



Ageing and Disability
Inclusion Task Team
(ADITT)-Türkiye

Sectoral Technical Guidance on Ageing and Disability Inclusion

Sector	Actions	
	Inclusive data collection	Accessible and inclusive programming
1. Water, Sanitation and Hygiene (WASH)	<ol style="list-style-type: none"> 1. Adapt WASH assessment and monitoring tools to collect information on the capacities, Barriers/challenges, needs, and capacities of older people and persons with disabilities. 2. For individual/household assessments, consider collecting sex, age, and disability disaggregated data with 10-year age cohorts. If possible, cross-check this data with the overall census of the beneficiary population looking for discrepancies. 3. Ensure the inclusive participation of older people and persons with disabilities in WASH assessments and M&E activities monitoring and evaluation activities. 4. Track the distribution of accessible toilets, commodes, and hygiene items distributed specifically to persons with disabilities and older persons. 5. Identify one-off, short-term, long-term and permanent needs and plan your interventions accordingly. 	<ol style="list-style-type: none"> 1. Resource allocation for accessibility of WASH activities. 2. Design, construct, and adapt gender-segregated accessible water supply and sanitation facilities with cultural sensitivity. 3. Review and adapt distribution methods and supplies to provide safe and equitable access for older people and persons with different types of disabilities. 4. Adapt accessible information channels and materials about facilities and hygiene activities. 5. Sensitize the community, staff, and partners on the right of older people and persons with disabilities to access WASH activities and services. 6. Build the capacities of staff and partners to make WASH services, facilities, and programs inclusive of older people and persons with disabilities. 7. Ensuring the CFRM mechanisms are accessible 8. Ensuring representatives of older people and persons with disabilities are consulted and involved starting from program development phase to implementation. Inform their agency of service provision. 9. Being aware that disability and ageing are intersectoral matters and require collaboration



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<p>Example of questions to be included:</p> <ul style="list-style-type: none">- # of persons with disabilities, older people who require additional support to access WASH facilities.- What adaptation would you suggest making WASH facilities accessible for older people and persons with disabilities? (e.g., ramps, wider doors, wider surface area, etc.).- # of accessible toilets distributed- # of toilets adapted to become more accessible- # of commodes distributed- # of persons with disabilities and older persons who received specific hygiene items or kits- # of staff trained on age and disability inclusion and accessibility.- #of meetings held with representatives of older people and persons with disability (OPAs and OPDs)	<p>Examples of actions to be considered:</p> <ul style="list-style-type: none">- Train staff on accessibility standards for temporary WASH programming and facilities.- Include accessibility features in the design of WASH facilities.- Distribute additional hygiene items for persons with disabilities and older people.- After consulting with the community, provide specific items (e.g., grab rails, mobile ramps, poles, commodes, toilet chairs, child and adult diapers, and washable leak-proof mattress protector)- Consider door-to-door distributions.- Allocate additional budget (2% of the total budget) for accessibility in WASH projects.- Work with shelter actors to design accessible and sustainable WASH services within living areas.- Ensure representation by older men and women on WASH committees.- Coordinate with community support groups.- Awareness raising sessions to container cities management about making the utilities and services inclusive for persons with disabilities and older people.
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<p>2. Shelter, and household items</p>	<ol style="list-style-type: none"> 1. Adapt shelter and settlement assessment and monitoring tools to collect information on the capacities, barriers/challenges and needs of older people and persons with disabilities. 2. For individual/household assessments, consider collecting sex, age, and disability disaggregated data with 10-year age cohorts. If possible, cross-check this data with the overall census of the beneficiary population looking for discrepancies. 3. Include older people and persons with disabilities in shelter and settlement assessments and monitoring and evaluation activities. 4. Identify one-off, short term and permanent needs and plan your interventions accordingly. 	<ol style="list-style-type: none"> 1. Resource allocation for accessibility of shelter activities. 2. Design, construct and adapt shelters and settlements to be accessible. Consult with organizations of persons with disabilities (OPDs), Older Persons Associations (OPAs), and specialized actors. 3. Provide household and shelter-related items that are suitable, safe, and accessible for use by older people, persons with disabilities and their caregivers 4. Adapt accessible information channels and materials about facilities and hygiene activities. 5. Review and adapt distribution methods to provide safe and equitable access for older people and people with disabilities. 6. Build the capacities of staff, partners, and communities to support the inclusion of older people and persons with disabilities in shelters, settlements and household items activities. 7. Ensuring the CFRM mechanisms are accessible 8. Ensuring representatives from older people and persons with disabilities are consultants and involved starting from program development phase to implementation, and in your shelter design. 9. Being aware that disability and ageing is an intersectoral matter and require collaboration
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	<p>Example of questions to be included:</p> <ul style="list-style-type: none"> – # of persons with disabilities older people who require additional support/adaptation on their shelter. – What adaptation would you suggest making shelter facilities accessible for older people and persons with disabilities? (e.g., ramps, wider doors, handrails, etc.). – # of shelters (tents/containers) adapted to become more accessible – # of accessible containers distributed – # of persons with disabilities who received specific or additional NFIs (including clothing, blankets) – # of staff trained on age and disability inclusion and accessibility. – #of meetings held with representatives of older people and persons with disability (OPAs and OPDs) 	<p>Examples of actions to be considered:</p> <ul style="list-style-type: none"> – Train staff on accessibility standards for temporary shelter settlements. – Awareness raising sessions to community, container cities management, and stakeholders about making the utilities and services inclusive for persons with disabilities and older people. – Include accessibility features in the design of shelter facilities. – Provide extra winterization items to households with people with Disabilities. - and older people. – Allocate additional budget (2% of the total budget) for accessibility of shelters. – establish a system of supporting older people and persons with disabilities who are unable to build their own shelter.
<p>3. Temporary Settlement (TSS)</p>	<ol style="list-style-type: none"> 1. Involve persons with disabilities and older people as informants and implementers in all data collection exercises including needs registration, 2. Conduct dedicated assessments to identify barriers and enablers to the participation and inclusion of persons with disabilities and older people in the temporary settlements' life. Ensure cross-sectoral coordination on findings. 3. Whenever possible, for individual/household assessments, consider collecting sex, age, and disability disaggregated data with 10-year age cohorts using agreed methodologies. If possible, cross-check this data with the overall census of the beneficiary population looking for discrepancies. 	<ol style="list-style-type: none"> 1. Resource allocation for accessibility of WASH activities. 2. Partner with OPDs, Governmental institutions, Protection, and MHPSS actors working on disability. 3. Support the participation of persons with disabilities and their representative organizations in the response. 4. Raise awareness among TSS teams and partners on the rights of people with disabilities. 5. Promote the use of Universal Design, conduct site planning activities, and carry out site improvements to enhance accessibility, safety and dignity. 6. Adapt accessible information channels and materials about facilities and hygiene activities

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	<p>Examples of questions to be included.</p> <ul style="list-style-type: none">– What are the top three difficulties persons with disabilities and older people face in accessing ... (indicate relevant services, assistance, information channels, etc.)?– What would you suggest improving your access to services?– # of persons with disabilities in your household– # of older people (above 60) in your household– # of sites improvements to enhance accessibility for persons with limited mobility and sensory disabilities– # of sites where an accessibility audit was conducted– % of information-sharing campaigns implemented through two or more formats (e.g., written, and oral)– # of staff trained on age and disability inclusion and accessibility.– #of meetings held with representatives of older people and persons with disability (OPAs and OPDs)	<p>Examples of actions to be considered.</p> <ul style="list-style-type: none">– Appoint Age and Disability Inclusion focal points in TSS teams and recruit persons with disabilities as staff, volunteers, and leaders.– Train staff on the requirements of people with disabilities, older people and inclusive TSS actions– Conduct accessibility audits of TS in partnership with relevant sectors, OPDs, OPAs, older people and persons with disabilities.– Allocate households with family members with disabilities and older people near services.– In camp settings, when constructing new shelter or revitalizing damaged shelter, be sure that latrines are built in close proximity to older people and persons with disabilities.– Invite and support OPDs, OPAs, older people and persons with disabilities to participate in coordination meetings.– Use accessible communication – at least 2 formats (e.g., auditory and written)– Ensure that the pathway to the latrines is marked by string for those with visual disabilities and that it is flattened and smooth to facilitate accessibility for those with mobility challenges or those in wheelchairs.
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4. Health	<ol style="list-style-type: none"> 1. Adapt assessment and monitoring tools to collect information on the health needs, access to services, and capacities of older people and persons with disabilities. 2. For individual/household assessments, consider collecting disability, sex and age disaggregated data. 3. Include older people and people with disabilities in health assessments and monitoring activities as informants and implementers. 4. Consider the specific needs of older people and persons with disabilities and produce guiding accessible materials for other sectors since ageing and disability are in a cross-sectoral matter. 5. Include preventive treatment, healthy ageing communication, and behavioral change in interventions. 6. Take into account chronic diseases, palliative care needs, and temporary or short-term disabilities while addressing ageing and disability 7. Monitor morbidity and mortality rates for older people and persons with disabilities in emergencies 8. Monitor common causes of injuries for older people and persons with disabilities, and inform relevant sectors 	<ol style="list-style-type: none"> 1. Resource allocation for inclusion activities and accessibility 2. Design, construct or adapt health facilities to be accessible. 3. Adapt health services to make them accessible to older people and persons with disabilities with varying needs. 4. Raise awareness and train health staff and communities on the health-related needs and capacities of older people and persons with disabilities. 5. Ensuring the CFRM mechanisms are accessible 6. Ensuring representatives from older people and persons with disabilities are consulted and involved starting from program development phase to implementation. 7. Being aware that disability and ageing is an intersectoral matters and requires collaboration 8. Adapt accessible information channels and materials about facilities and hygiene activities. 9. Ensuring people living in rural areas can access the services, through mobile teams and/or transportation, accompaniment support when needed. 10. Keep in mind the needs of caregivers and initiate support programmes. 11. Ensure that emergency health kits include medication to treat chronic illness especially high blood pressure, diabetes and hypertension. 12. Ensure that mobility aids and adaptive devices are provided in a timely manner during emergencies to avoid creating disabilities. 13. Provide special measures for referring older people and persons with disabilities to specialist centres (e.g. accompaniment, transportation). 14. Include support for the homebound older people and persons with disabilities
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	<p>Example of questions to be included:</p> <ul style="list-style-type: none">– # of persons with disabilities, older people in need of immediate medical intervention.– # of persons with disabilities, older people in need of assistive devices (mobility aids, hearing aids, eye glasses, etc.).– # of persons with disabilities, older people in need of rehabilitation services.– # of persons with disabilities and older people provided with physical rehabilitation sessions– # of assistive devices distributed– # of persons with disabilities and older people who benefitted from transportation services to health facilities– # of staff trained on ageing and disability inclusion and accessibility– # of meetings held with representatives of elders and persons with disability (OPAs and OPDs)	<p>Examples of actions to be included:</p> <ul style="list-style-type: none">– Include an additional budget to cover special health needs for persons with disabilities and older people (physical rehabilitation, chronic diseases, assistive devices, transportation to medical facilities, etc.)– Share information about available and operating health services and rehabilitation centers in affected zones and hosting provinces.– Provide a short orientation to all staff on ageing and disability, giving practical examples of how to support people with disabilities and older people and ensure that health services are accessible to persons with disabilities and older people.- Produce guiding notes for other sectors regarding the special health needs of older people and persons with disabilities to be considered during their project implementations.– Train community health workers to provide health education on healthy ageing to older people, and train them in self-management of their chronic condition– Coordinate community-based health services, community support groups
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<p>5. Food security and livelihoods</p>	<ol style="list-style-type: none"> 1. Adapt food security and livelihood assessment and monitoring tools and processes to collect information on the capacities, barriers/challenges and needs of older people and persons with disabilities. 2. For individual/household assessments, consider collecting disability, sex and age disaggregated data. 3. Include older people and persons with disabilities in food security, livelihood and empowerment assessments and monitoring activities as informants and implementers 	<ol style="list-style-type: none"> 1. Resource allocation for inclusion activities and accessibility 2. Design facilities and services for food security and livelihoods so that they are safe and accessible for older people and persons with disabilities. Consider 3. the capacity of persons with disabilities and older persons into activities design. 4. Sensitize the community, staff and partners on the rights of older people and persons with disabilities to access food assistance and participate in 5. livelihoods activities. 6. Build the capacity of staff to make food security and livelihoods activities safe and accessible for older people and persons with disabilities. 7. Ensuring the CFRM mechanisms are accessible 8. Ensuring representatives from older people and persons with disabilities are consultants and involved starting from the program development phase to implementation. 9. Being aware that disability and ageing is an intersectoral matters and require collaboration 10. Adapt accessible information channels and materials about services. 11. Recognize the contribution to household income played by older people and persons with disabilities. 12.
	<ul style="list-style-type: none"> - Example of questions to be included: - # of persons with disabilities, older people who require additional financial assistance/food assistance to meet their special needs. - What cash/food assistance modalities would you prefer to - #of meetings held with representatives of older people and persons with disability (OPAs and OPDs) 	<p>Examples of actions to be included:</p> <ul style="list-style-type: none"> - Revise your selection criteria to ensure age and disability are included as criteria for participation. - Consult persons with disabilities and older people and review the modalities used to provide cash/food assistance accordingly. - Provide cash assistance to cover the special needs of persons with disabilities, older

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	<p>receive assistance? (e.g., cash, bank transfer, door-to-door, etc.)</p> <ul style="list-style-type: none"> – Would you prefer to receive assistance in person or through proxy? – Are specific items needed (e.g., assistive devices) available in the market? – of persons with disabilities provided with cash for food – # of persons with disabilities reached through door-to-door food distributions – % of persons with disabilities taking part of cash-for-work activities – # of staff trained on ageing and disability inclusion and accessibility – of older people provided with cash for food – # of older people reached through door-to-door food distributions – % of older people taking part in cash-for-work activities 	<p>people (if needs can be met in the local market).</p> <ul style="list-style-type: none"> – Assign focal points within the team to identify those who require additional assistance when delivering services. – Ensure cash-for-work and food-for-work activities are accessible to older people and persons with disabilities. – involve older people and persons with disabilities in capacity and skills training to develop and diversify livelihood options. – involve older people and persons with disabilities in community management of livelihood assets
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6. Nutrition	<ol style="list-style-type: none"> 1. Adapt nutrition assessment and monitoring tools and processes to collect data on the nutritional status of older people, pregnant women, persons with disabilities, and children with disabilities. 2. For individual/household assessments, consider collecting disability, sex, and age disaggregated data. 3. Include older people and persons with disabilities in nutrition assessments and monitoring activities as informants and implementers. 	<ol style="list-style-type: none"> 1. Resource allocation for inclusion activities and accessibility 2. Design nutrition activities and facilities so that they are accessible to older people and persons with disabilities. 3. Ensure that breastfeeding and baby care areas are safe, accessible, and appropriately located for persons with disabilities and their caregivers. 4. Sensitize the community and nutrition staff on the right of older people and persons with disabilities of all ages and genders to access and participate in nutrition programs. 5. Build the capacity of nutrition staff to address the nutritional needs of older people and persons with disabilities in emergencies, including infants and young children with disabilities, and women with disabilities who are pregnant or breastfeeding. 6. Ensuring that the distribution places are accessible for older people and persons with disabilities. Also, taking into consideration of your assessments, check the individuals who need door-to-door distribution. 7. Ensuring the CFRM mechanisms are accessible 8. Ensuring representatives from older people and persons with disabilities are consulted and involved starting from programme development phase to implementation. 9. Being aware that disability and ageing is an intersectoral matters and require collaboration 10. Adapt accessible information channels and materials about facilities and hygiene activities. 11. Older people and persons with disabilities are screened by your organization to check their nutritional status and enter relevant feeding programmer
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	<p>Example of questions to be included:</p> <ul style="list-style-type: none">– # of persons with disabilities, older people who require special food items.– What type of items are required for persons with disabilities, or older people (e.g., easy-to-swallow items)– Do caregivers with disabilities require specific information or support with feeding?– # of persons with disabilities who received special food items– # of older people who received special food items– # of unaccompanied or separated older people, persons with disability identified– # of unaccompanied or separated older people, persons with disability reunited with their family/caregivers– # of staff trained on ageing and disability inclusion and accessibility– #of meetings held with representatives of older people and persons with disability (OPAs and OPDs)	<p>Examples of actions to be included:</p> <ul style="list-style-type: none">– Revise your selection criteria and make sure age and disability are considered when developing your activities.– Consult persons with disabilities and older people and review the modalities used to provide food assistance accordingly.– Consult persons with disabilities and older people when preparing the content of the food assistance. Assign focal points within the team to identify those who require additional assistance when delivering services.– Older people are often unable to chew and digest hard food. Make sure that the ration provided through your organization suitable for older people
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<p>7. Protection</p>	<ol style="list-style-type: none"> 1. Adapt protection assessment and monitoring tools to collect information on the protection concerns and capacities of older people and persons with disabilities. 2. For individual/household assessments, consider collecting disability, sex and age disaggregated data. 3. Include older people and persons with disabilities in age- and gender-appropriate protection assessments as informants and implementers. 	<ol style="list-style-type: none"> 1. Resource allocation for inclusion activities and accessibility 2. Build awareness among staff, partners and communities of the increased risks faced by older people and persons with disabilities. 3. Strengthen case management and referral mechanisms to ensure that older people and persons with disabilities at risk of protection concerns are identified and referred. 4. Provide appropriate services and support to older people and persons with disabilities at risk of protection concerns. 5. Identify and mitigate barriers to accessing protection response services 6. Ensuring the CFRM mechanisms are accessible 7. Ensuring representatives from older people and persons with disabilities are consulted and involved starting from program development phase to implementation. 8. Being aware that disability and ageing is an intersectoral matters and require collaboration 9. Adapt accessible information channels and materials. 10. Initiate programs to trace and reunite unaccompanied older persons with their extended families. 11. Ensure that children, women, persons with disabilities, and other older persons requiring care under older people's care are adequately protected.
	<p>Example of questions to be included:</p> <ul style="list-style-type: none"> – # of persons with disabilities, older people in need of urgent support and referral. – #of persons with disabilities, older people who are at risk for GBV – Do persons with disabilities, and older people have access to protection services? – Do persons with disabilities, older people have access to civil documentation and legal support? – % of implemented feedback and complaint mechanisms that offer two or more modalities for reporting (e.g., phone calls and text messages) – # of persons with disabilities, older people provided with information on specialized services 	<p>Example of actions to be included:</p> <ul style="list-style-type: none"> – Revise your referral forms to include questions of # of people with Disabilities, older people and priority needs for referrals. – Include persons with different types of disabilities and older people in protection assessments (KIIs and FGDs). – Assign focal points within the team to identify those who require additional assistance when delivering services. – Map and share information about specialized services for persons with disabilities, older people. – monitor that older people, and persons with disabilities receive support from family, neighbors and the community If older people, persons with disabilities are relying on community members for support, monitor that they are protected from any coercion and abuse

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	<ul style="list-style-type: none">- % of completed referrals that were done for persons with disabilities and older people- # of persons with disabilities and older people referred to specialized services- #of meetings held with representatives of elders and persons with disability (OPAs and OPDs)- - # of staff trained on age and disability inclusion and accessibility	
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<p>8. Education</p>	<ol style="list-style-type: none"> 1. Adapt assessment and monitoring tools for formal and non-formal education to collect information on the needs, barriers, and capacities of children with disabilities. 2. For individual/household assessments, consider collecting disability, sex, and age disaggregated data. 3. Include older people and persons with disabilities in formal and non-formal education assessments and monitoring activities. 	<ol style="list-style-type: none"> 1. Resource allocation for inclusion activities and accessibility 2. Adapt learning facilities to be safe and accessible for children with disabilities. 3. Use a diverse range of teaching methods, curricula and learning materials suitable for different groups of learners. 4. Build the capacity of teachers, community members, and education staff to promote inclusive education during emergencies 5. Ensuring the CFRM mechanisms are accessible 6. Ensuring representatives from older people and persons with disabilities are consulted and involved starting from program development phase to implementation. 7. Being aware that disability and ageing is an intersectoral matters and require collaboration 8. Adapt accessible information channels and materials about facilities and hygiene activities. 9. Produce reports and guiding materials for other sectors regarding elders and persons with disabilities in education
	<p>Example of questions to be included:</p> <ul style="list-style-type: none"> – # of children with disabilities. – # of children with disabilities out of school. – Are schools accessible for children with disabilities? – Is online schooling (if applicable) accessible for children with disabilities? – What adaptations are required in order to facilitate access of children with disabilities to education? – % of rehabilitated schools where accessibility features have been included for children with different types of disabilities – # of teachers trained on disability inclusion – # of schools provided with inclusive 	<p>Examples of actions to be included:</p> <ul style="list-style-type: none"> – Ensure information about accessible schools is available for persons with disabilities. – Include an additional budget (2% of the total budget) to add accessibility features when doing school rehabilitation. – Ensure that information regarding special education is available for persons with disabilities. – Provide training for teachers on inclusive teaching, and learning materials. – Plan outreach activities to identify out-of-school children with disabilities and address their barriers to access. – Plan awareness-raising activities for peers and classmates, including their parents

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	<p>teaching and learning materials</p> <ul style="list-style-type: none">- # of identified out-of-school children with disabilities- # of children with disabilities benefitting from transportation to schools- # of staff training on disability inclusion and accessibility- #of awareness-raising activities provided on disability and inclusion for peers and their parents, of children with disabilities- # of meetings held with representatives of elders and persons with disability (OPAs and OPDs)	
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General Recommendations:

- Consult with Organizations of Persons with Disabilities (OPDs) and Older People Associations (OPAs) in Türkiye.
- Ensure that older people and persons with disabilities and their representative organizations are involved at the different stages of your programming.
- Emphasize building partnerships with local Organizations of Persons with Disabilities (OPDs) and Older People Associations (OPAs) to bridge international standards with local needs for sustainable interventions.
- Ensure that all communication with persons with disabilities and older people is accessible (including Information, Education and Communication (IEC) materials, Complaints and Feedback Response Mechanism (CFRM) channels, etc.). Communicate through multiple channels in multiple modalities.
- Ensure continuous monitoring and feedback mechanisms are established for persons with disabilities and older people. Feedback should be collected regularly beyond the initial implementation phase, using methods such as focus groups and surveys. This feedback must be integrated into ongoing activities to adapt and improve programs, ensuring that services remain accessible and relevant to the evolving needs of these groups.
- Make sure that sign language, as one of the spoken languages, and the availability of a sign language interpreter are considered for persons with hearing impairments.
- Ensure that the needs of caregivers are considered, prioritized, and addressed in program planning and implementation.
- Ensure adequate resources are allocated for inclusion activities.
- Be open to intersectoral collaboration, since ageing-disability inclusion is an intersectoral matter.
- Recognize the cumulative impact of vulnerabilities and social stigmas on older people and persons with disabilities, particularly in accessing services and participating in activities.
- Reach out to the Ageing and Disability Inclusion Task Team (ADITT) in Türkiye to seek technical support on inclusive programming.

Providing information about humanitarian assistance:

- Provide information in more than one format: for example, oral/audio (speaking slowly, simple language) and print (large print, simple language, pictures), accessible for screen readers
- Provide information in all languages spoken by the population.
- Disseminate information through local Organizations of Persons with Disabilities (OPDs).

Data collection in general:

- Make sure that your data collection system asks questions to identify vulnerable groups, such as older persons and persons with disabilities.
- For individual/household assessments, consider collecting sex, age, and disability disaggregated data with 10-year age cohorts, including over 60 age group. If possible, cross-check this data with the overall census of the beneficiary population looking for discrepancies.
- Collect data on or make specific efforts to identify the most vulnerable older people, such as:
 - number of older people or persons with disabilities living alone (separated or isolated)

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- number of skipped-generation households (where the middle generation is absent and older people are the primary caregivers)
- number of older or persons with disability-headed households
- number of housebound older people, persons with disabilities (due to health and mobility problems)
- number of older women, women with disability-headed households

Ensure the inclusive participation of older people and persons with disabilities in data collection, assessments, and monitoring and evaluation activities.

Contact information:

1. Ageing and Disability Inclusion Task Team (ADITT) in Türkiye:
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Other relevant resources:

- [All under one roof Inclusive shelter toolkit](#)
- [Guidelines Inclusion of persons with disabilities in humanitarian action IASC](#)
- [Humanitarian inclusion standards for older people and persons with disabilities](#)
- [Disability-Inclusive Humanitarian Action Checklists | UNICEF](#)
- [Disability-Inclusive Humanitarian Action Toolkit | UNICEF](#)
- [Priority Assistive Products list | WHO](#)
- [Age, gender and diversity \(AGD\) | UNHCR](#)
- [Age Inclusion Handbook | Help Age](#)
- [Emergency Guidelines | Help Age](#)
- [Guidance Note on Disability-Inclusive Project Management Cycle | ESCAP](#)