Disability in the UN cluster system

Adele Perry and Anne Héry

The cluster system offers space for raising awareness among humanitarian actors and for putting disability on the agenda but it impairs local and cross-cutting dynamics at field level.

The rationale for the reform of the UN humanitarian system was that, by clarifying the roles and responsibilities among UN agencies and by trying to enhance sectoral and cross-cutting coordination, the humanitarian response would be improved – providing better coordinated and more coherent, timely and adequate assistance to the most vulnerable populations.

But how does the sectoral approach affect the capacity of humanitarian actors to respond to cross-cutting issues, for example ensuring that persons with disabilities are taken into account in the overall response?

Opportunities

Immediately following the start of the emergency in 2008 in Gaza, a disability working group was set up which was then quickly turned into a sub-cluster on disability within the health cluster.[1] The objective of the sub-cluster was to share information on disability and injury, coordinate action and support to local actors, raise awareness of disability among mainstream humanitarian stakeholders, and advocate for better assistance for persons with disabilities. The disability sub-cluster disseminated information about inclusion of persons with disabilities in relief activities, strove to have one representative in each cluster and invited mainstream agencies to attend its meetings. Most importantly, local NGOs were active participants.

Several elements in this approach made it efficient; the health cluster functioned well and had a clear understanding of the role of the sub-cluster and both the lead agency in the sub-cluster and its members were active. The disability sub-cluster enabled concrete coordination between actors operating in Gaza and assisted in obtaining funding and directing it to local actors.

In the field, the protection cluster generally holds responsibility for addressing the situation of the most vulnerable populations. However, as many different evaluations of the cluster system have shown, the functioning of the clusters differs widely from one country to another and from one cluster to another, and the competence and personality of the cluster lead are key to the system's ability to provide an adequate and timely response and appropriate consideration of disability issues. Thus the choice about which cluster to invest in for better inclusion of persons with disabilities and injuries in a humanitarian response will continue to depend on the context.

Nevertheless, the fact that the system provides a strong incentive for coordination means there are increased opportunities for accessing other operational stakeholders. This is crucial for enabling immediate coordinated action to ensure that persons with disabilities are included from the start in all sectors. In particular, this allows inclusion of disability issues in rapid assessments. A cluster system that functions well also allows information and tool sharing on disability and provides the best space to raise awareness of disability issues among other actors.

In the Philippines, for instance, Handicap International was able to conduct awareness-raising sessions in the WASH (water, sanitation and hygiene), shelter, protection and health clusters, and included disability in the protection rapid assessment tool. The grouping together and coordination of actors can definitely give a stronger voice to the affected populations' concerns and thus make it possible to lobby other humanitarian stakeholders from a position of greater strength.

Clusters provide a space for raising a cross-cutting issue such as disability at a more global and political level, as well as opportunities to educate major actors and attempt to put disability on their agenda. At the global level, clusters foster the endorsement and promotion of standards and guidelines. Within the global health cluster, disability indicators have been included in the essential health package and in the health resource mapping tool. The global cluster should allow the development and dissemination of technical expertise and best practices. Here again, the protection cluster could be the catalyst for progress in including persons with disabilities in global humanitarian response.

Constraints and flaws

However, along with the advantages it brings, the cluster system also has its downsides. One of them lies in the structure of the system itself, which slices the emergency response into sector-oriented, top-down activities, thereby impairing the local cross-cutting initiatives and dynamics that are essential at field level.

For a cross-cutting issue such as disability, none of the individual clusters is adequate for addressing the needs of persons with disabilities. Disability should be taken into account in shelter, water and sanitation, nutrition, health, education and livelihood activities. Thus a decision to locate the disability sub-cluster within the health cluster has its limitations, in the sense that it tends to encourage the view of disability as a purely health issue rather than as a cross-cutting issue. As far as the protection cluster is concerned, the fact that protection is in itself a cross-cutting issue, and a most sensitive political issue, tends to create obstacles and delays in taking immediate and concrete steps to provide assistance to persons with disabilities.

Furthermore, the creation of a sub-cluster on disability may not always be the best way forward as it tends to remove responsibility from other actors. All in all, the amount of time and resources that needs to be invested in cluster coordination and to work on disability is huge. Leading the sub-cluster in Gaza

represented one and a half full-time jobs during the first phase of Handicap International's response.

The inability of the cluster system to meaningfully include local actors is one of its well documented flaws. For persons with disabilities this exclusion can be particularly harmful since local NGOs are key disability actors, often developing beneficiary-oriented and essential community-based activities. Such activities, however, are difficult to include in the cluster approach.

Discussions have taken place within the Global Protection Working Group on how best to address a number of cross-cutting issues, including disability, but the group will need to commit more and longer-term resources if significant progress is to be made. Up till now the whole humanitarian system is far from being disability-friendly and responses to the latest crises have shown only a little improvement. Persons with disabilities are still generally invisible at the earliest stage and are excluded from the assessment and planning processes.

It is time for cluster leads to take responsibility for mainstreaming disability; it is not only about disseminating guideline and tools but about being more efficient, more practical and addressing the realities of persons with disabilities.

Gaza Disability Sub-Cluster

In addition to information sharing and coordination, the sub-cluster also had an opportunity to mainstream disability in other aspects of the humanitarian response. Through the presence of the sub-cluster lead at meetings of all cluster leads, not only was the issue of disability continually raised but the Humanitarian Response Fund application form for the Occupied Palestinian Territory now contains a section where applicants must outline how disability, along with gender, will be considered in the project. Moreover, during the Gaza consultation meetings for the Consolidated Appeals Process, the disability sub-cluster was given its own space to discuss the needs of people with disabilities related not only to health issues but also to education, shelter and psychosocial and mental health.

The disability sub-cluster lead was also involved in providing technical assistance to UNDP and UNIFEM to ensure that persons with disabilities were included in post-conflict needs assessments and research. By assisting in the design of questions for focus groups and surveys, and ensuring researchers were sensitised to disability issues, the disability sub-cluster was instrumental in ensuring that good quality data was gathered.

Representatives from the disability sub-cluster also participated in the development of the contingency plans of several clusters and the situation of people with disabilities was highlighted in potential scenarios related to humanitarian emergencies. In addition, the disability sub-cluster lead worked with the Protection Cluster Working Group to develop a work plan for addressing the protection needs of Persons with Special Needs, which includes people with disabilities.

IRIN/Suhair Karam

Jamila al-Habbash, 15, lost both her legs in a missile strike in eastern Gaza. She receives training to wear her artificial legs at the Artificial Limb and Polio Centre in Gaza.

Recommendations

A dedicated sub-cluster is relevant where there are large numbers of persons with injuries or disabilities such as Gaza or Haiti. In such situations:

- Ensure there is funding for a dedicated cluster lead and support staff.
- Ensure the sub-cluster lead has a technical background in disability.
- Provide sensitisation on disability in all other clusters in the initial stages through presentations and distribution of information and toolkits.
- Continue to raise awareness of disability in other clusters by ensuring disability focal points are assigned to all other clusters to report on the activities of the disability cluster and also to report on the activities of the other clusters to the disability sub-cluster.
- Ensure that disability is included in rapid assessments in the initial stages and dedicate time to gathering more in-depth data later through coordination with both local actors and international actors.
- Work with the humanitarian coordination team to ensure they are aware of disability issues and provide space for these issues to be raised in coordination meetings.
- Promote the inclusion of persons with disabilities in the design of projects through bilateral coordination with mainstream organisations.
- Lobby for the inclusion of disabilities as a mandatory cross-cutting issue to be included in the design of all projects.

Where there is no formal disability sub-cluster, a dedicated disability focal point or team of people should be employed to ensure implementation of the above recommendations. By attending meetings of other clusters and working with the humanitarian coordination team, disability focal points can ensure disability is mainstreamed.

Adele Perry (adele.perry1@gmail.com) is an occupational therapist working in the field of disability for international humanitarian and development organisations. Anne Héry (hery.anne@yahoo.fr) is a delegate for Handicap International in Paris (http://www.handicap-international.fr/).

1. Health cluster information http://www.who.int/hac/global_health_cluster/en/