Disability Inclusive Humanitarian TOOLKIT

Budgeting and mobilizing resources for disability inclusion in humanitarian actions

Short guide

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The purpose of this technical brief is to guide UNICEF staff to estimate the costs associated with inclusion of persons with disabilities in humanitarian action. The brief is primarily concerned with response planning and resource mobilization and should be consulted when:

- Developing a resource mobilization strategy within Emergency Preparedness.
- Developing a Country Office (CO) Response Plan, appeals, emergency Programme Budget Reviews (PBRs) and Programme Documents (PDs).
- Amending the activities and budgets of existing partner PDs to support the emergency response (e.g., Reprogramming of Regular Resources within Country Programmes).
- Developing, activating, or adapting a new Resource Mobilization Action Plan.
- Developing or updating a Humanitarian Action for Children (HAC) appeal or contributing to an inter-agency appeal.
- Developing parallel funding arrangements within UN-to-UN partnerships.
- Reprogramming the necessary regular resources with the agreement of national authorities in the event of an emergency.

Why is disability inclusion important in budgeting and resource mobilization?

The UN Disability Inclusion Strategy (UNDIS) requires all entities to allocate adequate financial resources for disability inclusion. This entails better utilization and alignment of current resources with expected outcomes; and allocation of additional resources as required.

Inadequate resource mobilization and budgeting are common and significant barriers to the inclusion of persons with disabilities in humanitarian action. Inclusion requires deliberate effort and therefore dedicated resources. Inclusion has a cost, but exclusion is always costlier as it exacerbates the vulnerability of persons with disabilities; increases dependency on families, friends, and other caregivers; and reduces programme impact and value for money. Budgeting for inclusion enables UNICEF to uphold human rights and humanitarian principles and optimize utilization of resources by ensuring that inclusion is built into programme planning and design rather than implemented retroactively.

The Core Commitments for Children in Humanitarian Action (CCCs) include specific cross-sectoral commitments and benchmarks relating to disability-inclusive needs assessments, planning and monitoring; inclusive and safe access to information and services; and participation in the design of programmes. There are implications for budgeting and resource mobilization associated with achieving each of these commitments, and this is acknowledged explicitly in the Key Considerations, for example:

- Promote understanding that the final cost of accessibility is significantly less if considered at the planning and design stage (rather than retrofitting existing structures).
- Advocate for allocating adequate resources in humanitarian response plans that ensure inclusive and accessible access to services for children and persons with disabilities.
- All partnership agreements should include the required additional resources for adequate consideration of the rights and needs of children and persons with disabilities.
- Implement targeted interventions to directly address the disability-related needs of children whenever possible.

What is disability-inclusive budgeting and resource mobilization?

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The IASC Guidelines on inclusion of persons with disabilities in humanitarian action states:

"Inclusive budgeting occurs when an organization, during its planning process, allocates funds to remove barriers and promote participation for persons with disabilities, and to provide targeted activities for persons with disabilities. Inclusive budgets should include costs for improving physical accessibility, providing reasonable accommodations, and providing specialized non-food items (NFIs), assistive devices, mobility equipment and accessible communications."

By combining an understanding of these costs with assessment data on the needs and requirements of persons with disabilities in a particular crisis context, it is possible to account for disability inclusion in response planning, resource mobilization and programme design.

How to estimate the costs relating to disability inclusion?

In accordance with UNICEF's approach to results-based budgeting, it is first necessary to ensure that disability inclusion is appropriately reflected in the results statements of the relevant programme or response plan, based on a contextual analysis and assessment of humanitarian needs.

This requires a twin-track approach; combining explicit references to persons with disabilities in generalized outcomes and outputs (with disability-disaggregated targets) along with outcomes and outputs that are specific to persons with disabilities or to disability inclusion. Inclusion always requires this combination of mainstreaming and targeted interventions and there are costs associated with both tracks.

Organizations of Persons with Disabilities (OPDs) representing the diversity of persons with disabilities should be consulted on project selection criteria or participate in the review committee of selected projects to ensure that proposals adequately and appropriately include and address the needs of persons with disabilities.



Once these results have been defined it is possible to determine the resource requirements through the following steps:

Identify the disability-related interventions (mainstreaming and targeted) required to achieve the results (see Section A in the table below).

Consult persons with disabilities to analyse potential barriers that might heighten risk and restrict access and participation. Identify enablers and risk mitigation strategies.

Identify the specific activities and inputs to deliver the intervention as well as the programme processes (see Sections B and C in the table below).

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Consult the UNICEF supply catalogue to check costs of specific products designed to enhance inclusion and accessibility (e.g., <u>latrine add-on</u>).

Consult with local OPDs and service providers to ascertain typical unit costs of disability-related supplies and professional fees which are not available in the UNICEF catalogue.

Incorporate all disability inclusion-related costs in the overall costing estimate for a specific unit of intervention¹ (e.g., the cost of running a nutrition centre for a given period, serving a given number of people).

Costs can relate to sector-specific activities and interventions or to cross-sectoral programme processes (e.g., assessment, monitoring, and evaluation). Below is an example based on a typical nutrition programme result.

If the results-based model described above is not applicable, or if the budget is allocated at a higher level, simply allocate a percentage of the overall budget for disability inclusion. There is no single standard percentage that is applicable for all activities in all contexts, so it is recommended to use the following estimates based on the nature of the activities:

- 1-3 per cent of the total construction cost for accessibility of the built environment.
- 3-4 per cent for non-food items (NFIs) and basic assistive devices.
- Or allocate 3-7 per cent of the total budget for all disability-inclusion measures.



Example: Nutrition

Result: Children at risk of malnutrition, including children with disabilities, have access to diets, services and practices that improve their nutritional status.

	Mainstreaming	Targeted
A) Example interventions (twin-track approach)	Nutrition services such as measurement, breastfeeding counselling, and parent support programmes are accessible to parents with disabilities and parents of children with disabilities.	Targeted outreach and community-based nutrition services for caregivers and children with disabilities, or caregivers with disabilities. Provision of additional or specific supplementary and complementary foods to meet the nutrition requirements of children with disabilities.

¹ Secondary sources are likely to significantly underestimate the number of persons with disabilities in the population, particularly if they have not used an internationally approved method such as the Washington Group Questions. Where data is unavailable or suspected to be inaccurate, it is recommended to collect primary data or use the WHO global estimate of 15 per cent (for children use UNICEF's estimate of 10 per cent).

	Mainstreaming	Targeted
	Nutrition information campaigns use multiple formats to improve accessibility for caregivers and children with different impairments. Construction (or retrofitting) of nutrition- related infrastructure are in accordance with universal design principles to ensure accessibility.	Provision of assistive technology (via a rehabilitation specialist) which enables children with disabilities to meet their nutritional needs at home (e.g., manual food processors, adapted cutlery) or to access nutrition-related facilities (e.g., mobility aid). ² Campaign to disseminate specific information about the nutritional needs and requirements of children with disabilities.
B) Example delivery costs	 Supplies All nutrition information products supplied in a variety of formats (e.g., easy-read, Braille, audio messages). Logistics Reasonable accommodations to meet individual access requirements (e.g., transportation, sign language interpretation, personal assistance). Infrastructure Estimate 1-3% additional cost for accessibility in new structures. The costs of retrofitting will be higher and vary according to the status of the structure. Technical expertise Development of accessible information materials. Training of nutrition staff on disability inclusion. Sign language interpretation. 	 Supplies Targeted information products. Specific food items. Assistive devices. Logistics Reasonable accommodation to meet individual access requirements. This will be required for a higher proportion of participants in activities targeting persons with disabilities. Transportation and venues for outreach teams to provide community-based activities. Technical expertise Development of targeted information materials. Provision of targeted therapeutic, educational, and social services, including assistive technology.
C) Example costs relating to cross-sectoral programme processes	 Supplies Delivery of programme information products in accessible formats (regarding services, entitlements, eligibility, feedback and complaints mechanisms, and safeguarding). Logistics Reasonable accommodations to enable persons with disabilities to participate in data collection and consultations for assessments, programme design, monitoring, and evaluation. Transport for staff to conduct targeted data collection exercises and consultations with persons with disabilities. 	

² This should be based on data collected during the needs assessment. However, if this data is not available, estimate that 3 per cent of the population need assistive devices. See UNICEF General Guidance on Including children with disabilities in humanitarian action.

Partnerships

- Renumeration for OPDs who provide programme support, e.g., facilitating consultations, training staff, or advising on communication materials and targeted services.
- Capacity exchange and learning activities with OPDs.

Human resources

- Basic disability awareness training for all staff.
- Workplace adaptations and reasonable accommodations to support employees who are persons with disabilities.

How to mobilize resources for disability inclusion?

Dedicated disability-inclusion resources and funding requirements must be incorporated in flash appeals, <u>the HAC</u>*, and donor proposals, including:

- Funding mobilized from private and public sectors.
- Internal funding mechanisms (e.g. <u>Emergency Programme Fund and Thematic Funding</u>) that could be used to rapidly respond and scale-up inclusive programmes.

Data on persons with disabilities can help to mobilize resources for disability inclusion by providing a reliable estimate of prevalence, which historically has been significantly underestimated. Where data is unavailable or unreliable it is recommended to collect primary data or use the global estimate of 15 per cent (for children use UNICEF's estimate of 10 per cent).

Resource mobilization documents should also highlight the disproportional impact of the crisis on persons with disabilities and describe the scale, severity, and specificity of their needs based on consultation with persons with disabilities and their representative organizations. Staff responsible for resource mobilization should receive training on how to use this data to inform cost calculations.

HAC appeals and flash appeals should define criteria for the inclusion of persons with disabilities and include the funding requirements for disability-inclusive programming based on the costs and results-based budgeting process described above.

CO Resource Mobilization/Partnerships staff members, cluster leads, and coordinators also have specific responsibility for disability inclusion in resource mobilization. They should seek advice from OPDs, disability-specific organizations, and disability-inclusion focal points or specialists when costing interventions and advise cluster partners to allocate adequate budget to disability inclusion in programme budgets.

UNICEF should collaborate with Humanitarian Country Teams to ensure that allocation strategies for pooled funding include dedicated mainstreaming actions to improve access to assistance for persons with disabilities as well as disability-specific outcomes.



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Further resources

- Tip sheet on <u>Disability-inclusive Humanitarian Action for Children Appeal</u>*
- IASC Guidelines, Inclusion of persons with disabilities in humanitarian action
- <u>UNICEF Guidance on including children with disabilities in humanitarian action</u>
- <u>UNICEF Guidance on strengthening disability inclusion in Humanitarian Response Plans</u>