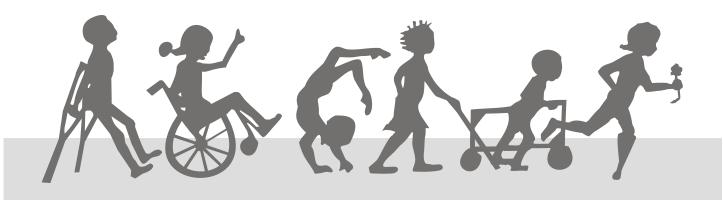# Behinderung und internationale Entwicklung

Disability and International Development

Inklusion in der Humanitären Hilfe und Katastrophenvorsorge
Inclusion in Humantarian Aid and Disaster Risk Reduction

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Editorial

Liebe Leserinnen und Leser,

im Jahr 2014 waren mehr als 50 Millionen Menschen auf der Flucht, so viele, wie seit dem zweiten Weltkrieg nicht mehr. Ursache der Fluchtbewegungen sind die vielen kriegerischen Auseinandersetzungen weltweit, aber auch Naturkatastrophen. Humanitäre Notsituationen betreffen alle Menschen. Menschen mit Behinderung sind jedoch in Notsituationen besonders gefährdet und werden immer noch von vielen Hilfsmaßnahmen ausgeschlossen.

Die Beiträge in diesem Heft zeigen, dass die UN Konvention über die Rechte von Menschen mit Behinderung auch in der Humanitären Hilfe und der Katastrophenvorsorge dazu beiträgt, das Bewusstsein der nationalen und internationalen Akteure für das Recht auf Inklusion zu stärken.

Eine erste Bestandsaufnahme zur Inklusion von Menschen mit Behinderung in die Humanitäre Hilfe machte die Zeitschrift Behinderung und internationale Entwicklung bereits im Jahr 2006. Seitdem hat sich viel getan. Der Beitrag von *Valerie Scherrer* gibt einen Überblick über die Entwicklungen in den letzten Jahren.

Auf internationaler Bühne haben sich Menschen mit Behinderung erfolgreich bei der dritten Weltkonferenz der Vereinten Nationen zur Risikoreduzierung von Katastrophen (März 2015) im japanischen Sendai eingebracht. Das Thema Inklusion ist fest in dem neuen weltweiten Aktionsplan zur Risikoreduzierung verankert. Lesen Sie dazu den Beitrag von *Martin Kunstmann*, der sich zudem einem innovativen Netzwerk der Katastrophenvorsorge widmet. Auch wichtige Organisationen der Vereinten Nationen, wie UNHCR (United Nations High Commissioner for Refugees), erarbeiten Ansätze für ihre Arbeit, um Menschen mit Behinderung angemessen zu berücksichtigen. Lesen Sie dazu den Beitrag von *Kirstin Lange*.

In Deutschland entwickelt das Auswärtige Amt im Rahmen seiner Qualitätsentwicklung Ansätze, wie vulnerable Gruppen aktiv in die Humanitäre Hilfe einbezogen werden können und nimmt entsprechend auch Menschen mit Behinderung verstärkt in den Blick. Der Beitrag von *Anne Ernst* beschreibt, wie die Forderung nach Inklusion von Menschen mit Behinderung in der praktischen Arbeit einer Humanitären Hilfsorganisation umgesetzt wird und welche Herausforderungen es zu bewältigen gibt. *Lucie Pannells* Beitrag lenkt schließlich das Augenmerk darauf, dass auch die spezifischen Bedarfe von Menschen mit Behinderung in einer Notsituation berücksichtigt werden müssen.

Die Redaktionsgruppe bedankt sich sehr für das Engagement von *Anne Ernst*, Fachberaterin für Behinderung der Johanniter Auslandshilfe, die diese Ausgabe mit gestaltet hat.

Wir wünschen Ihnen eine interessante Lektüre.
Ihre Redaktionsgruppe

Dear Readers,

in 2014, more than 50 million people were displaced, a number of refugees that has not been seen since World War II. The massive refugee movements have been caused by the high number of armed conflicts worldwide as well as natural disasters. Humanitarian disasters affect all people. However, persons with disabilities face disproportionate risks in disaster situations and are often excluded from relief and rehabilitation processes.

The articles in this issue show that the UN Convention on the Rights of Persons with Disabilities contribute to increase awareness of national and international stakeholders on the rights of persons with disabilities to be included in humanitarian response and disaster risk reduction. In 2006, the journal Disability and Development already published an issue focusing on inclusion of persons with disabilities in emergency response. Much has happened since then: The article by *Valerie Scherrer* gives an overview of main developments in the past few years.

On the international stage, persons with disabilities successfully participated at the third World Conference on Disaster Risk Reduction in Sendai, Japan. Inclusion of persons with disabilities is well embedded in the Sendai Framework for Disaster Risk Reduction 2015 - 2030. Please refer to the article written by *Martin Kunstmann*, who also introduces the Disability Inclusive Disaster Risk Reduction Network (DiDRRN). Furthermore, important UN organisations such as UNHCR (United Nations High Commissioner for Refugees) are on their way to develop approaches to include persons with disabilities in humanitarian response, as described by *Kirstin Lange*.

As part of its quality management, the German Federal Foreign Office also enhances its efforts to take into account the needs of vulnerable groups in humanitarian action. The inclusion of persons with disabilities is seen as an important aspect of good humanitarian practice. *Anne Ernst* provides an insight how the inclusion of persons with disabilities is put into practice in the daily work of a humanitarian organisation and describes main challenges to be met. Finally, *Lucie Pannell's* article focuses on the specific needs of persons with disabilities in disaster situations that need to be addressed.

The editorial board would like to thank *Anne Ernst*, consultant for disability issues at Johanniter International Assistance, who supported the preparation of this issue.

We wish you an inspiring reading.
Your editorial board.

Disability Inclusive Humanitarian Action and Disaster Risk Reduction: A Story of Successes and Ongoing Challenges

Valerie Scherrer

In the past ten years, awareness about disability has increased among development organisations, however it took longer to open the eyes of the humanitarian sector including for the development of strategies related to Disaster Risk Reduction (DRR). However immense shift of understanding and project implementation have happened within the past five years with many organisations realising that they were missing out 15% of affected population in their emergency responses or while planning. The article will explain some of the reasons for the shift and still existing barriers to a full inclusion of disability issues in emergency and disaster risk reduction.
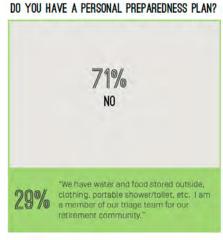
Introduction

The World report on disability published in 2011 by the World Health Organisation and the World Bank (WHO 2011) suggests that 15% of the population (1 billion) live with disabilities. Persons with disabilities generally are affected by poorer health conditions, lower education achievements, fewer economic opportunities and higher rates of poverty than persons without disabilities. In these circumstances the risks faced by persons with disabilities, their family and communities regarding disaster is higher than for the general population.

I've been working in the field of disability and development/humanitarian action since 1997 starting in long standing Burmese refugee camps in Thailand and then being involved in all major disasters and crisis around the world trying to include and address needs of persons with disabilities in humanitarian responses. I've witnessed enormous changes in how mainstream humanitarian organisations consider persons with disabilities in their operations. At the start of my involvement in this sector, mainstream organisations seldom included persons with disabilities; humanitarian workers did not pay attention to disability. They were sometimes made aware through the large number of injured people in need of medical care and therefore looked at persons with disabilities as passive victims requiring specific medical care but not as members of the affected community having capacities.

In 2013, the United Nation International Strategy for Disaster Reduction conducted a survey on disaster risk reduction and persons with disabilities in order to understand the challenges they face. More than 5'400 persons with disabilities responded to the survey worldwide with large numbers of respondents in the Americas and Asia. The survey highlighted that 71% of participants have no personal preparedness plan and most of them are not aware of disaster risk reduction plans.

DO YOU HAVE A PERSONAL PREPAREDNESS PLAN?

71% NO

29% "We have water and food stored outside, clothing, portable shower/toilet, etc. I am a member of our triage team for our retirement community."

It is important to mention that the Hyogo framework for action 2005 -2015 (UN 2007) did not consider disability but only mentioned the need to promote the implementation of social safety nets to be developed to support persons with disabilities as means to decrease underlying risk factors (priority 4). In contrast, the recently adopted *Sendai Framework for Disaster Risk Reduction 2015-2030* (UNISDR 2015) is one of the most inclusive mainstream documents ever endorsed by 187 States. It considers

ARE YOU AWARE OF A DISASTER RISK REDUCTION PLAN?

persons with disabilities as one of the key actors and partners contributing to increase resilience of nations and communities. It also includes strong references to accessibility and universal design taking an important step towards an inclusive society. This is a clear sign that disability isn't invisible any more!

Barriers Faced by Persons with Disabilities

According to the definition of the UN convention on the rights of persons with disabilities, "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UN 2006). The above statement highlights that disability is strongly linked with environmental barriers that are present in societies. Those barriers may for example be attitudes, insufficient accessibility of infrastructure, communication and information, political discrimination and economic disadvantage. In Disaster Risk Reduction programs some key actions are related to establishing early warning systems that will ensure appropriate information about hazard risks so that people are able to protect their assets on time and to evacuate when necessary. Those early warning systems are based on the capacity of people to understand them and on an efficient information system. Often the early warning messages are given through media or loudspeaker, inaccessible to people with hearing impairments or to older people. Persons with intellectual disabilities may have difficulties in understanding or construing the message so that they know what to do to seek protection, especially when not accompanied.

Other courses of action are related to community mapping looking at identifying vulnerabilities and capacities of the community in order to define evacuation plans, emergency shelters and supplies. Often the mapping is done through community meetings that persons with mobility or hearing impairment are unable to attend. Furthermore, negative perceptions of disability lead family members to protect or hide persons with disabilities making them invisible in the mapping exercise and putting their life at higher risk.

In humanitarian responses and especially in a first phase, distribution is done at a central point that often is not accessible. Furthermore rapid needs assessment does not look at specific household composition but define broad

interventions covering large populations. It is also unlikely that persons with disabilities access the information about distribution sites and goods. If they do access, the risk of mistreatment is high, as they often need support to bring goods back home and will have to pay for the services.

Summary of Barriers Faced by Persons with Disabilities

Attitudinal:
- Negative perception of disabilities based on religious or cultural believes and community understanding of causes of disabilities.
- Humanitarian actors involved in emergency response believe that specific expertise is necessary to meet the needs of persons with disabilities and often forget that their primary needs such as food, shelter, water, etc. are the same as for anybody else.
- Persons with disabilities themselves often lack confidence and self-esteem to claim for their rights and contribute to emergency responses or disaster risk reduction programs.

Communication/information:
- Information about emergency responses often is provided in inaccessible format that cuts off persons with disabilities to access them.
- Information often is disclosed only in one or two formats (written, audio) making it difficult for persons with sensory or intellectual disabilities to understand them and act accordingly.
- Feedback and complains mechanisms are set up through mobile phone, written forms or focus group discussions that often exclude persons with disabilities.

Infrastructure/accessibility:
- Emergencies are not discriminative and often happen in complex context where existing infrastructures such as shelters, health services, etc. are not physically accessible.
- Persons with disabilities often can't use existing shelters as facilities such as latrines and bath areas are not usable by them.
- Approaches such as cash distribution through vouchers or food/cash for work are not planned in order to provide opportunities to persons with disabilities to benefit from them.

These obstacles are just a summary of some of the existing barriers; those are often exacerbated by a crisis or a disaster. The built environment may be destroyed or change through displacements and therefore further limits the mobility of persons with disabilities. Social network support may be disrupted either because social

and health services are not functioning any-more or because of loss of family/community members. Usual communication means may be disrupted and therefore hinder capacity of people to access information.

Elements That Facilitate Changes

UN Convention on the Rights of Persons with Disabilities (UNCRPD)

In 2006, the *United Nation Convention on the Rights of Persons with Disabilities* (UNCRPD) was adopted and put forward for signatures, ratification and implementation. The UNCRPD provides disability stakeholders a great instrument to advocate for the rights of persons with disabilities but also to hold states accountable to implement it.

- Article 11 UNCRPD - Situations of risk and humanitarian emergencies: States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

The guiding principles of the Convention as well as other articles on accessibility have also contributed to the inclusion of persons with disabilities in international development and co-operation. In the past ten years, organisations of persons with disabilities and disability organisations used the UNCRPD to raise awareness on disabilities making disability visible to all.

From the Medical Model to the Social Model – Understanding Disability Issues

The UNCRPD definition as well as the development of the International Classification of Functioning Disability and Health by WHO (2001) has triggered a change in understanding disability; from a medical perspective to a human rights and social model. Disability is defined as the result of interaction between environmental (societal) factors and personal factors (conditions), whereby society and organisations can actively change environments and therefore facilitate functioning and increase capacities of persons with disabilities for better participation.

Humanitarian Reform

Since 2004, with the Asia- Pacific Tsunami, the humanitarian sector realised that it needed to be reformed and a cluster coordination system is since then implemented[1]. The clusters have enhanced the exchange of information but also provided a space and forum to highlight gaps within the humanitarian responses. The *Inter-Agency Standing Committee's Transformative Agenda*[1] also has provided guidance on local leadership in emergency response and stronger implementation of accountability mechanisms. It provides a greater voice to people affected by crisis or disasters and has facilitated the contribution of organisations of persons with disabilities in the implementation and coordination of relief activities.

At the same time the humanitarian sectors recognised the need to better link emergency responses with development and set up an early recovery cluster. Early Recovery is defined as recovery that begins early in a humanitarian setting. It is a multi-dimensional process, guided by development principles. It aims to generate self-sustaining and nationally owned resilient processes for post-crisis recovery. Early recovery encompasses the restoration of basic services, livelihoods, shelter, governance, security and the rule of law, environment and social dimensions, including the reintegration of displaced populations. It stabilises human security and addresses underlying risks that contributed to the crisis[2]. The early recovery cluster provides great opportunity for including persons with disabilities and ensuring that reconstruction considers accessibility for persons with disabilities. It contributes to a development perspective into emergency response which brings a better understanding of the need to consider excluded and marginalised groups within early recovery plans. As an example, since the Pakistan earthquake in 2005 within the cluster coordination system a specific working group has been set up to coordinate action related to persons with disabilities. Depending on the type of disaster/crisis, the disability working group orients its work either towards specific services or inclusion of persons with disabilities in mainstream relief actions. However it is to be noted that the disability working group is not part of the official cluster system but needs to be set up separately for every emergency and therefore it is not yet a sustainable strategy for inclusion.

SPHERE Standards[3]

In the revision of the SPHERE standards in 2011 a focal point on disability participated to the revision process alongside others such as gender, protection, etc. leading to inclusion of persons with disabilities in the handbook. The SPHERE standards, being a well-known and widely used handbook, has contributed to raise awareness

of humanitarian workers on disability and triggered some inclusive initiatives and requests for support to disability organisations.

Organisation of Persons with Disabilities Leadership

Through the support of organisations such as CBM or Handicap International, organisations of persons with disabilities have taken a stronger role in raising awareness, implementing and contributing to emergency responses and disaster risk reduction programs. The participation of persons with disabilities, their representative organisations and government bodies responsible for disability issues in emergency responses increased the understanding of mainstream stakeholders on the existing resources and capacities to support inclusion of persons with disabilities. It allows a paradigm shift in the perception of persons with disabilities as passive victims to being recognised as contributing partners with possibilities to increase efficiency and effectiveness of humanitarian action and disaster risk reduction strategies. During the response to the cyclone in Philippines, an Ageing and Disability Task Force (ADTF) was set up through the protection cluster. The ADTF role was to provide information and data about affected persons with disabilities, expertise on how to include persons with disabilities in mainstream relief and capacity building workshops as well as to ensure linkages between mainstream relief organisations and organisations of persons with disabilities. The ADTF members include international disability and ageing organisations, Filipino Disabled Peoples' Organisations (DPO) and the National Council on Disability Affairs. This multistakeholders approach ensured a quality response to the basic and specific needs of persons with disabilities as well as provided guidance and key elements to link up relief with development, including strategies to reduce impact of disaster and increase resilience of communities towards future disasters.

Post-2015 Disaster Risk Reduction Framework – Sendai Framework for Disaster Risk Reduction

One of major shift seen during the various post-2015 negotiation processes is the recognition of persons with disabilities and representative organisations as key stakeholders. For the build-up to the World Disaster Risk Reduction (DRR) conference in Sendai, the creation of a disability stakeholder group[4] to contribute to the development and negotiations of the post-2015 framework on DRR was a success. It is the very first time that disability is provided with an equal voice to other groups in the process of defining an international framework. As a result, the Sendai framework for DRR adopted in March 2015 is highly disability inclusive and the world conference on DRR in Japan was made accessible to persons with disability (physical and access to information). This should be considered as a milestone towards inclusion and pave the way for further consideration of persons with disabilities in the up-coming international events, such as the Sustainable Development Goals, Climate Change Conference and especially towards the World Humanitarian Summit in May 2016 in Turkey.

Future Opportunities and Challenges

Despite all these shifts and successes there are still a number of challenges to ensure full inclusion and consideration of persons with disabilities in humanitarian action and disaster risk reduction strategies.

Improving Data on Disability

Despite recent improvement on gathering reliable data related to disability, lack of comprehensive data is a clear barrier to the design, implementation and monitoring of disability inclusive humanitarian action and risk reduction plans. It is crucial that simple data collection tools are developed and implemented to facilitate decision making and understanding of disability perspectives. Often plans are developed based on assumption or consultation only of organisations of persons with disabilities in major urban cities that often do not know or represent persons with disabilities living in rural remote areas and facing different challenges. Not having this baseline data is making monitoring of improved inclusion difficult and reporting a real challenge for mainstream stakeholders.

Diversity of Disabilities

Though mainstream stakeholders have made progress in addressing the needs of persons with disabilities, it still addresses only the most visible categories of disabilities, such as physical and sensory disability. The impression that response and disaster risk reduction programs are then inclusive and that the task is accomplished will remain a misconception until persons with more complex disabilities are included. It is challenging not to leave behind persons who are deafblind, persons with psychosocial disabilities and persons with multiple

disabilities. Disability inclusion will not be successful before all persons with disabilities are considered.

Lack of Evidence Based Information and Research

Very few scientific based evidence or research exists about disability in humanitarian action and risk reduction, so that strategies are developed based only on anecdotal facts and/or project outcomes. The risk is to miss the real needs and challenges faced by persons with disabilities through their diversity.

Expertise

There are and will be increased requests of support from mainstream organisations to identify measures to ensure quality inclusion, however the capacity of DPOs need to be strengthened and built to maintain their credibility as key leaders and contributors. There is still a gap in cross-understanding about constraints and operation procedures between mainstream humanitarian stakeholders and persons with disabilities – learning each other's jargon and specificity.

Financing

Despite an evolving understanding among humanitarian donors, there are still questions about the cost of reasonable accommodation to ensure full inclusion of persons with disabilities. The financing of disability inclusion is perceived as decreasing the available resources to mainstream response instead of being looked at as the responsibility of governments to ensure that everyone has equal opportunity to access lifesaving programs. Disability is not yet included in funding guidelines requirements therefore grants are approved which are not inclusive of disability. Some governments have made progresses in developing reconstruction accessibility guidelines or issuing political commitment to inclusion, however, much remains to be done.

Opportunities

Mainstream organisations have taken initiatives to develop their capacities and tools to include persons with disabilities in their responses and risk reduction strategies and programs. The World Health Organisation together with CBM and others has recently published a guidance note for inclusion of disability in emergency risk management for health stakeholders (2013). The international Federation of the Red Cross together with CBM and Handicap International has published an important guideline for disability-inclusive shelter and settlements in emergency entitled "All under one Roof"[5]. A consortium on Age and Disability including among others Help Age International, Handicap International and CBM is currently implementing a project supported by UK and US governments to develop training for mainstream stakeholders to include older people and persons with disabilities in emergency response. It includes the development of standards and online training that will be made available to all. The disability inclusive DRR Network brings together mainstream organisations, disability organisations and DPOs with the objective to develop models and tools for disability inclusion in DRR[6].

Conclusions

The above mentioned progresses demonstrate a clear shift in understanding disability issues in emergency responses and disaster risk reduction strategies. The awareness raising and leadership of DPOs have been successful, however we need to continue to advocate for the rights of persons with disabilities and to build up further expertise and tools to facilitate the realisation of disability-inclusive programs. Sufficient resources need to be allocated to this process and governments need to be held accountable to their commitments or legal instruments related to disability. It has been amazing for me to witness and contribute to those changes in the past 20 years, more needs to be done but we have moved a long way forward to leave no one behind and build up an inclusive society.

Notes

1. Humanitarian reform: http://www.humanitarianinfo. org/iasc/pageloader.aspx?page=content-template-default&bd=87.
2. Visit: https://www.humanitarianresponse.info/clusters/early-recovery.
3. Visit: http://www.sphereproject.org/handbook/.
4. Visit: http://www.wcdrr.org/majorgroups/other.
5. Visit: http://www.ifrc.org/en/what-we-do/disaster-management/responding/services-for-the-disaster-affected/shelter-and-settlement/shelter-library/.
6. Visit: www.didrrn.net.

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Zusammenfassung: In den letzten zehn Jahren hat das Bewusstsein über Menschen mit Behinderung in Entwicklungsorganisationen zugenommen, allerdings dauerte es länger, die Augen der im humanitären Bereich tätigen Organisationen einschließlich deren Entwicklung von Strategien zur Katastrophenvorsorge für dieses Thema zu öffnen. Trotzdem fand innerhalb der letzten fünf Jahre ein enormer Wandel im Verständnis und in der Projektdurchführung statt, in denen viele Organisationen erkannten, dass sie 15% der betroffenen Bevölkerung in ihren Krisenmaßnahmen und deren Planung außen vor gelassen haben. Der Artikel erläutert einige der Gründe für den Wandel und die immer noch existierenden Barrieren für die volle Inklusion von behinderungsspezifischen Themen in Krisensituationen und Katastrophenvorsorge.

Résumé: Au cours des 10 dernières années, la sensibilisation sur le handicap a augmenté auprès des organisations de développement, mais il a fallu plus de temps pour ouvrir les yeux du secteur humanitaire, y compris en ce qui concerne le développement des stratégies liées à la réduction des risques de catastrophes (RRC). Cependant, on a assisté à un immense changement de compréhension et de mise en œuvre de projets dans les 5 dernières années: de nombreuses organisations se rendent compte qu'elles omettent 15% de la population affectée quand elles répondent aux catastrophes ou planifient leurs projets. L'article expliquera quelques-unes des raisons pour ce changement ainsi que les obstacles encore existants qui empêchent une pleine intégration des questions du handicap dans la réduction des risques d'urgences et de catastrophes.

Resumen: En los últimos diez años, la toma de conciencia sobre la discapacidad ha aumentado entre las organizaciones de desarrollo, sin embargo, tomó más tiempo abrir los ojos del sector humanitario para el desarrollo de estrategias relacionadas con la Reducción del Riesgo de Desastres (RRD). No obstante, en los últimos cinco años ha sucedido un inmenso cambio de comprensión y ejecución de los proyectos, ya que muchas organizaciones se dieron cuenta de que estaban perdiendo el 15% de la población afectada en sus intervenciones de emergencia. El artículo explica algunas de las razones para el cambio y las barreras que aún existen para una plena inclusión de las personas discapacitadas en la reducción del riesgo de emergencias y desastres.

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UNHCR's Experience in Strengthening Protection of Persons with Disabilities in Forced Displacement

Kirstin Lange

This article outlines the United Nations High Commissioner for Refugees (UNHCR)'s approach to inclusion of persons with disabilities in protection and assistance programming. Underpinning UNHCR's approach to working with persons with disabilities is adherence to the principle of non-discrimination, recognition of individual diversity and a strong emphasis on participation.

Introduction

The World Health Organisation (2014:29) estimates that 15% of the world's population has some form of disability. With 51.2 million persons currently displaced worldwide (UNHCR 2014)[1], it can be estimated that there are approximately 7.6 million persons with disabilities among them. Persons with disabilities may have physical, mental, intellectual or sensory impairments, they may be women, girls, men or boys, and come from diverse backgrounds[2]. In situations of displacement all of these aspects of age, gender and diversity intersect to influence protection risks and shape an individual's experience.

The importance of considering the particular needs and rights of persons with disabilities in humanitarian response, including in situations of forced displacement, is well recognised in international law and standards. For example, Article 11 of the UN Convention on the Rights of Persons with Disabilities (2006:10) sets out the obligation of States Parties to "…ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters". Further, the Sphere Handbook: *Humanitarian Charter and Minimum Standards in Humanitarian Response* recognises that persons with disabilities "…face disproportionate risks in disaster situations and are often excluded from relief and rehabilitation processes" (The Sphere Project 2011:17). Despite this recognition, the inclusion of persons with disabilities in humanitarian response in practice continues to be a challenge, with meaningful participation in planning and decision-making being particularly limited.

UNHCR's Policy Framework for Disability Inclusion

UNHCR's primary purpose is to safeguard the rights and well-being of refugees. UNHCR also has a mandate to prevent and reduce statelessness and protect stateless persons. In support of its core activities on behalf of refugees, UNHCR's Executive Committee and the UN General Assembly have authorised involvement with other groups. These include former refugees who have returned home and internally displaced people (IDP). These people are referred to collectively as persons of concern to UNHCR. Within these populations, persons with disabilities face particular risks and have specific needs. Protection and assistance programmes must thus be designed, implemented, monitored and evaluated in a disability inclusive manner.

In 2010 as a demonstration of leadership and commitment to integrate disability in all protection and assistance responses, UNHCR's governing Executive Committee adopted a *Conclusion on Refugees with Disabilities and other Persons with Disabilities Protected and Assisted by UNHCR* (UNHCR 2010). This document recognises that specific needs of persons with disabilities are often overlooked, especially during early phases of humanitarian emergencies. It calls upon States, UNHCR and partners to include refugees and other persons with disabilities in relevant policies and programmes and to provide access to services. The conclusion also reiterates the importance of participation by persons with disabilities in the design and implementation of services and programmes.

Inclusion of persons with disabilities is also enshrined in UNHCR's Age, Gender and Diversity (AGD) Policy, which requires its operations worldwide to ensure that all persons of concern enjoy their rights on an equal footing and are able to participate fully in decisions that affect their lives (UNHCR 2011). The AGD Policy emphasises that individual differences play a central role in determining opportunities, capacities, needs and vulnerability. Following on from the AGD Policy, UNHCR in 2011 developed operational guidance on protection and assistance for persons of concern living with disabilities. This *Need to Know Guidance on Working*

with Persons with Disabilities in Forced Displacement[3] outlines the essential elements of disability inclusive humanitarian response (UNHCR 2011a).

Implementation of Policy in the Field

While humanitarian actors are increasingly aware of the need to include persons with disabilities in their response, the practical implementation of policies on disability inclusion remains challenging. To achieve the meaningful participation of persons of concern in decision-making regarding their protection and wellbeing, UNHCR adopts a community-based and rights-based approach, which draws on the knowledge, skills and experience of the individuals and communities involved. A key component of this approach, the participatory assessment, involves building partnerships with persons of concern from diverse backgrounds through structured dialogue. This process is usually implemented annually and provides an opportunity for persons of concern to participate in the identification of protection concerns and generation of solutions. Participatory assessments aim to gather information on specific protection risks and their underlying causes, as well as the capacities and proposed solutions of affected persons and communities. Consultation with persons with disabilities is required during participatory assessment exercises, including through separate discussions where needed.

Building on the established participatory assessment process, country operations carry out ongoing dialogue with persons of concern. For example, in Thailand, UNHCR conducts monthly meetings with persons with disabilities who have formed self-help groups, providing a forum for persons with disabilities to access UNHCR, pose questions and to raise issues or share information. Other country operations have initiated more in-depth assessment of the situation of persons with disabilities. For example, according to the AGD Monitoring Report of 2014, an assessment conducted in Eritrea identified important gaps in service delivery, including that some mobility devices that had previously been distributed could not be used due to camp topography and the need for additional assistance (such as access to rehabilitation services).

In order to further strengthen implementation of policy and guidance in the field, UNHCR partnered with the Women's Refugee Commission (WRC) between 2011 and 2013 to provide technical support and training to UNHCR country offices, implementing partners and disability

In Lebanon, UNHCR recruits over 400 refugee outreach volunteers to share their skills and capacities with both the Syrian and Lebanese communities. Volunteers play an important role as advocates for persons with disabilities, identifying those who are most at risk, providing them with information and working to decrease social isolation. One of these volunteers is Ahmad, who has a physical disability and uses a walking frame to move around.

In their role as volunteers, Ahmad and his wife, Nazmiya carry out home visits together in order to be able to reach both men and women. During their visits, they meet refugees with disabilities who are isolated in their homes, while others experience emotional abuse from family and community members. According to Ahmad "This affects their confidence to do things. They will feel like they don't have one disability, but rather many disabilities. [...] I can provide support, communicate and encourage them." He adds, "The community should not isolate persons with disabilities – they all have a role" (WRC 2014a:1).

This is just one example of the ways in which persons with disabilities in situations of displacement can contribute to their communities. We must empower people to use the skills and strengths they have; and remember that everyone has a role to play in their family and community.

This story was contributed by Carol El Sayed, Community-based Protection Officer, UNHCR Lebanon, el-sayed@unhcr.org

organisations. During this period, WRC consulted with refugees and IDPs with disabilities and their care-givers in eight countries to identify protection concerns and to gather their perspectives on ways to make programmes more accessible and inclusive. Promising practices and ongoing challenges to disability inclusion in UNHCR operations were subsequently outlined in the report *Disability Inclusion- Translating Policy into Practice in Humanitarian Action*[4] launched by WRC in 2014[5].

Identified Concerns of Persons with Disabilities and UNHCR Response

UNHCR's continuous efforts to strengthen implementation of the AGD policy, as well as collaboration between UNHCR and WRC have produced a substantial body of knowledge and experience for UNHCR and other humanitarian actors to learn from and to build upon. Some examples of the information and practices gathered follow.

Community Participation

While physical accessibility of buildings and facilities is often one of the first actions considered working with persons with disabilities, this was, in fact, rarely raised by refugees themselves, according to WRC's research (2014). Instead, issues of social inclusion and participation appear to be far more important, as demonstrated in the following example from Lebanon.

Access to Services

Lack of access to basic services has been identified as a concern in a number of country operations, with access impacted by a number of underlying factors. For example, in Lebanon, refugees with disabilities have reported a lack of information about services and access to transport to reach services as key concerns. While in a number of countries refugees have access to government services for citizens — for example in Turkey refugees with disabilities access social services including disability care allowances — this is not the case in all countries where UNHCR operates. In contexts where refugees with disabilities have limited access to services, some country operations prioritise persons with disabilities for assistance or appoint disability focal points to facilitate referral processes. However, such strategies cannot address all concerns surrounding access to assistance. For example, if appropriate distribution mechanisms are not in place, persons with disabilities may be forced to rely on community members to transport food or non-food items back to shelters, in return for a portion of their supplies or money. There remains a need for creative solutions to address the challenges of access to services in camp and non-camp settings.

A number of country operations have reported a lack of access to specialised services, a gap that is often addressed through partnership with a specialist organisation, where these organisations have a presence and where resources are available. For example, in Bangladesh, where refugees with disabilities had limited access to specialised services, UNHCR started working with Handicap International to assess the needs of refugees in the camps and to provide assistive devices. One of the challenges for humanitarian actors is that specialised services may be unavailable, particularly in resource-poor settings and at early stages of humanitarian emergencies. However, UNHCR has learned that humanitarian actors often focus on disability specific programs and activities, rather than on access to regular programs.

This approach impedes inclusion of persons with disabilities.

UNHCR country operations commonly report obstacles to access to inclusive education for refugee children with disabilities. For example, even in countries where host governments allow refugee children to attend local schools, it is often reported that in practice few children with disabilities can access these schools, resulting in isolation, exposing them to protection risks and denying them the right to an education. In Jordan, UNHCR is addressing this issue by strengthening the referral system with protection partners to ensure that children with disabilities are identified and can attend public school; as well as working with partners to provide special education. In two refugee camps in Thailand, UNHCR's implementing partner, Jesuit Refugee Service (JRS), has special education teachers based in the school to identify educational needs of each child and develop individualised education plans. In addition, JRS raises awareness on disability issues at Parent-Teacher Association meetings; and provides home-based educational opportunities for children unable to reach the school, to ensure individualised support and to explore strategies for future participation in school.

Protection Concerns

Violence against persons with disabilities is commonly reported in all contexts; and while girls with mental and intellectual impairments are more at risk of sexual violence, men and boys are more likely to report physical and psychological violence. In Lebanon, for example, Syrian male refugees with injuries and disabilities reported that they are targeted at checkpoints due to a perceived link with fighters in Syria. In many settings, women and girls feel unsafe even in their own homes, due to the risk of neglect and physical abuse. In order to strengthen protection of persons with disabilities, UNHCR works with partners and communities to prevent, identify and respond to different types of violence. For example, UNHCR in Lebanon developed and piloted a training package on case management to identify and respond to the needs of persons with disabilities at heightened risk. In Nepal, UNHCR, together with the refugee community, developed a system using visual aids to allow persons with hearing impairments to report and describe incidents of sexual and gender based violence (SGBV).

Access to registration and documentation has also been identified as a key protection concern for persons with disabilities in situa-

tions of forced displacement. Undocumented individuals are known to be particularly vulnerable to exploitation and abuse and face serious difficulties in obtaining urgently needed assistance and durable solutions. In response, UNHCR employs a number of actions to identify and ensure registration for persons with disabilities. For example, in Turkey, refugee committees and representatives conduct tent visits to identify persons with specific needs, including persons with disabilities. In Lebanon, mobile registration and registration in absentia has been established for those unable to reach registration centers to ensure that refugees with disabilities have access to registration processes.

Community Support Structures

Situations of displacement often exacerbate the vulnerability and isolation of persons with disabilities due to a loss of family and community support structures. For example, in the Central African Republic, it was found that due to a break down in the social fabric brought about by displacement, community support for persons with disabilities is minimal and they face stigma and discrimination both from refugee and host communities. For children and young people, this exclusion reduces access to education and social networks that could enhance their protection from various forms of violence. In response, a number of country operations have prioritised community awareness raising activities regarding the rights of persons with disabilities and support to community-based approaches to empowerment. For example, in Nepal, women with disabilities formed groups to raise awareness and subsequently undertook SGBV prevention activities together with the wider community.

While disabled persons organisations (DPOs) can play an important role in advocating for the rights of persons with disabilities, inclusion and access to services and programs, the lack of networking between national DPOs and refugees with disabilities is an obstacle. In many cases, host community DPOs are not aware of the situation of displaced persons with disabilities; and the building of greater linkages between UNHCR, displaced persons and host community DPOs has been identified as a necessary action. While UNHCR's engagement with DPOs is currently limited, a new project (outlined below) in selected countries has now been launched to address this challenge and to strengthen a community-based and rights-based approach to working with persons with disabilities in situations of forced displacement.

The Way Forward

In order to advance inclusion of persons with disabilities within protection and assistance programming, UNHCR has embarked upon a capacity building initiative, which includes the engagement of a Senior Disability Advisor, to support the integration of disability and to manage a new project to strengthen the protection of persons with disabilities in forced displacement situations. The two-year project aims to build the capacity of UNHCR operations to implement UNHCR policy and guidance on disability. Once again partnering with the Women's Refugee Commission, the project will provide technical support to eight UNHCR country operations and consultations with persons with disabilities will be a core component. Training on disability inclusion for UNHCR staff and partners; as well as building of networks between UNHCR and host community DPOs, will be particular areas of focus. Action plans for strengthening protection of persons with disabilities will be developed jointly by country operations and displaced persons with disabilities, with support from DPOs. A key output of the project will be a comprehensive training package for UNHCR staff and other humanitarian actors on strengthening protection of persons with disabilities in forced displacement.

Conclusion

Situations of forced displacement generate vulnerabilities and protection risks for persons with disabilities, above and beyond those faced by other segments of displaced populations. Persons with disabilities also come to situations of displacement with valuable skills and resources, which are often overlooked by humanitarian actors. It is thus incumbent upon humanitarian actors to both strengthen the inclusion of persons with disabilities within protection and assistance programmes and to promote their empowerment within their families and communities. As this article has highlighted, a key to doing so is to ensure the participation of persons with disabilities in the assessment of protection risks, design and implementation of protection and assistance programming, as well as in monitoring and evaluation. Strategies to facilitate this participation need to be specific to each particular context. A failure to do so leads to programming that is not responsive to the needs of persons with disabilities and misses the opportunity to build on their capacity to make positive contributions to their communities.

Notes

1   UNHCR provides protection and assistance to refugees, internally displaced persons (IDPs) and stateless persons (referred to collectively as persons of concern to UNHCR).
2   For example, they may be older persons; lesbian, gay, bisexual, transgender and intersex persons; a member of a minority ethnic or religious group.
3   UN High Commissioner for Refugees (UNHCR), Working with Persons with Disabilities in Forced Displacement, 2011, available at: http://www.refworld.org/docid/4e6072b22.html.
4   Available at http://womensrefugeecommission.org/programs/disabilities/disability-inclusion.
5   This work built on a 2008 project commissioned by WRC and co-funded by UNHCR, which identified service gaps, major shortcomings within the humanitarian sector, and significant protection risks for refugees with disabilities in the locations studied. A report and resource kit for field workers provided recommendations to humanitarian actors on disability inclusion by sector (available at http://womensrefugeecommission.org/resources/document/609-disabilities-among-refugees-and-conflict-affected-populations).

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Zusammenfassung: *Dieser Artikel gibt einen Überblick über das Konzept zur Inklusion von Menschen mit Behinderungen in Schutz- und Hilfsprogrammen des United Nations High Commissioner for Refugees (UNHCR). Um diesen Ansatz in der Arbeit mit Menschen mit Behinderungen zu unterstützen, werden die Prinzipien der Nichtdiskriminierung, die Anerkennung individueller Verschiedenheit und die starke Betonung von Partizipation beachtet.*

Résumé*: Cet article décrit l'approche du HCR d'inclure les personnes handicapées dans la protection et programmation de l'aide. L'approche du HCR de travailler avec des personnes handicapées se base sur le respect du principe de non-discrimination, la reconnaissance de la diversité individuelle et un fort accent sur la participation significative.*

Resumen: *En este artículo se describe el enfoque del ACNUR para la inclusión de personas con discapacidad en las programaciones de protección y asistencia. El enfoque del ACNUR para el trabajo con personas con discapacidad tiene su fundamento en el principio de no discriminación, el reconocimiento de la diversidad individual y un fuerte énfasis en la participación.*

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Emergency Wheelchair Services

Lucie Pannell/Sarah Sheldon/Tamsin Langford

Typically, disaster responses including disaster preparedness and risk reduction strategies are not inclusive of people with mobility impairments, specifically those requiring wheelchairs. Wheelchairs are often not available, and when they are, they are slow to arrive, inappropriate, and provided in an uncoordinated and unplanned manner. Without a mobility device, wheelchair users and/or those injured by disaster, remain excluded from emergency responses and vulnerable. An innovative package to ensure the rapid and appropriate provision of emergency wheelchairs to injured and people with disabilities in humanitarian crises has been developed. This article charts the development of the package and learning from its implementation in the Philippines following the typhoon in 2013, which confirms the pressing need for such a response and calls for engagement from the wider humanitarian and disability sectors.

Introduction

Natural disasters and conflicts are unpredictable. While there are some regions and areas that are more prone than others, they can happen at any time, anywhere in the world. Emergency responses therefore need to be global, flexible and rapid. Typically in emergency situations, there are no appropriate wheelchairs available to meet the needs of people who are injured or have lost their existing mobility product. Wheelchairs that are available are also slow to arrive and are distributed in an unplanned and uncoordinated way. This means that those who need wheelchairs (either prior to or as a result of the emergency) are one of the most vulnerable groups: immobile, excluded from relief efforts, dependent on others and at risk of serious health complications (Kett/Stubbs/Yeo 2005; Burns/O'Connell/Landry 2010). Appropriate and affordable emergency wheelchairs are essential in the immediate aftermath of a disaster. They offer a temporary solution upon which longer term, sustainable wheelchair provision can develop, where relevant and appropriate.

Recognition of this gap in emergency response and preparedness has led to collaboration between the organisations *Motivation*, *Handicap International* (HI) and *Johanniter* (JUH). With funding from the UK Humanitarian Innovation Fund, *Motivation*, HI and JUH have developed an innovative package to ensure the rapid and appropriate provision of emergency wheelchairs to injured and disabled people in humanitarian crises. The package involves an appropriate emergency wheelchair as well as a training package focused on the provision of the wheelchair in emergency situations. These were first deployed in the Philippines following Typhoon Haiyan which hit on 8th November, 2013.

Background

According to the World Disability Report, it is estimated that 15% of any population has a disability (WHO/World Bank 2011:27). Furthermore, it is estimated that one percent of any population needs a wheelchair (WHO 2008:21). This need significantly increases in an emergency situation where natural disasters or conflict result in death and injury. Of the many people injured, a significant number will need a wheelchair for either temporary or permanent use. However, often disabled people experience exclusion during humanitarian responses to natural disasters or conflict. Articles 11 and 32 of the UN Convention on the Rights of Persons with Disabilities call on governments and stakeholders to integrate the concerns and needs of all persons with disabilities into their response to emergency situations and humanitarian crises. Participants in a conference on *Disability in Conflicts and Emergencies* in 2011 also recognised "the fact that the exclusion, risk of marginalisation and discrimination of persons with disabilities are largely due to exclusionary policies and practices, inaccessible planning and lack of participation of persons with disabilities in disaster and emergency preparedness" (Sæbønes 2011, conference-video).

The reality of this exclusion, and the wider problems encountered in attempts to provide for disabled people requiring wheelchairs in emergency situations, was further experienced by HI, JUH and *Motivation* during the Haiti earthquake in 2010. The organisations found that wheelchair provision in emergency situations is often:
- Omitted from emergency rehabilitation services, which predominantly focus on prosthetics and orthotics (P&O) and are not linked to other health service provision;
- Not immediate – wheelchairs often arrive after the critical period when the intervention

can actually save lives;
- Unplanned – there is often no service infra-structure or training for the appropriate de-livery of wheelchairs;
- Uncoordinated – the wheelchairs which do arrive are donated in an ad-hoc way;
- Inappropriate – the wheelchairs and provi-sion of them to users does not meet ISO standards for products (ISO 7176) or World Health Organisation (WHO) Guidelines on the provision of Manual Wheelchairs in less resourced settings (hereafter referred to as the WHO wheelchair guidelines).

The result is a lack of suitable wheelchairs in emergency situations, causing life-threatening situations for injured and disabled people. Without a wheelchair, these already vulnerable people are immobile, excluded from relief ef-forts, dependent on others and at risk of seri-ous health complications.

Emergency Wheelchair and Training Package
Motivation, HI and JUH came together to com-bine knowledge and address this gap in emer-gency responses with an innovative package to ensure the rapid and appropriate provision of emergency wheelchairs to injured and disabled people in humanitarian crises. The intention of the package is to:
- Signal a paradigm shift to coordinated and planned wheelchair provision which is fully integrated into existing emergency relief services and disaster preparedness pro-grammes;
- Enable the rapid provision of high numbers of standardised but adjustable wheelchairs during the acute phase of the emergency to quickly meet the needs of survivors;
- Ensure that there are systems for appropriate wheelchair provision in place, providing a basis for setting up longer-term wheelchair services.

As a result of the collaboration we are able to provide the first wheelchair designed specifi-cally for emergency settings that also meets the WHO wheelchair guidelines and the Interna-tional Organisation for Standardisation (ISO) 7176. The unique design is compact (for maxi-mum number of chairs per container and easy storage); easy to transport with robust packag-ing (to reach more people); adjustable (to fit more people); durable (no maintenance needed during the emergency phase); and suit-able for rough terrain (to effectively transport/evacuate people and for self-propulsion). This product combines these features at an afford-able cost so more people can be reached. The

Emergency Wheelchair Training after Typhoon Haiyan in the Philippines, Nov 2013 (Copyright Valentin Tocut)

product can also be assembled and provided to wheelchair users following a quick and simple process. This process has been outlined in a training package developed specifically for emergency wheelchair response. The training follows the structure of service provision as out-lined in the WHO wheelchair guidelines, but has also been simplified and tailored to the emergency situation. The training package also includes a range of formats for training to meet the needs in emergency contexts. As part of the collaboration, *Motivation*, JUH and HI staff members were trained in delivering the training to others in the field during an emergency situation.

Implementation in the Philippines

Following trials of the emergency wheelchair package in Pakistan and Kenya, the wheelchair package was first deployed in the Philippines. On 9th November 2013, Typhoon Haiyan swept through the Philippines causing devasta-tion, leaving thousands of people homeless and injured. JUH and HI both responded to the dis-aster with JUH deploying their stock of 50 emergency wheelchairs on 22 November. They sent one of the P&O technicians trained in emergency wheelchair response to set up their emergency wheelchair response. JUH's wheel-chairs were distributed by both JUH and HI.

In May 2014, six months after the typhoon, an impact assessment was carried out to evalu-ate the success of the trial, in consultation with wheelchair users, those involved in providing the emergency wheelchair response and the wider humanitarian and government agencies in operation during the emergency. The find-ings of the impact assessment clearly underline the need for emergency wheelchairs and ap-propriateness of this response. A desk review of

data available from medical teams operating at the time in the affected area under the WHO Health Cluster showed that there was a significant need for emergency wheelchairs, with Médecins Sans Frontières (MSF), for example, seeing over 2,500 injured and/or disabled people, in the first week of December alone (Xavier 2014:2). Statistics released from the National Disaster Risk Reduction Management Council (NDRRMC) also showed that 28,626 people were injured during the typhoon (Xavier 2014:1). Unfortunately, despite the evident need for wheelchairs, at the time it was difficult to identify the persons in need due to the lack of cooperation with emergency medical teams. This highlighted the importance of coordination; it was evident that referrals of people requiring the wheelchairs could be facilitated through linking and information sharing between medical teams under the Health Cluster (Xavier 2014:2).

Follow-up with wheelchair users who received the emergency wheelchairs, to assess the impact that the wheelchair had on their lives was undertaken by an external reviewer. This included field visits to 34% of beneficiaries, with a combination of observation (of the user in their wheelchair) and in depth interviews. Results showed that impact of receiving the emergency wheelchair was predominantly psychological. The main differences reported by users were that with the wheelchair they were: "(1) able to sit outside comfortably; (2) able to breathe fresh air; (3) able to see other people" (Xavier 2014:7). Users and their families also reported that the chair facilitated the access to other services and helped during pre-emptive evacuation of their area when it was hit again by a typhoon (Xavier 2014:3).

Consultation with humanitarian agencies showed that the emergency package had an impact at a strategic level, enabling them to "provide something quickly in response to a need" (Xavier 2014:7). This also enabled them to advocate for the inclusion of disabled people in their response to the emergency, as they were able to demonstrate providing a wheelchair that fits to a disabled person and enables them to be more mobile and independent during the emergency. Local authorities also expressed benefitting from increased awareness of disability issues, which has led them to improve future policies and services beyond the emergency.

The impact assessment highlighted the significance of the wider context in terms of the situation prior to and following the acute phase of the emergency in providing the emergency wheelchair package. Whilst the emergency wheelchair is designed as a transitional use wheelchair for temporary users, in the Philippines it was found that only 16% of the users who received one, required it for a temporary disability (Xavier 2014:3). "Most of the wheelchair users had a pre-existing need, reflecting the high proportion of unmet need prior to the emergency" (Xavier 2014:4).

This raises two significant issues:

1. Whether different emergency situations have different requirements. The initial research into the need for the emergency wheelchair package was carried out following the Haiti earthquake in 2010. However, the typhoon which hit the Philippines brought a different set of problems, most notably that many wheelchair users required permanent wheelchairs. This highlights the need to monitor the implementation of the emergency wheelchair package in a range of scenarios, including different natural disasters and in conflict situations. There is also a need to include a needs assessment for emergency wheelchairs in general rapid assessments post emergency, to establish the types of disabilities and wheelchair requirements that are prevalent. As a result, the package may need to be adjusted. Research on this will also help to carry out more accurate needs assessments during the acute phase of the emergency, when it can be very difficult to assess the different needs of wheelchair users.

2. In any emergency situation the need to link the different local and foreign agencies operating during the acute emergency. Those established and operating prior to, and setting up to operate following the emergency, also need to be linked to quickly identify the persons in need of a wheelchair and to link emergency services to long term rehabilitation services. This involves:
   a. Raising awareness among all agencies of the rights of all disabled people, their needs and possible solutions.
   b. Linking with humanitarian agencies, local

agencies, and utilising the Health Clusters set up during the acute phase of the emergency to ensure that wheelchair provision is mainstreamed into other health services.

c. Linking with wider disability agencies operating on longer-term time scales to help raise awareness, and with longer-term sustainable services. This will help ensure that the emergency wheelchair package can inform the set-up of comprehensive wheelchair services as per the WHO wheelchair guidelines, including the full recommended training on wheelchair service provision. This will ensure that necessary follow up is carried out and those requiring a permanent wheelchair will not be left with a temporary wheelchair following the emergency. As was found during the impact assessment, in the Philippines, 57% of the users continued to use their emergency chair, six months after the Typhoon (Xavier 2014:7) – "for the majority of the beneficiaries it will be their permanent and only solution" (ibid:8).

Conclusions

The experience of implementing the emergency wheelchair package in the Philippines has shown that there is a need for an emergency wheelchair response, and that the package meets this need. Some adjustments to the package were required (including adding the option of leg extension for those who had leg injuries that needed to be elevated) but the key next step is to engage more humanitarian agencies to implement and evaluate the package in a range of scenarios. *Motivation* will be working on raising awareness amongst the humanitarian and disability sector to ensure that implementation of the emergency wheelchair package is linked into the wider context of agencies operating. This should ensure effective disaster response and preparedness is inclusive of wheelchair users during the acute phase, and that their needs are met in the longer-term. An effective solution to the exclusion of people with impaired mobility in natural disasters and conflict situations has been developed, but as a community, we still face the task of making it happen in future emergency situations in a planned and coordinated manner.

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Zusammenfassung: *Normalerweise beziehen Programme des Katastrophenschutzes, inklusive der Katastrophenvorsorge und der Strategien zur Katastrophenrisikominderung, Menschen mit Mobilitätseinschränkungen, insbesondere Rollstuhlnutzende, nicht ein. Häufig sind Rollstühle nicht verfügbar oder sie werden nur schleppend verteilt, sind ungeeignet und werden unkoordiniert und ungeplant zur Verfügung gestellt. Ohne Mobilitätshilfen bleiben Rollstuhlnutzende und/oder Verletzte in Katastrophensituationen von Notfalleinsätzen ausgeschlossen und gefährdet. Es wurde ein innovatives Angebot zur Sicherstellung einer schnellen und angemessenen Versorgung von Verletzten und Menschen mit Behinderungen mit Notfall-Rollstühlen in humanitären Krisen entwickelt. Dieser Artikel stellt die Entwicklung des Angebots dar und zeigt, welche Lehren aus der Umsetzung auf den Philippinen nach dem Taifun 2013, der die dringende Notwendigkeit einer solchen Reaktion aufgezeigt und den Ruf nach Engagement aus weiten Teilen des humanitären- und Behindertensektors verstärkt hat, gezogen werden konnten.*

Résumé: En règle générale, les réponses aux catastrophes, y compris les stratégies de préparation aux catastrophes et de réduction des risques ne sont pas inclusives pour les personnes à mobilité réduite, en particulier celles nécessitant un fauteuil roulant. Des fauteuils roulants ne sont souvent pas disponibles, et quand ils le sont, ils sont lents à arriver, inappropriés, et fournis de manière non coordonnée et non planifiée. Sans un dispositif de mobilité, les utilisateurs de fauteuils roulants et / ou les personnes blessées dans la catastrophe, restent vulnérables et exclus des réponses d'urgence. Un paquet innovant pour assurer la fourniture rapide et appropriée des fauteuils roulants d'urgence aux personnes blessées ou aux personnes handicapées dans les crises humanitaires a été développé. Cet article retrace l'évolution de ce paquet et tire des leçons de sa mise en œuvre aux Philippines suite au typhon en 2013. Le cas d'étude confirme le besoin pressant d'une telle réponse et appelle à l'engagement des secteurs plus larges travaillant dans l'humanitaire et sur le handicap.

Resumen: Por lo general, los programas de respuesta a desastres, incluidas las estrategias de preparación para desastres y reducción de riesgos no están disponibles para personas con problemas de movilidad, especialmente aquellas que requieren sillas de ruedas. Las sillas de ruedas normalmente no están disponibles, y cuando lo son, tardan en llegar, son inapropiadas, y siempre proporcionadas de manera descoordinada y sin planificación. Sin un aparato de movilidad, los usuarios de sillas de ruedas y / o los heridos por el desastre, quedan excluidos de las respuestas de emergencia y vulnerables. Se ha desarrolado un paquete innovador para asegurar la prestación rápida y adecuada de las sillas de ruedas de emergencia a los heridos y las personas con discapacidad en las crisis humanitarias. En este artículo se describe el desarrollo del paquete y la experiencia de su implementación en las Filipinas tras el tifón en 2013, lo que confirma la urgente necesidad de esta respuesta, y exije el compromiso más intensivo de los sectores humanitarios y de la discapacidad.

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The Route to Disability Inclusive Humanitarian Aid: Experience From the Field

Anne Ernst

This article describes the Disability Mainstreaming Strategy of *Johanniter International Assistance*. It provides examples and lessons learned from disability inclusive Humanitarian Aid projects in different countries. The main challenges highlighted include the lack of adequate data on disability as well as data collection methods and the lack of knowledge on specific needs of persons with disabilities. Capacity building based on knowledge exchange and intense cooperation between mainstream and disability organisations is needed.

Introduction

Johanniter International Assistance focuses on humanitarian response, disaster risk reduction, rehabilitation and development in the field of health including projects in the field of water and sanitation nutrition and rehabilitation for persons with physical disabilities[1]. During the last 15 years, *Johanniter* implemented more than 60 projects addressing the rehabilitation needs of persons with physical disabilities in around 30 countries. In 2012, the scope of *Johanniter's* disability work was extended by mainstreaming disability at organisational level and in all projects. This decision reflects the already high, and increasing number of persons with disabilities worldwide (WHO 2011:262) and the fact that women, elderly persons and poor families are disproportionally affected by disability (WHO 2011:262). The decision also takes into account that persons with disabilities are often invisible and excluded from humanitarian response and development cooperation. Furthermore, humanitarian and development actors are not fully aware of the physical, institutional and attitudinal barriers that persons with disabilities face accessing life-saving services and equally participating in society (The Sphere Project 2011:16).

Johanniter's Disability Mainstreaming Strategy

In order to break physical, institutional and attitudinal barriers, *Johanniter International Assistance* developed a *Disability Mainstreaming Activity Plan 2013 to 2015*. The activity plan defines the conceptual framework for the organisation's work in the field of disability[2]. Based on a human rights approach according to the UN Convention on the Rights of Persons with Disabilities, the Activity Plan aims to improve the quality of life of persons with disabilities and to promote their equal participation. It focuses on realising their right to appropriate health care and rehabilitation. More than 30 activities in three fields of action are linked with clear responsibilities, time periods and output indicators. The implementation of the plan is closely monitored on the basis of annual implementation reports. The final report will include lessons learned as well as recommendations for the future.

Table 1

Johanniter's Twin Track-Approach

Disability mainstreaming at organisational level and into primary health care, disaster risk reduction and disaster response (Fields of Action 1 and 2)	Specific activities in the field of rehabilitation: prosthetics and orthotics services, wheelchair services, Community Based Rehabilitation (CBR) (Field of Action 3)

Objective: To improve the quality of life of persons with disabilities and to promote their equal participation (with a particular focus on equal access to adequate health care and rehabilitation)

The main activities and achievements over the past year and a half of implementation were:
- Briefing and training of more than 130 *Johanniter* employees on disability inclusion.
- Preparation of the internal *Johanniter* Handbook *Disability Mainstreaming in Practice*.
- Inclusion of cross-cutting issues (persons with disabilities, elderly persons, children, gender, HIV/Aids) in *Johanniter's* SPHERE guidance notes.
- Launch of 17 disability inclusive projects in seven countries.

These activities will be continued in 2015 and particular emphasis will be placed on the quality of disability inclusion. At the same time,

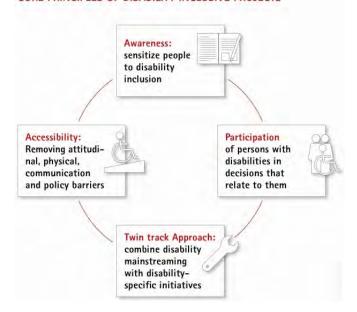fundraising for specific disability projects will be extended.

Disability Inclusive Humanitarian Response in Practice

So much for the theory, what about disability mainstreaming in practice? The following examples highlight the first practical experience as well as main challenges that *Johanniter* encountered implementing disability inclusion in Humanitarian Aid.

Disability Mainstreaming Trainings

Usually, a disability mainstreaming training for *Johanniter* country teams and possible partner organisations, serves as a departure point for disability inclusion at a practical level. Besides theoretical lessons, the participants visit persons with disabilities and their families in their home environment, experience their daily lives, living conditions and barriers to accessing services and participating in society. For most participants these meetings are eye-openers with regard to the barriers that lead to exclusion and discrimination, and the possible activities to reduce the barriers in *Johanniter's* projects. These ideas are translated into small activity plans for future planned and current on-going projects. Most project teams are approaching disability mainstreaming in humanitarian practice by implementing small inclusive activities that they are able to realise under time pressure and without specific expert knowledge. The following four core principles should guide them in this initial phase[3]. Additionally, *Johanniter's* disability advisor supports the teams with regard to planning and implementation of inclusive project approaches.

Disability inclusive distribution of non-food items in Afghanistan.

Disability Inclusive Distribution of Food and Non-Food Items

For example, during the food security crisis in the Horn of Africa in 2011, *Johanniter* organised food distributions in Kenya for the vulnerable population. In Jordan, Afghanistan and Pakistan, the organisation has implemented several projects focusing on the distribution of non-food items to vulnerable refugee families. In most projects, local committees select the beneficiaries. In order to strive for disability inclusion, *Johanniter's* project teams encourage the committees to include disability *of one or more family members* in the criteria for identification of vulnerable households. The project teams monitor the selection processes and expand the beneficiary list, if necessary. In Jordan, for example, *Johanniter* and its partner organisation distributed non-food items to 586 vulnerable refugee and host families in the Ash-Shajarah village, among them 152 families living with a person with disability (26%). When it comes to the distribution of food and non-food items, *fast queues* and supported transportation, among other measures, support vulnerable groups such as persons with disabilities, elderly persons, women and girls in accordance with the Sphere minimum standards in humanitarian response (Sphere 2001).

Disability Inclusive Health Projects

In Pakistan and the Democratic Republic of Congo, the *Johanniter* teams have developed an inclusive approach for humanitarian and reconstruction projects in the field of primary health care including reproductive health. The basis for the approach is the fact that poor access to primary health care services can lead to disability and that persons with disability usually have limited access to health services

CORE PRINCIPLES OF DISABILITY INCLUSIVE PROJECTS

Awareness: sensitize people to disability inclusion

Accessibility: Removing attitudinal, physical, communication and policy barriers

Participation of persons with disabilities in decisions that relate to them

Twin track Approach: combine disability mainstreaming with disability-specific initiatives

(WHO 2014:3). According to Dr. Adil Younis, *Johanniter's* Medical Coordinator in Pakistan, a "…disability inclusive approach means that the project integrates disability preventive, promotive and curative components:

- Prevention of disability as well as secondary health conditions through access to comprehensive and adequate health services.
- Promotion of good nutrition, personal health and hygiene in order to lower the risk of developing disability in the future.
- Improved access of persons with disabilities to general health care as well as specialised services."[4]

Taking this approach and the four principles of disability inclusion into account, the teams have implemented the following activities in humanitarian and reconstruction projects in the field of health:

- Awareness raising/training: Training of health staff and community health workers on disability including prevention of impairments, early identification and early intervention; awareness raising sessions on disability at community level; increased accessi-

bility of awareness raising activities.
- Accessibility: Improvement of accessibility of the health care facilities; provision of transportation for persons with disabilities; home visits.
- Participation: Inclusion of persons with disabilities in health and village committees at community level; recruitment of employees and trainers with disabilities.
- Twin track approach: Establishment of a reference system in cooperation with specific services for persons with disabilities.

The following output indicators[5] show the activities that were implemented as part of a reproductive health project in Pakistan in 2013/2014, providing reproductive/maternal health care services to internally displaced persons and host communities in Nowshera district. The achievements are also listed:

Although the output indicators do not define any targets, they provide the project team with information about achievements and challenges related to disability inclusion in reproductive health services and indicate the way forward. The team has identified that the double-discrimination of women with disabilities in Pakistan is a major problem, which negatively affects their access to reproductive health services. It is necessary to make men and women aware of the right of all persons with disabilities to the "…same range, quality and standard of free or affordable health care, including in the area of sexual and reproductive health…" (UN CRPD, art. 25) by using helpful culturally appropriate practices.

For many humanitarian aid workers, the first steps towards disability inclusion are associated with impressive experiences leading to improved and extended efforts to include persons with disabilities in *Johanniter's* projects. In the Democratic Republic of Congo, the team has started to develop basic services specifically for persons with physical impairment such as the distribution of basic assistive devices by trained health staff. *Johanniter's* disability advisor considers it as a particular success if disability inclusion is taken for granted and if the teams start with their own initiative, rather than on request from the headquarters, to plan in an inclusive manner and to organise necessary technical knowledge and support. Again the team in Democratic Republic of Congo has appointed a Focal Person for Disability who will advocate for the inclusion of persons with disabilities in all *Johanniter* projects, collect and share experiences, and represent *Johanniter's* core competences in disability within the humanitarian aid community in North Kivu.

Table 2

Indicators	Achievements Jan 2013 - May 2014
Number of health facilities that are accessible for persons with disabilities	All health facilities in the target area are accessible for persons with disabilities
Number of staff trained in disability awareness and prevention, early recognition and early identification of disability	All health care workers were trained. Knowledge was rolled out to community health workers.
Number of women with disabilities receiving maternal care	20 women with disabilities received maternal care. This corresponds to 0.5% of all beneficiaries receiving maternal care.
Number of persons with disabilities accessing the reproductive health awareness raising sessions	350 women and men with disabilities attended the reproductive health awareness raising sessions. This corresponds to 1% of all persons attended the awareness sessions.
Number of persons with disabilities included in the community health committees	98 persons with disabilities were included in 25 community health committees. That means persons with disabilities are represented in all community health committees in the project area.

Challenges Along the Path to Inclusion

Lack of Qualified Data on Disability

In spite of these successes, *Johanniter* faces several challenges along the path to inclusion. The lack of qualified data on disability is the first challenge that should be mentioned, in order to support the widespread demand for disability disaggregated data and the initiatives to develop a short data collection tool that can be readily incorporated into censuses and surveys (UN 2014:6). Accurate and comparable data, and widely accepted data collection tools, create the conditions to set disability inclusive objectives, outcomes, outputs and indicators (UN 2014:4). Clear data is also needed to calculate costs, for example for inclusive transportation and communication and additional specific activities for and with persons with disabilities. Last but not least, an accurate database, clear objectives and indicators, increase donors willingness to fund disability inclusion. Unfortunately, the lack of accurate data often hinders *Johanniter's* country teams in the inclusion of persons with disabilities as direct beneficiaries and of disability sensitive indicators in order to make inclusion measurable. For example, according to a population census of 1998, the disability prevalence rate in Pakistan is 2.5% (Pakistan Bureau of Statistics, Census 1998)[6]. However, the World Health Survey 2002 – 2004 estimates that 13.4% of the population in Pakistan lives with a disability (WHO 2011:274). Assuming a target population of 100,000 people, the number of persons with disabilities in the target area ranges from 2,500 to 13,400. The diverging information – together with the fact that persons with disabilities are widely invisible – complicates the formulation of indicators, for example regarding the number of persons with disabilities that *Johanniter* targets within a project.

As a tool to identify persons with disabilities, *Johanniter's* disability advisor usually recommends the *short set of questions on disability*,

People with disabilities assessed the accessibility of a health care center in Pakistan.

developed by the Washington Group on Disability Statistics[7]. But it is still difficult to convince the teams to apply the six Washington-questions in situations of emergencies or conflicts and in projects where the teams assess and identify a high number of beneficiaries based on different criteria within a short period of time. In an emergency situation, the emergency workers would still prefer a yes/no question based on a medical definition of disability. The challenge is even higher if they have to apply data collection tools predetermined by donor organisations or government bodies that cannot or can only hardly be changed. Despite training and further discussions, some teams have only been able to include, for example, the questions "Do you (or family members) have a disability?" and "What type of disability?" in the assessment questionnaires. If this is the case, it is unlikely that all persons experiencing different mild or severe disabilities according to the UNCRPD definition of disability are identified, since the questions might reproduce exclusion mechanisms and limited definitions of disability. In order to address the challenge of appropriate data collection, *Johanniter*:

- constantly searches for available data and information on disability in the target regions;
- is involved in discussions about data collection with other NGOs;
- regularly trains and informs the *Johanniter* teams and partners about recent research on disability and data collection;
- carries out its own surveys on disability in the target areas, occasionally in cooperation with other organisations.

Lack of Specific Knowledge

A second challenge is the lack of specific knowledge and expertise regarding the specific health and rehabilitation needs of persons with disabilities. Nutrition and health care teams, for example, are reluctant to actively include per-

sons with disabilities without the required knowledge:
- In nutrition projects addressing the malnutrition of children, staff does not feel prepared to deal responsibly with the specific nutritional needs of children with impairments such as cerebral palsy or cleft palate.
- Community health workers and health centre staff are not yet sufficiently trained on the link between disability and adequate health care, as well as on prevention of impairments, early identification and early intervention. In most remote and poorly developed project regions, specific reference services and experts are not available.

The lack of specific knowledge should not be an excuse for the exclusion of persons with disabilities, but it is a call for an exchange of knowledge and cooperation between disability experts and mainstream services. In particular, small organisations with a small workforce would benefit from knowledge exchange with others. *Johanniter* plans to organise trainings for *Johanniter* project staff and partner organisations on prevention of disability, early identification and intervention and specific nutritional needs of children and adults with disabilities. The trainings will be organised in cooperation with external trainers and experts.

Conclusions

It is often said that disability inclusion is not a rocket science – this I can only endorse. Constant training and awareness raising activities support the inclusion of persons with disabilities as beneficiaries and stakeholders of humanitarian projects. Improved physical access to services demonstrates that all people, including persons with disabilities, are welcome and respected. Other vulnerable groups strongly benefit from accessible services and appreciate a non-discriminative attitude among staff. With regard to data collection and specific needs of persons with disabilities, for example in the field of health, nutrition and education, more practice-oriented research and knowledge exchange is necessary. This takes time, funding and increased cooperation between disability and mainstream organisations.

Notes
1 Visit http://www.johanniter.de/die-johanniter/johanniter-unfall-hilfe/auslandshilfe/themen/menschen-mit-behinderung/.
2 Visit http://static2.johanniter.de/user_upload/Bilder/JUH/Auslandshilfe/Orthopaedie/20140604_Disabil-

ity_Activity_Plan_-_Revised_version_2014.pdf.
3 The diagram has been adapted from CBM (2012): Inclusion made easy. A quick program guide to disability in development.
4 Quoted from an internal *Johanniter* document.
5 The output indicators were developed by the project team during the planning phase of the project.
6 Data are available at http://www.pbs.gov.pk/sites/default/files/tables/DEMOGRAPHIC%20INDICATORS%20-%201998%20CENSUS.pdf. Visited on 21 January 2015.
7 Visit http://www.cdc.gov/nchs/washington_group/wg_questions.htm. Visited on 20 January 2015.

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WHO/WORLD BANK (2011): World Report on Disability. Available at http://www.who.int/disabilities/world_report/2011/en/. Visited on 21 January 2015.

WHO (2014): Disability. Draft WHO global disability action plan 2014 – 2021: Better health for all people with disability. Available at http://www.who.int/disabilities/actionplan/en/. Visited on 21 January 2015.

Zusammenfassung: Dieser Artikel beschreibt die Disability Mainstreaming Strategie der Johanniter International Assistance. Er gibt Beispiele und Erfahrungen der humanitären Hilfe mit inklusivem Ansatz aus verschiedenen Projekten in unterschiedlichen Ländern wieder. Die hervorgehobenen zentralen Herausforderungen beinhalten den Mangel an hinreichenden Daten zum Thema Behinderung, als auch der Datenerhebungsmethoden und den Mangel an Kenntnissen über spezifische Bedürfnisse von Menschen mit Behinderungen. Der Aufbau von Kapazitäten, basierend auf Wissensaustausch und intensiver Kooperation zwischen Mainstream - und behinderungsspezifischen Organisationen, sollte gestärkt werden.

Résumé: Cet article décrit la stratégie pour réussir le mainstreaming du handicap telle qu'elle était adoptée par les Johanniters Assistance Internationale. Il fournit des exemples et des leçons tirées des projets d'aide humanitaire inclusifs au handicap dans différents pays. Les principaux défis mis en évidence comprennent le manque de données adéquates sur le handicap ainsi que les méthodes de collecte de données et le manque de connaissances sur les besoins spécifiques des personnes handicapées. Le renforcement des capacités basé sur l'échange de connaissances et la coopération intense entre les principales organisations du mainstreaming et du handicap est nécessaire.

Resumen: En este artículo se describe la estrategia de Johanniter Internacional para la incorporación de la discapa-cidad. Proporciona ejemplos y lecciones aprendidas de la discapacidad incluyendo proyectos de ayuda humanitaria en diferentes países. Los principales retos incluyen la falta de datos adecuados sobre la discapacidad, así como los métodos de recopilación de datos y la falta de conocimiento sobre las necesidades específicas de las personas con discapacidad. Es necesario la capacitación basada en el intercambio de conocimientos y la intensa cooperación entre organizaciones comunes y ellas a su vez con enfoque a la discapacidad.

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The Disability Inclusive Disaster Risk Reduction Network (DiDRRN)

The Disability inclusive Disaster Risk Reduction (DRR) Network is a network of seven Non-Governmental Organisations (NGOs) or Disabled People's Organisation (DPO) networks. A core aim of the network is to demystify[1] disability within DRR as well as to widen the active and meaningful participation of persons with disabilities in DRR. Within a whole of community approach[2], the network develops and promotes practical and actionable disability-inclusive DRR solutions. By doing so, the network has become a key agent of change in promoting disability-inclusion in DRR.

DRR Deaf trainer to deaf child

If a disaster strikes, risks are not evenly spread. Persons with disabilities are at disproportionate risk from disasters. Persons with disabilities may face barriers to accessing potentially life-saving information prior to a disaster, may be unable to protect and evacuate during a disaster or may face limited services catering to their needs post-disaster. Article 11 of the UN Convention on the Rights of Persons with Disabilities stresses the need to "ensure the protection and safety of persons with disabilities in situations of risk". However, until recently international reference documents such as the Hyogo Framework for Action (HFA)[3], a ten-year framework for DRR efforts during the decade 2005-2015, did not adequately address disability. In the HFA, disability is only mentioned in the context of establishing social safety nets in what reads as a post-disaster context. Consequently, with no overall guiding framework DRR practices and policies that address disability were few and far between.

The Disability inclusive DRR Network (DiDRRN) was formed in response to the lack of reference to, and acknowledgment of the disproportionate impact of disasters on persons with disabilities within DRR. Persons with disabilities may be placed at increased disaster risk due to cognitive or physical impairments. These factors may limit the ability of a person with disabilities to access information and/or to act on that information. In case of the Great East Japan Earthquake reports indicate that the mortality rate for persons with disability was somewhere between twice as high and 4.3 times as high in comparison with the mortality rate for the total population (Fujii 2012)[4]. In a disaster context persons with disability are likely to be left behind. This concerns both pre-disaster evacuation as well as inaccessible response (including shelters, camps, and food distribution), and recovery efforts (UN enable 2013)[5].

In order to contribute to the inclusion of persons with disabilities in all DRR planning and implementation, a group of seven NGOs or DPO networks launched the DiDRRN at the 5th Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR) in 2012. This was preceded by consultations with UNISDR (The United Nations Office for Disaster Risk Reduction)[6] during ISDR Asia Partnership (IAP) meetings. Founding members of the network are *Arbeiter-Samariter-Bund Deutschland* (ASB), CBM[7], the Center for Disability in Development (CDD), Handicap International (HI), Malteser International (MI), the Pacific Disability Forum (PDF) and the South Asian Disability Forum (SADF).

Senator Buntan from Committee on The Rights of Persons with Disabilities and Dr. Alex Robinson from ASB_DiDRRN at Global Platform in Geneva

The network draws on the experience of national and international organisations alongside regional networks and benefits from the expertise of both disability and DRR practitioners. Reflecting the composition of its members, the DiDRRN raises awareness on disability-inclusion among DRR actors and encourages the prioritisation of DRR among the disability community. For DiDRRN, the importance of recognising and addressing functioning limitations and the barriers that persons with disabilities face to participation and contributing to minimising risk is a key concern.

The specific objectives of the network are to enable persons with disabilities and Disabled People's Organisations (DPOs) to advocate, participate within and contribute to the post-HFA process, to raise awareness for disability-inclusive DRR to make the successor of the HFA (commonly referred to as HFA2) inclusive of persons with disabilities and to enhance technical capacities of persons with disabilities and Disabled People's Organisations (DPOs) on DRR in the Asia and Pacific region. Active involvement of persons with disabilities is two-fold: On the one hand persons with disabilities are core stakeholders within the DiDRRN itself. This is particularly (but not exclusively) the case with the DPO networks which are members of the DiDRRN. On the other hand DiDRRN members empower DPOs as well as individuals through its programming to actively participate and advocate for their rights.

JUH Ms Stephanie from Deaf Art Community Yogyakarta, Indonesia and Dr. Alex Robinson at UNISDR roundtable discussion in New York, 2013

Beyond the objective of empowering persons with disabilities, the network aims at promoting a whole of community approach, meaning the actual needs of all individuals and groups within a community are understood and met, and all parts of the community are engaged and empowered. Furthermore the network develops and promotes practical and actionable

Malteser International - CBDRM training

disability-inclusive DRR solutions in order to transform policy progress achieved under the HFA into action. To achieve these goals, DiDRRN partners directly work with communities, DPOs and governments both in the fields of DRR policy and planning as well as its practical implementation on the ground. Programming is carried out either in form of consortium projects jointly implemented by various member organisations of the network or by incorporating the vision and objectives of the network into individual projects implemented by the member organisations.

For its lobbying and advocacy efforts particularly during preparations for the UN World Conference on Disaster Risk Reduction (WCDRR)[8], DiDRRN closely cooperated with other key disability stakeholders including the International Disability Alliance, Rehabilitation International and the Nippon Foundation to ensure strong representation of persons with disabilities in this process as well as the new international DRR framework the process was resulting in. Besides own financial resources provided by the member organisations in order to achieve the objectives of the network, DiDRRN has received financial support from the German Federal Ministry for Economic Cooperation and Development (BMZ), from the German relief coalition of *Aktion-Deutschland-Hilft* (ADH), from *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ) and from the Australian Department of Foreign Affairs and Trade (DFAT) in partnership with Sydney University, among others.

Since its foundation, DiDRRN has significantly contributed to promoting disability-inclusive DRR in policy and practice. The network has provided capacity building in disability-inclusive DRR to over 700 members of Disabled People's Organisations (DPOs) and more than 400 persons with disabilities have been equipped to contribute to disability-inclusive

DRR in their communities as facilitators and agents of change. On policy level, the network has actively promoted the participation of persons with disabilities in high-level international DRR conferences such as the 5th and 6th Asian Ministerial Conferences on DRR (Yogyakarta, 2012; Bangkok, 2014), the Global Platform for DRR (Geneva, 2013) and the 3rd UN World Conference on Disaster Risk Reduction (Sendai, 2015). This led to growing awareness regarding disability-inclusive DRR, resulting in the dedication of the International Day for Disaster Reduction 2013 to disability as well inclusion of disability in the Sendai Framework for Disaster Risk Reduction 2015-2030. Not least because of the strong representation of persons with disabilities achieved in the HFA2 process, significant progress has been made regarding the acknowledgement of the particular needs of persons with disabilities as well as acknowledgement of the contribution of persons with disabilities to the development of DRR policies and practice. The Sendai Framework for Disaster Risk Reduction contains various references to disability. Worthy of particular mention are the call for empowerment and inclusive, accessible and non-discriminatory participation, the call for a disability perspective in all policies, as well as the stressing of the necessity of inclusive risk-informed decision-making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability (United Nations 2015)[9].

Despite these achievements, there are still many challenges for the effective involvement of persons with disabilities in DRR policy and action. While the DRR community is not yet sufficiently engaged with disability, similarly the disability community has yet to engage with DRR. Although this is starting to change, there is still concern that disability is often perceived as a technical issue by DRR actors. Therefore, a core aim of DiDRRN is to demystify disability within DRR. The partners within the network, originating from both disability and DRR fields, highlight the importance of a whole of community approach to DRR. With increased recognition of the importance and meaningful participation of persons with disabilities in DRR, there are promising initiatives underway, such as efforts by some countries to incorporate disability in their national DRR policies and planning. However, the knowledge and experience to put policy into action are currently limited. Therefore, one of the main challenges for the DiDRRN over the coming years will be to support countries in implementing their commitments and targets from national policies as well as the Sendai Framework for Disaster Risk Reduction regarding inclusion on all levels.

Notes

1 In the past many DRR actors were reluctant to engage with disability as disability was perceived as something rather technical and to be dealt with by specialised organisations. In contrast to traditional approaches to disability, which draw on medical or social understandings, for DiDRRN the importance of recognising and addressing functioning limitations and the barriers that persons with disabilities face to participation and to minimising risk is key.

2 A whole of community approach (sometimes also whole community approach) is an approach to Disaster Risk Management which aims at understanding and meeting the needs of the whole community as well as engaging and empowering all sections of a community (e.g social groups and institutions, academia, private sector, DPOs, faith-based organisations, government agencies).

3 The Hyogo Framework for Action (HFA) was the main outcome of the UN World Conference on Disaster Risk Reduction, held in Kobe, Hyogo, Japan from 18-22 January 2005. It is a 10-year framework for action which outlines five priorities for action and offers guiding principles and practical means for achieving disaster resilience.

4 FUJII, K. (2012): The Great East Japan Earthquake and Disabled Persons - Background to Their High Mortality Rate. Available at http://www.dinf.ne.jp/doc/english/twg/escap_121031/fujii.html. Visited on 26 March 2015.

5 UN ENABLE (2013): Disability-Inclusive Disaster Risk Reduction and Situations of Risk. Available at http://www.un.org/disabilities/default.asp?id=1546. Visited on 27 March 2015.

6 The UN General Assembly adopted the International Strategy for Disaster Reduction in December 1999 and established UNISDR, the secretariat to ensure its implementation. UNISDR, the UN office for disaster risk reduction, is also the focal point in the UN system for the coordination of disaster risk reduction and the implementation of the "Hyogo Framework for Action" (HFA).

7 Previously Christian Blind Mission.

8 The 3rd World Conference on Disaster Risk Reduction (WCDRR) was held in Sendai, Japan from 13-18 March 2015. At the conference 187 governments adopted the Sendai Framework for Disaster Risk Reduction 2015-2030. The 3rd WCDRR was preceded by a detailed process of consultation and negotiation.

9 UNITED NATIONS (2015): Sendai Framework for Disaster Risk Reduction 2015-2030. Available at http://www.wcdrr.org/uploads/Sendai_Framework_for_Disaster_Risk_Reduction_2015-2030.pdf. Visited on 30 March 2015.

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Kurzmeldungen/Announcements

Inclusion Central to New International Disaster Risk Reduction Framework

On 18 March 2015, the UN World Conference on Disaster Risk Reduction, with representatives from 187 UN member States, adopted the Sendai Framework for Disaster Risk Reduction 2015-2030, a far reaching new framework for disaster risk reduction with seven targets and four priorities for action. The framework outlines seven global targets to be achieved over the next 15 years: a substantial reduction in global disaster mortality; a substantial reduction in numbers of affected people; a reduction in economic losses in relation to global GDP; substantial reduction in disaster damage to critical infrastructure and disruption of basic services, including health and education facilities; an increase in the number of countries with national and local disaster risk reduction strategies by 2020; enhanced international cooperation; and increased access to multi-hazard early warning systems and disaster risk information and assessments. The Sendai Framework for Disaster Risk Reduction 2015-2030 is highly important in emphasising a whole-of-society and people-centred approach to DRR. This is a major move forward from the previous framework. Importantly, the Sendai Framework recognises the positive contribution to DRR of groups and individuals at disproportionate risk from disasters. In her closing remarks, the Special Representative of the UN Secretary General on Disaster Risk Reduction, Ms Margareta Wahlström, noted the importance of the meaningful participation of women, children and youth and elderly persons and made particular reference to persons with disabilities in the implementation of the Sendai Framework. As the conference provided a wide range of accessibility features for people living with disabilities, there was an active participation of persons with disabilities as delegates, speakers, panellists and contributors throughout the conference. 34 events from the Official Conference Programme and Public Forum addressed issues of disability. The post-2015 framework on disaster risk reduction aims to develop inclusive policies and encourage governments to expand their commitment to disability inclusive policies. Ms Wahlström also noted that the Third World Conference on DRR set a new standard for physical accessibility and accessibility of information for UN conferences to follow.

Information: http://www.didrrn.net/home/index.php/news/news-wcdrr-sendai/; http://www.wcdrr.org/news?id=43260; http://www.wcdrr.org/conference/programme/documentation.

Promise of Technology for Inclusive Disaster Risk Reduction and Emergency Response

The theme of the 2014 International Day of Persons with Disabilities was *Sustainable Development: The Promise of Technology*. To ensure full inclusion in emergency response and maximum resilience for all in Disaster Risk Reduction (DRR), technology must be accessible. From early warning systems to resilient infrastructure, technology is playing an increasingly important role at all stages of Disaster Risk Reduction and Emergency Response. Examples in Disaster Risk Reduction include development of database systems to map most at-risk families (disaggregating data), and use of latest materials, software and design techniques when planning evacuation routes and emergency shelters. When disasters happen, technology is again invaluable, from traditional methods of warning messages via sirens, loudspeakers, radio and television, to internet, mobile phones and cutting-edge automated nationwide early warning systems, such as Japan's J-alert. In responding, fast and efficient information and communication technology (ICT) is essential, and during rebuilding greatest resilience is achieved by embracing latest expertise. Specifically, mobile technology can facilitate cash transfers and although the use of drones in humanitarian responses is in its infancy, its potential is clear. Social media in particular is one technology which is rapidly being utilised as a channel for exchange of information and a tool to mobilise and coordinate people. From unified hashtags to maps of immediate needs and crowd-sourcing, there are already examples of the cluster system using aggregated social media data. People who live with some form of disability comprise an estimated 15% of the world's population. They are some of the people most at risk during disasters and they are also recognised as a resource of knowledge and experience that can help build resilience of their communities. It is essential therefore, that they can use and benefit equally from technology as it develops. Failure to develop technology in an inclusive, accessible way is discriminatory; it will exclude people with disabilities from lifesaving work and weaken communities as a whole. Fittingly however, technology development and accessibility are mutually beneficial, and a barrier-free environment helps to ensure full and equal participation in society by all, regardless of age, gender or ability. Examples of access in technology include Smartphones and cellular data networks – when accessible, they have the potential to greatly increase the dissemination of information; Internet – when websites are accessible, all users can use the internet; Built environment – when planning incorporates the Principles of Universal Design, it is more accessible for everyone; and Assistive Devices – from wheelchairs to screen readers, the capacity of specific assistive devices is constantly improving over time, allowing

people who use them greater independence and access to their communities. Although the increased use of technology is an opportunity to ensure humanitarian action is more accessible, there are challenges, including: During emergency situations power and communication signals are often lost, rendering equipment temporarily unusable and people who are most at risk are often the poorest in their communities, so they may have least access to latest devices. Ensuring that technology used in humanitarian action is developed in an accessible way will mean that people with disabilities can fully participate in DRR measures and emergency responses. The benefits of this accessible technology will be maximised by prioritising reliability and end-user affordability. Only with full inclusion in this way can community resilience and disaster relief and recovery work reach their full potential.
Information: http://reliefweb.int/report/world/promise-technology-inclusive-disaster-risk-reduction-and-emergency-response.

Zwischenbericht zur Umsetzung des Aktionsplans zur Inklusion von Menschen mit Behinderungen veröffentlicht

Das Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ) hat im Februar 2015 den Zwischenbericht zum Aktionsplan zur Umsetzung von Inklusion von Menschen mit Behinderungen vorgelegt. Der Zwischenbericht, der bereits im September 2014 vorliegen sollte, dokumentiert den Stand der Umsetzung des BMZ-Aktionsplans nach der Hälfte der geplanten Laufzeit (2013-2015). Es wird aufgezeigt, welche Maßnahmen bereits angestoßen wurden und welche Schritte noch eingeleitet werden müssen. In dem Zwischenbericht zum Umsetzungsstand werden sowohl erste positive Entwicklungen als auch bestehende Herausforderungen thematisiert. Der Aktionsplan soll auch eine langfristige Verankerung von Inklusion in der Entwicklungspolitik erreichen. Dazu sollen die Mitarbeitenden in der deutschen Entwicklungszusammenarbeit für das Thema sensibilisiert werden. Außerdem werden Stellenbeschreibungen auf den Themenbereich Inklusion ausgerichtet. In diesem Bereich gibt es jedoch noch Bedarf, insbesondere im Bereich der Fortbildungsmaßnahmen für Mitarbeitende. Es existiert jedoch noch kein systematisches inklusives Personalkonzept. Auch in der Nachwuchsförderung und in Freiwilligendiensten werden Menschen mit Behinderungen bisher nicht ausreichend berücksichtigt. Das BMZ bemüht sich, Menschen mit Behinderungen aktiv mit einzubeziehen und fördert die Vernetzung von entwicklungspolitischen Organisationen und deutschen Selbstvertretungsorganisationen. Bisher konnte jedoch noch keine übergeordnete Vorgabe zur Berücksichtigung der Inklusion von Menschen mit Behinderungen bei der Erstellung von Länderstrategien, Programmvorschlägen und Evaluierungen vorgelegt werden. Es fehlt ein Instrument zur Erfassung inklusiver Ausgestal-

tung von Entwicklungsmaßnahmen, so dass eine Evaluation nicht gewährleistet ist. Bisher sind die angestrebten Anreize, um vom BMZ geförderte Programme inklusiv zu gestalten und das Thema Inklusion als Prüfkriterium für entwicklungspolitische Vorhaben zu implementieren, noch nicht ausreichend geschaffen worden. Der Zwischenbericht zeigt, dass einige zentrale Ziele zur Umsetzung des Aktionsplans noch nicht erreicht wurden. Bisher wurden Einzelinitiativen und spezielle Programme gefördert, es fehlen jedoch einheitliche, übergeordnete Richtlinien und Kriterien, ohne die eine langfristige Implementierung der Rechte von Menschen mit Behinderungen nicht gewährleistet werden kann.
Information: http://www.bmz.de/de/mediathek/publikationen/reihen/strategiepapiere/Strategiepapier 352_03_2015.pdf; http://www.bmz.de/de/mediathek/publikationen/reihen/strategiepapiere/index.html.

Inklusive Gestaltung von Bildungssystemen in der Entwicklungszusammenarbeit

Das internationale Forschungskonsortium *refie* (Research for Inclusive Education in International Cooperation) hat in zwei Pilotprojekten in Guatemala und Malawi seit Dezember 2013 die Umsetzung inklusiver Bildungskonzepte untersucht. In den beiden Studienländern wurden beispielhaft die Erfolgsfaktoren und Hemmnisse für die Gestaltung von inklusiven Bildungssystemen in Entwicklungsländern untersucht. In den Partnerländern wurden die vorläufigen Ergebnisse bereits präsentiert und mit Vertreterinnen und Vertretern aus Politik, Zivilgesellschaft und Forschung diskutiert. Nun wurde Ende Februar der Abschlussbericht des Forschungsvorhabens präsentiert. Darin werden für die untersuchten Länder Malawi und Guatemala Entwicklungschancen und Umsetzungsvorschläge aufgezeigt. Zahlreiche Beispiele konnten in den Daten identifiziert werden, in denen individuelle Personen oder Gruppen Engagement zeigten und Innovationen eigenverantwortlich umsetzen. Diese einzelnen Maßnahmen werden als große Chance in beiden Ländern angesehen, um Inklusive Bildung weiter zu entwickeln. Aus den Forschungsergebnissen wird auch deutlich, dass in beiden Ländern die Wahrnehmung von verschiedenen Akteuren im Bildungssektor als auch die offizielle politische Ausrichtung bezüglich Inklusiver Bildung immer noch stark an Konzepten von Behinderung und Sonderpädagogik orientiert ist. Somit sind Maßnahmen unter dem Begriff Inklusive Bildung gegenwärtig vorrangig auf Menschen mit Behinderungen ausgerichtet. Es besteht ein konkreter Bedarf für die Entwicklung eines einheitlichen Verständnisses zu Inklusiver Bildung in Guatemala und Malawi. Außerdem zeigt sich ein Bedarf nach der Anpassung inklusiver Konzepte an lokale Gegebenheiten. Inklusive Bildung als globale Agenda muss demnach durch lokale, kontext-sensitive Formen der Kontextualisierung zur Umsetzung von Inklusiver Bildung in spezifischen Regionen und spezifischen

Gemeinden ergänzt werden.

Information: http://www.refie.org/fileadmin/
user_upload/final-report/refie-finalreport-10032015.pdf;
http://www.refie.org/resources/report/;
http://www.bmz.de/de/presse/termine/2015/maerz/
termin_20150316_inklusive_bildung.html;
http://www.giz.de/de/mediathek/29624.html.

re We Want vorgestellt worden.

Information: http://www.unesco.org/new/fileadmin/
MULTIMEDIA/HQ/ERI/pdf/Aichi-Nagoya_Declaration_
EN.pdf; http://www.unesco.de/bildung/2014/uho-11-
2014-bne-weltkonferenz.html; http://www.bne-portal.de/
un-dekade/nach-der-dekade-bne-ab-2015/aichi-
nagoya-declaration-verabschiedet/.

UNESCO-Weltkonferenz verabschiedet Aichi-Nagoya-Declaration für nachhaltige Entwicklung

In Aichi-Nagoya, Japan, ist am 12. November 2014 die UNESCO-Weltkonferenz *Bildung für nachhaltige Entwicklung* zu Ende gegangen. In einer gemeinsamen Erklärung ziehen die rund 1.000 Konferenzteilnehmer eine positive Bilanz der UN-Dekade *Bildung für nachhaltige Entwicklung* (2005-2014). Die Weltdekade habe das Thema national wie international auf die politische Agenda gesetzt, heißt es in der Aichi-Nagoya-Deklaration. Die Erklärung ruft die Staatengemeinschaft dazu auf, ihr Engagement für das Bildungskonzept fortzuführen. Die UN-Mitgliedstaaten hatten sich verpflichtet, zwischen 2005 und 2014 das Leitbild der nachhaltigen Entwicklung in ihren Bildungssystemen zu verankern. Die UN-Dekade habe dazu beigetragen, das Konzept der Bildung für nachhaltige Entwicklung zu schärfen und zahlreiche vorbildliche Beispiele für die Praxis angeregt, betont die Erklärung. Das von der UNESCO-Generalkonferenz im November 2013 verabschiedete Weltaktionsprogramm *Bildung für nachhaltige Entwicklung* schafft den Rahmen für die Folgeaktivitäten zur UN-Dekade in den Jahren 2015 bis 2019. Das Aktionsprogramm verfolgt fünf wesentliche Ziele:

1. die feste Integration von Bildung für nachhaltige Entwicklung (BNE) in die nationale und internationale Bildungs- und Entwicklungspolitik,

2. die Förderung ganzheitlicher institutioneller BNE-Ansätze in Bildungseinrichtungen,

3. eine bessere Ausbildung von Lehrkräften, ErzieherInnen und weiteren *Change Agents* zur Vermittlung von BNE,

4. eine stärkere Beteiligung der Jugend als Akteur des Wandels und

5. die Förderung von BNE-Aktivitäten in lokalen Bildungslandschaften.

Die Aichi-Nagoya-Deklaration weist darauf hin, dass das Weltaktionsprogramm *Bildung für nachhaltige Entwicklung* ein konkreter Beitrag zur Post-2015-Agenda der Vereinten Nationen ist. Die Erklärung fasst die Erkenntnisse aus der UN-Dekade sowie die Beratungen der Weltkonferenz und Treffen von Stakeholdern, die in der vergangenen Woche in Okayama stattgefunden haben, zusammen. Die Ergebnisse der Konferenz sollen in das Weltbildungsforum eingebracht werden, das im Mai 2015 im südkoreanischen Incheon stattfinden wird. Bereits im Eröffnungsplenum der Weltkonferenz war der Abschlussbericht der UNESCO über die UN-Dekade *Shaping the Futu-*

New Study Suggests Comprehensive Methodology to Assess Disability

Amongst the limited evidence base that exists, different methodologies used in defining disability make comparison between countries and over time extremely difficult. The World Report on Disability and ongoing Post-2015 debates advocate for the collection of comparable and comprehensive data on disability also in view of monitoring the progress of the implementation of the Convention on the Rights of Persons with Disabilities (CRPD). In order to improve the comprehensiveness and comparability of data on disability, CBM and the International Centre for Evidence in Disability at the London School of Hygiene & Tropical Medicine conducted a study to develop a comprehensive population-based survey methodology to assess prevalence of impairment and self-reported disability. Few robust quantitative data on the magnitude and impact of disability on people's lives are available globally. This methodology was field-tested in Telangana State, India and North West Region, Cameroon between 2013-2014. The study suggests a threefold-methodology to measure disability in a population, program or project: Self-reported disability based on activity limitation (e.g. difficulty in self-care) to identify the population with significant limitations in functioning; additional simple clinical screening for impairment where activity limitation is reported as present but not significant (e.g. some difficulty in one area) to identify the population with moderate impairments that may be disabling but may not be self-reported as significant; measure of (barriers to) participation in society (e.g. local school may not be accessible due to walking distance from the house or barriers in the environment) to identify and overcome disabling factors external to the individual. This methodology is a relatively cost-effective tool for assessing disability in a population, program or project. The obtained data helps to better plan and advocate for effective disability inclusion. The study shows that disability is very common in both India and Cameroon, and that it has a large impact on the lives of people affected and their families. Information like this helps to better support the full inclusion of people with disabilities. The data on disability collected in the two study countries/states (North West Cameroon and Telengana, India) based on the new methodology will inform the local stakeholders to intensify efforts and advocacy for inclusive societies and services. This information is needed to effectively address restrictions in participation felt by people with disabilities includ-

ing barriers in the built and natural environment and as a result of stigma, discrimination and lack of information. Furthermore, the methodology is recommended to be further applied and refined in different countries and settings. By this it will contribute to harmonising the availability of data on disability at the global level informing measures for disability inclusion. A next step for the research team is to address how this methodology can be adapted for mobile application via smartphone or tablet, further increasing cost-effectiveness and usability.

Information: http://www.cbm.org/-Building-the-Evidence-in-Disability-new-study-477327.php.

Action 2015: A New Global Campaign

On 15 January 2015 was the launch of *Action 2015*. It is a new global campaign calling on local and world leaders to take urgent action to tackle climate change, eradicate poverty and address inequality. The campaign is to raise awareness of the importance of this year. In 2015, world leaders will meet at two crucial summits – the UN Special Summit on Sustainable Development in New York and the UN Climate Talks in Paris. There they will make decisions that will affect the billions of people who continue to face a life of hardship. Eighty per cent of disabled people live in developing countries and they are overrepresented among those living in absolute poverty. All global development efforts should include persons with disability in order to reduce poverty over the next 15 years successfully. Specific needs of persons with disability must be addressed for an inclusive global society that allows persons with disability to make choices, live independently and contribute economically. The new calculation released by the action/2015 coalition shows that, even using relatively conservative scenarios, the number of people living in extreme poverty – on less than $1.25 a day – could be reduced dramatically from over a billion to 360 million by 2030. Based on work by the University of Denver, in the year 2030, about four per cent of the global population would live in extreme poverty, (compared to 17% today) if critical policy choices on inequality, poverty investment and climate change are made this year and implemented thereafter. Estimates of other researchers, looking at a longer list of variables, show that the eradication of extreme poverty is achievable for the first time in history – a key objective of the campaign. However, if leaders fail to deliver and build on the growing momentum for ambitious deals at the UN Special Summit on Sustainable Development in September and the UN Climate talks in Paris in December, and scale back their efforts, the number of people living in extreme poverty could actually increase to 1.2 billion by 2030. This increase would be the first in a generation (since 1993) and almost a billion higher (886 million) than if resolute action is taken. Under this scenario one in three of the world's population would live under $2 a day.

Action/2015 is calling on the public to join them in their calls to ensure world leaders commit to a better world. Throughout 2015, the campaign will provide ways for everyone everywhere to get involved in influencing the outcomes of these global debates that could achieve an end to poverty in all its forms.

Information: http://www.action2015.org/wp-content/uploads/2015/01/action2015_PressRelease_ENG.doc; https://www.leonardcheshire.org/who-we-are/news-and-media/news-stories/action-2015-new-global-campaign; http://www.action2015.org.

Inclusive Social Protection for Persons with Disabilities

In the context of the fast-approaching post-2015 Development Agenda, the topic of Social Protection is as important as ever, especially when it comes to the access of persons with disabilities to Social Protection schemes. On February 3rd 2015, a Technical Meeting on Inclusive Social Protection for Persons with Disabilities was organised by the International Labour Organisation (ILO) and the International Disability Alliance (IDA). The discussions focused on good-practice examples, research studies, and on the existing framework around Social Protection, in general and especially for persons with disabilities, including the Social Protection Floors – the main framework of social protection, introduced by the ILO in its *Recommendation concerning national floors of social protection* (R202), towards which all ILO member states should strive. Other topics discussed included the importance of data gathering in Social Protection policies, and the importance of identification of disability itself. After two days, the participants arrived to clear conclusions: namely, the inclusion of persons with disabilities in social protection is necessary for the achievement of any post-2015 Development framework. On a more practical level, the discussions also allowed the participants to outline a series of actions that can be taken by individual organisations, and identified several entry points in the Post-2015 process in order to try and achieve inclusive social protection for all.

Information: http://www.light-for-the-world.org/newsdetail/title/inclusive-social-protection-for-persons-with-disabilities/.

Launch of the African Disability Forum

On 17 to 19 November 2014 the Africa Disability Forum (ADF) was officially launched. ADF is a broad representative continental membership platform which brings together continental, sub-regional and national organisations of disabled people. The aim is to make sure decisions concerning disabled people in Africa are taken with and by disabled people and their families and the organisations advocating for their rights and inclusion in all aspects of development and society at Pan African, sub-regional and national levels. The launch took place at the UN Conference Centre in Addis Ababa, Ethiopia, with nearly 40 representatives of regional and national leaders of organisations of persons with disabilities (DPOs) in Africa. The ADF constitution was amended to allow for a representation of family based organisations of people with intellectual disabilities at the Executive Council. An Interim Working Group (IWG), created following a consultative meeting on the proposed ADF which took place in November 2012, was assigned a task to undertake the necessary organisational registration and guide the work of the ADF during its initial stage till a formal Executive Council is elected at the first ADF General Assembly, to be held in 2015. The IWG is composed of 10 leaders of continental, sub-regional and national organisations of DPOs, and includes men, women and youth leaders with disabilities from Algeria, Burkina Faso, Cameroon, Gabon, Kenya, Niger, Mauritania, Morocco, South Africa, Uganda, and Zambia.
Information: http://inclusion-international.org/africa-disability-forum-launched/;
http://www.inclusive.org.br/?p=27353;
http://www.uneca.org/sites/default/files/uploaded-documents/adf-launch-meeting_17-19nov2014_short-background-paper.pdf.

Working the CRPD into National Laws on Accessible ICT

The joint International Telecommunication Union (ITU)-G3ict Model Information and Communication Technology (ICT) Accessibility Policy Report is now available online. The report is a practical guide for ICT policy makers and regulators to transpose the broad ICT and television accessibility requirements of the UN Convention on the Rights of Persons with Disabilities into national law. Many policy makers and regulators need to build their capacity in identifying the concrete steps they can take to ensure accessible ICTs are widely available for persons with disabilities in their countries. The report, which recommends that accessibility policies be developed in consultation with persons with disabilities, focuses on six different aspects of ICT accessibility, namely amendments to the existing ICT legal framework, public ICT access, mobile communications, television/ video programming, government web-

sites and public procurement of accessible ICTs. Each of the six modules identifies the specific ICT accessibility goals to be achieved and explains what changes to the ICT legal, policy and regulatory framework are needed to achieve these goals. Examples include policies to require mobile operators to sell handsets with built in accessibility features and train their sales and customer care staff to explain the use of these features to customers with disabilities; and broadcasters to set targets, by type of video programmes, for the provision of access services like audio description and closed captioning, e.g. introducing such access services in news and emergency broadcasts as a matter of priority. The report was launched at the Accessible Americas meeting held in São Paolo, Brazil on 12 to 14 November.
Information: http://www.itu.int/en/ITU-D/Digital-Inclusion/Persons-with-Disabilities/Documents/ICT%20Accessibility%20Policy%20Report.pdf;
http://www.itu.int/en/ITU-D/Regional- Presence/Americas/Pages/EVENTS/2014/1112-BR-Accssblty.aspx;
http://www.dvfr.de/fileadmin/download/Internationales/RI_Newsletter_November_2014.pdf.

Study by the International Centre for Evidence in Disability

A recent study by the International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine (LSHTM) found that excluding persons with disabilities incurs costs for the individual, for the economy and for society. The study also points out that investment in education, which is inclusive, brings important gains to the persons with disabilities, their families and society. Without the inclusion of men, women, boys and girls with disabilities, the aim of universal access to primary education advocated by Millennium Development Goal 2 will not be realised. These provide policy makers involved in education further evidence as to why the progress made so far on inclusive education should continue to be a priority. In low-income countries, children with disabilities are significantly less likely to complete primary school and have fewer years of education than their non-disabled peers. A recent study of children sponsored by Plan International found that, across 30 countries, children with disabilities included in the sponsorship programme were often ten times less likely to attend school as children without a disability. The LSHTM study highlighted how the barriers to inclusion can be physical, related to communication, financial and attitudinal. In addition, policy barriers exists. For example, in many countries, the fact that education of persons with disabilities is split across different government departments' responsibilities e.g. health, education and social protection, results in a less comprehensive or streamlined approach to inclusive education. The right to education for persons with disabilities is protected by the International Covenant on Economic and Social and Cul-

tural Rights (ICESR); the Convention on the Rights of the Child; and the Convention on the Rights of Persons with Disabilities. Persons with disabilities, while not explicitly mentioned in the MDGs, are included in the post 2015 discussions and so far, inclusive education has been recognised as important for sustainable development. While the legal and policy framework is established on inclusive education, the case for inclusive education as an investment can also be made. Education can close the poverty gap between people with and without disabilities: across 13 Lower Middle Income Countries (LMICs), each additional year of schooling completed by an adult with a disability reduced the probability by 2-5% that his/her household belonged to the poorest two quintiles.

Information: http://www.cbm.org/Inclusion-in-Education-benefits-everyone-469673.php; http://disabilitycentre.lshtm.ac.uk/new-report-economic-costs-exclusion-gains-inclusion-people-disabilities/.

Literatur

Department for International Development (DFID)
Disability Framework: Leaving No One Behind
This framework is intended to consolidate and explain the changes that are happening within DFID to strengthen disability inclusion in their policies and programmes, and outline the actions DFID will take over the next 12 months.
Bezug: http://www.asksource.info/node/70253#sthash.K1B9LbGi.dpuf; https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382338/Disability-Framework-2014.pdf.

The African Child Policy Forum (ACPF)
The African Report on Children with Disabilities: Promising Starts and Persisting Challenges
This pan-African report describes and analyses the cultural, social, physical and other societal barriers preventing children with disabilities in Africa from realising their full human potential. It also describes the opportunities, initiatives and good practices that exist, that indicate the progress, albeit insufficient, that has been made towards realising the rights for children with disabilities in Africa. Recommendations and priorities for action are presented which promote inclusive and accessible laws, policies, and programmes for children with disabilities throughout Africa.
Bezug: http://www.asksource.info/node/70262#sthash.pgfYeJrm.dpuf; https://app.box.com/s/21wsqdeaioycztxsffnv.

Oosterhoff, Pauline/Kett, Maria
Including People with Disabilities in Emergency Relief Efforts
This issue focuses on the inclusion of people with disabilities in emergency relief efforts and concludes that "more must be done to ensure the needs and rights of people with disabilities are fully recognised in disaster risk reduction and emergency responses. Accelerating progress will require inclusive humanitarian programming and the use of technological solutions to be effectively promoted and incentivised, and people with disabilities and their organisations to be involved from the outset in the design and implementation of policies and programmes"
Bezug: http://www.asksource.info/node/70252#sthash.3C2wJcgA.dpuf; http://www.ids.ac.uk/publication/including-people-with-disabilities-in-emergency-relief-efforts; http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/5186/IncludingPeopleWithDisabilitiesInEmergencyReliefEfforts.pdf.

Burke, Megan/Persi Vicentic, Loren
Equal Basis 2014: Access and Rights in 33 Countries
This report presents research about efforts to meet the needs and uphold the rights of persons with disabilities in four thematic areas: health care, rehabilitation, work and employment, and accessibility and enabling environments. Research findings are drawn from the experiences of land-mine and cluster munition survivors and other persons with similar needs in 33 countries experiencing armed conflict or emerging from armed conflict or political or economic transition. Findings are placed within the context of relevant articles of the Convention on the Rights of Persons with Disabilities and the World Report on Disability
Bezug: http://www.asksource.info/node/70254#sthash.VFiLHvrQ.dpuf; http://the-monitor.org/index.php/content/view/full/25214.

United Nations (UN) Independent Expert Advisory Group on a Data Revolution for Sustainable Development (IEAG)
A World that Counts: Mobilising the Data Revolution for Sustainable Development
This report highlights two big global challenges regarding the current state of data: whole groups of people are not being counted and important aspects of people's lives and environmental conditions are still not measured; and there are huge and growing inequalities in access to data and information, and in the ability to use it. The report makes specific recommendations on how to address these challenges, calling for an UN-led effort to mobilise the data revolution for sustainable development: fostering and promoting innovation to fill data gaps; mobilising resources to overcome inequalities between developed and developing countries and between data-poor and data-rich people; leadership and coordination to enable the data revolution to play its full role in the realisation of sustainable development.
Bezug: http://www.asksource.info/node/70250#sthash.eNMxeO4g.dpuf; http://www.undatarevolution.org/wp-content/uploads/2014/11/A-World-That-Counts.pdf.

International Centre for Evidence in Disability (ICED)
Measuring Disability in Surveys and Programmes: A Summary
This research summary report presents methodological recommendations for measuring disability in a comprehensive and comparable way.
Bezug: http://www.asksource.info/node/70279#sthash.l01Mud75.dpuf; http://disabilitycentre.lshtm.ac.uk/files/2014/12/Disability-Measurement-Summary.pdf.

Jolley, Emma/Thivillier, Pauline/Smith, Fred
Disability Disaggregation of Data: Baseline Report
This baseline report contains information on the initial steps (prior to the start of data collection) undertaken to include disaggregation of data by disability in two projects in Tanzania and India. The report includes information on project selection, development of an Monitoring and Evaluation (M&E) plan, adaptation of data collection tools and training of Country Office staff, partners and data collectors. This baseline also captures the knowledge, attitudes and practices of programme managers, decision makers and data collectors around disability, the availability of data, and the experiences of Sightsavers' implementing staff.
Bezug: http://www.asksource.info/node/70301#sthash.Ym1SncBg.dpuf;
http://www.asksource.info/sites/asksource.info/files/Sightsavers%20Baseline%20Report%20-%20Disability%20Disaggregation%20of%20Data.pdf

Mac-Seing, Muriel
Including Disability in HIV Policy and Programming: Good Practices Drawn from Country-Based Evidence
The purpose of this document is to share good practices and processes concerning the inclusion of disability issues in HIV policy and programming, drawing on specific experiences in Senegal, Ethiopia, Kenya, Rwanda and Cambodia and on lessons learned at international AIDS conferences. More specifically, it is intended to 1) provide a clear indication to HIV and AIDS practitioners that disability mainstreaming in HIV and AIDS is indeed possible and workable in various contexts and by implementing specific steps/initiatives; 2) transfer concrete knowledge and practices to disability stakeholders, including disabled people's organisations, on how to work in HIV and AIDS; and 3) persuade HIV-related development partners that more investment is needed to develop this knowledge base in order to bring about practical changes at micro, meso and macro levels, as well as among the population. The good practices are also intended to inspire and motivate other organisations and agencies to use and replicate them in other contexts and countries, if/when they are adapted to the needs and situations of people with disabilities and communities.
Bezug: http://www.asksource.info/node/70303#sthash.HOsDipdp.dpuf;
http://www.hiproweb.org/uploads/tx_hidrtdocs/DisabilityAndHIV_LL07.pdf.

Zuurmond, Maria
Include Us in Education!: A Qualitative Research Study on Barriers and Enablers to Education for Children with Disabilities in Nepal
A 2013 Plan study across 30 countries found that children with disabilities were on average ten times less likely to go to school than children without disabilities. This report presents the findings of a follow-up second phase to the research with a qualitative study on barriers and enablers to education for children with disabilities in Nepal. The research looks at the experiences of 21 children aged 6 to 16 years (8 of them had dropped out of school while one had never been enrolled) through in-depth interviews conducted with 21 families (20 caregivers and 13 children), 9 key informant interviews, and visits to two special schools and one integrated school. The report presents the findings and makes recommendations for the way forward.
Bezug: http://www.asksource.info/node/70263#sthash.BFZ0ZxMa.dpuf;
http://disabilitycentre.lshtm.ac.uk/files/2014/12/Include-us-in-education-Full-Report-ENGLISH.pdf.

Inclusion International
Independent But Not Alone: Global Report on the Right to Decide
This report presents the perspective of people with intellectual disabilities and their families on the right to decide, in line with Article 12 of the Convention on the Rights of Persons with Disabilities. Over the past two years, over 600 self-advocates, family members, disability advocates, and professionals participated in discussions motivated by Inclusion International's Global Campaign on the Right to Decide. Additionally, Inclusion International heard from over 80 organisations from more than 40 countries. The report presents a series of recommendations and conclusions in order to advance the right to decide.
Bezug: http://www.asksource.info/node/70292#sthash.IqVXFCTI.dpuf;
http://inclusion-international.org/wp-content/uploads/2014/06/Independent-But-Not-Alone.pdf.

Dimbarre Kpehounton, Cathy
Access to Employment for All in West Africa: Let's Make It Work
This multi-stakeholder initiative documents good practice for inclusive employment of people with disabilities, in order to promote effective implementation of Article 27 of the Convention on the Rights of Persons with Disabilities in seven West African countries. The objective was to make recommendations for public and private employers, microfinance institutions, governments and their partners in order that they become agents of change and commit themselves to inclusive policies promoting access to decent jobs for people with disabilities in West Africa.
Bezug: http://www.asksource.info/node/70240#sthash.I7LGaz2B.dpuf; http://proadiph.org/IMG/pdf/access_to_employment_for_all_in_west_africa.pdf.

Heeren, Marie-Julie/Ky, Lai/Van Brakel, Wim
Perceived Needs Related to Social Participation of People with Leprosy-Related Disabilities and Other People with Disabilities in Cambodia: A Qualitative Study

The objective of this study was to describe the similarities and differences in perceived needs related to social participation of persons with leprosy-related disabilities and other persons with disabilities in Cambodia, and to suggest key interventions to promote participation in the community. A cross-sectional study was completed by conducting pilot-tested, face-to-face semi-structured interviews, with open and closed questions, and focus group discussions to investigate the perceived needs related to social and economic participation in the community. The study found that both groups of people with disabilities have similar needs to improve participation in social and economic life, and the authors suggest that it is best to form multi-disability self-help groups to empower all the affected people and help fight poverty.
Bezug: Disability, CBR & Inclusive Development Journal, Vol 25, No 3; http://www.asksource.info/node/70269#sthash.osxUABAI.dpuf; http://dcidj.org/article/view/343

Čevra, Nerina/Hunter, Jane
Writing the Rights: Highlighting the International Standards on the Rights of Victims of Armed Violence

This report is an analysis of international and regional legal and policy provisions on the rights of victims of armed violence. This study highlights different themes related to the rights of victims of armed violence and notes the evolving trends or emerging (or existent) norms evident in international law and policy relating to that particular theme. It is aimed at scholars, advocates, activists and government representatives working to further the rights of victims of armed violence as an international policy agenda. The report concludes that much more needs to be done by states to ensure that the rights of all victims of armed violence are protected and that assistance is provided in a way that addresses victims' particular circumstances and specific needs.
Bezug: http://www.asksource.info/node/70293#sthash.bVny4Ffl.dpuf; http://aoav.org.uk/wp-content/uploads/2014/02/AOAV-Writing-the-Rights.v2.2014.pdf.

Howgego, Catherine/Miles, Susie/Myers, Juliette
Inclusive Learning: Children with Disabilities and Difficulties in Learning

This Topic Guide brings together evidence on what works in inclusive learning for children aged three to 12 years with disabilities and/or difficulties in learning in low and middle income countries, and explores the role of inclusive approaches in contributing to inclusive societies and ultimately inclusive growth. The Topic Guide addresses some of the contested and debated issues around terminology, labelling, and segregated, integrated and inclusive schooling; reviews the limited evidence that exists from low and middle income countries around the outcomes of inclusive learning; and identifies future research directions.
Bezug: http://www.asksource.info/resources/inclusive-learning-children-disabilities-and-difficulties-learning-topic-guide#sthash.2QLj4idy.dpuf; http://www.heart-resources.org/topic/inclusive-learning/.

Kisia, James et al.
Childhood Disability and Malnutrition in Turkana Kenya: A Summary Report for Stakeholders and Policy

This study aimed to assess whether children with disabilities were included within humanitarian and food security response programmes and whether there was an association between disability and malnutrition. The fieldwork was conducted in 2013 in the Turkana region of Kenya, a region repeatedly classified as experiencing a humanitarian emergency, and used both qualitative and quantitative methods. The key finding of the report is that children with disabilities are more likely to be malnourished and the key recommendations are that children with disabilities should be targeted in food aid and food assistance programmes, and that further efforts are needed to include children with disabilities in education. The report is intended for stakeholders to inform policy.
Bezug: http://www.asksource.info/resources/childhood-disability-and-malnutrition-turkana-kenya-a-summary-report-stakeholders-and#sthash.fCE2dGJC.dpuf; http://disabilitycentre.lshtm.ac.uk/files/2014/10/Malnutrition-and-Disability-Report-Full-Report.pdf.

De Beaudrap, Pierre/Mac-Seing, Muriel/Pasquier, Estelle
Disability and HIV: A Systematic Review and a Meta-Analysis of the Risk of HIV Infection among Adults with Disabilities in Sub-Saharan Africa

More than one billion people worldwide are estimated to be living with disabilities. A significant proportion of them lives in Sub-Saharan Africa where they are reported to be at increased risk of HIV. However, quantitative evidence on this remains scarce. A systematic review and a meta-analysis of the risk of HIV infection among people with disabilities living in Sub-Saharan Africa were undertaken. We searched all published or unpublished studies and national surveys reporting HIV prevalence among adults with disabilities living in Sub-Saharan Africa between 2000 and 2013.
Bezug: AIDS Care : Psychological and Socio-medical Aspects of HIV/AIDS, Volume 26, Issue 12 DOI: 10.1080/09540121.2014.936820; http://www.asksource.info/resources/disability-and-hiv-a-systematic-review-and-a-meta-analysis-risk-hiv-infection-among-adults#sthash.AXEctnVR.dpuf; http://www.tandfonline.com/eprint/G3YQv3pKSUy-aDWJ3JyPg/full.

Bruijn, Paulien

Inclusion Works: Lessons Learned on the Inclusion of People with Disabilities in a Food Security Project for Ultra Poor Women in Bangladesh

People with disabilities are often amongst the poorest in the developing world. Inclusion of persons with disabilities in mainstream development programmes is a relatively new concept in development. The ICCO Gaibandha Food Security Project in Bangladesh is one of the first programmes that has mainstreamed disability on a large scale. This book represents the lessons that are learned about mainstreaming disability in this programme. It is a source of inspiration and offers practical suggestions to make a start with including people with disabilities in (food security) projects.

Bezug: http://www.asksource.info/resources/inclusion-works-lessons-learned-inclusion-people-disabilities-a-food-security-project#sthash.enM116eL.dpuf; http://www.lightfortheworld.nl/en/about-us/publications/inclusion-works.

Mazzarino, Andrea

Abandoned By the State: Violence, Neglect, and Isolation for Children with Disabilities in Russian Orphanages

This report presents the situation of violence, neglect, and isolation for children with disabilities in Russian orphanages. The report is based on visits by Human Rights Watch researchers to ten orphanages in six regions of Russia, as well as on more than 200 interviews with parents, children, and young people currently and formerly living in institutions in these and two additional regions of Russia. It finds that many children and young people with disabilities who have lived in state orphanages suffered serious abuse and neglect on the part of institution staff that impedes their development. The report presents the background of the current situation and makes recommendations to key Russian stakeholders to ensure protection of the rights of children with disabilities in Russia and to comply with its international human rights obligations.

Bezug: http://www.asksource.info/resources/abandoned-state-violence-neglect-and-isolation-children-disabilities-russian-orphanages#sthash.chgj7Ute.dpuf; http://www.hrw.org/reports/2014/09/15/abandoned-state-0.

Wilbur, Jane/Jones, Hazel

Disability: Making CLTS Fully Inclusive

This issue of Frontiers of CTLS (Community Led Total Sanitation) focuses on people with disabilities and their particular needs for access to sanitation. There are many forms of disability, including mobility impairments, sensory impairments (affecting sight or hearing), chronic illness, impairments caused by older age or mental health issues. People affected tend not to be present at activities, to lack voice in the community, to have their needs overlooked, and may even be hidden by their families. This issue outlines the reality of the experiences of disabled people, the varied nature of their needs and how they can be met. It includes practical recommendations for people engaged in CLTS to make the different phases and processes of CLTS more inclusive.

Bezug: Frontiers of CLTS : innovations and insights, Issue 03; http://www.asksource.info/resources/disability-making-clts-fully-inclusive#sthash.VthRMa8Q.dpuf; http://www.wateraid.org/~/media/Publications/Frontiers-Making-CLTS-fully-inclusive.pdf.

Van Der Heijden, Ingrid

What Works to Prevent Violence Against Women with Disabilities: A Global Programme to Prevent Violence Against Women and Girls

This report presents key findings on the evidence from research studies on violence against women with disabilities and evidence from interventions to prevent violence. Despite the greater vulnerability of women with disabilities to gender-based violence, this report recognises that more research and innovation is needed to develop effective responses, including the identification of risk factors, especially in low-middle income settings. It notes the absence of publications on gender-based violence against women with disabilities, the lack of rigour and demonstrable effectiveness of interventions so far and presents key lessons learned and conclusions. This resource is useful for anyone interested in prevention of violence against women and girls with disabilities.

Bezug: http://www.asksource.info/resources/what-works-prevent-violence-against-women-disabilities-a-global-programme-prevent-violence#sthash.C9Pjekx3.dpuf; http://r4d.dfid.gov.uk/pdf/outputs/VAWG/What_Works_Inception_Report_June_2014_AnnexW_Interventions_for_abuse_against_WWD.pdf

Tataryn, Myroslava et al.

The Malawi Key Informant Child Disability Project

The aim of this study was to use the Key Informant Method (KIM) to estimate the prevalence of moderate/severe physical, sensory and intellectual impairments and epilepsy among children in two districts (Ntcheu and Thyolo) in Malawi. The Key Informant Method is a novel method for generating these data. KIM focuses on training community volunteers to identify local children who maybe live with disabilities, who are then screened by medical professionals and referred on for appropriate health and rehabilitation interventions. Consequently, the method offers an alternative to population-based surveys of disability in children, which can be costly and time consuming.

Bezug: http://www.asksource.info/resources/malawi-key-informant-child-disability-project#sthash.KiLX3YME.dpuf; http://disabilitycentre.lshtm.ac.uk/files/2014/08/KIM-Malawi-MAIN-REPORT-v2.pdf.

Sharma, Kriti
Treated Worse Than Animals: Abuses Against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India
This in-depth, illustrated report on the abuses of female patients with psychosocial or intellectual disabilities at institutions in India found that patients experience widespread neglect and abuses of their rights, including denial of legal capacity, a lack of community-based support and services, verbal and physical violence as well as involuntary treatment and admission. It recommends India to undertake urgent reforms to guarantee the legal capacity of people with psychosocial or intellectual disabilities and to take steps to shift from institutional to community-based care and services for people with disabilities, with specific recommendations for central and state government level, national and state commissions and international donors.
Bezug: http://www.asksource.info/resources/treated-worse-animals-abuses-against-women-and-girls-psychosocial-or-intellectual#sthash.Ep1O89NE.dpuf; http://www.hrw.org/sites/default/files/reports/india_forUpload.pdf.

Human Rights Watch (HRW)
Women and Girls with a Disability in India
This easy-to-read summary uses simple language and clear illustrations to succinctly present the key principles of the full report: "Treated worse than animals: abuses against women and girls with psychosocial or intellectual disabilities in institutions in India". The report found that female patients with psychosocial or intellectual disabilities at institutions in India experience widespread neglect and abuses of their rights.
Bezug: http://www.asksource.info/resources/women-and-girls-a-disability-india#sthash.yURIrBxs.dpuf; http://www.hrw.org/sites/default/files/reports/India_vawwdreport_FINAL%20ETR.PDF.

International Centre for Evidence in Disability (ICED)
Telengana Disability Study: India
This report presents the findings of a study that developed and tested a best-practice population-based survey methodology to estimate the prevalence of disability in children and adults in India, and compared the extent to which people with and without disabilities access key mainstream services and opportunities including health, education and livelihoods in Telengana State, India.
Bezug: http://www.asksource.info/resources/telengana-disability-study-india#sthash.IlXtis7F.dpuf; http://disabilitycentre.lshtm.ac.uk/files/2014/12/India-Country-Report.pdf.

International Centre For Evidence in Disability (ICED)
The North West Cameroon Disability Study
This report presents the findings of a study that developed and tested a best-practice population-based survey methodology to estimate the prevalence of disability in children and adults in Cameroon, and compared the extent to which people with and without disabilities access key mainstream services and opportunities including health, education and livelihoods in north west Cameroon.
Bezug: http://www.asksource.info/resources/north-west-cameroon-disability-study#sthash.RTI4owUc.dpuf; http://disabilitycentre.lshtm.ac.uk/files/2014/12/Cameroon-Country-Report.pdf.

Office of the UN High Commissioner for Human Rights (OHCHR)
The Convention on the Rights of Persons with Disabilities: A Training Guide
The Office of the UN High Commissioner for Human Rights (OHCHR) Training Guide is for facilitators of training courses on the Convention on the Rights of Persons with Disabilities and its Optional Protocol who are already familiar with the international human rights system. The Training Guide's methodology is interactive and promotes a participatory approach. Its modules can be used to develop tailored training courses to meet the needs of specific audiences (Government officials, health professionals, civil society, employers' organisations, etc.). It is also helpful as a general information resource on the Convention and its Optional Protocol.
Bezug: https://unp.un.org/Details.aspx?pid=24268.

Alexander, David/ Sagramola, Silvio
Major Hazards and People with Disabilities. Their Involvement in Disaster Preparedness and Response
This publication was launched at the Global Risk Forum in Davos. The results revealed on the one hand good intentions but on the other that special needs for people with disabilities were not taken into consideration in situations of emergency and crisis. Rescue services need to be prepared for their tasks in the context of demographic changes to assist people with different needs. The report highlights seven success factors of the Guidelines for Assisting People with Disabilities during Emergencies, Crises and Disasters and stresses that in the diversity of the political systems, it is important to identify the essence of good practice and how to develop strategies.
Bezug: European Concept for Accessibility Network,EUROPA, 2014; http://www.coe.int/t/dg4/majorhazards/ressources/pub/MajorHazards_Disability_2014_en.pdf.

VERANSTALTUNGEN/EVENTS

18.05. - 19.05.2015   Pacific Rim International Conference on Disability and Diversity, Honolulu, Hawaii.
Information: http://www.pacrim.hawaii.edu. Kontakt: Erin Green, 1410 Lower Campus Rd., #171F; Tel: (080) 956 - 8816; Fax: (080) 956 - 4437; E-Mail: prreg@hawaii.edu.

01.06 - 05.06.2015   5th CBR Africa Conference: CBR Guidelines: A bridge to Inclusive Society beyond 2015 Development Framework, Kyambogo, Uganda.
Information: http://afri-can.org. Kontakt: CBR Section, Faculty of Special Needs Education and Rehabilitation, Kyambogo University, P.O.Box 114 Kyambogo, Uganda, Tel: 0414 574462, E-Mail: info@afri-can.org; grace@afri-can.org.

11.06.2015   International Conference on Mental Health and Social Work Practice; Washington DC, United States of America.
Information: http://www.advenaworld.com/mental-health---social-worker-conference.html. Kontakt: Advena World LLC, 8653 16th Street, # 7603, Silver Spring, MD 20910; Tel: 240-688-5189; E-Mail: submission@advenaworld.com.

22.06. - 26.06.2015   7th International Summer School of the Center for Disability Law and Policy. Disability and International Development, Galway, Irland.
Information: http://www.nuigalway.ie/cdlp/Summer_School_2015/summer_school_2015_info.html. Kontakt: Centre for Disability Law and Policy, National University of Ireland, Galway, University Road, Galway, Ireland; Tel: +353 (0)91 495888; Fax: +353 (0) 91 495569; E-Mail: info.cdlp@nuigalway.ie.

06.07. - 09.07.2015   6th International Conference on Disabilities: Unity & Diversity in Action, Tel Aviv, Israel.
Information: http://eng-conf.beitissie.org.il. Kontakt: Congress Secretariat: Paragon Israel, 60 Medinat Hayehudim St., 46766 Hertzlyia, Israel; Tel: +972 3 5767700; E-Mail: Bis.secretariat@paragong.com

17.08. - 18.08.2015   Disability Matters: Asia-Pacific, Bangkok, Thailand.
Information: http://consultspringboard.com/disability-matters/about/2015dmap/. Kontakt: Tel: 973-813-7260; E-Mail: jill@consultspringboard.com.

17.08. - 21.08.2015   12th World Down Syndrome Congress: Let's make an inclusive tomorrow, Chennai, India.
Information: http://www.wdsc2015.com. Kontakt: Tel: +91 (40) 65 10 41 60; E-Mail: wdsc2015@mci-group.com.

01.09. - 03.09.2015   3rd Asia-Pacific CBR Congress: Poverty Reduction through Community-based Inclusive Development (CBID) and Sustainable Development Goals (SDGs), Tokyo.
Information: http://www.apcbr2015.jp.
Kontakt: E-Mail: inquiry@apcbr2015.jp.

01.10. - 02.10.2015   International Conference on Disaster Management and Civil Engineering, Phuket, Thailand.
Information: http://icdmce.org/index.php. Kontakt: Tel: +91 9781001229; E-Mail: editor@urcae.org.

08.11. - 13.11.2015   18th ICASA International Conference on Aids and STI's in Africa, Hammamet, Tunisia.
Information: http://icasa2015tunisia.org. Kontakt: Tel: +233 303 936 814 or +233 26 5985 425; E-Mail: enquiries@icasa2015tunisia.org

Schwerpunktthemen kommender Ausgaben der Zeitschrift
Focal Topics of Upcoming Issues

2/2015: Inklusion in der Bildung für nachhaltige Entwicklung/Inclusion in Education for Sustainable Development (verantwortlich/responsible: Gabriele Weigt)

3/2015: Arbeit/berufliche Bildung und Teilhabe/Work/Vocational Education and Participation (verantwortlich/responsible: Jana Offergeld)

1/2016: Frühkindliche Entwicklung und Inklusion/Early Child Development and Inclusion (verantwortlich/responsible: Sabine Schäper)

Interessierte Autorinnen und Autoren mögen sich für nähere Informationen und unseren *Leitfaden für AutorInnen* bitte an die oben genannten Verantwortlichen wenden. Darüber hinaus sind Vorschläge für weitere Schwerpunktthemen willkommen unter info@inie-inid.org.

If you are interested in contributing, please contact the respective member of the editorial board mentioned above for more information and our Guidelines for Submissions. Moreover, we welcome ideas and suggestions for future focal topics which you can submit to our editorship at info@inie-inid.org.

Deadlines for the upcoming issues:

	2/2015	3/2015	1/2016
Hauptbeiträge/Focal articles	15.03.2015	15.07.2015	15.10.2015
Kurzbeiträge/Other contributions	15.03.2015	15.07.2015	15.10.2015

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