



Women's Refugee Commission

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Vulnerability- and resilience-based approaches in response to the Syrian crisis:

Implications for women, children and youth with disabilities

January 2017



**WOMEN'S
REFUGEE
COMMISSION**

Research. Rethink. Resolve.

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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Cover photo: Two adolescent girls participating in Danish Refugee Council's Adolescent Girls Program in North Lebanon. © Boram Lee

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TABLE OF CONTENTS

Acronyms & Abbreviations	4
1. Executive Summary	5
1.1. Key findings	5
1.2. Recommendations	6
2. Introduction	8
3. Background	9
3.1. Humanitarian protection and the link to disability rights	9
3.2. Vulnerability and resilience as a continuum	10
4. Methodology	11
4.1 Limitations	13
5. Findings	13
5.1. Vulnerability as a criterion for basic needs assistance	14
5.1.1. “At-risk” categories	14
5.1.2. “Weighting” vulnerability	14
5.1.3. Multipurpose cash and protection of women, children and youth with disabilities	17
5.1.4. What about resilience?	18
5.2. Targeted assessments of population groups	19
5.2.1. Disability inclusion in assessments of women, children and youth	19
5.2.2. Disability assessments	22
5.2.3. What about resilience?	22
5.3. Applying a resilience model to humanitarian programming	24
5.3.1. Resilience approaches in systems-wide programming	24
5.3.2. Analyzing resilience from a systems level to a group level	26
5.3.3. Applying a resilience-based approach to women, children and youth	28
5.4. Links among resilience, strength and asset-based approaches	29
5.5. Asset-based programming for adolescents and youth in Iraq and Lebanon	30
5.5.1. What about resilience?	32
6. Conclusion	33
Annex 1: List of articles reviewed	34
Annex 2: Stories of change from adolescents and youth with disabilities	37

Acronyms and abbreviations

3RP	Refugee Resilience and Response Plan
CPWG	Child Protection Working Group
DRC	Danish Refugee Council
(S)GBV	(sexual) gender-based violence
GBVIMS	GBV Information management system
HI	Handicap International
IASC	Inter-Agency Standing Committee
IMC	International Medical Corps
IRC	International Rescue Committee
KRI	Kurdish Region of Iraq
LCC	Lebanon Cash Consortium
MC	Mercy Corps
MCA	Multipurpose cash assistance
MHPSS	Mental health and psychosocial support
ODI	Overseas Development Institute
R-UNDG	Regional United Nations Development Group
RAIS	Refugee Assistance Information System
SOP	Standard operating procedure
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDG	United Nations Development Group
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAF	Vulnerability Analysis Framework
VaSyr	Vulnerability Assessment of Syrian Refugees
WASH	Water Sanitation and Hygiene
WBAI	Well-being and Adjustment Index
WFP	World Food Program
WRC	Women's Refugee Commission

1. EXECUTIVE SUMMARY

Vulnerability criteria, particularly in the earlier years of the Syrian-crisis response, received a lot of focus and attention by humanitarian actors as a method of targeting assistance. Persons with disabilities, an estimated 20 percent of the refugee population,¹ are included in various vulnerability-based criteria and approaches.

More recently, however, humanitarian programming and responses have started placing greater emphasis on resilience at a systems level and a community level and, to a lesser extent, at household and individual levels. This evolution in the response is frequently cited as a “paradigm shift,” transforming the way that countries, donors and UN agencies are responding to what is now a protracted, complex crisis.²

As defined by development and humanitarian actors, vulnerability and resilience can be viewed as a continuum through which households and individuals are determined to be *vulnerable* (lack or have limited ability to cope or mitigate stresses and shocks) or *resilient* (able to cope or adapt, recover, change and transform from stresses and shocks).³ Within this changing paradigm of humanitarian response, and with a recognition of the diversity among the population of persons with disabilities, the Women’s Refugee Commission (WRC) sought to understand *how vulnerability- and resilience-based approaches have been applied to women, children and youth with disabilities in the response to the Syrian crisis.*

This report presents findings from a review of the literature on vulnerability- and resilience-based approaches that have been adopted in the Syrian crisis, and explores how these approaches are applied to women, children and youth with disabilities in this context. Based on the findings from the literature review, and on results from pilot projects with adolescents and

youth in Iraq and Lebanon, the WRC sets forth recommendations for how vulnerability- and resilience-based approaches can better support the protection and empowerment of women, children and youth with disabilities.

1.1. Key findings

- The majority of the literature reviewed is focused on vulnerability.** Most organizations engaged in the Syrian crisis consider persons with disabilities as an “at-risk group” to be prioritized for assistance and services. “Composite vulnerability models,” which are based on a range of proxy indicators, are now being used for multipurpose cash assistance but still ascribe categorical vulnerability to persons with disabilities.
- Vulnerability assessments consider persons with disabilities as a homogeneous group,** without distinction for gender or age and without the possibility for their vulnerability status to evolve or change over time. Intersecting vulnerability factors are not often analyzed within these groups. Women, children or youth with disabilities are not differentiated so that we might understand how they can experience protection risks differently, nor do these assessments incorporate an analysis of positive coping or capacity, as a resilience-based approach would imply. Protection assessments focused on particular population groups (e.g., women, children or youth) better identify vulnerability as it related to protection risks, sometimes analyzing the intersections of age, gender and disability. However, even these rarely provide any analysis of what resources, skills and assets people possess that enable them to protect themselves. Therefore, even **protection assessments, which assume negative capacity, remain primarily within the vulnerability spectrum.**
- There is a notable lack of research, vulnerability- or resilience-based, that focuses on youth** (with or without disabilities), effectively excluding from consideration their protection risks and capacities. Therefore, insufficient information is available on interventions that could mitigate the protection risks of youth, and strengthen their resiliency. **With regards to women, children and youth with disabilities, no publications were identified that considered their resilience.**

- **Strengths- and assets-based approaches, piloted in youth and adolescent programming in Lebanon and Iraq, demonstrate the most persuasive lessons for how resiliency can be practically integrated into programming to ensure the protection and empowerment of those with disabilities.** Pilot projects suggest that it is possible within the same continuum that incorporates vulnerability to identify resilience traits—skills, capacities, internal (personal) and external (environmental) protection strategies and approaches—that not only mitigate risks but also help facilitate a trajectory for an individual further along the vulnerability-resilience spectrum, toward a more positive, sustainable outcome.

1.2. Recommendations

Shifting the narrative on persons with disabilities from vulnerability to resiliency is critical to ensuring that the advancement of new programming models across the humanitarian sector both benefit and include women, children and youth with disabilities. Drawing on the findings of the literature and lessons from strengths- and asset-based programming, the following recommendations seek to advance inclusion across the humanitarian sector.

All operational humanitarian organizations:

- analyze age, gender and diversity of affected populations systematically throughout the program cycle to understand and address the specific needs and capacities of the different segments of marginalized groups and ensure equal access and benefit.
- identify both internal (personal) and external (environmental) resiliency factors and seek entry points for programming based on the unique needs and capacities of marginalized groups
- identify the intersecting factors that make individuals with disabilities vulnerable to specific protection concerns and strategies address or mitigate those factors.

- recognize that where an individual falls on the vulnerability-resilience continuum is not “fixed” and that it can be improved based on their own access to resources as well as to programming
- develop, make use of and seek guidance from available resiliency tools.⁴
- pilot, document and share learning on resilience-based approaches applied at the household and individual levels for women, children and youth with disabilities.

Cash actors:

- evaluate alternative approaches to assessing socioeconomic vulnerability, which integrates capacities and positive coping strategies and their impact on households with women, children and youth with disabilities.
- pilot cash-based interventions that support beneficiaries transition into more sustainable livelihoods, strengthening resilience at the household as well as the individual level (e.g., for children with disabilities).

Protection & disability actors:

- identify and analyze protection risks across age, gender and diversity groups through an intersectional approach and include analysis of positive coping and self-protection strategies employed by target groups and their communities.
- identify factors that enable access, participation and empowerment for marginalized groups and how those factors can be strengthened and supported.

Donors:

- invest in research and learning that recognizes and strengthens the protection and resilience of marginalized groups, such as women, children and youth with disabilities.
- support the development of tools and interventions that move beyond the identification of risks, needs and concerns and that strengthen the capacities, protection strategies and resiliency traits of individuals, households and communities.

2. INTRODUCTION

The Syrian crisis, often referred to as the worst crisis since WWII,⁵ and the unique response by host governments, UN agencies and nongovernment organizations, has significantly affected how aid and aid architecture function. Nearly five million people have fled Syria since the start of the civil war in 2012. Neighboring Turkey, Lebanon and Jordan, and to a lesser extent Iraq and Egypt, have absorbed the largest proportion of Syrian refugees.⁶

As the Syrian refugee population is largely located in urban, non-camp and middle-income countries, humanitarian actors are broadly using cash-based interventions to support households to meet basic needs: buy food, pay for rent and heating, and cover their health expenses and transportation. The cash-based programming sector, as in other sectors of humanitarian assistance, has predominantly focused on defining vulnerability and targeting the most vulnerable, among whom persons with disabilities are invariably included.⁷

Against the backdrop of a rapidly diminished funding environment, humanitarian programming and responses have shifted from a focus on vulnerability—essentially, targeting assistance toward the “most vulnerable”—to a greater emphasis on resilience. The Sub-Regional Response Facility was established in 2013 and mandated to work with humanitarian, development and government stakeholders on sustainability and affordable responses to the protracted crisis.⁸ The result was the adoption of a “Resilience-Based Development Response to the Syria Crisis,” and the formulation of the Regional Refugee and Resilience Plan (3RP), co-led by UNHCR and UNDP.⁹ New programming and organizational guidance to integrate humanitarian and development interventions have since

been developed, paving the way for host countries to develop their own plans and ensure that resilience is a key component of the Syrian-crisis response in these countries.^{10 11} This evolution is frequently characterized as a “paradigm shift,” transforming the way that countries, donors and UN agencies are responding to what is now a protracted, complex crisis.¹²

Persons with disabilities, an estimated 20 percent of the Syrian refugee population,¹³ have received greater attention in vulnerability-based approaches, and are frequently defined as a “vulnerable group” to be prioritized for humanitarian assistance. In consideration of the diversity within the “persons with disabilities” categorization, however, it is less understood how women, children and youth with disabilities might be positioned within vulnerability-based approaches and even resilience-based approaches. Within this changing paradigm, the WRC seeks to understand *how vulnerability- and resilience-based approaches have been applied to women, children and youth with disabilities.*

This report presents findings from a review of the literature on how vulnerability- and resilience-based approaches are applied to address the protection of women, children and youth with disabilities affected by the Syrian crisis, as well as findings from pilot projects conducted by the Women’s Refugee Commission with operational partners in Iraq and Lebanon. Based on the available literature, and on results from the pilot projects, the WRC sets forth recommendations for how vulnerability- and resilience-based approaches can be harnessed to support the protection and empowerment of women, children and youth with disabilities.

3. BACKGROUND

3.1. Humanitarian protection and the link to disability rights

Protection and human rights are fundamentally linked in the widely agreed upon definition of protection by the Inter-Agency Standing Committee: protection, “encompasses all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, i.e., human rights law, humanitarian law, and refugee law.”¹⁴ Effective protection work is recognized as abiding by the principles of safety, dignity, integrity and empowerment.¹⁵ Protection at the community level is about helping at-risk people assert and claim their rights by “assist[ing] communities in identifying and strengthening positive local protection strategies that either pre-exist, or emerge in response to, the humanitarian emergency.”¹⁶ Similarly, the UN Convention on the Rights of Persons with Disabilities places persons with disabilities as subjects who have rights and the capability of claiming those rights and making decisions based on their free and informed consent.¹⁷ Thus, effective protection work is aligned with the UN Convention on the Rights of Persons with Disabilities and the rights-based models of disability, which place persons with disabilities as well as their communities at the center of identifying protection risks, analyzing the causes of those risks and developing strategies and solutions that allow people to live in safety and dignity. Taken together, disability rights and community-based protection are consistent with the principle of empowerment wherein “protection that is achieved by *people*, rather than delivered to them, is likely to be more durable.”¹⁸

3.2. Vulnerability and resilience as a continuum

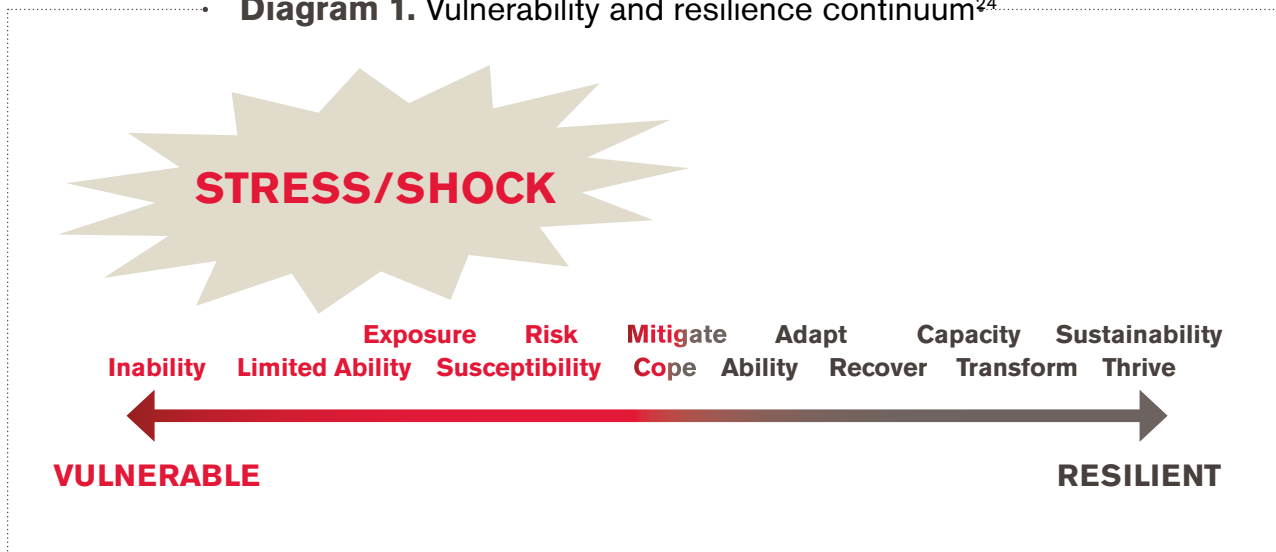
The concept of vulnerability is widely employed across development, humanitarian and disaster risk-reduction fields. In a review of various definitions of vulnerability, common themes center around “the inability to withstand and recover from shocks, as well as exposure to them.”¹⁹ The focus is on the negative capacity of a household or individual to recover from a catastrophic

event, to withstand or cope effectively enough to “assure the security of one’s person, family, community,” and to mitigate catastrophic impacts on lives and livelihoods. Other definitions of vulnerability relate to susceptibility: “characteristics and circumstances of an individual, household or population group that make it susceptible to a risk or to the effects of a hazard or climate change.”²⁰

Resilience, on the other hand, refers to “the ability of households, communities and societies to withstand shocks and stresses, recover from such stresses and work with national and local government institutions to achieve transformational changes for sustainability.”²¹ Traditionally, resilience has been closely linked with disaster risk reduction and climate-change adaptation strategies, looking at the resilience and adaptation of ecosystems and communities as a mitigation strategy. For instance, resilience is a major focus of the Sendai Framework for Disaster Risk Reduction and is reflected throughout the framework, particularly in Priority 3: “investing in disaster risk reduction for resilience.”²² Increasingly, “building resilience” is invoked in the development sphere and, more recently, as a way to prevent human suffering in displacement contexts.²³ Resilience in the development and humanitarian spheres have been mainly focused on strengthening systems and communities, while in the Sendai Framework resilience operates at all levels of analysis.

Based on the above descriptions of vulnerability and resilience, the following word map was developed by WRC, with associated words placed next to each other. As pictured in Diagram 1, vulnerability and resilience can be viewed as a continuum, a process that helps determine how *vulnerable* (with a lack of or a limited ability to cope or mitigate stresses and shocks) or *resilient* (the ability to cope or adapt, recover, change or transform from stresses and shocks) households and individuals are.

Diagram 1. Vulnerability and resilience continuum²⁴



Viewed through this framework, interventions that address the vulnerability or resilience of women, children and youth with disabilities are seen across a spectrum. At the left end of the spectrum, interventions or approaches address the immediate concerns of women, children and youth with disabilities – material or protection-related. At the right end of the spectrum, assessments look at positive coping or capacities: this can be about interventions that support individuals, households or communities to tap into internal or external resources to overcome adversities. Capacities can be seen as evolving—changing over time, within context and environment and according to opportunities or interventions—moving individuals, households and communities along this spectrum toward resilience. This continuum is used in this literature review to evaluate how the vulnerability and resilience of women, children and youth have been addressed across the Syrian-crisis response.

4. METHODOLOGY

In this project, the WRC sought to understand *how vulnerability and resilience approaches have been applied to address the protection concerns of women, children and youth with disabilities in the Syria crisis.*

The WRC reviewed literature that described various vulnerability- and resilience-based approaches and tools adopted by humanitarian actors in the Syrian crisis, considering how protection risks as well as the resilience of women, children and youth with disabilities were identified.

Searches exclusively identified grey literature published on the UNHCR data portal, Reliefweb, Forced Migration Review, Google Scholar and Sage, which together host the greater part of publicly available literature on humanitarian issues (and on the Syrian crisis). The searches focused on four main streams of inquiry, as per the table below. As demonstrated by the number of articles found via Google Scholar and Sage, the vast majority of this literature consisted not of academic and peer-reviewed articles but rather publications and reports produced by and for the humanitarian and aid communities to inform strategic or operational learning.

The articles included were published no earlier than 2012 (prior to the current Syrian crisis); were in English and specific to humanitarian aid in the Syrian crisis; articles exclusively at a community/geographic/national level of analysis were excluded, as well as those that constituted situational updates, monthly/quarterly updates or press releases.

Table 1: Literature search queries

Research question	Inclusion criteria	Search terms
<p>1. <i>What are the vulnerability tools being used in the Syrian crisis and how do they identify and address the protection risks of women, children and youth with disabilities?</i></p>	<p>Vulnerability tools and assessments, which are overwhelmingly used across the various sectors of intervention, including for food, cash, shelter, NFIs. This paper includes approaches that are in widespread use and that have inter-agency support or coordination, are multi-sectoral and aimed at the household level. As an example, these include the Vulnerability Assessment Framework (VAF) used in Jordan, the Vulnerability Assessment of Syrian refugees in Lebanon (VaSyr) and the Lebanon Cash Consortium, among others. Documents that review and compile the operational work of other agencies were also considered.</p>	<p>Vulnerability, tool, assessment, analysis, household, Syria, review, multi-sectoral, protection</p>
<p>2. <i>What are the resilience tools being used in the Syrian crisis? How do they identify and support the coping capacities of women, children and youth with disabilities? How is their resilience supported?</i></p>	<p>Articles focusing on resilience were limited to the household level as well, given the need to understand the impact of resilience on women, children and youth. Documents that compile or review the work of multiple agencies through the lens of resilience were also included.</p>	<p>Resilience, household, Syrian crisis, assessment, tool, multi-sectoral</p>
<p>3. <i>How do assessments specific to women, children or youth address the intersection of disability? In what ways is a vulnerability or resilience analysis incorporated?</i></p>	<p>Vulnerability tools or assessments focused at the household or individual level with an explicit reference to women, children or youth and any mention of disabilities were included. Specific reference to protection in the abstract or executive summary were also included.</p>	<p>Vulnerability/resilience, household, Syrian crisis, assessment, tool, protection, women, children, disab*, targeted</p>
<p>4. <i>How are disability-specific tools being applied to identify and address the protection risks of women, children and youth with disabilities? How is their resilience being supported?</i></p>	<p>Disability-specific assessments or tools used in the Syrian crisis are considered. All assessments are scanned for protection and women/children/youth disaggregation.</p>	<p>Disab*, vulnerability/resilience, household, Syrian crisis, assessment, tool, protection, women, children, targeted</p>

For each research question and each search engine, a combination of the above search terms was used until not more than 200 articles were found. The titles, abstracts and executive summaries were scanned for references to women, children and youth or persons with disabilities. Articles relating to vulnerability or resilience, and some with discussions of women, children or youth, were reviewed to understand how disability intersected.

The literature search yielded 42 articles that fit the inclusion criteria. These included assessments (rapid needs, baseline, sectoral, multi-sectoral), strategic-overview or guidance documents, response plans, policy reports, impact evaluations, a compendium of best practices, tools and literature reviews.

SEE ANNEX 1: LIST OF ARTICLES REVIEWED.

4.1. Limitations

Given the lack of peer-reviewed literature on this topic, this study relied mostly on grey literature published by UN agencies, research institutions and nongovernmental organizations, for which the standard of quality and review can vary considerably. The search was expanded to include tools that the WRC was able to access through other organizations but that are not yet publicly available. Other resilience-based tools may be in use in the humanitarian sector but are not publicly available and therefore not incorporated in this review.

5. FINDINGS

To address the question of how vulnerability- and resilience-based approaches have been applied to women, children and youth with disabilities in the Syrian-crisis response, this section begins with a review of what can be considered vulnerability-based literature: these include vulnerability criteria for basic-needs assistance, targeted assessments of specific population groups and disability-focused assessments. Then literature with an explicit focus on resiliency is analyzed to understand its relevance for women, children and youth with disabilities.

For the vast majority of organizations that provide humanitarian services or assistance, some form of vulnerability criteria is applied to households as a way of systematically selecting beneficiaries. Most criteria ascribe a fixed vulnerability status to persons with disabilities without necessarily analyzing intersecting vulnerability factors, or diversity within these groups, how particular protection risks can intersect, or analysis of positive coping or capacity. Targeted assessments of particular population groups better identify protection risks and sometimes analyze the intersections of age, gender and disability, but rarely provide any analysis of the underlying factors that make people vulnerable to protection risks nor do they incorporate any analysis of positive capacity and thus remain within the vulnerability spectrum as presented in diagram 1. No publications were identified that considered the resilience of women, children and youth with disabilities. Nonetheless, promising models that engage youth and adolescents have been implemented in Lebanon and Iraq. These models operationalize a strengths- and assets-based approach, and serve as the most persuasive examples of how resiliency can be effectively integrated into programming to ensure the protection and empowerment of these groups.

5.1. Vulnerability as a criterion for basic-needs assistance

One-third of all articles focused on vulnerability approaches, related to the use of vulnerability assessments and criteria for cash-based programming that targets households. Multipurpose cash grants are increasingly common and have been used extensively in Lebanon, Jordan and Egypt to enable refugees to meet basic needs, such as food, NFIs, shelter, water and energy/utilities and to facilitate access to health and education services. Increasingly, cash-based programming is moving away from conditionality—imposing conditions on recipients (for example, work requirements). With no conditions placed on recipients, unrestricted, multipurpose cash grants are considered to be “the only aid modality to offer persons affected by crisis a large degree of flexibility, dignity and efficiency to meet a range of diverse needs.”²⁵

The widespread use of multipurpose cash grants has involved an increasing convergence of UN, host government, local and national NGO actors building a consensus around cash-based interventions, and thus the criteria for which Syrian refugees and their households are deemed vulnerable have been a particularly important conversation in the humanitarian response. These discussions are taking place in an increasingly restrictive protection environment for Syrian refugees, where the rights to seek asylum, work, move about freely and legally stay in host countries are largely absent.

5.1.1. “At-risk” categories

A review of the vulnerability criteria of nine different organizations providing cash assistance in Jordan highlighted the use of categorical definitions of vulnerability according to membership within a particular “at-risk” group (e.g., single, female-headed households; unaccompanied children; persons with disabilities). These at-risk groups are allocated a score, which contributes to a household’s overall vulnerability profile. These scores, compared across a particular caseload, are used to determine a threshold for which households are eligible for cash assistance.²⁶ While grouping people by category is useful for agencies to efficiently sort through those in need of cash assistance, simple categorical criteria, particularly in the early stages of an emergency, lose validity when the most basic entitlements—such as

food, water, shelter, health care and, eventually, legal-residency and refugee status—are not guaranteed. In these contexts, everyone across all groups can be considered vulnerable.

5.1.2. “Composite” vulnerability

In recent years, several initiatives have been launched across Jordan and Lebanon that seek to establish a more nuanced understanding of vulnerability, primarily for the purposes of developing common criteria for targeting assistance for basic needs. Three vulnerability frameworks currently in use include:

1. The Vulnerability Assessment of Syrian Refugees in Lebanon (VaSyr), led by WFP, UNHCR and UNICEF, relies on a sectoral understanding of vulnerability related to shelter, health, non-food items, WASH, education, food security, protection and livelihoods. Vulnerability is classified as “severe,” “medium” or “low” through a weighting system, with an emphasis on food security and the socio-economic dimensions of vulnerability. Repeated on a yearly basis since 2013, the assessment has been used to establish a baseline for targeting households for food and cash assistance, and to capture a snapshot of the degrees and types of vulnerability across national and district levels.²⁷
2. The Multi-Purpose Cash Assistance (MCA) program, implemented by six international NGOs²⁸ as part of the Lebanon Cash Consortium (LCC), makes use of a means test based on proxy indicators identified through statistical analysis of household records that correlate with expenditure. This formula determines beneficiary households by calculating their per capita monthly expenditure through a range of variables, including household size, disability-adjusted dependency ratio, shelter type, occupancy type, toilet type, basic assets and extreme negative coping strategies (e.g., children are out of school, children are engaged in child labor, household members have been engaged in begging in the last 30 days).²⁹
3. The Vulnerability Assessment Framework (VAF) in Jordan, which incorporates complex econometric models, makes use of bio-data readily available through the UNHCR registration database to predict the economic vulnerability of households and inform selection of beneficiaries for multipurpose cash assistance.³⁰

All three frameworks consider persons with disabilities as a vulnerable group in some way when assessing household vulnerability. See Table 2 for a summary.

Table 2. "Composite" vulnerability frameworks

	Disability-related questions/ indicator	Disability-related findings
VaSyr (Leb)	<p>Ask each member of the household: do the household members fall into any of these specific-needs categories?</p> <p>a. Pregnant/lactating.</p> <p>b. Disability.</p> <p>c. Chronic illness.</p> <p>d. Temporary illness and/or injury.</p> <p>e. Serious medical condition.</p> <p>f. Does this household member need assistance from another person to use the toilet?</p> <p>g. Is there a caregiver available?</p>	<p>Disability was more prevalent in female-headed households (4 percent) versus male-headed ones(2 percent). Chronic illness was the most prevalent type of disability in both male-headed households (12 percent) and female-headed ones (18 percent). If you combine the three categories of illness (temporal illness, serious medical conditions and chronic illness) into one, the percentage of households hosting at least one member with any of these three conditions was 18.7.</p> <p>2016 findings: prevalence of persons with disability unchanged from 2015 at 12 percent. Distribution of members with disability is almost equal at 3 percent for males vs. 2 percent for females.³¹</p>
VAF (Jordan)	<p>Persons with disabilities who are over 16 years of age are considered "non-autonomous." No. of autonomous adults/(no. of juniors + no. of elderly + no. of non-autonomous adults) = ratio of dependent to nondependent adults. Non-autonomous is defined as "a family member of age 18-60 who is chronically ill or disabled; the person has a condition that affects his or her ability to be economically active or manage daily activities."</p> <p>The VAF questionnaire was subsequently updated to included the Washington Group of Short Set of Questions on Disability to support enumerators to better identify individuals who have a disability.³²</p>	<p>More than half of the cases have a severe dependency ratio (51 percent). Seventeen percent of the cases have a moderate dependency ratio.</p>
MCA (Leb)	<p>Disability is considered part of a weighted sum of other variables, including household size, disability-adjusted dependency ratio, shelter type, occupancy type, toilet type, luxury assets, basic assets, extreme negative coping strategies and number of working adults.</p>	<p>No disability-specific findings published.</p>

The VaSy is useful in understanding the deterioration in the overall vulnerability picture of refugees over time. However, it still adopts a categorical approach to vulnerability, grouping persons with disabilities into a specific needs category without consideration for heterogeneity. There is some analysis of the intersection between disability and gender in households, but little analysis of how or why disability contributes to (or not) the vulnerability of a household.

The MCA and VAF provide a slightly more detailed analysis of how disability contributes to household vulnerability, through a “disability-adjusted dependency ratio.” This ratio is calculated as the number of economically active adults divided by the number of dependents. Within this approach, however, **all** persons with disabilities are considered as “dependent” and categorized as contributing the same level of vulnerability to a household, regardless of their gender, age, needs, skills and capacities.

Within the education sector in Jordan, efforts have also been made to adjust the vulnerability scoring within the VAF for multi-dimensional and complicating factors that affect access to education. The education sector’s tree/indicator is stratified by age and gender, and ranks the various reasons that children are not attending, not completing or not enrolling in schools. Barriers to access education is integrated under both distance to school and being refused entry due to disability.³³ Both initiatives represent laudable efforts to ensure that learning is continually integrated into the VAF initiative, and both initiatives have potential to strengthen the design of interventions for persons with disabilities across the cash and other sectors..

While the VAF recognizes “coping strategies” as additional indicators of vulnerability, the focus is on extreme or unsustainable coping mechanisms (e.g., depletion of resources, savings or assets) and severe coping (e.g., sending family members to beg, working in informal or dangerous jobs).³⁴ On the other hand, positive coping strategies that support resilience (e.g., tapping into support networks, seizing opportunities to voice concerns/ideas) are not identified or considered in any of the frameworks. Furthermore, the “disability-adjusted dependency ratio” overlooks the economic contributions made to households by many persons with disabilities, and reinforces the assumption that persons with disabilities are incapable of making meaningful contributions.

All approaches mark an evolution from targeting assistance based on simple, dichotomous categories, but only recent initiatives of the education sector in Jordan attempt to address the multiple drivers of vulnerability within households, across and *within* sectors. It is also unclear whether these frameworks analyze the underlying drivers of vulnerability and accurately identify and prioritize households with individuals who have compounding vulnerabilities, such as new disabilities requiring increased health care, children with disabilities who are also out of school and adolescent girls who may be increasingly assuming caregiving roles for persons with disabilities. This is of particular importance for households with women, children and youth with disabilities, whose vulnerability to wider protection concerns, such as abuse, exploitation or violence, may be exacerbated by economic vulnerability.

5.1.3. Multi-purpose cash and protection of women, children and youth with disabilities

Multi-purpose cash assistance (MCA) is not expressly designed with the intention of reducing protection risks for beneficiary households. The primary objective of MCA in Lebanon, for example, is to reduce economic vulnerability. Multiplier effects unrelated to economic vulnerability have nevertheless been measured in assessments and evaluations. Save the Children, a member of the LCC, conducted a different kind of impact evaluation of the MCA program that focused on child and child-protection outcomes as an unintended consequence.³⁵ The study, using the Child Protection Working Group (CPWG) definition of child protection in emergency settings,³⁶ looked at impact across shelter quality and consistency, child education, economic activity and exploitation of children, general medical and dietary health, negative coping strategies, protection issues, psychosocial well-being and family separation for households receiving MCA. Using mixed methods and regression analysis to measure impact, the study found that MCA generally represented positive outcomes across all the indicators for adults and children within households, with the exception of health-seeking behavior.

The same study identified households with members with disabilities who were facing added protection risks, but ultimately did not receive MCA.

One case study profiled an 18-year-old woman with a mental disability who is legally married with a child and a missing husband. While she is living with other family members, her particular situation (as a single, female-headed household responsible for a small child, with finances being a major concern) puts her at risk of exploitation. Other case studies highlighted children with disabilities whose families were unable to pay their medical bills or enroll them in school, and experienced harassment or discrimination by doctors and pharmacies when attempting to access services. Without access to education or other opportunities, children with disabilities and their families are often at risk of exploitation and abuse. Without MCA to supplement their medical expenses, these risks can be heightened.³⁷ These case studies highlight the inadequacy of MCA assessments to capture or incorporate protection risks that can arise from multiple risk factors associated with being female, being separated from caregivers, being a minor and living with disabilities.

5.1.4. What about resilience?

“At risk” categories and weighted vulnerability-based approaches often fail to integrate positive coping or resiliency traits in their analyses of need. If we return to the vulnerability and resilience continuum presented earlier, the vulnerability frameworks used for targeted basic assistance address the immediate effects of a stress/shock (caused by forced displacement) by providing material assistance at a minimum. When we move along the vulnerability-resilience continuum, the literature does not reveal that these frameworks, and the interventions that follow, consider the resilience characteristics of households—such as skills/experience, ownership and control of assets, robust social networks and community cohesion, access to economic/social opportunities—and how these can be supported or strengthened so that households can effectively transition from basic-needs assistance to more sustainable livelihoods.

5.2. Targeted assessments of population groups

Experiences of women, children and youth are captured through targeted assessments in the Syrian-crisis response, often with a specific protection objective (e.g., to identify risks of gender-based violence, child protection,

etc.). Only one assessment that met the inclusion criteria focused more generally on the experiences of youth or adolescents. Twenty-one reports or assessments were reviewed to determine how disability, as an intersecting identity, is understood and addressed (if at all), as well as to analyze how vulnerability or resilience is incorporated into needs assessments of particular population groups. Findings suggest that some targeted assessments are starting to recognize the intersecting vulnerability factors relating to disability and gender (i.e., women and girls with disabilities), but often miss important texture by reflecting on disability, age and gender together (i.e., adolescent girls or young men with disabilities).

5.2.1. Disability inclusion in assessments of women, children and youth

A number of gender-based-violence (GBV) assessments focusing on Syrian refugee women were identified in the literature search, in which there is varying inclusion of the experiences of women and girls with disabilities. However, these examples demonstrate an incomplete, and at times incoherent, approach to understanding the vulnerability and resilience of those with disabilities. Two out of eight GBV assessments made no mention of the situation of women and girls with disabilities,³⁸ reflecting a substantial oversight of an estimated 19% of the female population.³⁹ Other reports mention women and girls with disabilities, but demonstrate an incomplete, and at times incoherent approach to understanding vulnerability and resilience of those with disabilities. For assessments that include women and girls with disabilities, approaches include identifying protection risks with little consideration for varying needs according to age; recommending health interventions that neglect protection needs; recommending protection interventions without identifying risks; and generalizing that all women with disabilities are vulnerable, with little analysis of intersecting vulnerability and protective factors or resilience traits.

A UNHCR report profiling stories of Syrian refugee women included case studies of women with disabilities in different circumstances. One such example pertained to a household with two sisters with disabilities, largely confined at home, with a child taking on a caregiver role. Given the

breakdown of social networks as a result of their displacement, the story highlighted the women's experience of isolation as well as the protection concerns for the child. Other examples profiled women with disabilities or mothers of children with disabilities separated from their husbands and taking on head-of-household roles.⁴⁰ Such case studies demonstrate how disability introduces an additional dimension of vulnerability to the well-documented risks associated with female-headed households, such as violence, abuse and exploitation. However, the commentary that followed the case studies narrowly focused on these women's health-care needs (access to secondary health services), overlooking risks such as isolation and a lack of social support networks and the women's exclusion from educational opportunities that can support their protection and well-being. The vastly differing needs and experiences of girls, young women and women with disabilities, based on age, were also under-reflected throughout.

Another assessment conducted by the International Rescue Committee on the protection of women and girls with disabilities recommends that "protection and gender-based violence programs [should] target women and girls with disabilities and women who are caretakers of persons with disabilities."⁴¹ No finding that would underpin this recommendation was presented in the report, and there was a lack of any guidance on what actions should be taken to target these groups.

The gap in analysis of the intersection between age, gender and disability in these assessments carries into inter-agency strategies for GBV programming. The GBV sub-cluster strategy for Iraq mentions women with disabilities once in the document, along with other groups that are vulnerable to gender-based violence.⁴² There is no detail on why this is true in Iraq, or which programmatic strategies should be used to address the protection concern.

The GBV Taskforce strategy in Jordan cites available statistics on Syrian refugees with disabilities in Jordan, recognizes challenges related to the disclosure of GBV incidents and details the barriers to refugees' access to specialized GBV services. The strategy goes further and specifies ways that these challenges would be addressed in several thematic priority

areas.⁴³ While the Jordan strategy more generally refers to all persons with disabilities as one vulnerable category without age or gender distinction, along with LGBTI individuals, it goes further than the Iraq strategy in identifying the specific ways that persons with disabilities face challenges and in building priorities around those challenges.⁴⁴ The inter-agency emergency standard operating procedures (SOP) for GBV and child protection in Jordan, however, elaborate considerations for working with persons with disabilities in nearly every section, including child survivors who are children with disabilities; in the definitions, guiding principles, case-management, reporting and referral mechanisms; in GBV and child-protection response and prevention activities; and through coordination mechanisms.⁴⁵ The SOPs demonstrate more comprehensive integration of inclusion and participation of persons with disabilities across age and gender, with recognition for specific age groups (children with disabilities vs. adults with disabilities).

Taken as a whole, inter-agency guidance on GBV as it relates to persons with disabilities ranges sharply. Sometimes there is no mention at all of any impact on women and girls with disability, or there is little or inconsistent guidance, or comprehensive guidance is provided on how persons with disabilities might face different risks and access services and how these problems can be addressed. However, there is little to no understanding of how these protection risks might vary by age, gender or even types of disabilities and how these might intersect. Self-protection capacities or the assets that people with disabilities possess are largely absent from such assessments, strategies and guidelines, and thus the GBV sector can be thought to be largely focused on vulnerability.

There are only isolated examples of persons with disabilities being included in gender and protection assessments. A CARE, International Medical Corps (IMC) rapid gender and protection assessment done in Suruc, Turkey, after an influx from Kobane, said that in some households family members were reportedly “tying up” or restraining individuals with psychosocial disabilities, as an extreme safety coping mechanism.⁴⁶ This assessment effectively recognized the protection risks associated with different types of disabilities, highlighting the protection concerns of an extremely marginalized group within the community. There was, however, no description about how the assessment systematically incorporated an

age, disability and gender analysis, which could bring forth more practical findings about the differing needs and risks of women, men, boys and girls with disabilities.

A gender assessment carried out by the Women's Refugee Commission in Jordan identified the degree to which the humanitarian community was integrating "existing gender guidance across all sectors" in responding to the Syrian crisis. The assessment included very few findings associated with people with disabilities, mentioning them only as part of a group with the elderly, women and girls living outside camps and sexual minorities and pointing out that their lack of access to programs and services was more pronounced. There was no consideration of age and gender and their effect on persons with disabilities regarding protection risks.⁴⁷

Child-focused or child-protection assessments, on the other hand, devote more attention to disability, with the majority of publications including a section of findings relating to children with disabilities.⁴⁸ Findings largely focus on the prevalence and types of disabilities, with limited articulation of protection needs, such as violence, abuse and exploitation. A highly detailed disability profile of the child population lends itself to health issues, medical recommendations and interventions requiring specialized, secondary health-care services. While these are important, by prioritizing these needs humanitarian actors often fail to consider the wider protection needs of a girl or boy with disability, which often have age and gender components.

5.2.2. Disability assessments

Similarly, disability assessments are largely focused on the disability-related needs and vulnerabilities of persons with disabilities, emphasizing prevalence, types of disabilities and lack of access to services.⁴⁹ The extent to which age and gender are recognized as intersecting factors with disability varies among assessments. For instance, a REACH assessment highlights the increased vulnerability of women with disabilities regarding protection or GBV risks, because the women often remain unmarried.⁵⁰ A HelpAge assessment, however, noted that older persons experience greater vulnerability factors (e.g., impairments, chronic diseases, psychosocial

distress), but it did not explore how gender plays a role, or how younger age groups (male and female) with disabilities may experience vulnerability factors differently.⁵¹ The Disability Taskforce guidelines for humanitarian organizations⁵² similarly focus on prioritization for specialized services for persons with disabilities in Jordan, much in the way that referral SOPS for health are used in the humanitarian sector. As per the guidelines' stated purpose, the intention is to improve quality and coverage of specialized disability services. As such, the target audience is a very limited subsection of humanitarian actors that provide services in this area. Its dissemination where people with disabilities face a wide range of protection risks and challenges in accessing basic needs across all sectors, the guidelines have the potential effect of devolving responsibility away from humanitarian actors that provide mainstream services in favor of referring them for secondary, preventative and specialized services, which constitute a sliver of the needs and entitlements that persons with disabilities should have access.

Seen across GBV, disability-, child- and youth-focused assessments and guidance, the findings as a whole contain little to no mention of persons with disabilities, and coinciding recommendations and strategic priority designations are inconsistently applied, sometimes within the same report. Likewise, analyses of age, gender and disability are not done consistently, and thus persons with disabilities, when mentioned at all, are treated as a monolithically vulnerable group.

5.2.3. What about resilience?

Regarding the spectrum of vulnerability and resilience, the majority of gender, disability and child-specific assessments focus on identifying "risks" and "needs," and emphasize a lack of capacity, and thus fall within the vulnerability end of the spectrum. Gender-based-violence assessments largely limit their analyses to identification of risks and needs (violence, exploitation, early marriage, security, etc). There is little discussion of the vulnerability factors (personal or environmental) that relate to these risks. Positive coping capacity or mechanisms, as a resilience-based framework suggests, are largely missing from the analyses. Rather, these assessments highlight particular groups (women, out-of-school children, older people,

persons with disabilities) for which increased (and competing) attention and assistance should be provided by humanitarian actors.

The WRC Gender Assessment in Jordan highlighted best practices that support women's and girls' empowerment and view them as "agents of change." Such practices include working with local women's rights and feminist organizations, providing vocational training and cash-for-work opportunities to women and supporting the leadership development and capacity building of refugee women. These recommendations articulate a resilience-based approach by assuming that refugee women, together with local institutions and organizations, have positive capacities and strengths, and advocate for building on these opportunities.⁵³ However, the recommendations on women and girls with disabilities only highlight their needs in relation to gaps in services and assistance, and not in relation to opportunities for supporting their potential. By to acknowledge their resilience the assessment only further reinforces the vulnerability of the women and girls with disabilities.

One disability-related assessment conducted by the Danish Refugee Council (DRC) and Handicap International (HI) in Northern Iraq identified "barriers and facilitators" to accessing services, balancing needs with capacities.⁵⁴ Facilitators included efforts that humanitarian actors initiated (free access, covering fees, etc.) as well as the skills/experiences that refugees themselves brought with them. For the latter, illustrative examples include the mother of a girl with a physical disability who was able to successfully advocate for her admission in school; positive employment experiences in Syria; and documenting the factors that enabled people to successfully mitigate protection risks and meet their own needs.⁵⁵ By systematically identifying positive facilitators for every sector, DRC and HI demonstrate how protection assessments can be reframed to consider risks within the context of strategies and behaviors (positive and negative) and recognize peoples' agency in overcoming challenges, while still acknowledging the accountability of humanitarian-service providers for affected populations.

When considering the implications for women, children and youth with disabilities, vulnerability frameworks on their own do not provide a space in

which positive capacities, contributions and strengths can be reinforced. By regarding women, children and youth with disabilities primarily through the lens of their disabilities, humanitarian actors are effectively limiting them to the vulnerable end of the spectrum. Strengthening positive coping strategies as a way to amplify resilience is discussed in more detail in the next section.

5.3. Applying a resilience model to humanitarian programming

The overwhelming majority of reviewed literature focused on vulnerability-based approaches, as opposed to resilience-based ones: 14 out of 42 articles were more explicitly resilience-based. Out of the 14, only 2 looked at resilience-based interventions at the individual level, with the majority focused on systems or the community or national level; in non-humanitarian contexts, resilience-based approaches have had greater applications at the household and individual levels. None of the models described have explored the implications for marginalized groups, such as for women, children and youth with disabilities. Nonetheless, the few resilience-building interventions documented in this review at the household and individual level provide some evidence for how these strategies can be applied when working with women, children and youth with disabilities and their potential in humanitarian contexts.

5.3.1. Resilience approaches in systems-wide programming

An analysis of inter-agency guidance around the development of the 3RP, as well as other systems-wide frameworks that have an explicit focus on resilience, can help us understand how humanitarian and development actors conceptualize and implement their interventions within the context of resilience.

With the adoption of a resilience-based approach and the subsequent planning for the development of the Refugee and Resilience Plans (3RPs) at the regional as well as country level, organizations and various experts developed a number of tools and guidance for how the resilience component can be integrated by humanitarian actors in the planning. Among these is a how-to guide on resilience in 3RP countries that maps out what kind of analysis needs to be done in developing a response plan that effectively builds resilience (risk and systems analysis, definition of targets and

responsibilities, defining indicators and so forth). The road map delineates resilience-building as a three-stage process at which absorptive capacity happens first, then adaptive capacity and finally transformation—the last of which is the desired goal.⁵⁶ These phases are super-imposed across the individual, household, community, and national levels. At the individual, household and community levels, the road map identifies humanitarians as being responsible for activities having to do with “absorptive capacity,” while “adaptive capacity” and “transformation” at the community and national levels are under the purview of development actors. Another, more detailed guidance document focuses on how to develop the monitoring and evaluation framework for the resilience component of the response plans, and differentiates what resilience and refugee planning activities can look like by sector as well as providing the sample indicators that can measure resilience activities.⁵⁷ Indicators range from communities levels to individuals (e.g., the number of communities, the number of individuals disaggregated by sex, the number of community members, etc.) and illustrate that resilience-building indeed works at all levels (systems, communities, households and individuals) and is not exclusively a macro-level intervention, as a “resilience-based *development* response” would otherwise suggest, while the debate about who is responsible for doing what may still be contentious.

The 3RPs that were subsequently developed—including strategic objectives and indicators with accompanying sector plans, objectives, and activities for the coming years—reflect how resilience was seen by actors as practically integrated across Syrian-crisisresponse countries.⁵⁸ In outlining the regional protection framework, classic protection interventions are mentioned, such as specialized services for survivors of SGBV; case management for refugees with disabilities, children and other persons with specific needs; legal assistance; and psychosocial support. There is also a focus on the “central role” of refugee families and communities in mitigating protection risks, and “investing in capacities of refugees to act as decision-makers and protection actors,” as well as increasing support for community-based responses.⁵⁹ Recognizing the capacities of refugee families and their communities to mitigate risks creates a more resilience-based response.

There is some evidence in the protection-focused literature that links support for community-based protection mechanisms and strategies to the

resilience of those particular communities. In ActionAid's seminal work on community-based protection, *Safety with Dignity*, strengthening community resilience is considered integral to a community-based protection approach, together with engaging affected populations in assessing resources and capacities to reduce threats and vulnerabilities.⁶⁰ As cited previously, examples that link protection to resilience include the role of communities in identifying and reporting instances of child-protection violations; the formation of community groups to ensure the safe access of women, men, boys and girls to distribution sites in Turkey; and host-community or refugee support networks that provide solidarity and material support and share information about services and assistance in Egypt].⁶¹

The country-specific response plans for Jordan and Lebanon are in alignment with the regional plan, at least in tone with the regional 3RP signaled endorsement of resiliency, with ample use of language intended to “improve,” “enhance,” “build” or “promote” resilience. No additional clarification is provided, however. Where resilience is mentioned in the Lebanon plan, it is listed as an SGBV output in the results framework and again linked to communities: “Community resilience to SGBV is strengthened and vulnerability is reduced (communities are actively engaged to address SGBV).”⁶² Here we see that GBV response strategies are consistent with a community-based protection approach, as described above in engaging the community to address GBV and therefore strengthen their resilience to GBV threats.

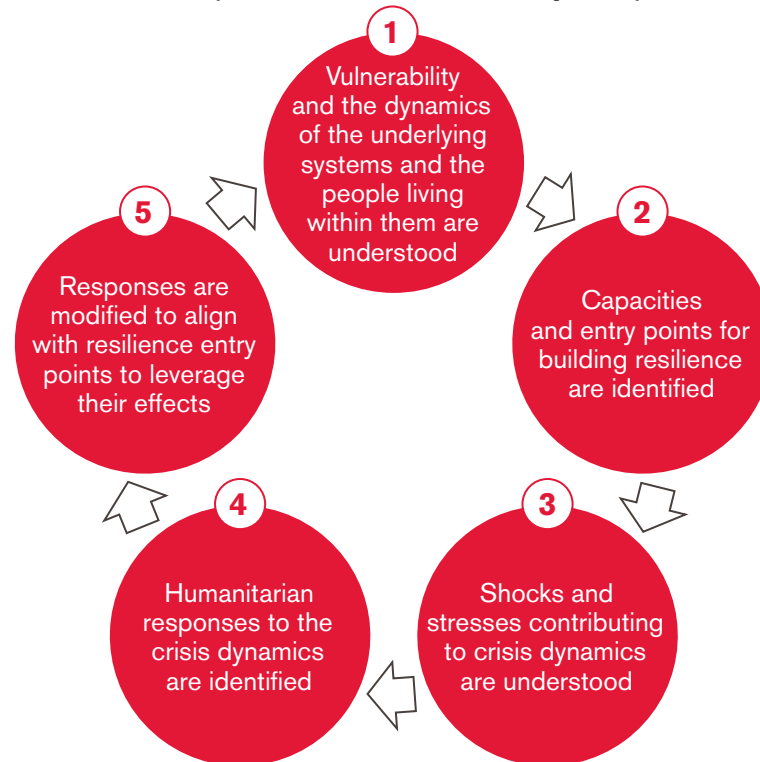
The Lebanon response plan refers to the participation of women, children and youth with disabilities in programs and services, and the need to ensure that they contribute to program design, implementation and monitoring, thus reflecting, in a minimal way, the potential for positive contributions to be made to community resilience.⁶³ This assertion is not elaborated further in the results framework. The response plans for Jordan and Iraq advance a more vulnerability-based focus to persons with disabilities, with little distinction for women, children and youth with disabilities. They are most often mentioned as a specific-needs category, along with elderly persons and female-headed households, across various sectors and as in need of improved access to services and assistance, without further elaboration.⁶⁴ The Turkey response plan makes even less mention of persons with disabilities, with a singular reference in the strategic overview of the basic needs

sector and then again under an M&E indicator that monitors the number of SOPs that consider the needs of persons with disabilities.⁶⁵ While both the Jordan and Lebanon plans highlight the need to strengthen resilience, this idea is extended only to community-level activities with respect to addressing SGBV in Lebanon. Women, children and youth with disabilities remain largely siloed in vulnerability approaches.

5.3.2. Analyzing resilience from a systems level to a group level

After the development of the 3RP, and in the context of the emerging resilience framework, a UNDP and Mercy Corps paper further advocates for a shift toward a resilience-based approach, arguing that in the context of Lebanon, characterized as a protracted “politically induced emergency,” resilience-building is appropriate and can be done within a humanitarian response (if certain conditions are met).⁶⁶ At a systems level, Mercy Corps and UNDP argue for a more flexible resilience framework, one that considers resilience-building activities as a process that involves the following steps:⁶⁷

Diagram 2. Proposed Resilience-building Process (adapted from UNDP, Mercy Corps)⁶⁸



Mercy Corps and UNDP recognize that resilience-building activities can operate at various levels. As an example, when thinking about vulnerabilities in Step 1, the paper refers to the “varying experiences” of “traditionally marginalized groups” (e.g., women, children and youth with disabilities) in searching for the trends, roots causes and “key causal loops that explain the behavior of the current system.”⁶⁹ The paper argues that vulnerability and resilience can and should be considered together as part of one trajectory. Further, because the paper refrains from ascribing a negative capacity or value to marginalized groups (electing to use the more neutral word “varying”), the resilience approach as proposed is a notable departure from traditional vulnerability frameworks, which categorically define marginalized groups (e.g., women, children and youth) as vulnerable. It instead proposes that diverse groups should reflect on the dynamics underlying the system and underpinning vulnerability, to analyze root causes and barriers to sustainable development.

The next stage is to identify capacities and entry points for resilience-building. As illustrative examples, the paper points to engagement of youth-at-risk as potential change agents, as well as gender integration and women’s participation as both an entry point and a cross-cutting issue to be considered in each activity. These entry points hold high potential for being able to alter the dynamics within the system.⁷⁰

While persons with disabilities are not explicitly mentioned here, the approach of considering the needs, vulnerabilities and capacities, as well as the empowerment processes, has clear applications for a resilience-based approach when working with women, children and youth with disabilities. As it exists, this framework can and should be expanded to include women, children and youth with disabilities as agents of change within a systems-wide analysis, to play a central role in humanitarian-crisis response.

5.3.3. Applying a resilience-based approach to women, children and youth

Given it’s more recent introduction and application in the Syrian crisis response, there is a notable lack of literature available on applied resilience approaches, particularly for women, children and youth with disabilities.

However, in a compendium of “good practices,” for which strengthened resilience (of households, communities, institutions and systems) is the central framework, 19 projects in Jordan, Lebanon, Turkey, Iraq, and Egypt are cited as positive examples of how resilience principles can be implemented in practice.⁷¹ Among the 19, only one project made specific mention of disability: a Danish Refugee Council (DRC) project in Northern Iraq on building livelihood skills and opportunities for refugees and host communities. Disability is mentioned in the prioritization criteria for refugees who come from households that have no other source of income and households that have a large number of members with serious medical conditions or disabilities, with no mention of the possibility for the actual member with disability to be included as a beneficiary. The project, as presented, lacked consideration for the capacity of persons with disabilities as well as any age or gender considerations to build livelihood skills for themselves and their families.

Despite collective enthusiasm for resilience approaches, the examples presented in this compendium demonstrate that the resilience-based approaches are not necessarily applied to women, children and youth with disabilities. In none of the projects, as presented by the authors, were women, children and youth with disabilities identified as potential creators and supporters of their resilience. Where disability is mentioned in the previous DRC example, the refugees are included as part of vulnerability criteria for the household when determining the eligibility of other members of their household (i.e., not the person with disability) for livelihood activities. Doing so effectively renders these approaches redundant because it still considers persons with disabilities as homogeneously vulnerable, without resiliency potential—a category-based, disempowering perspective is adopted, similar to how vulnerability criteria have been applied to these groups

The Well-being and Adjustment Index (WBAI), as developed by the WRC and piloted in Lebanon as well as in Egypt and Ecuador, sets out to measure reductions in vulnerability and increases in resilience at the household level.⁷² Intended as a tool for general case managers who are not specialized in providing GBV or child-protection services, the WBAI is comprised of 12 indicators (across sectors/assets) and aims to provide a comprehen-

sive snapshot of a household's vulnerability and/or resilience. Resilience, as defined here, is framed as inverse to vulnerability, introducing the assets model (human, physical, social, natural and financial) as a way to build resilience. Indicators that measure community involvement and a family's sense of "well-being" (measured as outlook toward the future) are unique information data points not collected by the VaSyr and the VAF (e.g., income, shelter, food, health care, etc.). As a supplemental tool intended to be used in conjunction with case-management forms and assessment tools, the WBAI might or might not capture the age, gender and diversity profiles of households if a woman, child or youth with disability happens to be the point of entry for initiating a case-management process. Indicators related to well-being and community involvement are more helpful in being able to move beyond a vulnerability spectrum and to support case managers to think about positive capacities and strengths. However, the index, in its current form, does not support analysis of resilience beyond (usually) head-of-household members that might be women, children or youth with disabilities.

The most compelling example of how a resilience approach can be fostered for women, children and youth was in an IMC mental-health psychosocial assessment for Syrian adolescent refugees in Jordan.⁷³ Notable in its focus on the experiences of adolescent Syrian refugees,⁷⁴ a group often overlooked in targeted assessments of women and children, the assessment aims to identify the mental-health and psychosocial support (MHPSS) needs and concerns, with the goal of informing services that encourage adolescent development, safety and well-being.⁷⁵ Adapting WHO MHPSS tools, the report assesses perceived safety, strengths and difficulties (pro-social behavior); resilience; and protective factors. By developing an index of supportive contexts and personal strengths at the individual, family, peer and community levels (such as "I am funny," "I play well with my siblings," "I have good relations with my parents," "I like who I am," "I feel supported by family or friends" and so forth), this assessment goes the furthest in detailing and identifying positive coping and capacities. While capturing protection-based concerns related to safety, discrimination and violence, it also prioritizes coping strategies and resilience traits that are identified by adolescents themselves, including self-esteem, confidence, peer-support networks and relationships of trust. In doing so, the assessment models strengths-based programming and effectively moves beyond

the “cycle” of vulnerability, and models how a resilience approach can affirm and reinforce factors that will ultimately lead to transformational change at an individual level, considering the resources and assets available at the household and community levels.

5.4. Links among resilience, strength and asset-based approaches

Resilience-based approaches at individual levels appear to be synonymous with strengths- and asset-based approaches, which may be the programming vehicles that strengthen the resilience of women, children and youth with disabilities. A strengths-based perspective, grounded in the principles of human rights and empowerment, helps to identify and analyze what are the building blocks or preconditions that must exist to help us not only overcome challenges but achieve positive change—in this context, the resources, assets and strengths that women, children and youth with disabilities displaced by the Syrian crisis possess to take control of their lives.^{76 77} Building on strengths-based practice, asset-based community development focuses on assessing the resources, skills and experiences available in a community, organizing the community around issues and taking appropriate action.⁷⁸ This model has been adapted for asset-based programming across development and humanitarian spheres, and for various age groups. For instance, Population Council’s asset-based programming for adolescent girls developed tools and resources to help development practitioners identify the assets girls need at particular age ranges and build appropriate programming content for girls to thrive. These tools were further adapted by the Women’s Refugee Commission for adolescent girls (and more recently with boys) in emergency contexts.⁷⁹

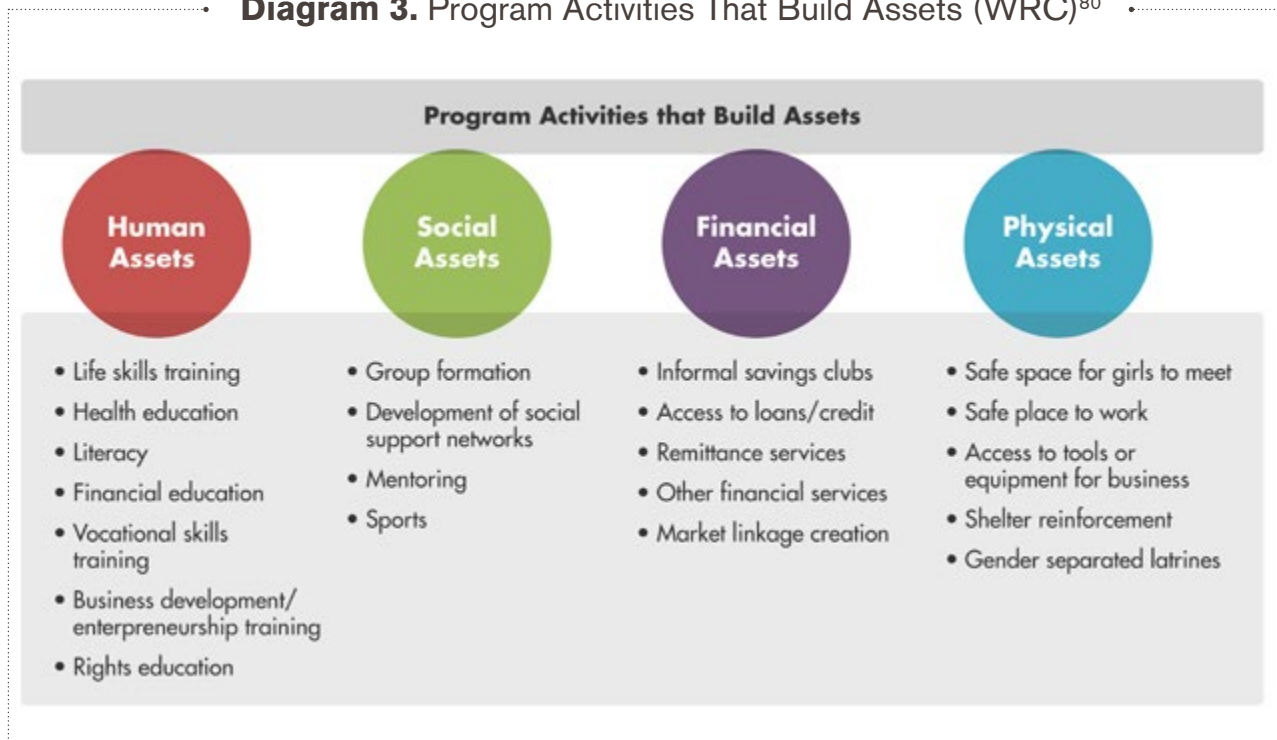
5.5. Asset-based programming for adolescents and youth in Iraq and Lebanon

As part of a gender-based-violence prevention program, the Women’s Refugee Committee and Danish Refugee Council in Lebanon have been piloting a program for adolescent girls (aged 10 to 19) to strengthen their assets to mitigate their risks to early marriage and to support girls who

are already married. The WRC/DRC adolescent girls' program, rooted in a strengths- and asset-based model, identifies protective assets (such as having a safe place to meet friends, building self-confidence and creating a sense of belonging, etc.) for different age groups and aims to reduce adolescent girls' vulnerabilities, support their health, promote their development and strengthen their resilience to future shocks. The programming establishes an inclusive physical space where girls can safely meet with peers and mentors but also delivers tailored interventions that build the girls' social, physical and financial assets throughout the course of the program.

Similarly, Mercy Corps in the Kurdish Region of Iraq (KRI) trains coaches (aged 25 or older) and youth leaders (aged 19 to 23) to deliver intensive and tailored psychosocial support through life skills and recreational curriculum for younger adolescents (aged 12 to 18). The Advancing Adolescents Model works through adolescent-friendly safe spaces housed in community centers and schools. The program aims to promote learning and psychosocial resilience while building essential skills, creating supportive social networks and establishing future opportunities for adolescents and youth. Young people in the program are engaged through a cascading leadership model to practice leadership, build teamwork and practice responsibility to their communities. Adolescents, coaches and youth leaders themselves come from refugee, internally displaced and host communities in the KRI in an effort to strengthen community relations and mentorship pathways. In working with community members, young people can see the possibility and potential within their own communities as well as make contributions.

These programs in Iraq and Lebanon demonstrate a strengths- and asset-based approach by focusing on building human assets (through vocational-skills, communications and literacy courses), social assets (strengthening social-support networks, sports and mentorship) and physical assets (in the establishment of safe spaces) as per below illustrative table.

Diagram 3. Program Activities That Build Assets (WRC)⁸⁰

Following the initial cycles of both programs, program evaluations demonstrated that adolescent girls and boys who participated in the pilot programs in Lebanon and Iraq built positive assets related to social capital; peers and mentors (both countries); improved knowledge (on sexual and reproductive health in Lebanon); and changes in attitudes (in Iraq, a better outlook toward the future).^{81 82} Building on the successes of their programs, Mercy Corps and DRC undertook a process of reflection around barriers and facilitators for girls and boys with disabilities to access their programs. Pilot actions were implemented in both countries to strengthen the inclusion of adolescent girls and boys with disabilities in programming, and positive changes were documented over the span of eight months from March to October 2016.⁸³

The “Stories of Change” evaluation methodology was used to capture the ‘most significant change’ that girls and boys themselves identify in relation to their participation in the project over a period of time. The stories were collected in a series of group discussions with girls and boys who have been participating in the projects together. These discussions involved key

stakeholders including program staff, local partners and youth volunteers to present their achievements over the course of the project and visions for the future. The exercises, prioritizing what adolescents themselves considered important, provided unique opportunities for adolescents in these contexts to share externally positive changes and experiences, reinforcing a resilience model for programming.

5.5.1. What about resilience?

“Stories of Change,” as presented by adolescent girls and boys with disabilities, described changes related to social and human assets. Girls and boys alike spoke with pride of new friends made throughout the course of programs, many recounting the names of friends, facilitators and mentors they have come to admire and respect, and the networks they have developed.

Over several months of participation in DRC and Mercy Corps’ programs, adolescent and youth with disabilities were able to demonstrate capacities and skills that they themselves, as well as facilitators working with them and caregivers, did not previously perceive. They also acquired new skills through informal education and skills training.

Adolescent girls in both Lebanon and Iraq spoke of the significance of no longer being confined at home, with little opportunity to engage with other girls their age. Facilitators and caregivers confirmed the experiences shared by the girls and boys in the programs—that they were better able to express their opinions and were taking on household responsibilities. Adolescent boys and girls were able to speak of a better future for themselves, and making plans for what they wanted to do next.

Seeing girls and boys with disabilities through the lens of resilience—as people with equal right to participation in and access to programs, youth mentors and staff alike spoke with surprise and pride of the changes in knowledge, attitudes and practice that they also experienced, noting that their skills and capacities in working with adolescents and youth improved with the help of the adolescents themselves, thereby reinforcing a positive cycle of transformation and development.⁸⁴

“I was at home, at home, at home. I was very depressed, but then my life changed 180 degrees. I’m learning the alphabet now, and I’m very happy here. I feel that I am someone that is actually doing something with my life and not just sitting at home.”

(Adolescent girl with disability, Tripoli, Lebanon)

“I am proud of myself being blind because I can manage myself and my own work. I understood that being blind doesn’t prevent me from learning or an education.”

(Adolescent girl with visual impairment, Sulaymaniyah, Iraq)

“I think after this course is over, I will take another computer course to be more professional. I also want to attend theater—I did one session already.”

(Adolescent boy with disability, Erbil, Iraq)

“Before we started including kids with disabilities, I was worried about the difficulties I would face and about other kids discriminating against them but then a few started participating and I found out that automatically that I knew how to deal with them- as kids. That was the biggest change: we allowed them to participate and they did. By the end they were clapping and encouraging others.” (Youth leader in Erbil, Iraq)

Communication skills, self-esteem, bargaining power, forming friendships, mentors and networks can all be considered building blocks for strengthening their resilience. That girls and boys with disabilities were likewise able to envision a future where they could further increase their skills, and contribute to

their households and communities, can be seen as testament to the potential longer-term impacts that a strengths- and assets-based program can have. As a target group, girls and boys with disabilities are seen almost exclusively from a vulnerability-based perspective; yet even short-term results demonstrate that a resilience-based approach making assumptions about capacity and the ability to change and develop, can and should be practiced.

SEE ANNEX 2: STORIES OF CHANGE FROM ADOLESCENTS AND YOUTH WITH DISABILITIES.

6. CONCLUSION

Vulnerability approaches vary widely in scope and purpose, and are applied widely to target assistance for cash-based programming, develop sector-based indicators (across food, shelter, health, WASH, livelihoods), identify protection concerns and prioritize the needs of particular groups, such as women, children and youth with disabilities.

Given their emphasis on needs, negative coping, risks and lack of capacities, vulnerability approaches are thought to better identify the protection concerns of persons with disabilities. Yet analysis of the literature suggests these approaches are too often implemented through a generic categorization, viewing persons with disability as a homogeneous group, missing the factors that contribute to their vulnerability and exacerbating vulnerabilities that relate to the protection concerns of women, children and youth with disabilities.

Furthermore, vulnerability approaches fail to help us understand how we achieve transformative change, beyond a diagnosis of problems and exposure to risks. Women, children and youth with disabilities are exclusively relegated to the negative end of the vulnerability spectrum, and humanitarian actors focus on their disability-related needs and lack of access to services and assistance to the detriment of recognizing the skills, capacities and assets available to them. Certainly, this does not preclude that immediate protection risks—exposure to violence, exploitation and abuse—should be disregarded, only that this analysis in and of itself is inadequate in supporting people to have a role in the decisions relating to protection interventions. Furthermore, it reinforces an assumption that they are not experts on their own experiences and do not have the capacity to change a situation where they are exposed to such risks, which has longer-term implications for the prevention of protection concerns.

Resilience-based approaches conceptualize a reality where experiences, skills and capacities—traits that foster the individual's and other's resilience as affected populations, are acknowledged, identified and strengthened. These approaches suggest that it's possible, within the same continuum that incorporates vulnerability, to identify resilience traits, strategies and approaches that not only mitigate risks but also help facilitate a trajectory that moves an individual further along the vulnerability-resilience spectrum, toward a more positive, sustainable outcome. The inclusion of adolescent and youth with disabilities in asset- and strength-based programming in Iraq and Lebanon marks a small but significant step forward in our understanding of the utility and impact of such programming for those who are too often overlooked for their capacity and contribution in humanitarian settings.

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ANNEX 2: Stories of change from adolescents and youth with disabilities

Omaima and her sister, Bdour, are girls with disability who are participating in the group of 14-to-20-year-olds in Tripoli:

“I heard last year there was a project. I was not registered. Many people told me about the project, and I liked that it’s only for females. The teacher was my supervisor at the center [Forum of the Handicapped] and told me about the classes. I came here and was very happy, and I hope the project will not end. I was hoping the classes would start from 4 to 7 p.m. We are happy here because there no parents [laughter] or children. We went on a trip together, and we had a lot of fun. I enjoyed the sessions about early marriage.

“I’ve been at home, at home, at home. I was very depressed. This changed my life 180 degrees. I’m learning the alphabet now because I don’t know the letters, and I’m very happy here. It’s been a very nice center. I feel that I am someone that is actually doing something with their lives and not just sitting at home. I didn’t know how to walk, and no

school accepted me. Now we’re here to do something and not just learn and leave.



“My sister and I came up with our own story that we would like to present together. We drew a girl in a wheelchair, and the best thing is that she is surrounded by other girls. A handicapped person doesn’t have a lot of rights, but we learned in the project that being handicapped is not to be physically handicapped but it’s about the mentality, and us being in the program proved that we can participate.”

Anwar* is participating in a Mercy Corps youth program in rural Erbil:



“My name is Anwar, and I am 15 years old. I am an internally displaced Iraqi in Khabbat. I asked the youth coach to draw a dress for me that I made in the sewing class. Around the dress, there are my friends that I made in the class and their names next to them. Before the class, I didn’t have any friends. I don’t have any brothers or sisters, and now I can see my friends in the class. I also drew my teacher, Selimeh, I like very much—she is nice with me. I drew a bus that comes and picks us up and takes us to the center. I like riding the bus because we sing all together on the bus and it’s fun. It also takes us on trips—we went to a basketball game and were part of the audience. I like the class because it’s all girls and

I feel comfortable there. I want all the girls to come to the center and learn what I learned here. In the beginning, my family—my uncles and other relatives—did not allow me to come, but my father supported my mother and I started coming and I am very happy here.”



Noor* is participating in Mercy Corps’ youth project in Sulaymaniyah:

“My name is Noor, and I am 12 years old. I thought that it was useful and nice when I found out about the English course that they offer here. I like to learn English so much, I decided to come here. I’m in school, but here I’m learning more English and more vocabulary words than I am learning in the school. I want to be an English teacher. I am proud of myself being blind because I can manage myself and my own work. I understood that being blind doesn’t prevent me from learning or from an education.”

* Names have been changed.

Boys' group aged 10 to 15 with and without disabilities.

The following is a selection of quotes from the boys' group.

"We've been coming to the center since the beginning. We like coming here. We learned many new things like English and sports. We like the coaches, and we met Syrians and other Iraqis from here or who just moved here. We made friends here and we play together. Some of us worked together on different stories."

"This picture presents our friendship and how we help each other and work together without being selfish. I put names of friends next to the drawing, and the name of the picture is friendship."

"This picture represents how KEDO taught us how to help each other. It represents love, which is written on the football field. KEDO helped me to be confident and trust each other."

"This picture represents when we went to a picnic—there was a museum with pictures of flowers."

"This picture represents Ally, our coach, who taught us about how to cooperate and respect each other. We talked about responsibility and how to communicate with each other and our friends." ►



◀ **cont.** “This picture is the picture I did together with my best friend. We drew mountains and nature because we went there when the program was closing, and that’s what we liked the most.”

“I drew a football field with friends. I made five friends and flowers because I like flowers.”

“KEDO center represents a place that all the Arabs and different communities can gather together of all religions and have fun and learn many things. The important thing for me is the friends that I had in the program.”

OUR VISION FOR THE FUTURE:

“Our vision for the future is to learn many new things like computer or English to improve ourselves. We would like to think about a project and to do it together. When there are any other boys with disabilities who might have problems to walk, or see, etc., then we help them. For example, we had a friend who at first was shy to participate, but we encouraged him to come and he is participating now.”

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