



INCLUSIVE CLIENT RESPONSIVENESS

FOCUS ON PEOPLE WITH DISABILITIES AND OLDER PEOPLE

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May 2021

LIST OF ACCOMPANYING TOOLS

Name	Description
.....&.....	Document which outlines some of the general barriers to access (and enablers) that people with disabilities and older people can face when interacting with feedback channels.
.....-	Checklist to evaluate the level of accessibility of IRC's feedback channels and identify barriers. It includes an action plan to track how barriers will be addressed.
...../	

Introduction

For the purposes of this guidance, **people with disabilities** include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. We use the term **older people** to describe someone in later life. It is common in all societies and cultures to divide our lives into different stages, with older age being the latter stage and an older person being someone in that stage.

INTERSECTIONALITY

A concept to understand the way multiple forms of discrimination affect groups of people or individuals. For example, the discrimination of women based on sex and gender is inextricably linked with oppression and marginalization based on other discriminatory systems such as those based on race, ethnicity, religion or belief, health, status, age, class, caste, sexual orientation and gender identity.

This guidance supports the IRC's organizational commitment to ensuring diversity, equality, and inclusion for clients across IRC programs. The adaptations of the Client Responsiveness approach are aligned with the ten indicators in the CHS Gender & Diversity Index from the [CHS Self-Assessment Tool](#). In particular, Commitment 4, Key Action 4.4 highlights the need for feedback mechanisms inclusive of all people and requires processes to “encourage and facilitate communities and people affected by crisis to provide feedback on their level of satisfaction with the quality and effectiveness of the assistance received, paying particular attention to the gender, age and diversity of those giving feedback.”

CLIENT RESPONSIVE PROGRAMMING FRAMEWORK

Is an organizational priority at the IRC, reflecting our commitment to meaningful participation of people receiving our aid and services, delivered directly and in partnership with others. It refers to measures to collect, analyze and respond to affected people's feedback, and supports their participation in project activities and decision-making processes. The term encompasses similar concepts and approaches used by other organizations such as Accountability to Affected People (AAP) or Community Engagement and Accountability (CEA).

The guidance complements the existing Gender Equality component of the Client Responsiveness approach by exploring inclusion from the perspective of (older) age and disability status. The resources here reflect the centrality of intersectionality and recognize that the overlapping or intersection of multiple factors can dramatically increase a person's risk or vulnerability during a humanitarian crisis, creating further inequalities in access. While this guidance focuses on inclusion of clients with disability and of an older age, for recommendations on the inclusion of children in consultation and accountability mechanisms, please refer to the rich set of materials already developed by [Save the Children](#), [UNICEF](#) and [Plan International](#).



How to navigate through this guidance

This Inclusive Client Responsiveness Guidance consists of three sections to support sta in strengthening inclusion of people with disabilities and older people using the IRC's Client Responsiveness approach:

[Key concepts](#) for designing inclusive feedback mechanisms such as accessibility and reasonable accommodation, to ensure that barriers are addressed, and feedback mechanisms are designed to be accessible to all.

[Selection and design](#) of inclusive feedback mechanisms that foster diversity and inclusion.

[Monitoring access](#) to feedback mechanisms of people with disabilities and older people through appropriate data collection and analysis.

 The guidance also includes a set of resources for practical implementation, which are referenced throughout the document. Look for  a

1. Key concepts for designing inclusive feedback mechanisms

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.....

¹ This question assesses whether it is disproportionately burdensome to provide the required adjustment. Answering this question requires a judgement of proportionality. Is it reasonable to expend the resources that will be required to make the adjustment (in time, cost, impact, etc.) in order to achieve the aim, which is the enjoyment of the right concerned?

1.1 Barriers to access to IRC's feedback mechanisms

In the context of inclusion, barriers are factors that hamper participation and create inequalities. According to the [IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#), there are three types of barriers: environment (physical and information), attitudes and institutions (including financial). Clients and communities can have internal barriers, which can increase demand for and participation in client feedback mechanisms (demand side), as well as increase the organizational processes and feedback mechanisms that are beyond the control of the client (supply side).

PHYSICAL

Physical barriers can be natural or man-made, and the list is infinitely long. Common man-made barriers are concrete entrances in a location with narrow doors and passageways, staircase, thresholds, level changes, steep slope or an inaccessible suggestion boxes positioned too high.

INFORMATIONAL

Information barriers occur when information is not made available and accessible for everyone. This barrier can be invisible, but it can still impact a large number of people, particularly those with sensory impairment. An example of an informational barrier is when a feedback channel is only offered in written format.

ATTITUDINAL

Attitudes are a major barrier to full and equal participation. Negative attitudes towards people with disabilities

INSTITUTIONAL

Ideally, potential barriers should be identified during the design of feedback mechanisms to ensure universal design of the channel to people with disabilities and older people. If, despite universal design, barriers to access remain for people with disabilities and older people, you must provide reasonable accommodation.

1.2 Accessibility and Universal Design

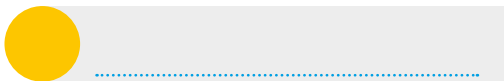
Accessibility is a precondition to inclusion. As defined in Article 9 of the UN Convention on the Rights of Persons with Disabilities, accessibility is the right that people with disabilities have to “access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.” It means designing services, communication, and information to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. A universally designed environment allows participation of people with disabilities and older adults. Prioritizing universal design can seem like a significant constraint but will ultimately benefit all clients and is the cheapest approach – retrofitting accessibility is always more expensive.

REASONABLE ACCOMMODATION ENSURES:

Effectiveness: The solution provided is tangible and durable.

Equality: All facilities can be used easily/without hindrance by all clients

Independence: A client does not require the assistance of a third party



For example, if IRC staff are preparing to hold Focus Group Discussions with clients to understand their preferences using feedback channels, they will go through the following process:

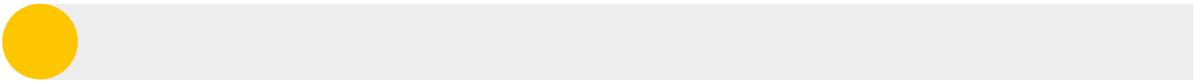
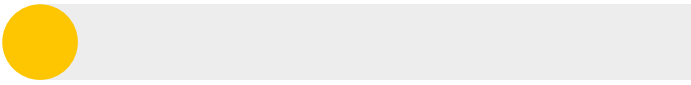
Ahead of the FGD, discuss the need for reasonable accommodation measures with selected/interested clients.	🗨️ IRC Staff : “Would you require any adaptation or support to access this interview and communicate during the interview with us?”
Requests for reasonable accommodation are managed on an individual basis through an interactive and transparent dialogue, where persons requiring reasonable accommodation have an opportunity to express their requirements.	

1.4 Equal access

Accessibility and reasonable accommodation are not exclusive of each other; rather, they are strategies that should be combined to effectively address barriers, guarantee access, and improve participation of all IRC's clients to client feedback mechanisms. At a minimum, IRC's feedback mechanisms should aim to improve accessibility through universal design, while also instituting a process for reasonable accommodation to address situations when people with disabilities and older people report a lack of access.



Now that we have reviewed the concepts of barriers, universal design and reasonable accommodation, let's see how they apply in the selection and design of feedback channels (section 2) and when monitoring access to feedback mechanisms (section 3).



QUESTION 3: WHICH CHANNELS DO YOU WANT TO USE TO COLLECT CLIENT FEEDBACK?

To ensure that the selected channels are accessible:

Ask people with disabilities and older people what channels they would prefer to communicate with the IRC (see section 2.1). For examples of questions, refer to [Annex 2: Writing Questions to Proactively Collect Feedback](#) (t)3.7 (i)-2.1 (/7



Toolbox: [VPRU disaggregation document](#), Guidance on disability disaggregated data, Instructions to conduct an accessible KII/FGD

Ask clients about the access barriers, aligned with IRC core feedback themes, especially: Access, Safety and Fair Treatment, Respectful and Dignified Treatment and Voice and Empowerment

Ensure questions cover:

Physical barriers

Communication barriers

Attitudinal barriers

Institutional barriers

Toolbox: Questions to collect data on barrier to access and preferences; Client Satisfaction survey with WGQs

During your analysis, ensure that data is disaggregated by sex, age and disability. Additionally, at a minimum, analyze the barriers using the following guidance:

Use disaggregation by respondent type to identify any differences between or trends within which groups face which barriers.

- For quantitative data: Disaggregate data on barrier types (physical, attitudinal, institutional, communication/information) by type of feedback channels (proactive, reactive, etc.).
- For qualitative data: At a minimum, use qualitative data codes that can provide meaningful summaries about key barrier types (physical, attitudinal, institutional, communication/information) in addition to any other coding ratings 8)8071

2.2 Accessibility audit of feedback mechanisms

Another way to ensure inclusive design of feedback channels is to complete an accessibility audit to assess levels of accessibility and identify potential barriers. This should be done during the design phase, though it can be done during implementation (likely at a higher cost if retrofitting an existing approach is required).

An accessibility audit is a method to evaluate the level of accessibility and safety, and identify existing barriers of different feedback channels through a checklist. It can be conducted by an external expert, for example by a local Organization of Persons with Disabilities, or through a self-audit. An accessibility audit is suitable for reactive feedback channels.

An accessibility audit checklist can be [downloaded here in Excel format](#). It includes a self-audit and an action plan to track how barriers identified will be addressed. From the audit, you will be able to draw recommendations and prioritize them for immediate and/or progressive implementation. This checklist is not exhaustive, nor meant to

Build an inclusive culture: Promote an organizational culture that values the power, voice and agency of diverse clients, partners and staff to shape programs and operations. Actively work to end all forms of systemic discrimination and foster a participatory and inclusive environment where everyone feels respected, heard, valued and supported. Through programs, seek to reduce disparities in outcomes which are driven by systemic inequality.

Raise awareness and strengthen capacity on how to communicate with and provide reasonable accommodation to people with disabilities and older people in submitting feedback. Remind staff that they have the same right as everybody else to participate, and that their feedback should be handled in the same manner. Inclusive programming means accountability to all clients.

Include diverse clients and partners when designing feedback mechanisms: People with disabilities and older people must be consulted on their preferred ways of using such mechanisms. Engage people with disabilities and older people and their representative organization in consultations and the design process.

Ensure accessible feedback mechanisms for all clients: Carry out an accessibility audit of feedback channels twice a year and address identified barriers.

Target people with disabilities and older people in outreach: Make sure outreach information states that people with disabilities and older people have the same right to submit feedback. Describe how the feedback will be handled and encourage people to share their views directly.

Diversify feedback mechanisms: Use multiple feedback channels and formats for information provision, client feedback, and client registration for services. Applying different methods of communication, such as large prints, plain text, visuals, diagrams and video, sign language and captioning, helps to reach more people with diverse needs and preferences, while addressing communication barriers.

Provide reasonable accommodation: Ensure reasonable accommodation and support for people with disabilities and older people to submit feedback and allow them to autho

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Some barriers will be specific to the type of feedback channel, as well as an individual's type of disability. To find out more about the accessibility of different feedback channels by people with disabilities and older people, review the examples of Barriers & Enablers of Proactive and Reactive Feedback Channels. These are generic barriers and do not replace the need to consult people with disabilities and older people when designing feedback channels and to carry out an accessibility audit.

CLOSING THE FEEDBACK LOOP WITH CLIENTS

To improve communication with clients, IRC staff need to explain and show how client feedback has influenced programmatic decisions. The [Guidance to Present Interpret and Respond to client feedback](#) has dedicated recommendations on "closing the loop," which includes communicating back to clients how their feedback was used, the response put in place, and creating room for discussion on the decision. This information should be regularly shared with both program staff and clients. Use the Feedback Registry (excel or adapt for CommCare) to monitor how you have been responding to feedback from older people and people with disabilities and cross checking with the age and answers to the Washington Group Short Set of Questions.

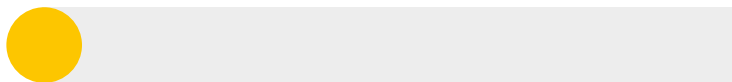
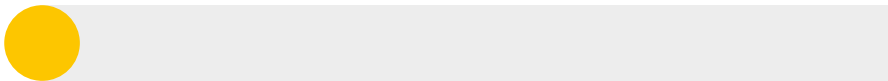
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3. Monitoring access to feedback mechanisms

After establishing feedback mechanisms, the IRC needs to monitor and report who has access and who does not using disaggregated data, to understand risks and barriers faced by clients when trying to access feedback mechanisms, and to identify enablers for equal access. Effective use of disaggregated data can support Client Responsive Programming by identifying gaps to understand what needs to be done to mitigate risks and address barriers to allow for equal access.

The [Humanitarian Inclusion Standards](#) and



3.1 Data disaggregation in proactive feedback channels


Proactive feedback channels are methods through which the IRC is actively soliciting feedback from clients, for example: client satisfaction survey; a focus group discussion; an individual interview, etc. In this approach, IRC staff choose the clients and stakeholders, decide the questions to ask, and pick the timing of when the information is collected.

IN PROACTIVE FEEDBACK CHANNELS, QUESTIONS ON AGE AND THE WASHINGTON GROUP QUESTIONS CAN BE USED:

In the demographic section of any quantitative data collection tool; therefore, they should be used in all surveys.

In a Key Information Interview, at the start of the interview when asking the participant about other demographics

In a Focus Group Discussion, they are only suitable if you are registering participants individually and in a confidential and safe space before the FGD takes place. They should not be asked to the whole group.

 **Toolbox:** Instructions on conducting inclusive FGD/KII; Client satisfaction survey with WGQ

3.2 Data disaggregation in reactive feedback channels

Reactive feedback channels are options that the IRC provide to its clients and other stakeholders to communicate with them – at the time and subject they choose. This includes suggestions boxes, hotlines, email addresses, or face walk-in, etc.

IN REACTIVE FEEDBACK CHANNELS, THE WASHINGTON GROUP QUESTIONS CAN BE ADDED TO:

All [Client Feedback Form](#) in the Client Information section

The [Client Feedback Registry in excel](#)

3.3 Indicators for monitoring access of people with disabilities and older people to feedback mechanisms

According to the [WHO World Disability Report](#), about 15% of the world's population lives with some form of disability. We know that this can be even higher in humanitarian contexts. When analyzing data, please keep in mind that around 15% of clients may be people with disabilities. If the data reveals a lower percentage of clients with disabilities, that might indicate barriers to access feedback mechanisms.

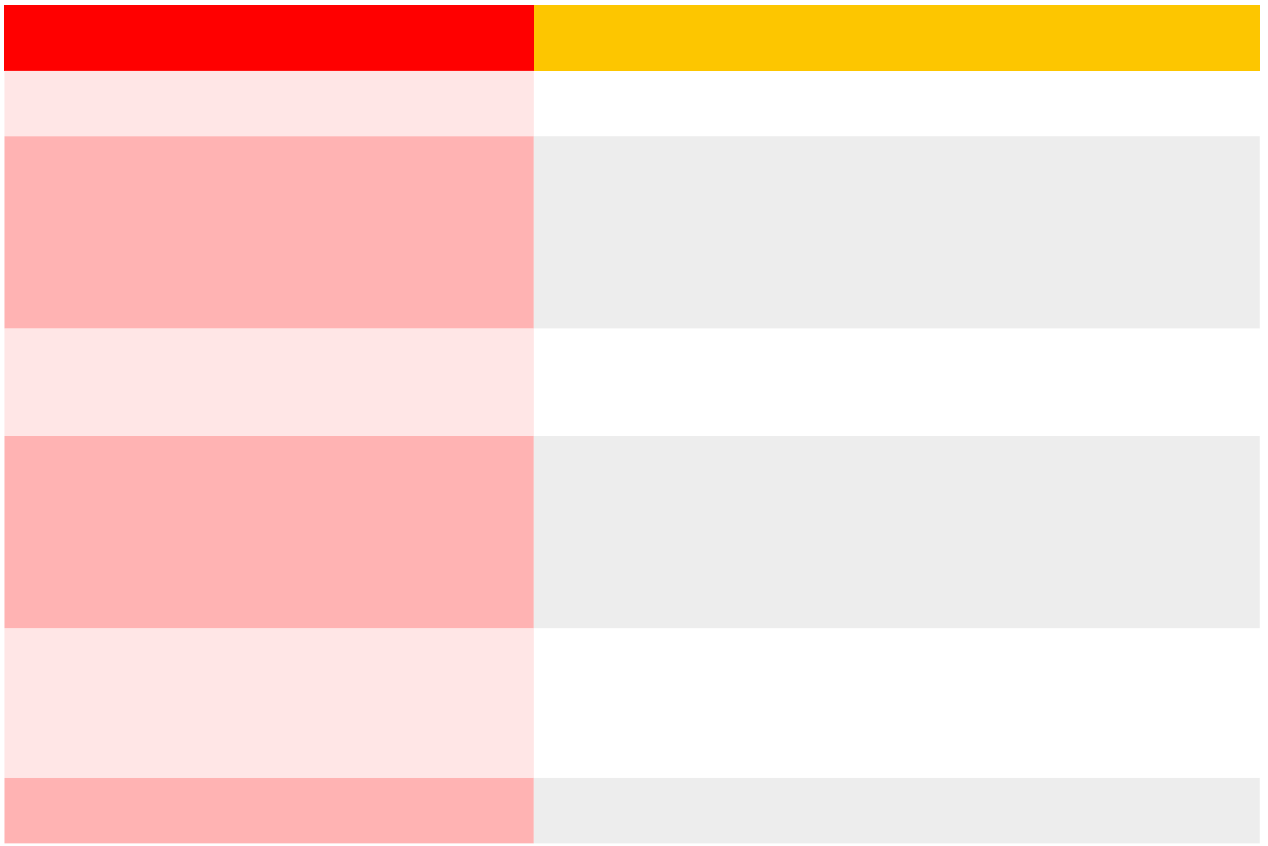
In addition to disaggregating data by disability status and age, tracking specific indicators can reveal how well people with disabilities and older people are included in client feedback mechanisms. People with disabilities are not a homogenous group and can experience different barriers depending on the type of functioning difficulty (seeing, hearing, walking, remembering, self-care or communicating). Therefore, it is recommended, when appropriate, to disaggregate by functioning difficulty. For further guidance, please contact your VPRU M&E focal point.

This data is used to:

①

Toolbox

Communicating with People with Disabilities and Older People - Tip Sheet	25.....
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PEOPLE WITH DIFFICULTIES HEARING

- Find out how the person prefers to communicate. People with hearing impairments may use a combination of writing, lip reading and/or sign language. This can be done by following the person's cues to find out if they prefer and use sign language, gesturing, writing or speaking or other alternative communication methods.
- Get the person's attention before speaking, by raising your hand or waving politely.
- Face and talk directly to a person who is deaf, not to the interpreter (as they are only facilitating the communication).
- Look directly at the person and speak clearly, slowly and expressively without overreacting/overemoting to establish if the person can read your lips.
- Speak in a normal tone of voice, do not shout.
- Keep your hands and food away from your mouth when speaking. Avoid communicating while smoking or chewing gum.
- Try not to stand with your back to the person. If you are in a room with a door, try to stand with the door behind you.

- Formulate simple sentences and use precise language incorporating simple words. Do not give too much information at one time. If necessary, ask short questions that require short answers or a nod or shake of the head.
- Use hand gestures, notes, easy-to-read forms, pictures/photographs.
- Be patient, do not speak for the person. Take the time necessary to ensure clear understanding and give time to put the thoughts into words, especially when responding to a question.
- Give the person time to respond to your question or instruction before you repeat it. If you need to repeat a question or point, then repeat it once. If this does not work, then try again using different words.
- Give whole, unhurried attention when talking to a person who has difficulty speaking. It is OK to say “I don’t understand.” Ask the individual to repeat their point, and then say it back to them to check that you have understood it correctly.
- Always check if the person has understood and if you have understood him/ her correctly. Verify responses to questions by repeating each question in a different way.
- Revisit any areas of misunderstanding and try to articulate more clearly and simply.
- Use real life examples to explain and illustrate points. For example, if discussing an upcoming medical visit, talk the person through the steps they are likely to go through both before and during the appointment.
- Give exact instructions: for example, “Be back from lunch at 12:30,” not “Be back in 30 minutes”

EXAMPLE OF REASONABLE ACCOMMODATION: *Provide Easy-to-Read consent form and formats, if required ensure a support person is part of the process if needed.*

PEOPLE WITH DIFFICULTIES WALKING (INCLUDING WHEELCHAIR USERS)

- When speaking with someone in a wheelchair, talk directly to the person and try to be at their eye level, but do not kneel. If you must stand, step back slightly so the person does not have to strain his/her neck to see you.
- When giving directions to people with mobility limitations, consider distance, weather conditions and physical obstacles such as stairs, curbs and steep hills.
- Arrange the interview space to provide for movement in a wheelchair or other assistive devices.
- Do not lean on or move someone’s wheelchair or assistive device without their permission.
- If a person transfers from a wheelchair to a car, toilet, etc., leave the wheelchair within easy reach. Always make sure that a chair is locked before helping a person transfer.
- Move at their speed. Do not walk ahead of them if they are moving slower than you.
- Discuss transportation options for activities and events. Consider what is going to be safest, most affordable and the least amount of effort for the individual and family.

EXAMPLE OF REASONABLE ACCOMMODATION: *Provide transport cost if the location is not accessible.*

GUIDANCE ON COLLECTING DISABILITY DISAGGREGATED DATA

THE WASHINGTON GROUP

The [Washington Group Questions](#) are recommended for collecting data on **disability status** during quantitative data collection (and qualitative under certain circumstances). The most commonly used tool is the [short set](#) (six questions) which have been developed and tested extensively by the Washington Group, and are considered the most reliable tool to disaggregate data by disability status, allowing for comparability across a range of international contexts. These questions are designed to identify people who have difficulties in performing basic, universal activities and are at greater risk than persons without such difficulties of **restricted social participation** in an unaccommodating environment. The short set is aligned to the rights-based understanding on disability

For each question, the respondent selects one of four possible answer categories:

- No, no difficulties
- Yes some, difficulties
- Yes, a lot of difficulties
- Cannot do it at all

In addition to providing information on who faces each type of difficulty and what is the level of difficulties, responses to the six questions can be combined into **one binary answer** (disability status = “yes”/“no”) determining whether an individual has a disability, regardless of the total number of difficulties.

The cut-off recommended by the Washington Group to determine disability status is:

At least on answer to the six questions is either “a lot of difficulties” or “cannot do it at all.”

Using the Washington Group Short Set of Questions has the following **advantages**:

- They are designed expressly as an add-on to existing censuses and surveys.
- They are short, and on average take only one to two minutes to administer.
- They are internationally standardized as they use universal activities (seeing, hearing, walking, remembering, or concentrating, self-care and communicating) that can be analyzed and compared across global contexts.
- They identify persons with disabilities as per the [human-rights based](#) approach to disability to which the IRC also adheres.
- They do not stigmatize the respondent as they do not use the word disability or discriminatory language.
- They rely on self-reporting as only the person experiencing a disability will be able to report accurately the level of difficulties, they are facing.

Do you have

¹ https://sites.unicef.org/disabilities/index_70434.html

Depending on the context, **other Washington Group questionnaire** may be more appropriate:

The [Enhanced Short Set](#) (extra 4 questions) which adds extra questions on anxiety and depression to the short set to better identify psychosocial disability which can be essential in some contexts.

The [Child Functioning Module](#) developed with UNICEF for children aged 2-4 and 5-17.

The [Extended Set](#) where more detailed information about disability is required.

The Washington Group Questions set were designed to be used at individual level (as individuals are best placed to report accurately the level of difficulties they are experiencing in their environment). However, as data collection in the IRC often takes place at household level, the Washington Group questions have [been adapted for household level data collection](#). In this case the head of the household either answers [for the entire household](#) or for each individual member separately ([asoxy](#))

REMEMBER: DO NOT link the question domain (seeing, hearing, walking etc.) to an impairment or type of disability (e.g. difficulty seeing=visual impairment/disability). **This will not lead to correct or reliable data**, as multiple difficulties could be present in all impairments e.g. persons who cannot see also often report difficulties to walk.

WHEN TO USE THE WASHINGTON GROUP SHORT SET?

The short set should be **incorporated** within a broader survey, questionnaire, ideally in the demographic section. It is **NOT** meant to be used **in isolation**. The Washington Group Short Set were designed to identify people at risk of **exclusion** and **NOT to identify the cause** of the difficulties or the impairment / medical condition, and therefore **cannot be used for diagnosis or referrals** to health facilities.

The Washington Group questions were designed for **quantitative** data collection (e.g. survey) and can sometimes be used in qualitative (e.g. interview) data collection:

Quantitative	The Washington Group questions can be integrated in the demographic section of any quantitative data collection tool, and therefore should be used in all surveys and quantitative data collection channels .
Qualitative	<p>The Washington Group questions can be used in qualitative data collection methods when collecting information about respondents, but it is not always appropriate.</p> <p>In a Key Information Interview (KII), you can add the Washington Group questions at the start of the interview when asking the participant about other demographics (sex, age, etc.).</p> <p>In a Focus Group Discussion (FGD), they are only suitable if you are registering participants individually and in a confidential and safe space before the FGD takes place. They should not be asked to the whole group.</p> <p>A good alternative to get information on persons with disabilities during qualitative data collection methods, is to carry out KIIs and FGDs with a person/ group of persons with disabilities only.</p>

GUIDANCE FOR DATA COLLECTION

When collecting data to answer the Washington Group Questions, keep in mind the following advice:

Deciding on Data Collection

DO ask yourself the following questions before collecting the data

What is the purpose of collecting data on persons with disabilities? Is the Washington Group the right tool for this purpose?

Which set of Washington Group questions should I use? Think about your target population and your context

ANALYSIS OF THE DATA

Table 1: Sample Washington Group Question responses and overall disability status

Person #	Washington Group Question (asked)						
	1. Do you have difficulty seeing, even if wearing glasses?	2. Do you have difficulty hearing, even if using a hearing aid?	3. Do you have difficulty walking?				

Highlights from analysis can be visualized in different ways to draw attention to key trends or takeaways. Some good examples of data visualization from a study² carried out by Humanity & Inclusion and IMMAP can be seen below.

COMMON ANALYSIS Q&A

What population is my program serving, and what disability considerations should I keep in mind?

One of the simplest analyses is to calculate the proportion of the clients you serve who have disabilities using the Washington Group recommended cut-off. You can also calculate the proportion of clients who have each

² <https://humanity-inclusion.org.uk/en/news/1-in-5-syrian-refugees-has-a-disability-new-survey-reveals>

QUESTIONS TO COLLECT DATA ON BARRIER TO ACCESS AND PREFERENCES

The following questions are adapted from the [Client Responsiveness toolkit using Annex 2: Writing Questions](#)

Engagement
Preference
– survey

How would you like to receive the answer? © © © © © © © © ©

<p>Engagement Preference – FGD/KII</p>	<p>All these questions are **NEW** and they ask about barriers to access and NOT category of people to be aligned with the rights-based understanding of disability.</p> <p>We recommend that at least one KII or a FGD is organized with a person/group of persons with disabilities. If the FGD/KII is not with persons with disabilities, data collectors can prompt respondents to think about: women, persons with disabilities, older people... when asking the questions below:</p> <p>Are there channels which are not accessible to you and/or members of your community? If yes which ones and why? And what do you think can be done to facilitate access to these channels?</p> <p>Are there specific barriers that would prevent you and/or member of your community from lodging a complaint with IRC? If yes which ones (attitudinal, physical, information, institutional)? And what do you think can be done to address these barriers?</p> <p>Are there specific barriers that would prevent you and/or member of your community to inform IRC about a sensitive complaint with IRC? If yes which one (attitudinal, physical, information, institutional)? And what do you think can be done to address these barriers?</p>
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Table 5 Implementation and Close-out Phase	
<p>Access, Safety and Fair Treatment - Survey</p>	<p>Was it easy for you to get to the location/ access the IRC feedback mechanisms?</p>

	<p>Attitudinal, please specify (behaviors by service providers limit your potential as a person with disabilities to be an independent individual when accessing services: inappropriate language, acting as if people with disabilities cannot make decisions for themselves, not talking directly to the person; not listening to people with disabilities, scheduling only special activities for accessibility, rather than making all activities accessible, etc)</p> <p>Institutional please specify (policies, guidelines or procedures that discriminate persons with disabilities, such as lack of technical resources e.g. sign language interpreters, lack of skills and knowledge of capacity of the staff trained to equally include persons with disabilities, lack of resources to fully accessible services and specific services for persons with disabilities, services providers do not have the appropriate tools and resources to equally ensure the inclusion of persons with disabilities into their services.)</p> <p>Don't know</p> <p>Don't want to answer</p>
<p>Access, Safety and Fair Treatment - FGD</p>	<p>**NEW** To get better quality data here, the questions have been broken down to ask the respondent about her/his experience and then about her/his community.</p> <p>What made it difficult for you to access the IRC services?</p> <p>What makes it difficult for members of your community to access IRC services?</p> <p>What can be done to ease your access to the IRC services?</p> <p>What can be done to ease access to the IRC services for members of your communities?</p>
<p>Respectful and Dignified Treatment - Survey</p>	<p>**NEW** To get better quality data here, the questions have been broken down to ask the respondent about her/his experience and then about her/his community.</p> <p>Do you think that the IRC staff treated you with respect?</p> <p>Yes</p> <p>No</p> <p>Don't want to answer</p> <p>If no, why do you think this was the case?</p> <p>Do you think that the IRC staff treated other people with respect?</p> <p>Yes</p> <p>No</p> <p>Don't want to answer</p> <p>If not, which groups do you think are not treated with respect? And why?</p>
<p>Respectful and Dignified Treatment - FGD</p>	<p>**No changes**</p> <p>Why have you been dissatisfied with IRC staff treatment?</p> <p>What do you think can be done to improve this?</p>

Voice and
Empowerment
- Survey

****NEW**** To get better quality data here, the questions have been broken down to ask the respondent about her/his experience and then about her/his community?

Do you think that the IRC takes your view into account when implementing this project?

Not at all

BARRIERS & ENABLERS IN IRC'S FEEDBACK CHANNELS

This document builds on [Annex 5: Strengths and Weaknesses of Proactive and Reactive Feedback Channels](#) from the [Selection and Design of Feedback Channels](#). The table below outlines some of the general barriers to access that persons with disabilities and older people can face when interacting with IRC's feedback channels. The table considers for each channel environmental (**physical, communication**) and **attitudinal** barriers that exist and what actions need to be taken to address barriers. This does not however include barriers that exist in your specific context and operational environment (e.g. no access to the clients in remote areas, no phone coverage, etc), so we still recommend using Annex 5.

There are other ways to ensure accessibility of feedback channels to persons with disabilities and older people, please refer to the Guidance on Inclusive Client Responsiveness (focus on people with disabilities and older people) to find out more such as:

<p>Capacity building</p> <p>IRC staff on the rights-based understanding – this is the best way to overcome existing attitudinal barriers and stigma on disability.</p> <p>_____ and inclusive _____.</p>	<p>Removal of barriers:</p> <p>Identify access barriers and remove them by including persons with disabilities and older people in the design of the feedback channels, conduct an Accessibility Audit semi-annually at a minimum.</p> <p>_____</p>
<p>Disaggregating data</p> <p>by sex/gender, age and disability to monitor access to feedback channels of people with disabilities and older people.</p> <p>_____</p>	<p>Participation:</p> <p>Work with local Organizations of Persons with Disabilities to design inclusive services, provide</p> <p>referTj 0.002 Tc81 (a)-5.4 (33.9 (u8(it)]Tw9l)6.4]TJ C</p>

Other key considerations when using Easy-Read

It is not always the preferred or most appropriate way of delivering information to persons with learning/

INSTRUCTIONS TO CONDUCT AN ACCESSIBLE FOCUS GROUP DISCUSSION AND KEY INFORMANT INTERVIEW

This document provides guidance on how to conduct Focus Group Discussions (FGD) and Key Informant Interviews (KII) which are inclusive of persons with disabilities and older people.

SETTING UP FGD AND KII

For FGD, constitute groups of 8 to 12 client/bene ciaries, representing diverse sexual orientations and gender identities, age (at least two age groups across the life cycle) and disability types (with particular attention to including invisible and underrepresented groups and their care givers, including –but not limited to –persons with intellectual, psychosocial or multiple disabilities). Barriers to communication must be considered when arranging groups, organizing smaller groups if required for a meaningful interaction. For KII, set-up enough interviews to the same diversity factors are re ected.

The interviews should be facilitated by sta who are trained on inclusion of the same gender of the group, in their language and providing reasonable accommodation measures to ensure accessibility in communication. The inclusive communication tip sheet can be a useful resource for sta .

OBJECTIVE

Persons with disabilities and older people have crucial experiential insight into the barriers they face when accessing services and feedback channels. Without their input, the IRC is operating solely on assumptions. FGDs and KIIS will be useful for speaking to a larger number of bene ciaries/clients at once while leveraging group interactions for richer, more complex data.

ORGANIZING CONSULTATIONS

Prior to
the FGD/
KII

Step 1: Identify individuals interested and relevant for the consultation. For consultations with clients: Involve IRC sta to suggest the best way for the identi cation of clients with disabilities/older client, which may include di erent pathways:

- 1 Identifying clients with disabilities/older client who have used IRC's services; This may provide data on potential barriers faced by these clients when trying to reach out to the IRC.
- 2 Identifying clients with disabilities/older client who have used IRC's feedback channels (and are in the feedback registry); this may o er the possibility of gathering data on clients who have experienced the use of the feedback channels (successfully or unsuccessfully)
- 3 Identifying non-clients who have, nevertheless, reached out to the IRC to require information on services. This may provide data on potential barriers faced by these persons when trying to access both IRC communication channels and/or services.
- 4 Identifying Organizations of Persons with Disabilities and Older People Associations who have members who could have been recipients of IRC's services. This may provide data on potential barriers faced by these persons when trying to access both IRC communication channels and/or services.

Step 2: Identify a venue and conduct an **accessibility audit** (if it has not been conducted before). Identify potential barriers to reach, enter, circulate and use facilities of that venue and materials used during the consultation, and share this information with participants (e.g. we would like to inform you that the venue has no accessible toilets and stairs at the entrance).

Do not assume that persons with disabilities and older people will not participate in case barriers have been identified; providing this information gives an opportunity for individual choice, as well as to identify support to participation or alternative ways of participating.

Step 3: Share relevant documentation at least 4 weeks (a maximum 4 weeks) prior to consultation. For IRCs, share the information consent form, background information, and questions.

Step 4: Ensure adequate communication (SMS, e-mail, visual exchange, phone call etc) which explain the purpose of the meeting and how the information collected will inform IRC's work. Invitations should include information about the accessibility (or lack of) of the venue and an invitation to request reasons for accessibility. Follow each request.

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- ⑤ A solution will be offered within given resources; this solution will be verified with the person, to find out if the proposed solution meets its purpose.
 - If a solution is found and can be provided within available resources, it will be provided. If no solution is found, an alternative and/or equivalent way of participation will be proposed and verified with the person.
 - If no solution is finally found, the person will be given the option of participating, assuming that there will not be additional support, or withdraw her interest in participating, in which case the IRC will send an a11.3 (w h)-2.3 (d o)-1.911.3 7.2 (p)4 (e l)2.3 (a)2

