MAINSTREAMING DISABILITY IN HUMANITARIAN AND DEVELOPMENT PRACTICE

Workshop held on 19th and 20th August 2013 at the Southern Sun Hotel, Nairobi, Kenya.
# LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>APDK</td>
<td>Association for the Physically Disabled of Kenya</td>
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<tr>
<td>CP</td>
<td>Child Protection</td>
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<td>DPOs</td>
<td>Disabled Persons Organizations</td>
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<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GPDI</td>
<td>Gayo Pastoral Developmental Initiative</td>
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<td>HA</td>
<td>Help Age</td>
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<td>HI</td>
<td>Handicap International</td>
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<td>IAWG</td>
<td>Inter Agency Working Group</td>
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<td>KRCS</td>
<td>Kenya Red Cross Society</td>
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<td>MERLIN</td>
<td>Medical Emergency Relief International</td>
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<td>NONDO</td>
<td>Northern Nomadic Disabled Persons Organization (NONDO)</td>
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<td>OP</td>
<td>Older Persons</td>
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<td>PWD</td>
<td>Persons With Disability</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>SPARK</td>
<td>Services for Poor in Adaptive Rehabilitation Kinship</td>
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<td>UN OCHA</td>
<td>United Nations Office Coordinating Humanitarian Affairs</td>
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<tr>
<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disability</td>
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Workshop Programme

List of Participants with contacts

Workshop Registration Form
A: WORKSHOP OVERVIEW

OVERALL COMMENTS
Participants were very excited about the workshop and interested in learning more from other partners and sharing their experience about mainstreaming disability in their programme work.

The facilitators blended and worked well together as a team. Venue was central and well chosen, allowing quality interaction and facilitation.

The organizers had ensured logistics was well handled in advance and they were on hand to provide additional support.

Participants found the workshop relevant in their programme work as they had existing work on disability and as such were able to reflect how the lessons learnt could be replicated into their various programmes.

Team and Facilitation
The Technical Lead Facilitator was Paul Gol (World Vision International). Co-Facilitators were comprised of:-

- Ibrahim Njuguna - Help Age International
- Tushar Wali - CBM
- Ulrike Last – Handicap International
- Lucy Dickinson - UN OCHA

Participants
The workshop had 42 participants from 16 organizations. Countries represented in programme work Ethiopia, Democratic Republic of Congo and Kenya. CBM Member Associations present were Australia, Canada and Germany (represented by Emergency Response Unit). Each participant had working experience in a humanitarian organization with a focus on disability. The list of participants is attached as an appendix.

To increase interactive learning, the participants were divided into five groups whom they named Lions (group 1), Nguvu (group 2), Tatu (group 3), Warriors (group 4) and Tano (group 5).
Workshop Programme

The agenda of the workshop is attached. Facilitators followed the agenda with a few adjustments particularly on time depending on the participants interest and feedback.

Venue

The workshop venue – Southern Sun Mayfair Hotel in Westlands, out of the Nairobi Central Business District was well chosen as a serene conference and accommodation facility. The venue was also convenient to non-residential participants.

Logistics and administrative support

The workshop organizers were present and provided excellent administrative and logistical support that included accommodation for participants, venue and related logistics. Appreciation goes to Michelle Peters, Nerea Thigo, Nicholas Njoroge, David Munyendo and all CBM staff for their able coordination and logistical support that was key to the success of the workshop.

Course Methodology

The workshop was interactive allowing participants to be actively involved throughout the workshop. This included group work, interactive video discussions, experience sharing and question/answer sessions. Participants were also able to share their individual expectations and these expectations were handled in the workshop program. Facilitators were well prepared and had sound command of knowledge in their areas of expertise.

Expectations

This included how to mainstream disability in their humanitarian response programs, sharing of best practices and lessons as well as network with other partners working in the disability field.

OUTLINE OF WORKSHOP CONTENT

The purpose of the workshop was to advocate for cross-cutting issues mainstreaming into humanitarian action through exchange of good practices, innovativeness and lessons learnt in mainstreaming practices. These cross cutting issues are Disability, Gender, HIV/AIDS, Sexual and Gender Based
Violence, Age, Prevention Against Sexual Exploitation and Abuse, and Early Recovery.

Specifically, the workshop objectives were to:

- Provide a platform for exchanging experience and practices on mainstreaming disability and other cross cutting issues in humanitarian action;
- Demonstrate through case studies and other innovative approaches how disability and other cross cutting issues can be mainstreamed into humanitarian and development work;
- Advocate for Human Rights Based Approach in addressing both basic and specific needs of persons with disability and other vulnerable groups;
- Raise visibility of disability and cross cutting issues in humanitarian and development programming.

The CBM Interim Regional Director Kirstin Bostelmann officially opened the workshop. In the opening remarks, Kirstin noted that CBM the world needs inclusion of persons with disabilities in all aspects of life, humanitarian and development work. During emergencies, persons with disabilities experience increased vulnerability as they have higher specific needs such as protection, access to information, specific dietary or health and hygiene needs; many a times they are invisible group. CBM thus seeks to empower persons with disabilities to overcome the challenges presented in such contexts. CBM works in partnership with other organizations aimed at strengthening their capacity to provide services to women, men and children with disabilities.
**SUMMARY OF PARTICIPANTS’ EVALUATIONS**

The participants’ evaluation of the workshop showed satisfaction with the course content and facilitators.

<table>
<thead>
<tr>
<th>Participants expression of workshop</th>
<th>Feedback</th>
<th>Improvements going forward</th>
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<tbody>
<tr>
<td><strong>Good</strong></td>
<td>• Well planned workshop with good venue choice.</td>
<td>Need for more workshops to build capacity;</td>
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<tr>
<td></td>
<td>• Workshop very educative and well done;</td>
<td>Increase stakeholder involvement;</td>
</tr>
<tr>
<td></td>
<td>• Good content, well-chosen and very important to participants;</td>
<td>Maintain different participant profiles as this ensures more sharing of lessons;</td>
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<tr>
<td></td>
<td>• Good facilitation and all rounded;</td>
<td>Adult learning clinics well done and interactive;</td>
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<tr>
<td></td>
<td>• Good facilitation by CBM in collaboration with other stakeholders;</td>
<td></td>
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<tr>
<td></td>
<td>• Informative and well co-ordinated workshop;</td>
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<td></td>
<td>• Pleasant reception;</td>
<td></td>
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<tr>
<td></td>
<td>• Need for greater involvement of the elderly in programming.</td>
<td></td>
</tr>
<tr>
<td><strong>Not Good</strong></td>
<td>• Conclusions on issues too rapid.</td>
<td>Capture conclusions on report for greater clarity;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A detailed report will be provided to participants together with session presentations after workshop.</td>
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<tr>
<td><strong>Undecided</strong></td>
<td>• The need for more integrated data;</td>
<td>Increase data and experience sharing between stakeholders.</td>
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<tr>
<td></td>
<td>• There was need for more sharing from other agencies.</td>
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B: WORKSHOP OUTPUTS:

1. Mainstreaming Disability into Humanitarian and Development Practice:- Key Learning on Disability Mainstreaming

- Disability is a cross cutting human rights issue in both humanitarian and development work;
- Statistics show decreased reported deaths but increased disabilities during disasters;
- During emergency response, persons with disability have increased vulnerability even though they are often an invisible population. Inclusion of persons with disabilities in emergency response ensures that their input in development is realized;
- Better disaster preparedness will reduce the number of people acquiring new disabilities during a disaster;
- There is need to have diversify assistive devices so as to meet the needs for different disabilities during disaster response;
- Specific data on disabilities is vital for specific disability interventions in humanitarian action;
- There is need for increased international and local advocacy for disability inclusive policies and practices;
- There is need for a multifaceted and multi-sectorial approach in disability interventions including mechanisms to reduce stigma and discrimination associated with disability;
- Close stakeholders and agency collaboration ensures better disability interventions;
SUMMARY OF PLENARY PRESENTATIONS

1. Introduction to mainstreaming disability into humanitarian action - Tushar Wali, CBM

Over the last 50/60 years, disability begun as a charity model of giving handouts and later evolved as a medical model where it was seen as a medical problem needing fixing.

More recently, disability interventions focused on a social model where it changed from a situation of dire consequence that needed 'fixing' and some charity acts to a social challenge approached through focus on total individual human rights. This focus was formally endorsed when the UNCRPD (United Nations Convention for the Rights of Persons with Disability) was passed. UNCRPD has been a key milestone in disability programming.

Disability can be caused by a variety of reasons. From 1960s, there have been more reported natural disasters to date with a decreased number of deaths from the disasters, as well as an increase of people affected by disasters. This has been possible due to more preparedness on disasters.

Globally, persons with disabilities constitute between 10 - 15% of the population, with at least 80 percent living in developing countries. PWD living in resource-poor countries are a particularly vulnerable when there is a disaster. They are often invisible during emergencies, thus being at a higher risk than the rest of the population. Additionally, due to poor knowledge of handling evacuations during emergency responses, people get more injuries which can either increase the existing disability or lead to an entirely new disability. This increases marginalization of persons with disabilities.

Globally more than 200 million people are affected by natural disasters and more so in conflict situations. According to the World Disability Report, it is important to note that for every child killed in violent conflict, three are permanently injured.

The impact of disasters and emergencies destroys decades of development and affects the poorest populations. In this regard, poverty is both a cause and a consequence of disability.

It is therefore important to have comprehensive inclusion of persons with disabilities in development programming. This can be achieved through
disability mainstreaming right from the planning stage, actual implementation, monitoring, and evaluation of response plus mitigation measures. It may include putting in place measures such as protection and support services or affirmative action; and ensuring persons with disability have access to disability friendly basic services such as water, sanitation, food, shelter, communication and psychosocial support that can often be overlooked during emergency response. It involves taking into account all legislation, reforms and activities while seeking to ensure persons with disabilities are able to access services and fully participate in all aspects of life. Policies and practices that encourage and reflect inclusion also need to be put in place and followed when providing humanitarian aid. As such there is need for a multi sectorial approach in working with persons with disabilities. Targeted interventions and monitoring of the same to ensure persons with disabilities have access and are able to benefit from the available services is very important.

There are some frameworks and guidelines on mainstreaming disability in humanitarian response. These include the following:

- UNCRPD (Article 11 and Article 32: Art. 11 of the UN Convention on the Rights of Persons with Disabilities calls for all State Parties to take necessary measures to ensure the protection and safety of persons with disabilities in situations of risk such as natural disasters and conflicts)
- UNHCR Guidance Note
- SPHERE Standards 2011 (minimum standards per sector)
- Inter Agency Working Group Guidelines

2. Handicap International’s Approach to disability and diversity mainstreaming in emergency responses - Ulrike Last

Handicap International begun in 1982 in Thailand and works alongside PWDs and other vulnerable groups within situations of poverty and exclusion, conflict and disaster in about 61 countries globally. They work to improve living conditions and promote respect for their dignity and fundamental human rights.

Disability is an evolving concept. Initial response to persons with disabilities needs was through charity and medical initiatives; although these have not been totally scrapped off. Response to disability has experienced a major
shift from charitable and medical to human rights-based approach due to adoption of the UN conventions and later adoption of the CRPD in 2006.

Handicap International achieves disability mainstreaming through assessment of all persons with disability regardless of age or sex and developing strategies for action that involve the experiences of the target population (PWD). PWDs are involved right from project design, implementation, monitoring and evaluation. Relevant programs, services and policies have been put into place in order to achieve disability, age and gender equality and equity.

Although there is need for a paradigm shift to ensure disability is viewed as a rights issue, there is lack of adequate quantitative and qualitative data on disabilities by age, gender and type of disability. This further impedes mainstreaming disability in humanitarian responses and might cause challenges in interventions.

Persons With Disabilities are more likely to be denied access to healthcare or experience negative attitudes at a health facility including inability to pay for increased cost of health care services. In gender perspective, women and girls with disabilities are more likely to experience gender based, sexual or physical violence.

Some barriers towards PWDs inclusion include:

- Humanitarian actors e.g lack of trained personnel for service provision;
- Few donors are asking for disaggregation of data on disability for the target population;
- There are few disability inclusive Standard Operating Procedures and Policies;
- Humanitarian actors assuming specific actors e.g. Handicap International are responsible for responding to PWD needs. This limits mainstreaming disability in the various development programs as others assume it is the responsibility of disability specialized organizations;
- Disability related violence or Gender Based Violence is not perceived as a protection issue;
• Stigma surrounding disability with statements such as 'disabled people are weak, they cannot work or a healthy muscle leads to a healthy brain.'

• Unavailability of essential rehabilitation and assistive devices for different impairments.

The above barriers can also be seen as facilitators (what should be targeted for elimination) for programs targeting to improve participation and quality of life for persons with disabilities.

From Handicap International's Daadab experience, it is possible to ensure mainstreaming of disability in humanitarian programs. This is through ensuring that persons with disabilities are involved in the development of the Standard Operating Procedures including gender and child protection, SGBV, service provision (shelter, health care, food and nutrition, water and sanitation among others) as well as integration of programs targeting the elderly.

Other ways of mainstreaming in Daadab included Institutional, service level, programming and adaptation.

Close inter-agency collaboration through working groups on key thematic areas do strengthen disability mainstreaming.

Q/A

Q: How does HI work with other agencies to promote inclusion?

A: Apart from the inter agency working groups, HI has conducted a survey on unmet needs for persons with disability in Daadab and promote inclusion of both men, women, girls and boys with disabilities and the elderly so that they are not a stand-alone population.

HI also encourages the community to own the interventions so that matters of disability are owned by the community. There is awareness creation through magnet theatre and drama/music to discuss the issues facing the target population in a non-threatening environment within the community. This creates a community initiated and community led intervention that strengthens partnership and ownership. Persons With
Disabilities also play an active role in social mobilization and advocating for their own rights.

The Disability experience tour is a project where agencies are encouraged to have an experience on the lives of persons with disabilities so that the agencies are better able to include and integrate disability issues in their programs. There is also a Facebook page for persons with disabilities targeting young people with disability.

3. HelpAge International - Older Persons in emergencies by Ibrahim Njuguna

HelpAge International works with Older Persons (OP). Contributions made by Older Persons in society include:

- Older Persons are custodians of culture and are often important in helping communities handle natural disasters as well as conflict resolution;

- Contribution to work where over 30% of the working population are older people. Older Persons also contribute to national income through farming among other work;

- Caregivers with over 60% of orphans and vulnerable children in Sub Saharan Africa living with elderly caregivers.

In view of all this, Older Persons face many risks. This includes worsening of pre-existing marginalization conditions as well as exclusion since OP are often invisible to humanitarian actors, being lumped up with other adults even with their specific challenges.

During emergencies, Older Persons face protection challenges. These include separation from family and community, being victims of abuse, losing housing, land and property rights and mobility challenges such that they may not be able to move around, leave home for a protected shelter such as IDP or refugee camp. They may also have to care for children.

Older Persons are more susceptible to ill health and injury including psychosocial support and may find health services inaccessible or inappropriate. They also risk not being registered for food distribution, having difficulties reaching food distribution points or markets, inappropriate
food or difficulties in transport. Older Persons also have challenges accessing safe water and appropriate sanitation facilities.

**Ways to address the risks for Older People include:-**

- Consulting older people as key resource people and having their views on their specific needs including their ability to access service sites such as food distribution, sanitation etc;
- Collecting disaggregated data by age and sex for OP;
- Ensuring OP have appropriate assistive devices;
- Ensure accurate inclusion of OP in the various committees and using their strengths as a key resource;
- There is need for communication of age friendly distribution processes;
- Ensure emergency kits include medication to treat chronic illness such as HBP, diabetes and hypertension;
- Incorporate temporary shelters and latrines that include ramps, handrails, grab bars and lighting;
- Have home visits to monitor food intake and set up community support networks to handle waste management. Its important to also ensure interventions are long term.

It is also important to ensure that barriers to mainstreaming disability and Older Persons in programming are reduced through participation of the target population in humanitarian interventions.

4. **Inter Agency Collaboration on Mainstreaming Cross Cutting Issues in Kenya , Lucy Dickinsons - UN OCHA**

Every agency seems to be doing something on mainstreaming, so why collaborate? Collaboration is important in the absence of a platform for sharing discussions and best practices to ensure a consolidated
programmatic intervention on disability mainstreaming. There is also the absence of shared data.

As such different players came together to represent specific issues on an inter-agency level. These are gender, GBV, HIV/AIDS, disability, age and early recovery.

These issues all had a focus on vulnerability and protection and 4 goals were identified and set up. They are:-

- Set up a webpage for the OCHA Kenya site with select resources and contact details;
- Develop a flier with basic messaging for the development of EHRP projects and plans;
- Develop joint presentation on good practice;
- Support technical sectors in improved mainstreaming.

After this, OCHA went forward to engage on the Kenya Initial Rapid Assessment to ensure collaboration around preparedness including for Kenya National Elections, training and capacity building activities, collective responses on different issues and embedding these in the inter sector working groups. Partners are referred to focal points for specialist advice.

Challenges faced so far have been time and human resources allocated to the work.

There is an opportunity for continued building of technical capacity within key organizations on the ground and within sectors. There is also need for continued capacity building.

Lessons learnt from the Inter-Agency collaboration were:-

- Need to set realistic goals;
- It is important to be opportunistic;
- There is need to engage organizations and people with passion and commitment;
• The inter agency collaboration team can be both a resource and a service.

Q/A

Q: Child Protection is one of the areas that has not been focused on in the Inter-Agency Collaboration during emergencies.

A: CP is a sector under protection with a formalized network in Kenya. What we were discussing is what doesn’t have a formalized work and thus requiring mainstreaming. CP is a well-served sector with minimum standards and some good tools developed. We are working to ensure that as Protection is strengthened then CP is also integrated. While working in the Protection Working Group the partners are actively involved in ensuring issues are integrated but more needs to be done. Additionally there is progress in that CP standards are also being incorporated in SPHERE standards. There is a global working group for children with disabilities to provide and develop tools for incorporating inclusive child protection.

Q: Are we ready to go to the next level of data collection given the limited data available on PWD?

A: Globally there is the Washington Group on Disability Statistics who are key in developing key tools for census (it is called the Washington Short set of questions for census) in order to collect data from household surveys. This can be used in NGOs and also at government level.

Governmental level is less expensive and captures data if the correct tools are used. The framing of questions is key:

• Tools can be found on the CDC website;

• There is collaboration with UNICEF and the Washington Group to collect data on identifying children with disabilities. There is also a global screening tool;

• Research that enhances data collection for vulnerable populations is key to ensure advocacy for PWD and OP is strengthened. Also working
with organizations that work with data, then these need to have tools that disaggregate data in terms of age, ability etc and this data can be used. Additionally there is need for increased awareness on the specific need of this data;

- Players can learn from how UNHCR has worked in collecting and sharing data even as UNHCR increases its data collection process to collect more information of specific data.

**Q: HelpAge International - What is your approach to support OP, is it individual support or groups and which of the two approaches works better and why.**

A: Helpage works in communities in the same way World Vision or Handicap International does and not through individual support. We also have affiliate organizations that support OP. This helps in getting data to inform working with OP.

**Q: HelpAge International - What is your coverage and how do you identify beneficiaries?**

A: Northern Kenya (Turkana area), Ukambani, Eastern and Western Kenya and looking forward to work in Coast province particularly due to advocacy associated with age. We identify by looking at the community identification of an older person e.g. UN considers age 65 and above but in some contexts it can be as from age 50.

**Q: UN OCHA - Do you collaborate with community or its only inter-agencies?**

It is a collaboration of agencies on emergency response. We hope to find a way of reaching further into communities and this can be done through mapping available resources and through this know partners on the ground for community entry.
Also other organizations can share their experiences and resources.

**Q: What is the justification to invest in the humanitarian response if mortalities (deaths) have reduced in natural disasters.**

A: We need to look beyond deaths to also other losses such as loss of livelihood; infrastructure etc during disasters, so there is need for increased investment. Also there is more material loss, human resource loss, economic etc that needs mitigation of hazards before the disasters happen. There is need for more disaster preparedness e.g increase research on countries affected by climate change, so that any place there are disasters there is more disaster preparedness to ensure economic recovery during any disaster.

**C. ORGANIZATIONAL EXPERIENCE SHARING:**

Participant groups were able to learn from other players in disability mainstreaming through a gallery walk of case studies, photos, short videos and experience sharing. Four organizations working with Persons with Disability shared their best practices and lessons learnt from the various interventions stemming from rural settings to hardship - disaster prone areas.

These were NONDO, MERLIN, SPARK and GPDI. The key lessons shared from these four organizations are discussed below.

CBM also showed a short video clip of its intervention in Asia on *Ending the Cycle* of poverty and disability.

1. **Northern Nomadic Disabled Persons Organization (NONDO)**

The organization has programme work covering Northern Kenya, an emergency area that is prone to bandit attacks and inter-clan ethnic violence.

NONDO works with CBM in two projects, one in a tripartite agreement with APDK and the other on its own. One intervention is at a special school in Garissa Country for children with mental handicap, even though there are students with all forms of disabilities.
Due to the nomadic lifestyle of the community in Garissa, the community perceives school as a safe house for children with disabilities.

NONDO's program also includes referrals for correctional surgery; screening for provision of assistive devices in partnership with APDK; Food security through establishment of green houses which initially faced challenges adoption until various stakeholders were engaged to promote community ownership.

NONDO also works at conflict resolution in its community through an annual sports event dubbed the 'Desert Wheelchair Race' which brings together partners and participants from five counties in Northern Kenya namely Mandera, Wajir, Isiolo, Garisa, Marsabit. The event provides an opportunity to promote co-existence among the various communities, showcase effects of conflicts through testimonies by persons with disabilities who acquired it following such conflicts like cattle rustling, working in a caucus group at County Assembly level to mainstream disability. NONDO is working to extend the race to include Samburu and Turkana counties. A magazine specific to this event has been produced for wider dissemination.

One of the biggest achievements of the organization has been advocacy to ensure all County Governments in Northern Kenya implement the 5% representation of persons with disabilities in the devolved structures. Where this was violated, NONDO petitioned the County Governments through court process. Also they have encouraged a network at community level where persons with disabilities have become advocates in promoting peace in the community.

Traditionally in North Eastern Kenya, social mobilization was all about water and pasture; but now due to politics, there is emphasis on numerical strength at clan level turning the whole exercise tribal. Therefore, we also target to strengthen advocacy at political level in order to have a voice.

**Challenges faced by NONDO:-**

The vast North Eastern Province has thousands of persons with disabilities who are either unreached or unidentified; the terrain is rugged and thus most parts not accessible; frequent inter-clan conflicts make the operations insecure and equally resultant injuries lead to impairments.
Lessons learnt:-

The strength of networking where the Garissa General Hospital is a first contact for PWD who do not know about NONDO. It is also the location for physical access for rehabilitation. NONDO works mainly in community outreach.

2. MERLIN

The Disability project is the only one of its kind among many of the projects implemented by MERLIN. MERLIN works in partnership with local target population and other agencies including line government ministries. The overall purpose of the project is to mainstream disability in MERLIN's Program in Turkana County. The specific objective is to increase access of persons with disabilities to services through strengthening the capacity of the Ministry of Health (MOH).

MERLIN has outreaches in 67 sites in Turkana and its environs.

Its key successes so far include:-

• They have trained MOH staff in 30 health facilities who have the capacity to reach PWD that access services at the facilities. The MOH staff also make referrals to the District Hospital in Lodwar for any follow up and rehabilitation;

• At community level, MERLIN works through Community Health Workers and Disabled Persons Organizations (DPOs) who are involved in identification and referral of PWD in the community. The community health workers do assessments in the community as well as training beneficiaries on how to use assistive devices before giving them;

• MERLIN also has integrated outreaches that include provision of immunization, nutrition, health education and therapy as well as distribution of assistive devices in partnership with APDK;

• MERLIN also supports some DPOs in income generating activities although they do not have direct funds to support this.
Challenges faced:-

- Lack of sufficient resources for comprehensive interventions;
- Being a hardship area, mobility in Turkana is limited and this also limits MERLIN's outreaches and beneficiaries accessing interventions;
- Turkana is a place with high poverty and border conflict thus there is an increase in the number of persons with disability. However there is insufficient data on the same.

Lessons learnt:-

It is important to think through a comprehensive program when mainstreaming disability into humanitarian programs. This is important to inform resource mobilization.

3. SPARK, Diocese of Meru

SPARK works in Meru and Tharaka counties and does interventions on disability. SPARK works primarily with people with visual impairment, physical and hearing impairment and hold medical clinics daily basis. They also integrate Occupational Therapy.

Their interventions include awareness creation, distribution of assistive devices, support and sign language as well as mainstreaming gender and disability issues.

SPARK works through existing community structures with close working relationship with the local administration, through which beneficiaries are identified and supported.

They also ensure environmental protection through supporting tree planting in the community and involving the community in food security interventions as well as food distribution for vulnerable populations that include orphans and persons with disabilities. They also work closely with DPOs in all the interventions. The DPOs have received training in livelihood, leadership and micro-enterprise.

Some of the groups are co-opted in government at County level further strengthening advocacy and disability mainstreaming into the devolved
governance structures. The strength of the community structure helps in the program success.

**Challenges faced:**

- Use of inappropriate assistive devices improvised by the community - this instead worsen the condition of the impairment.
- Shift from charity model to development model in supporting persons with disability - embracing holistic approach.

**Lessons learnt:**

Working alone instead of working with other players limits achievement of results. It is important to collaborate with other partners and stakeholders in order to tap into resources and have maximum impact.

**4. Gayo Pastoral Developmental Initiative (GPDI)**

GPDI works in Ethiopia and the project was begun as a disaster response during the 2011 drought. The disability project was implemented in a pastoral area that focused on the Borana community of Ethiopia. The program works through community structures and as such uses the community involvement in mainstreaming disability. The project aimed to mainstream disability in food security and early recovery initiatives.

The project key beneficiaries are persons with disability through active involvement and consistent awareness on disability issues to address the high stigma surrounding disabilities at the community.

The project also aimed to support food security through distribution of drought resistant seed that is locally adaptable to the climate to ensure the households of persons with disabilities are able to get food. The Voucher system is implemented in partnership with cooperative groups. These vouchers can be exchanged for livestock and food thus ensuring both food security as well as wealth creation.

GPDI also supported two health facilities with medical supplies while persons with disabilities were also provided with assistive devices. Cash for work helped to rehabilitate water ponds as well as open up roads to improve
accessibility to the nearest health facility and market centre. The caregivers and family members engaged are paid for the work done.

Challenges faced:-

- A key challenge was in the mapping of beneficiaries and high stigma associated with disability. GPDI went around this challenge by working first with the general population and so as to facilitate identification process for persons with disabilities.
- There is very little data on persons with disabilities.

Lessons learnt:-

- Working within the community structure ensures success of the project. In the Borana culture, women are highly valued as custodians of wealth and directly empowering women through ensuring resources are handed to the female beneficiaries in the community has ensured the project is well taken up;
- There is need for continued and increase awareness and advocacy on disability;
- Peer education is also key in mobilization of persons with disabilities;

Day Two

Key Learning points from the previous day sessions were shared by participants. These were:-

- Emergency and disaster situations have brought development actors for collective action and disability development work. Coordination and corporation among agencies is key in emergencies for better and holistic outcomes;
- The needs of persons with disability are diverse and no single intervention is sufficient. Relief and recovery interventions should never be implemented in isolation but overlap each other alongside other interventions;
• Learning about the different approaches by organizations such as HelpAge and HI in mainstreaming disability in their programs provides evidence based and practical way of cross learning among the various actors;

• Mainstreaming and inclusion of disability is paramount for ownership and sustainability of humanitarian services;

• It is important to empower beneficiaries and communities to stand on their own. Inclusion of PWD in humanitarian and developmental action is fundamental;

• There needs to be a measure to mainstream disability in a refugee camp. This includes having an action plan;

• Key barriers to mainstreaming disability are attitude and environment;

• Disability is a concept that has evolved from a charity and medical model to a social and rights based model. Disability is a human rights issue with most stakeholders having embraced the social / human rights approach to disability;

• Sharing learning from theory to practice as shared by SPARK and NONDO was an eye opener. It is important to create partnerships, to have cultural considerations and also user or beneficiary involvement;

• There is need to involve the older people in development / humanitarian work or interventions;

• Emergency response in recovery is reinforced through community participation and family linkages;

• ISWG can help in mainstreaming disability since disability is a human rights issue;

• PWD are normally invisible in emergencies. Children with disabilities are twice as vulnerable during emergencies and for every child killed in a disaster, three are left with a disability;

• Emergency situations are most dis-empowering and affect persons with disabilities differently;
• Inclusion needs commitment from all levels in an organization;

• Data is very important and needs to be segregated by sex, age, type or disability etc. Statistics on vulnerable populations i.e PWD and OP is difficult to get in emergency situations;

• Humanitarian aid workers need to be both a resource persons as well as service providers;

• Disability is not inability. Through mainstreaming a lot of impact is noted;

• There is need to mainstream aging (Older Persons) and disability in emergency programs. Additionally, all vulnerable people (PWD, OP) need special care in emergency situations;

• Key learning is that there is overwhelming needs for PWD in the community;

• Empowerment of elderly people and PWD should also include children with disabilities;

• There is need for deeper advocacy and understanding of the disability concept;

• Barriers can be transformed into facilitators through the inclusion of PWD. These facilitators need to be reinforced and barriers removed during disability mainstreaming;

• There is need to shift community awareness to targeted awareness in understanding disability;

• There is a great need for collaboration in service delivery to PWD during emergency preparedness and response. There is also strength working as a team;

• CBM has manuals on how to mainstream disability in emergency response;

• Coordination aspects from the OCHA and how they link the various groups to help mainstream disability issues needs to be shared.
D: Disaster Management Cycle

Participants then split into interactive groups during which they came up with emerging issues and solutions surrounding the disaster management cycle. These were issues around the five cycles of disaster management namely; Mitigation, Preparedness, Response, Recovery and Risk Reduction.

1. Mitigation - this involves putting measures in place to cushion before a disaster happens.

How far do we go in mitigation? Where does mitigation end and preparedness begin? Depending on the information available, mitigation can include capacity building before a disaster, setting up of emergency steps such as dykes before anticipated flooding, food stocking before famine, peace initiatives to prevent conflict among others.

A key challenge to mitigation is resources for mitigation, since most resources are available mostly following a disaster or emergency. There is also the added risk of complexity of the emergency situation which can impede mitigation.

Solutions to addressing the challenge of mitigation include fundraising and getting donor/government commitments and increasing community ownership of mitigation interventions. There is also need for capacity building for human capacity with continuous awareness and sensitization on disasters.

Stronger and better coordinated collaboration further ensures mitigation programs are successful.

2. Preparedness - this is planning on how to respond in case of a disaster.

Challenges to preparedness can be access to adequate information, mobility and access to assistive devices, environmental as well as baseline data.

Solutions for Preparedness include development of both long and short term strategies. This may involve contingency plans, training, drills and simulation. It also involves risk and capacity assessments, baseline surveys, information management through development of different formats and
media, orientation specific to safe areas and stocking appropriate assistive devices.

3. RESPONSE - happens when the disaster or emergency occurs. The key is to save lives and reduce damage to resources (property etc) while working towards stabilizing the situation. It may involve searching and rescue operations, evacuations, distribution of aid and assistive devices, psychosocial counseling, assessment of impact of the disaster, appeals for support and information sharing. A coordinated response team is also formed and coordinated at this stage.

Challenges to Response include Accessibility, Evacuation, safety and security.

For these challenges, responses or solutions include mapping of disaster zones, ensuring minimum accessibility standards are adhered to, strengthened communication, well-structured and co-ordinated responses between aid agencies, the community and the government. Inclusive protection including protection against sexual exploitation and ensuring accessible locations for shelter, water and sanitation facilities, assistive devices and other aids as well as food need to be provided.

4. RECOVERY - it aims at restoring systems to normalcy and includes reconstruction, counseling programs among others. It begins once the disaster has been brought under control. Recovery involves engagement with government at national and local level to promote ownership of the intervention and provide appropriate support for long term capacity. It also integrates activities that strengthen community resilience to emergencies and disasters, supports provision of essential services and a return to economic productive lives. There is also strengthened accountability though consultation with beneficiaries on project design, implementation and evaluation with a feedback mechanism.

Normalcy is taking people to a life of dignity.

5. RISK REDUCTION - it focuses more on the long term. It works in the Kyoto framework. Risk reduction involves understanding the risks from the beneficiaries’ point of view, doing a risk assessment and developing the scope and outcomes. Risk reduction also involves prioritization on what is
immediate for intervention, what is medium or long term through an action plan.

It also involves communication and dissemination as well as reviewing the implementation strategy.

Building from this disaster management cycle, participants were able to practically come up with ways of applying the cycle to specific disabilities such as mental, physical, visual disability. This supported the workshop participants in gaining hands on knowledge of how disability issues can be mainstreamed in emergencies.

Q/A

Q: How do we measure intellectual impairment?

A: There are various tests on developmental stages that highlight intellectual impairment.

It was observed that not all people with cerebral palsy or Downs syndrome actually had intellectual impairments so it is important not to lump people with these conditions with those having intellectual impairments.

Q: How do we stop dependency syndrome?

A: Our role as stakeholders should advocate for funding and resources before a disaster and should be long term involvement before a disaster.

There is also need for prioritization e.g. for persons with disabilities it is important to ensure that vulnerable populations are prioritized early before and during the disaster.

There is also need to strengthen policies and work closely with the government to ensure the responses are in place and long term to develop resilience to disasters.

A successful response should ensure that the response is strong enough to minimize chances of being redone.

Ethiopia is a good lesson learning platform on how to do humanitarian work.
Q: How do we mobilize resources before a disaster?

A: Agencies have opportunities because of resources which they do not see so that resource mobilization is done before the emergency or disaster actually happens. If this is not done it becomes a missed opportunity.

E: WHAT NEXT: From Action to Super Action

Upon successful completion of workshop, it was noted that what was shared is practical driven and as a way forward, advocacy now needs to be taken to the next level. In line with the World Humanitarian Day theme - The world needs more of? It is important that humanitarian workers in disability programs strengthen inclusion. This can be through more disaggregated data as a first step to highlight emerging gaps and ensure all issues on disability are better captured.

- Partners were challenged to have more disaggregated data in their existing interventions. He noted that this was a good place to reach out to development partners to show the present gaps so that interventions can be highlighted and strengthened. Aggregated data ensures that persons with disabilities and other vulnerable populations are captured, with the specific needs and challenges raised. Sharing of data between agencies and other players is also important;

- The Washington Group already had a data collection tool ready together with a training tool to be able to collect data for PWD. This tool can possibly be shared in a TOT as a good innovation point for the participants and highlighted at national level in the countries represented at the workshop. There can be a cross cutting working group i.e Kenya, Ethiopia, Zaire and Rwanda as was present at the workshop. Additionally, an email list serve would further keep all participants abreast of each country's progress and create a platform of networking and sharing lessons;

- Africa needs to strengthen its partnership and lesson learning platform. There is need to work together to create networks and strengthen its networking and partnership with other disability
organizations and stakeholders / players. CBM has published a book of 11 best practices by that can be shared for replication;

- Other cross cutting issues such as gender markers, should we aim on a minimum inclusive standard that talks on mainstreaming gender as well as disability. The inter sector working group is a good forum to pick this action and take it further;

- There is a national body charged with data collection and storage in the national disaster response office in Kenya and it is a good place for the workshop participants to network and share data on the national grid. Involvement of the technical working team in the national disaster response is a good entry for mainstreaming disability, including planning for the World Disability Day;

- A small team by CBM, APDK and KRCS already had a starting point including coming up with a guideline that needed further strengthening to incorporate the other aspects of disability such as age so that it becomes a minimum operating standard;

- DRC was able to share its interventions in mainstreaming disability and the lessons they learnt. North Kivu which is affected by conflict, Helpage has been able to work with Heal Africa in a tripartite project with CBM. In this project, there is increasing integration of disability in the different clusters with project entry being specific to disability issues with a specific disability category. This approach strengthened the program and increased ownership. Currently, Heal Africa is able to mainstream disability in its programs at IDP camps and works in partnership with various players including health facilities and social places.

- Mainstreaming disability is important in integration and this further strengthens partnerships. Learning from its challenges, Heal Africa noted that the mainstreaming process is continuous and still improving;

- The Rwandan experience with mainstreaming disability into its humanitarian programs grew from a governmental lead where disability in all developments and as such there is representation in government at parliamentary level. This has been taken up across all
levels including in the East African parliament which has strengthened disability mainstreaming. In Rwanda, disability and gender are well mainstreamed with advocacy and representation from national level coming down to the grassroots. Rwanda has a national disability office thereby showing government commitment to mainstream disability in its projects.

**F: WRAP UP:**

Entertainment by ‘Pamoja Dance Troupe' of persons with disabilities called Pamoja group formally closed the two day workshop.

Gabriella Waaijman, Deputy Head of Office, United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) Eastern Africa was the Guest of Honor to officially close the workshop. In her closing remarks, it was observed that to get support for persons with disability is not easy and so in emergencies it is not any easier. To mainstream support for people with special needs and other vulnerable populations it is important that mainstreaming is put in place in all aspects during planning stage. This means that issues surrounding vulnerable populations are not just thought out during emergencies but during the program planning process as well. The key word for the workshop is *inclusion* and there is a month long campaign to commemorate aid workers i.e. towards World Humanitarian Day. She thanked the partners for their strong partnership and encouraged the team to move forward on inclusion.

CBM gave awards to champions of mainstreaming disability. Paul Mugambi of Handicap International was recognized for his role in advocating for disability inclusion in over the years in Dadaab Refugee Camps.

The other person to be recognized was Esther Ingolo on her championship for disability in the media through the *Niko Fiti* media campaign that was a partnership between APDK, Kenya Re and the Standard Group.

The Muigiki Womens Group (under SPARK Program) received an award for their work. *Muigiki* means support in *Kimeru* language and is a group of women who are also mothers of children with disability. They do farming and animal husbandry including a fish pond, chicken and group farm for income generation for PWD in Meru County. They do micro credit schemes through a
Savings and Credit Society (SACCO) and are able to access loans for their members and beneficiaries.

The Standard Media Group received an award for championing the *Niko Fiti* campaign as well as continuous reporting of disability issues including covering stories on albinism 'Prisoner of my skin'. The award was received by Angel Katusia and Saida Swaleh. Angel and Saida equally received individual awards for covering the stories. The Corporate Affairs Manager of Standard Group talked about the colour face campaign for the albinism campaign and the Niko Fiti campaign, noting that these were important social issues to the nation.

The Nation Media Group also received an award for covering disability stories. Irene Choge and Ouko Okusa received individual awards, with Ouko talking about the little boy Frank Ochieng who had recently received surgery for hydrocephalus following a highlight of the story over the media.

All other partners who partnered in the implementation of emergency and recovery related projects received a certificate in recognition of their good work. These were APDK, SPARK, IRC, NONDO, MERLIN, KRCS and GPDI, all present as participants in the workshop.
ANNEXES

Workshop Programme

List of Participants with contacts

Workshop Registration Form
## Workshop Programme

### 'Mainstreaming Disability into Humanitarian Action'

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Time</th>
<th>Activity</th>
<th>Responsibility/ Facilitators Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, August 18th 2013</td>
<td>4.pm</td>
<td>Arrival and Hotel check-in for</td>
<td>Participants to scan and share flight tickets with Hotel; Airport transfers by the Hotel: CBM to coordinate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>participants residing outside</td>
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<tr>
<td></td>
<td></td>
<td>Nairobi.</td>
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</tr>
<tr>
<td>Monday, August 19th, 2013</td>
<td>6.30am-8.30am</td>
<td>Breakfast</td>
<td>Hotel, Participants</td>
</tr>
<tr>
<td></td>
<td>8.30am-9.15am</td>
<td>• Opening Remarks</td>
<td>CBM Regional Director – Talking points from David M.</td>
</tr>
<tr>
<td></td>
<td>9.15am-9.30am</td>
<td>• Climate Setting</td>
<td>Paul Gol will lead this part/ Michelle might have some general announcements on housekeeping issues.</td>
</tr>
<tr>
<td></td>
<td>9.30am - 10.50am</td>
<td><strong>Topic:</strong> Introduction</td>
<td>Tushar to lead this session and set the tone of the workshop and start highlighting the key messages to be underscore throughout the workshop.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Content:</strong></td>
<td>Would be good to highlight the disability journey to date and share some the the key success and challenges so far.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Overview of the workshop and Key messages</td>
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<td></td>
<td></td>
<td>• Disability in Emergencies</td>
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<td></td>
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<td>• Inclusion</td>
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<td></td>
<td></td>
<td>• Disability and cross cutting issues</td>
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<tr>
<td></td>
<td>10.50am-11.10am</td>
<td>Health Break</td>
<td>Hotel</td>
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<tr>
<td></td>
<td>11.10am-12.45pm</td>
<td><strong>Topic:</strong> Inclusive Emergency Response</td>
<td>This session has been divided into 3 shared between ; Handicap International , Help age and ISWG with each running a 20 min session of what the organizations are doing as relates to disability and other cross cutting themes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Content</strong></td>
<td>This will be followed by a panel Q&amp;A session moderated by Paul G.</td>
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<tr>
<td></td>
<td></td>
<td>• Approaches to mainstreaming</td>
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<td></td>
<td></td>
<td>• Presentation by ISWG</td>
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<tr>
<td>Time</td>
<td>Topic</td>
<td>Content</td>
<td>Notes</td>
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<tr>
<td>12.45pm - 2.00pm</td>
<td>Health Break</td>
<td>Hotel</td>
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<tr>
<td>2.00pm - 4.00pm</td>
<td><strong>Topic:</strong> Initiatives on disability mainstreaming</td>
<td><strong>Content</strong></td>
<td>This sessions will adopt a world café / round robin style of delivery; Partners have been requested to host 15 min round table discussion on current or past projects / initiative answering the following questions</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1. What is the current or past Initiative / project that directly targeted people with Disabilities in Emergencies (Show case the projects)?</td>
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<td>2. What were the key successes / impact of the initiative / project?</td>
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<td>3. What were the challenges faced?</td>
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<td>4. What key lessons will you take forward as you plan for a similar or different project / initiative? Note that prior to this session CBM will be showing a video on the work they are doing.</td>
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<tr>
<td>4.00pm - 4.20pm</td>
<td>Health Break</td>
<td>Hotel</td>
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<tr>
<td>Tuesday, August 20th 2013</td>
<td>6.30am - 8.30am</td>
<td>Breakfast</td>
<td>Participants, Hotel</td>
</tr>
<tr>
<td>8.30am - 10.50am</td>
<td><strong>Topic:</strong> Disaster Management Cycle</td>
<td><strong>Content</strong></td>
<td>After a recap of the previous day, this session will start as a training session on the various types of impairments which will be facilitated by Handicap International; the short presentation will lead to group work along the same 6 types of impairments and using the Disaster management cycle participants will look at what are the key issues and challenges of programming both in development and in emergencies for the particular groups and what should we be doing differently.</td>
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<tr>
<td>Time</td>
<td>Session Details</td>
<td>Location</td>
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<tr>
<td>10.50am-11.15am</td>
<td>Health Break</td>
<td>Hotel</td>
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</tbody>
</table>
| 11.15am-12.45pm| **Topic:** From Theory to Action  
**Content**  
- Way forward | Hotel    |
|                | This session will be led by Handicap International and CBM looking at what to take forward from these two days. |          |
| 12.45pm-2.00pm | Health Break                                                                    | Hotel    |
| 2.00pm-3.45pm  | Evaluation  
Closing remarks  
Recognition  
Team photograph | Facilitators, CBM, UNOCHA          |
LIST OF PARTICIPANTS IN THE REGIONAL WORKSHOP

<table>
<thead>
<tr>
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<th>EMAIL ADDRESS</th>
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