

## **Disability in emergencies and humanitarian assistance – how to address the needs of people living with disabilities in acute humanitarian assistance**

### **Main objectives:**

- 1 to address the special needs of people who were living with disabilities before the disaster or conflict situation developed. They are one of the most vulnerable groups in need of special attention. In the latest edition of the handbook of the Sphere Minimum Standards it is clearly stated as a cross-cutting issue to be attended to. Referring to the special needs arising from problems to access food, the intake of food (assistance needed) and psycho-social care there are standards in the Sphere handbook.
- 2 to prevent future disabilities of people affected by disaster situation through assessment of medical and health needs following disaster. Injuries (fractures, wounds or other trauma) not properly diagnosed and treated may result in disability.
- 3 to provide support to those people newly living with disabilities caused by the disaster. This includes provision of prosthesis, supply with medical aids, wheel chairs, crutches, physiotherapy, social support and emotional support.
- 4 to co-ordinate support for people living with disabilities and those at risk to develop from disabilities and their families.
- 5 to develop concepts for disaster preparedness with focus on disabilities (prevention & support) as done by Yakkum, Malteser International partner in Indonesia.

### **Practical approach for assessment and planning of relief activities:**

- Base line data on no. of people living with disabilities in a community to be collected.
- Average no. of people living with disabilities in the community (higher in developing countries – can be up to 5 – 10 %, depending on definition) .
- Reports from health and social services. How many people with what disabilities were registered in the district, municipality pre-disaster?
- Assessment following disaster identifies vulnerable groups, their needs and demands. This needs to be included in assessment check-list of all sectors (health, food, water & sanitation, shelter).
- Community health worker interview families of affected population, collect information which is then compiled reported (methods: home visits, key informant interviews)
- Coordination of health and social services provided by different actors. Some NGO (local and international) are specialised on people living with disabilities (Yakkum /Indonesia, Handicap International)
- Promotion and communication / health education and information.
- List of potential support from people living with disabilities as resource person who are ready to assist, for example to communicate with deaf-mute persons.

## Activities in emergencies:

Identify and assess injured persons in emergency health facilities and at home for referral to appropriate treatment opportunities (fractures, compound fractures of extremities, spine injuries, fractures of pelvis).

Access to appropriate treatment and care is often hampered by non availability of the service, costs for treatment, lack of knowledge and lack of information and communication.

Example Java: Malteser International conducted home visits in villages to identify affected persons to be guided and transferred to diagnostic, treatment and/or social support.

Example Nias: YAKKUM analysed the situation following the March 2005 tsunami in June 2007 involving 89 people. 35 adult and 10 children with disabilities, 29 community volunteers and 15 staffs of YAKKUM. From the information gathered from PWD, their families and the communities' one can gain a sense of a very limited knowledge with regards to disability. Much of the feedback they gave focused on medical notions of disability; cultural beliefs are strongly attached to views of the causes of disability and the rights of people with disabilities would seem to be virtually non existent. There was also a sense of charitable view of disability in communities, with views of pity and dependence expressed. People with disability appear very isolated and excluded from much of the decision making of communities. Need for integration of community based rehabilitation and centre based rehabilitation (specialised services, hospitals).

### **Key issues in acute disaster relief and in rehabilitation / development programmes.**

*[personal communication with Maria Widagdo, YAKKUM, Oktober 2007]*

<b>Disaster situation (relief phase)</b>	<b>Development situation (rehabilitation)</b>
- Easier to identify people with disabilities because people are prepared to offer assistance to those in need	- Baseline data from official sources on people and services, local government support. Surveys and key informant interviews to assess needs and identify people living with disabilities
- Short term service delivery projects	- Awareness raising, community education
- In developing countries higher no. of people with disabilities because of "preventable disabilities" following domestic and road traffic accidents	- Safety education to prevent accidents and information on treatment and support
- Co-ordination of activities and targeting – prevention of gaps	- physical and psycho-social rehabilitation
- Identify clients for physical and psycho-social support and rehabilitation	- Advocacy for sustainable support of government services
- <i>continue within rehabilitation and development</i>	- Empowerment of people with disabilities and their families

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Input for WG 6

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