

Example for successful Inclusion of Persons with disabilities in a Humanitarian Emergency situation

Introduction :

Several emergency responses experiences and impact evaluation lead us to the conclusion that it was very difficult to find persons with disabilities and to ensure their access to appropriate relief operation.

Persons with injuries were the focus of all humanitarian stakeholders as they are easy to locate and part of the most vulnerable groups. In that sense it was sometimes very difficult to highlight the needs of persons with disabilities previous to the disaster (natural or man made) as they were considered as being a non significant group of beneficiaries.

It is important to understand that the emergency response is related to life saving process and the methodology is often using blanket coverage of needs.

As a conclusion we understood that :

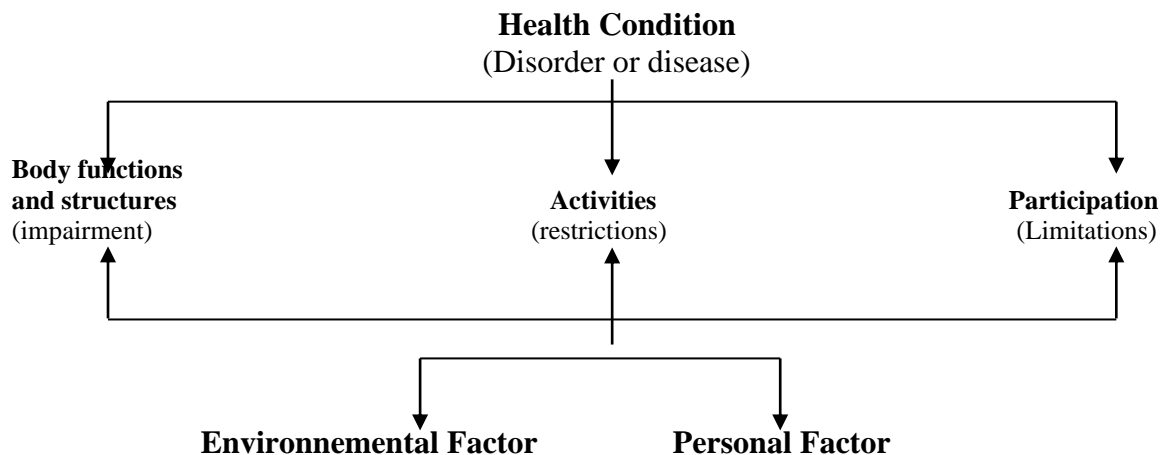
- In emergency persons with disabilities are invisible
- Emergency stakeholders tend to think that disability issues require expertise and therefore do not feel they have the capacities to respond to these needs
- There is a tendency to think that persons with disabilities died because of the disaster as they don't have the ability to flee and find secure shelters.
- Disasters are often the causes of new disabilities being through injuries or lack of access to basic needs / specific needs because of a complete change in the environment (diabetes, epilepsy, lack of vitamin A, etc..).



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The International Classification of Functioning, disability and Health (ICF – WHO)

It is a model which demonstrates how health condition, personal factors and environmental factors are all considered as influences on body functioning, performance of activities and participation in social life.



The ICF applied to an emergency situation will facilitate the understanding of persons with disabilities specific vulnerabilities and will help humanitarian stakeholders to define their inclusive response strategies.

Body functions are the physiological functions of body systems (including psychological functions).

Body structures are anatomical parts of the body such as organs, limbs and their components.

Impairments are problems in body function or structure such as a significant deviation or loss.

In an emergency situation, we all recognize that any injury, psychological trauma will impair either / or body functions and body structures. To address these impairments, medical NGOs will develop specific health program and strategies to minimize their impact. Mainstream organisations will ensure that persons with injuries and their family's access basic need supply.

Activity limitations are difficulties an individual may have in executing activities.

Participation restrictions are problems an individual may experience in involvement in life situations.

It seems also very easy to understand that activities can be limited by impairment or a disability and therefore that the participation is limited. Now this is considered for persons with injuries as consequences of a disaster and as priority beneficiaries groups. It is often not considered as a priority when activities limitations and participation restrictions are not directed related to the disaster but are the results of a disability. As a reminder, 10% of the population according to WHO is disabled, therefore 10% of each affected population is disabled too and has most of the time a limited participation which is worsened by the disaster.

Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.

Previous to any disaster a persons with disability will have developed coping mechanisms and strategy to be able to increase their participation. Any disaster will be a factor of huge changes in the environment, being physical (after an earthquake, in a refugee camps, etc.), social (injured or dead family members, fights for survival, blame of PWD, etc), and attitudinal (blanket coverage, denied of existence, etc.).

This is a factor on which any humanitarian organisation can influence in relation with their activities planning.

Few examples :

- Location of distribution point
- Inclusion of disabled children in nutritional program
- Accessible shelters and facilities
- Children friendly space with sensitised staff able to welcome disabled children
- Location of health services,
- Etc.

Therefore disability is the results of an interaction between personal and environmental factors, in emergency often the personal factors of a person with disabilities are the same but an important change happen in the person's environment therefore their abilities to "function" and participate is largely modified.

Legal Instruments :

The UN Convention on the Rights of Persons with Disabilities is bringing some references for emergency responses too.

It is important to highlight that since the Geneva Convention persons with injuries were recognised as subject of special protection. Even though this was through a very medical approach it was already taking note of special needs for people to whom their personal factors were impaired by the disaster / conflict.

Geneva Convention, Additional Protocol I, 1949, 1977,

Section I : General Protection

Art 8. Terminology

For the purposes of this Protocol:

a) "Wounded" and "sick" mean persons, whether military or civilian, who, because of trauma, disease or other physical or mental disorder or disability, are in need of medical assistance or care and who refrain from any act of hostility. These terms also cover maternity cases, newborn babies and other persons who may be in need of immediate medical assistance or care, such as the infirm or expectant mothers, and who refrain from any act of hostility;

UN Convention on the Rights of Persons with Disabilities :

Preamble :

- u) Bearing in mind that conditions of peace and security based on full respect for the purposes and principles contained in the Charter of the United Nations and observance of applicable human rights instruments are indispensable for the full protection of persons with disabilities, in particular during armed conflicts and foreign occupation,

Article 11 - 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.

Article 32 - International cooperation

1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

- a. Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;
- b. Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;
- c. Facilitating cooperation in research and access to scientific and technical knowledge;
- d. Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

2. The provisions of this article are without prejudice to the obligations of each State Party to fulfill its obligations under the present Convention.

Disability Focal Point

Based on the observation that persons with disabilities were invisible and that persons with injuries once discharged from health facilities were left alone, Handicap International define an emergency community based strategy. In order to facilitate the identification of persons with disabilities and to use local existing knowledge, partnership with local Disabled Persons Organizations is very efficient as DPO already had a comprehensive knowledge of disability issues in the affected area. They were also very motivated to further know about persons with disabilities , their needs and their situations following the disaster.

<u>Indonesia – earthquake Java – June 2006</u>	<u>Lebanon – conflict south Lebanon – august 2006</u>
In partnership with 4 local DPO	In partnership with 1 DPO and 2 services providers
Set up of 8 DFP at community level covering most of the affected area	Set up of 5 DFP covering south of Lebanon and Beirut
Short training of volunteers using very simple assessment format	
In 3 months identification of 4460 PWD / PWI	In 4 months identification of 712 PWD/PWI
Assessment of both specific and basic needs	
Large number of PWD / PWI did not access basic assistance programs	
Participation to coordination mechanisms to advocate (based on numbers) for access to relief activities with PWD	
Development of tools, training and pool of experts to support mainstream organizations to include PWD / PWI in their programs	
Lots of mainstream organizations used our data and modified their activities to make them inclusive. Some of them supported directly DPOs.	
Strategic operation frameworks included disability issue on rehabilitation phases	

Recommendations :

During Emergency :

- 1) use DPO knowledge and develop partnerships
- 2) use the cluster coordination mechanisms to advocate for inclusion of PWD in mainstream operation but do it with DPO
- 3) Produce data, mapping and lists of needs (advocacy should be evidence based)
- 4) Usual inclusion standards should be lowered to ensure humanitarian stakeholders to take them into consideration.
- 5) Develop mechanisms of support for mainstream organization through friendly tools and support team.

Planning rehabilitation :

- 1) Use existing guidelines and disseminate international standards
- 2) Provide I/NGO, GOV, etc with data
- 3) Organize awareness raising sessions / training
- 4) Provide specific advices to I/NGO, GOV, etc. in partnership with DPOs and expert on project design and planning.

Conclusions:

Involving DPO, Persons with disabilities in Relief activities is :

→ Making disability visible

→ Is demonstrating abilities of PWD, DPO to be active contributors in emergency responses

→ Building their legitimacy and credibility at international , local and community level

→ Allowing their participation in the design of rehabilitation projects.