

People with disabilities in crisis response

Most disabled persons can and want to be part of reconstruction, if only given appropriate support and opportunities

THE CHALLENGE

Crises are critical contexts for disabled persons: for those women, men, youth and children who already have a disability, as well as for those who become disabled as a result of crises. Both require special assistance to survive, recover and lead a decent life.

For the first group, the issue is how to ensure their safety and protection. This requires advance planning, down to the community level, to identify where individuals with disabilities live, the nature of their disability – mobility, sensory (sight or hearing), intellectual or psychiatric – and the type of special assistance each might require in the crises most likely to occur. For example, persons using wheelchairs or visually impaired may need help to evacuate their homes or offices, deaf persons may need assistance in sign language or in writing about what to do in an emergency, and those intellectually disabled may need special attention and reassurance in times of crisis. More generally, emergencies may deprive disabled persons of vital connections to attendants, family members, neighbours, and of the possibility to follow customary routines.

Emergency workers, including police, fire fighters, Red Cross personnel, etc. need specific training in providing the special assistance required. Most communities have agencies and associations already providing services or representing the



interests of people with disabilities, which can help design crisis response plans and training.

Natural disasters such as earthquakes, floods and storms may swell the ranks of the disabled. Similarly, armed conflicts and terrorist acts leave behind large numbers of injured civilians as well as combatants. Estimates about disabled ex-combatants alone in the early 1990s war between Ethiopia and Eritrea reached 18,000 and 45,000, respectively. The violent nature of many current conflicts and war tactics that deliberately target civilians, cause massive physical and mental injuries. Thousands of people are disabled directly, by land mines, man-caused mutilations, chemical agents, etc. All need urgent access first to medical care and medical rehabilitation services, including orthopaedic services and the provision of technical aids and devices (artificial limbs, wheelchairs, etc.).

Others are also disabled by crisis-related factors such as contaminated water, exposure to drugs and alcohol, and the breakdown of the medical infrastructure. Reduced health care often occurs just when these services are most needed. In addition, many people experience disabling terror and trauma as a result of living in deep and often protracted fear: fear of death, abduction, rape, torture of oneself and of family members. Memories of atrocities perpetrated in Cambodia, Sierra Leone, Lebanon, Guatemala, Former-Yugoslavia, for example, are still painfully vivid. Other disabling fears relate to loss of homes and livelihoods, social identity and social references, bringing hopelessness and despair. This reduces the chances of earning a decent livelihood, being self-reliant, productive, and contributes to growing poverty and marginalization.

Yet, experience proves that appropriate support allows disabled persons to become productive members of their communities. Indeed, most can and want to earn a living.

Perhaps the greatest challenge facing persons disabled by armed conflict in particular, is their social and economic integration following medical care. Participation in programmes for non-disabled persons is often possible and desirable to ensure integration. Some special programmes may nonetheless be required to provide

adapted vocational skills, jobs or support for self-employment. Particular attention must focus on the specific training and related needs of disabled persons, including technical aids and devices that allow them to become socio-economically active and fully integrated in their communities. Among the hurdles that need tackling are disabled persons' limited access to information and transportation and, particularly in cases of very long crises such as a protracted war, the little basic education and skills of some.

ILO RESPONSE

The ILO and its InFocus Programme on Crisis Response and Reconstruction (IFP/CRISIS) have focused particularly on disabled ex-combatants in a number of countries, including Afghanistan, Angola, Bosnia and Herzegovina, Cambodia, Ethiopia, Mozambique, Namibia, Palestine and Zimbabwe. Projects in these countries have assisted governments, agencies, local NGOs and organizations of persons with disabilities to provide vocational skills training, mostly in mainstream vocational training centres but also in special rehabilitation centres. In some cases, programmes are combined with counselling and rehabilitation, particularly critical for those more severely disabled or suffering deep psychological trauma. Whenever

possible, projects seize the opportunity of infrastructure rebuilding to encourage making physical structures more accessible to disabled persons, for instance through construction plans to accommodate ramps, wider doors and other mechanisms permitting maximum access to labour market opportunities.

Technical assistance for all persons with disabilities is based on ILO's 20 and more years of experience in this field. It concentrates on vocational rehabilitation and employment creation, the building of self-reliance, self-esteem and income-generation capacity.

KEY LESSONS FROM ILO WORK

- ▶ Advance planning and specific training to ensure safety and protection of persons with disabilities should be part of all standard disaster preparedness efforts. This includes identifying those who may have special needs, customizing awareness and preparedness messages and materials for special groups, providing disabled persons realistic expectations of service in an emergency.
- ▶ Communication is the lifeline in emergencies, particularly for disabled persons, many of whom may be unemployed, socially and physically isolated from society.

Preparing disabled ex-combatants for reintegration in Namibia



During the war for Independence led by the South West Africa People's Organization (SWAPO), the ILO collaborated with the Government of Zambia to assist SWAPO in implementing two successive projects (1982-87 and 1987-91) for its disabled former freedom fighters, exiled and left idle in refugee camps in Zambia. It provided a mix of services, from basic education and English language instruction to orthopaedic and other medical care, vocational rehabilitation, skills training and job placement.

Some 240 SWAPO disabled ex-combatants received training in 14 vocational trades in 10 mainstream Zambian institutions, before returning to Namibia in 1990 upon independence.



▶▶ Self-employment is often the best option in post-crisis contexts, for both women and men with disabilities; and small enterprise development programmes should specifically include and provide support for them.

▶▶ Planning and implementation of general demobilization and reintegration programmes for ex-combatants should provide specifically for including disabled ex-combatants in each phase: encampment, transition and reintegration/resettlement.

▶▶ Disabled people's organizations should be supported and empowered, as they know best the needs of persons with disabilities, and how best to meet them.

▶▶ Clear division of labour and coordination of action among the relevant actors (ministries and administrative agencies, NGOs, associations of disabled persons, international actors, etc.) is imperative for effective intervention.

▶▶ Collection and dissemination of information about successful examples of training and reintegration of people with similar impairments is important to boost confidence (among disabled persons, but also their families, communities, implementing agents and donors), as well as to overcome the widespread belief that disabled persons cannot work or be productive.

▶▶ Crisis-response programmes should include the special measures and resources that people with disabilities need to rebuild their lives, families and communities.

▶▶ People with disabilities are not a homogeneous group.

▶▶ Whenever possible, existing medical facilities should be used and expanded, if necessary, for the provision of services to persons disabled by crisis, rather than building costly, specialized, dedicated facilities which may no longer be needed once the emergency is over.

▶▶ Many disabled ex-combatants and civilians can take advantage of the same programmes, services and benefits made available to non-disabled conflict victims, and should be specifically included when post-conflict programmes are designed and implemented.

▶▶ National training policies should envisage vocational training for crisis-related disabled persons and standard practices to provide, wherever possible, this training alongside their non-disabled peers.

▶▶ Specific programmes or services may be required for special groups of disabled persons, such as blind or deaf persons.

▶▶ Special measures should ensure access for women and girls with disabilities to skills acquisition and income-earning opportunities, as they often face additional barriers linked to

cultural constraints and family responsibilities.

▶▶ Helping disabled civilians and ex-combatants return to their communities and a sustainable livelihood as soon as possible following medical treatment, is essential to avoid developing dependency and reintegration difficulties. Thus, the priority is to provide early skills training, matching skills provided with those demanded in the community.

▶▶ Reintegration programmes should provide for the inclusion of disabled persons or members of their families in general employment-creation programmes (in agriculture, labour-intensive works, micro and small enterprise development, etc.), as well as through special measures.





ADDITIONAL ILO READINGS



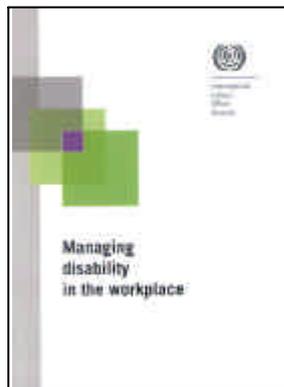
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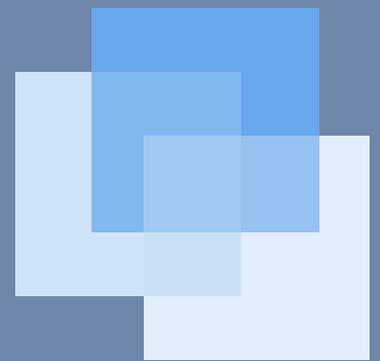
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For further information

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- Also see the ILO Programme on Disability:
www.ilo.org/skills/disability