options Text

Physical barriers to enter and leave their home/ shelter
Physical barriers inside using and circulating within the shelter
Perceptions and beliefs of family/ community/ humanitarian and other actors makes it difficult/ impossible for them to leave their shelter/ home (attitudinal barriers)
Fear of harassment/violence outside the shelter; (attitudinal barriers)
Persons with disabilities are not provided with appropriate materials and/or support to build, equip and maintain their own shelter
Persons with disabilities do not face any additional obstacle compared to everybody else
Others (specify)
Do not Know /No answer

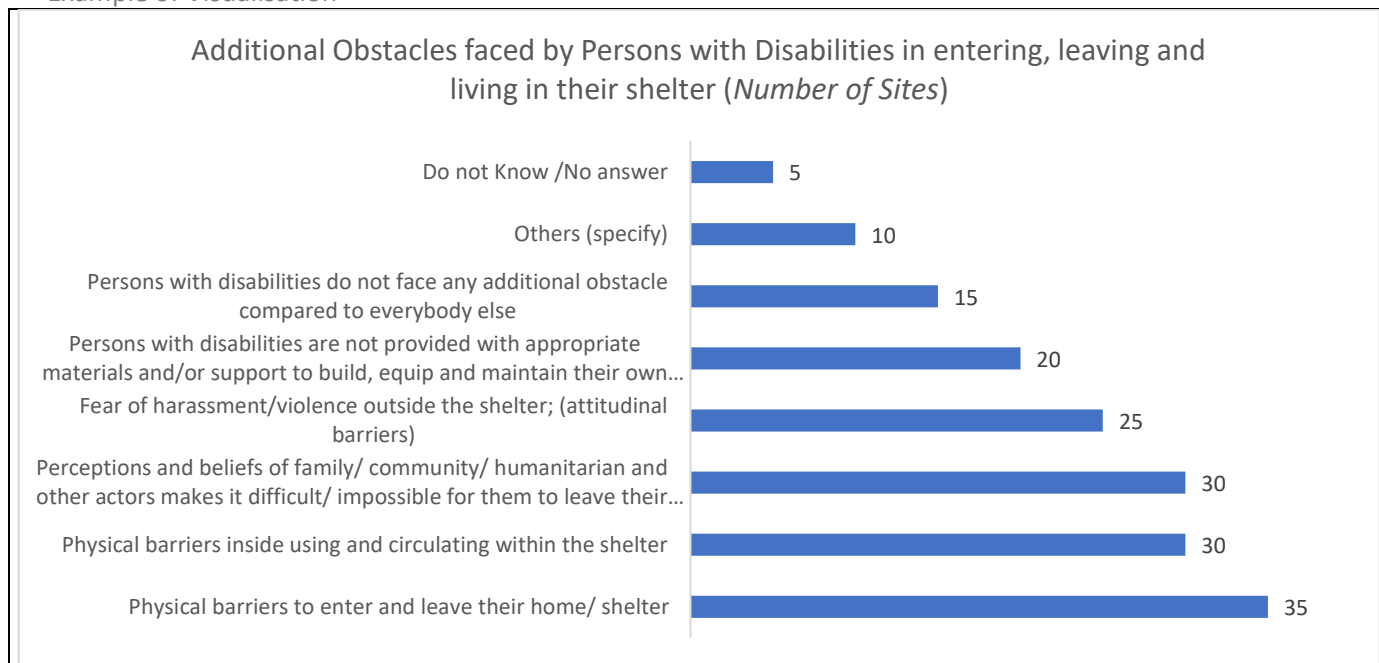
Preconditions for Data Collection

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated

Recommended Source of Information

Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities

Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers to access/leave or live in shelters that affect persons with disabilities (Persons with disabilities). Lack of assistive devices hinders capacity of Persons with disabilities to leave their shelter in xx% of assessed sites, while in xx% of assessed sites, Persons with disabilities fear harassment /violence outside the shelter...

Data of Interest for:

AAP		CCCM	Child Protection			
			Protection	Shelter & NFIs		HI, Organizations of people with disabilities (OPDs)

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by CCCM and Shelter actors at a National/area level, as well as at site/location level. National level analysis can be used by actors to prioritize locations for intervention and design programmes. CCCM and Shelter sectors can use results to prioritize sectoral interventions in locations, design solutions or provide appropriate devices to allow access to and mobility in and out of shelters, modify design, and minimize barriers in other ways.

Analysing the data at a location level can help actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Physical barriers to enter and leave their home/ shelter	People with disabilities cannot enter and leave certain shelters because they are inaccessible e.g., on high floors of apartment blocks, on steep or uneven areas. Shelters are not designed in a way that people with disabilities can enter or leave them easily (e.g., shelter entrance is too narrow, door handles too high, entry paths too narrow)	Make shelter location and design accessible according to universal design standards in consultation with disabilities
Physical barriers inside using and circulating within the shelter	Some people with disabilities have difficulties using the WASH facilities inside their shelter as the facilities are not accessible or the space is too small for a wheelchair/ mobility aid and/ or caregiver. (e.g., lack of ramps, narrow doorways, lack of inner circulation space, presence of uneven floors, no tactile cues (tactile band, handrails, sufficient lighting) ...);	Undertake assessments of shelters for adaptation to individual needs Adapt shelter for usability
Perceptions and beliefs of family/ community/ humanitarian and other actors makes it difficult/ impossible for them to leave their shelter/ home (attitudinal barriers)	Families keep persons with disabilities hidden inside shelters because of stigma from neighbours (e.g., there is a fear of persons with disabilities in the community or beliefs that disability is a curse)	Implement community awareness raising campaigns on disability inclusion and non-discrimination. Support persons with disabilities to participate actively in the community, such as including them in community representative structures, as part of staff and volunteers. Establish disability inclusive protection and safety assessments Make available information to persons with

		disabilities and community members on their rights of access and participation
Fear of harassment/violence outside the shelter (attitudinal barriers),	Persons with disabilities are called abusive names when they move around in the community.	Establish or strengthen mechanisms for monitoring and reporting violence and abuse. Engage community leaders in messaging to address violence and harassment Support persons with disabilities to participate in community leadership structures Ensure that information about feedback and complaints mechanisms (including for PSEA) and the mechanisms themselves are available in accessible formats
Persons with disabilities are not provided with appropriate materials and/or support to build, equip and maintain their own shelter	Shelter materials are not adapted to the requirements of persons with disabilities – e.g., materials to build larger shelters to accommodate people who are wheelchair users, material to build WASH facilities within the shelter, extra replacement plastic sheeting etc for people with mobility limitations/ extra lighting for visually impaired/) persons with disabilities do not receive needed support to build their own shelter	Provide alternative ways (through identification of proxy support) of supporting shelter repair & maintenance Adapt the shelter tools and materials provided based on identified needs Conduct individual home assessments incorporating inclusive design Link shelter staff to rehabilitation actors
Persons with disabilities do not face any additional obstacle compared to everybody else		Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators

M1840	Public	Select 3- do not use the word "disability"	Additional barriers that Persons with Disabilities face in accessing the market	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)
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Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face in using the market?

Response Options Text

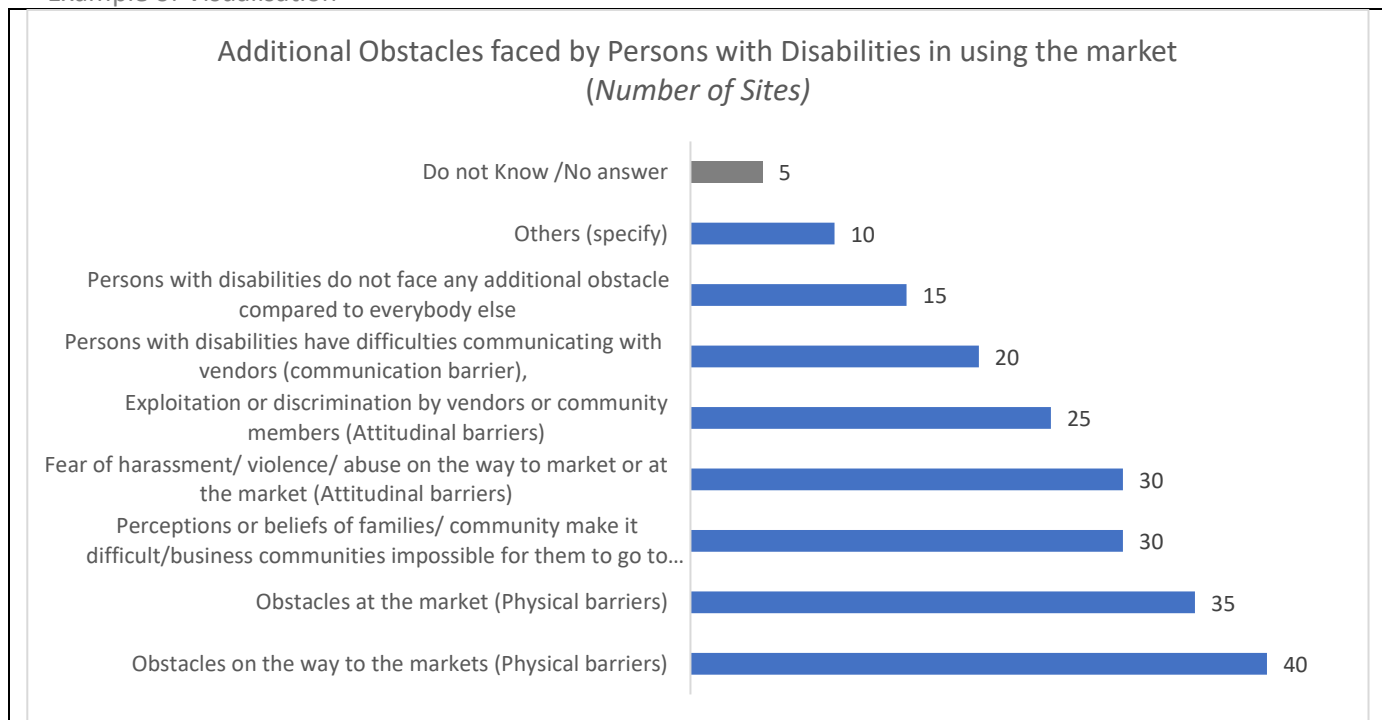
Obstacles on the way to the markets (Physical barriers)
Obstacles at the market (Physical barriers)
Perceptions or beliefs of families/ community make it difficult/business communities impossible for them to go to markets (Attitudinal barriers)
Fear of harassment/ violence/ abuse on the way to market or at the market (Attitudinal barriers)
Exploitation or discrimination by vendors or community members (Attitudinal barriers)
Persons with disabilities have difficulties communicating with vendors (communication barrier),
Persons with disabilities do not face any additional obstacle compared to everybody else
Others (specify)
Do not Know /No answer

Preconditions for Data Collection

Recommended Source of Information

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated	Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities
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Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers to access markets that affect persons with disabilities (Persons with disabilities). Lack of assistive devices hinders Persons with disabilities access to markets in xx% of sites, while in xx% of assessed sites, PwD fear harassment /violence...

Data of Interest for:

	CASH	CCCM			Food Security		
Livelihood				Shelter & NFIs		HI, Organizations of people with disabilities (OPDs)	

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by CCCM and Shelter actors at a National/area level, as well as at site/location level. National level analysis can be used by actors to prioritize locations for intervention and design programmes. CCCM and Shelter sectors can use results to prioritize sectoral interventions in locations, design solutions or provide appropriate devices to allow access to and mobility in and out of shelters, modify design, and minimize barriers in other ways.

Analysing the data at a location level can help actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Obstacles on the way to the markets (Physical barriers)	Markets are located in the city centre and transport is not accessible to persons with disabilities (e.g., rough or uneven terrain, steep roads and paths to the market) Markets are too far for some people with disabilities to reach particularly those using mobility aids No transportation is available or accessible to people with disabilities and is costly	Provide persons with disabilities options to be housed closed to commercial centres Provide transportation assistance (including through cash) to support access to markets
Obstacles at the market (Physical barriers)	Markets have muddy ground and narrow walkways that can't be easily navigated by people who use wheelchairs or crutches. (e.g., market overcrowded, , rough or uneven terrain, , lack of circulation space for mobility aids (wheelchair, walker, crutches)	Engaged representative groups to liaise with business communities to address obstacles in the market Implement accessibility adaptations to market places for persons with disabilities Set-up alternative modalities of collection of goods, such as allowing safely identified proxy collectors and providing delivery. Consider "market fairs" close to clients
Perceptions or beliefs of families/ community make it difficult/business communities impossible for them to go to markets (Attitudinal barriers)	Family/ household members do not allow persons with disabilities to have control over money. (e.g. high levels of stigma that keep persons with disabilities isolated in shelters);	Implement community awareness raising campaigns on disability inclusion and non-discrimination with OPDs. Support persons with disabilities to participate actively in the community, such as including them in community representative structures, as part of staff and volunteers. Establish disability inclusive protection and safety assessments

		Make available information to persons with disabilities and community members on their rights of access and participation
Fear of harassment/ violence/ abuse on the way to market or at the market (Attitudinal barriers)	Persons with disabilities are pushed aside at the market.	Establish or strengthen mechanisms for monitoring and reporting violence and abuse. Engage community leaders in messaging to address violence and harassment Support persons with disabilities to participate in community leadership structures Ensure that information about feedback and complaints mechanisms (including for PSEA) and the mechanisms themselves are available in accessible formats
Exploitation or discrimination by vendors or community members (Attitudinal barriers)	Vendors sell to persons with disabilities at higher prices due to a perception that they will not be aware or able to argue. Vendors do not want to interact /sell with persons with disabilities. Community members may request payment in exchange for assistance at the market, Persons who have difficulties in literacy/ numeracy will have difficulties calculating and budgeting for goods	Engage OPDs and/or representative groups of persons with disabilities in awareness and safety campaigns Establish or strengthen mechanisms for monitoring and reporting exploitation and abuse.
Persons with disabilities have difficulties communicating with vendors (communication barrier)	Information provided by vendors is not accessible to persons with disabilities i.e., People who are deaf have difficulty communicating with vendors, people who are blind are not able to get information on prices of goods.	Design community-specific communications channels and liaise with business communities on using these in marketplaces Work with OPDs to sensitize business communities on accessible communication channels for people with different types of disabilities Ensure prices for goods are displayed in accessible formats
Persons with disabilities do not face any additional obstacle compared to everybody else		Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators

M1841	Public	Select 3- do not use the word "disability"	Additional obstacles faced by Persons with Disabilities in earning an income	Recommended by Global DI experts (IOM, UNHCR, HI and UNICEF)
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Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face in earning an income?

Response Options Text

Obstacles on the way to work (Physical barriers),
Obstacles at job site (Physical barriers),
Perceptions or beliefs of families /community/ livelihoods staff make it difficult /impossible for them to earn an income (Attitudinal barriers),
Fear of harassment/ violence on the way to work/at work (Attitudinal barriers),
Lack of documentation to register for work schemes/ opportunities (institutional barrier),
Persons with disabilities do not have accessible information about work or livelihood opportunities,
Persons with disabilities do not face any additional obstacle compared to everybody else
Others (specify)
Do not Know /No answer

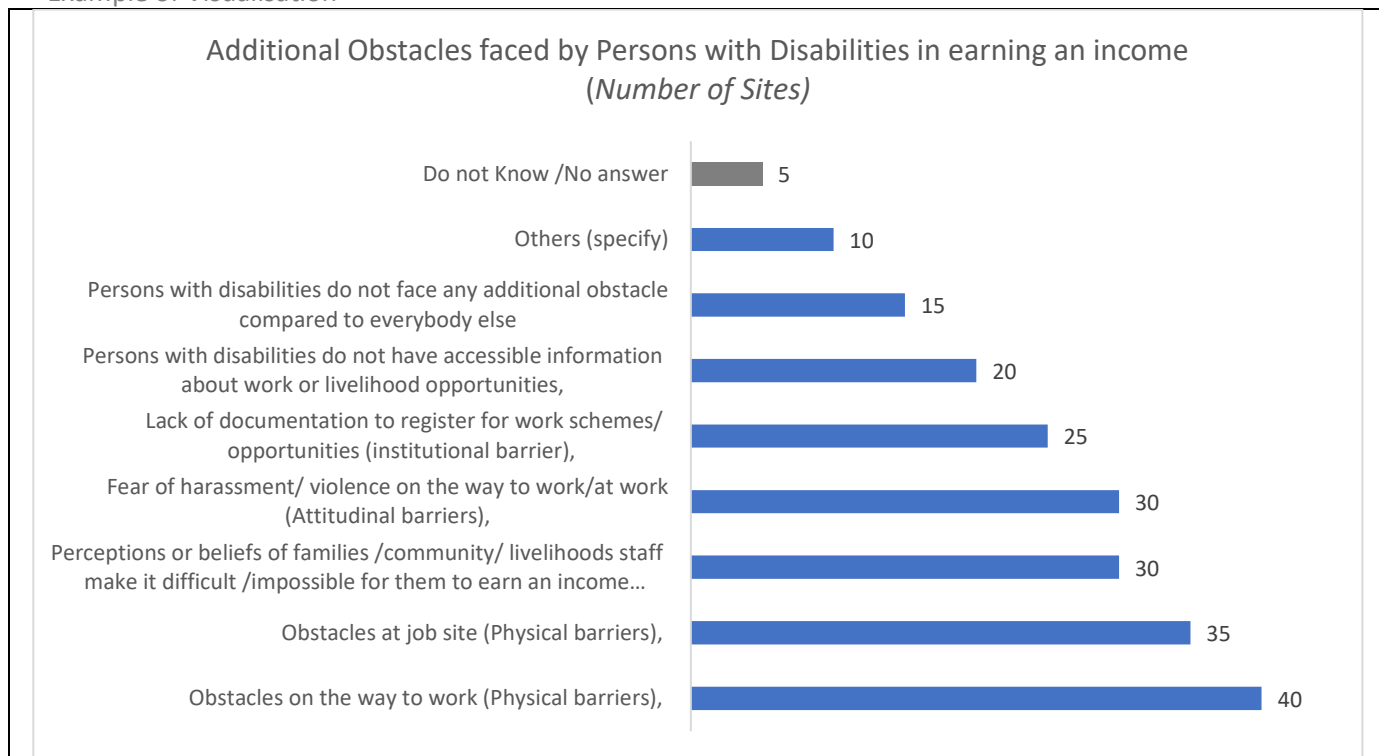
Preconditions for Data Collection

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated

Recommended Source of Information

Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities

Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites there are physical barriers on the way to work that affect persons with disabilities (Persons with disabilities), in xx% of assessed sites, lack of assistive devices hinders access to work for Persons with disabilities, in xx% of assessed sites, PwD fear harassment /violence...

Data of Interest for:

AAP	CASH	CCCM			Food Security		
Livelihood						HI, Organizations of people with disabilities (OPDs)	

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by livelihood, CASH, Food Security and CCCM at a National/area level, as well as at site/location level.

National level analysis can be used by actors to prioritize locations for intervention and design programmes. Livelihood, CASH, Food Security sectors can use results to prioritize sectoral interventions in locations, design solutions or provide appropriate devices to allow access to employment, by minimizing barriers.

Analysing the data at a location level can help actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Obstacles on the way to work (Physical barriers)	<p>Places of work are too far for some people with disabilities to reach</p> <p>Paths or roads to facilities are rough or uneven terrain</p> <p>no transportation is available or accessible to people with disabilities and is costly</p>	<p>Make pathways to commercial centres and workplaces and accessible</p> <p>Provide persons with disabilities options to be housed closed to commercial centres and workplaces</p> <p>Provide transportation assistance (including through cash) to support access to markets</p> <p>Strengthen accessible transportation systems to go to work</p> <p>Consider accommodations for persons with disabilities to work from their homes</p>
Obstacles at job site (Physical barriers)	<p>Agricultural land is located on steep hillsides that are difficult to access to persons who use a wheelchair or crutches to move around. (workstations are not adapted (lack of tactile cues to ensure persons who have difficulties seeing can move around easily (tactile bands, handrails, sufficient lighting));</p> <p>Lack of accessible toilets/latrines at job site</p>	<p>Conduct workplace assessment on individual needs</p> <p>Referral to adapted income generating activities and consider accommodations for persons with disabilities to work from their homes</p> <p>Engage specialized staff in livelihood programs to support adaptation (such as occupational therapists, or specialized OPDs on this, such as independent living movement actors, or other disability inclusion specialized actors etc.)</p>
Perceptions or beliefs of families /community/ livelihoods staff make it difficult /impossible for them to earn an	<p>Employers do not want to hire persons with disabilities because of a belief that they're not able to work, they deliver bad work, they are not productive and cost-efficient);</p> <p>Communities and livelihood actors</p>	<p>Implement community awareness raising campaigns on disability inclusion and non-discrimination with OPDs.</p> <p>Support persons with disabilities to participate actively in the community, such as including them in community representative structures,</p>

<p>income (Attitudinal barriers)</p>	<p>believe that people with disabilities do not have the skills and capacities to engage in income generating activities Humanitarian actors are not aware of the adaptation possible in income generating activities</p>	<p>as part of staff and volunteers. Establish disability inclusive protection and safety assessments Make available information to persons with disabilities and community members on their rights of access and participation</p>
<p>Fear of harassment/ violence on the way to work/at work (Attitudinal barriers)</p>	<p>Persons with disabilities are called abusive names when they move around in the community.</p>	<p>Establish or strengthen mechanisms for monitoring and reporting violence and abuse. Engage community leaders and OPDs in messaging to address violence and harassment Support persons with disabilities to participate in community leadership structures Ensure that information about feedback and complaints mechanisms (including for PSEA) and the mechanisms themselves are available in accessible formats</p>
<p>Lack of documentation to register for work schemes/ opportunities (institutional barrier)</p>	<p>Persons with disabilities are not given documentation/ accreditation needed in cash-for-work initiatives or other work-related activities Persons with disabilities are not given work permits because of discriminatory policies and practices</p>	<p>Conduct outreach to register persons with disabilities and ensure access to documents Allow access to work through alternative documentation Ensure information about registration is accessible to persons with disabilities (audio, written, braille, sign language, local language large print, high-contrast; easy-to read and understand)</p>
<p>Persons with disabilities do not have accessible information about work or livelihood opportunities</p>	<p>Job adverts do not encourage the recruitment of persons with disabilities Job adverts are on inaccessible sites and in inaccessible formats Information on cash for work is disseminated by community leaders wand does not reach persons with disabilities Modalities for announcements of work opportunities are not accessible (e.g. in one format only, such as radio/ word of mouth/ written in unclear and hard to read format)</p>	<p>Make information available in multiple and accessible formats (audio, written, braille, sign language); (local language; large print, high-contrast; pictograms; easy-to read and understand) Ensure locations where information is posted and communication channels are accessible Identify and reach out to networks of persons with disabilities to disseminate information</p>
<p>PwD do not face any additional obstacle compared to everybody else</p>		<p>Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators</p>

M1842	Public	Select 3- do not use the word "disability"	Additional barriers that Persons with Disabilities face to access information	Recommended by Global Experts
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Question Text

What are the top 3 additional obstacles that people with a lot of difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) face accessing information related to humanitarian aid, services and protection?

Response Options Text

Physical barriers to accessing and understanding the information
Information is not shared in ways that can reach and be understood by persons with disabilities (Institutional barrier)
Coordination, service and goods providers do not consider that persons with disabilities need to access information on humanitarian services/ misbelief that persons with disabilities need info/ have the rights to access/ can benefit from same info as everybody else (Attitudinal barriers)
Persons with disabilities do not face any additional obstacle compared to everybody else
Others (specify)
Do not Know /No answer

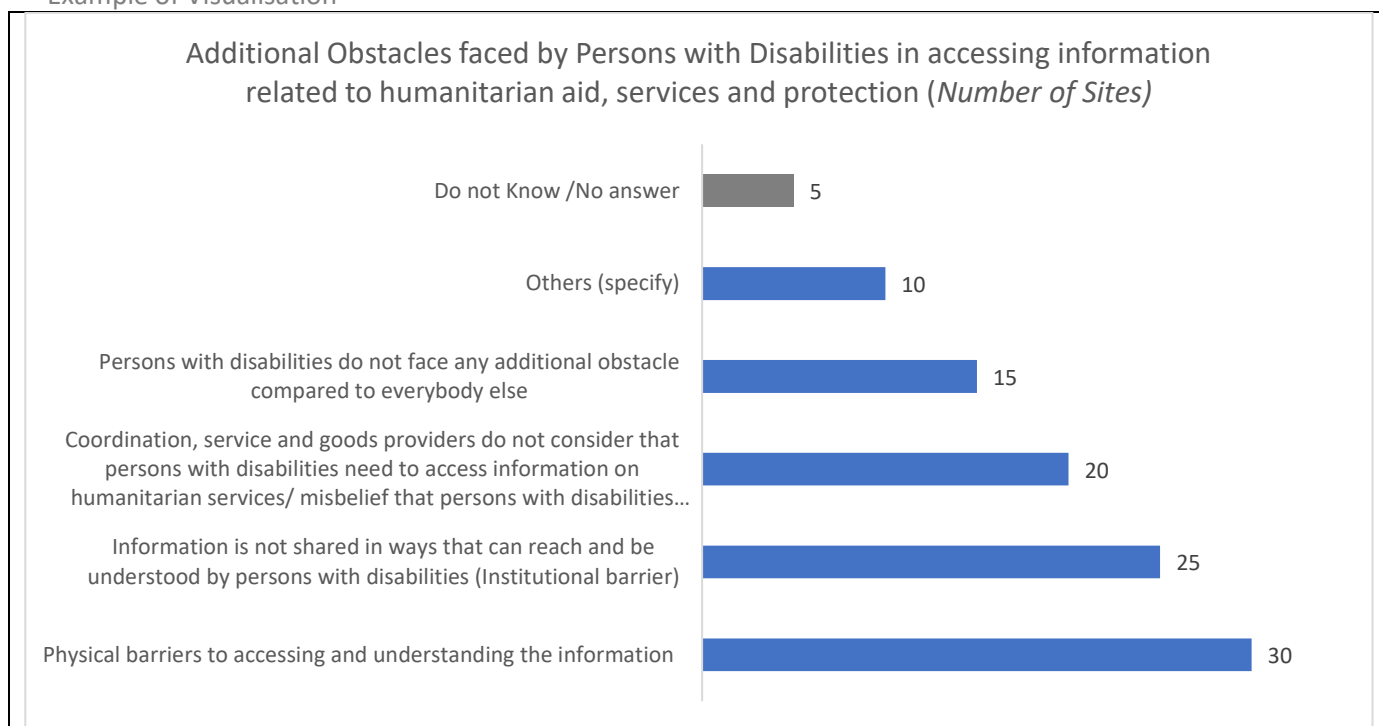
Preconditions for Data Collection

During the do no harm analysis, while designing the questionnaire, consider if some of the answers may put enumerators, communities or Key Informants at risk when collected, analysed and disseminated

Recommended Source of Information

Organizations of persons with disabilities, persons with disabilities, service providers working with persons with disabilities

Example of Visualisation



Example of Descriptive Analysis

According to Key Informants, in xx% of assessed sites persons with disabilities do not have access to key information related to humanitarian aid because of physical barriers while in xx% of the sites, persons with disabilities do not have access to key information due to attitudinal barriers (service providers do not consider that persons with disabilities need information, and in zx% of sites, KI state that information is not provided in a way that persons with disabilities can understand.

Data of Interest for:

AAP	CASH	CCCM	Child Protection	Education	Food Security	GBV	Health
Livelihood	MHPSS	Nutrition	Protection	Shelter and NFIs	WASH	HI, Organizations of people with disabilities (OPDs)	

Example of Use that can be done by Data User (e.g., Clusters, NGOs...)

Results should be analysed by Sectors, CWC and CCCM at a National/area level, as well as at site/location level.

National level analysis can be used by actors to identify additional information sharing strategies and prioritize locations for changes in information sharing. Sectors can use results to prioritize where to modify information sharing and use different solutions or provide appropriate devices /tools to allow access to information, by minimizing identified barriers.

Analysing the data at a location level can help actors in each location address specific barriers.

Cross check information through other means (e.g., through in-depth interviews with organizations of Persons with disabilities, and or Focus Group Discussions with Persons with disabilities). Especially if DTM key Informants were not people with disabilities themselves, sectors may need to conduct additional barriers and facilitators assessment.

Response Options Text	Example of Answers per each Option	Examples of Humanitarian response
Physical barriers to accessing and understanding the information	Information is not disseminated in multiple locations; Information is disseminated in inaccessible/hard to reach areas – distance, inaccessible meeting rooms/areas or billboards	Disseminate information in multiple and accessible locations Disseminate information through relevant network – disability committees or representatives, families and caregivers, etc. Consider door-to-door when required
Information is not shared in ways that can reach and be understood by persons with disabilities (Institutional barrier)	Information is disseminated using only one channel used by a majority of the population with access to that channel (e.g., the internet) Information is not disseminated through their network Information is not made accessible to them; not available in multiple formats; or in a language they understand e.g., subtitles, sign language etc	Disseminate information through relevant network – disability committees or representatives, families and caregivers, etc. Consult with persons with disabilities on preferred formats and languages Develop different formats to convey key information – visual, audio, easy-read, sign language, etc.
Coordination, service and goods providers do not consider that persons with disabilities need to access information on humanitarian services/ misbelief that persons with disabilities need info/ have the rights to access/ can benefit from same info as everybody else (Attitudinal barriers),	Persons with disabilities do not have access to key channels – governance structures, camp leaders, camp meetings – and their voice is not heard/listened to. Humanitarian actors only address accessibility in information that is specifically targeted to persons with disabilities Materials for communication with communities portrays persons with disabilities in discriminatory ways or in accordance with a charity/ medical understanding of disability	Assess community dynamics Conduct additional barriers and facilitators assessments Undertake communication and awareness campaigns, engaging diverse community actors incl. persons with disabilities, and representative organizations
PwD do not face any additional obstacle compared to everybody else		Conduct in-depth assessments with PwD and organizations working with PwD: such an answer is usually sign of lack of understanding of barriers by Key informants or enumerators