

STUDY 2015
Advocacy



Disability in humanitarian contexts

Views from affected people and field organisations



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Acknowledgements

We would like to thank the World Humanitarian Summit Secretariat, in particular Isabelle De Muiser and Sebastian Bachmann, for having given Handicap International the opportunity to conduct this online consultation and for supporting the global dialogue on disability as part of the World Humanitarian Summit process.

We also would like to thank:

- the International Disability Alliance (IDA), the International Disability and Development Consortium (IDDC) and CBM International, for their support in distributing the questionnaires;
- our partners, in particular disabled people's organisations, for contributing to the collection of responses at the national and local levels and for directly responding to the surveys;
- NGO networks for distributing and promoting the surveys.

Finally, our heartfelt thanks to all respondents for having made this study possible. We fervently hope that your voice will be heard and will result in definitive changes leading to a truly inclusive humanitarian response.

Executive summary

This report is based on the results of a global consultation carried out in 2015 as a contribution to the World Humanitarian Summit and is intended to better identify the changes needed for a disability-inclusive humanitarian response. A total of 769 responses were collected through 3 online surveys targeting persons with disabilities, disabled people's organisations (DPOs) and humanitarian actors.

The responses show that persons with disabilities are strongly impacted when a crisis occurs: **54% of respondents with disabilities state they have experienced a direct physical impact, sometimes causing new impairments.** 27% report that they have been psychologically, physically or sexually abused. Increased psychological stress and/or disorientation are other effects of the crisis for 38% of the respondents with disabilities.

This consultation also confirms that persons with disabilities too often fall through the cracks of humanitarian response. **Three quarters of the respondents report that they did not have adequate access to basic assistance such as water, shelter, food or health.** In addition, the specific services persons with disabilities may need, such as rehabilitation, assistive devices, access to social workers or interpreters were not available for one out of two respondents with disabilities, further impeding their access to mainstream assistance.

Some of the main barriers preventing persons with disabilities from obtaining aid in crisis contexts are linked to the lack of accessible information on those services and the difficulty in accessing the services themselves: lack of physical or financial access, lack of staff trained in disability, or distance from the services.

85% of humanitarian actors responding to the survey recognise that persons with disabilities are more vulnerable in times of crisis and 92% estimate that these persons are not properly taken into account in humanitarian response. Real efforts are being made to fill this gap as 63% of humanitarian actors state they have developed specific projects or policies. However, they still face significant challenges in making their assistance truly inclusive: insufficient consultation of persons with disabilities, lack of technical expertise on disability, or financial obstacles. Finally, only 30% to 45% of the services they provide are reported as accessible to persons with disabilities.

In times of crisis, DPOs declare implementing a wide range of activities aimed at persons with disabilities, with the main ones relating to raising awareness on the needs of persons with disabilities (71%), identification of persons with disabilities (62%), and initial needs assessments of persons with disabilities (53%).

As a matter of fact, **56% of humanitarian actors consider that improved coordination between mainstream actors, specialised actors, and DPOs should be a priority.**

While most humanitarian actors pledge to target vulnerable persons in crisis time, few of them are putting in place specific mechanisms and procedures to effectively reach to, and taking into account, persons with disabilities in their programs.

Addressing these challenges is a human right imperative. It has also to do with an effective implementation of principled humanitarian aid. This ambition requires changes in policies and practices within the humanitarian community as a whole.



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Introduction

According to the World Health Organisation, 15% of the world's population lives with a disability, including 93 million children¹. In the context of emergencies, field experience indicates that persons with disabilities are too often neglected in the contingency planning, assessment, design, and delivery of humanitarian relief. **Emergency situations such as conflicts or natural disasters can also generate an increased number of people who experience disability owing to new injuries, a lack of quality medical care, or the collapse of essential services.**

Ensuring inclusion of persons with disabilities during emergency response must be considered a core component of principled and effective humanitarian action. It is based not only on the humanitarian principles of humanity² and impartiality³, but also on the human rights principles of equity and non-discrimination⁴. Deliberate action from the humanitarian community is required to make sure that the crisis-affected people most at risk have access to the basic aid and specific services essential for their survival, protection, and recovery.

1. World Health Organisation, *World Report on disability*, 2011.

2. "Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings." Office for the Coordination of Humanitarian Affairs (OCHA), *OCHA on Messages, Humanitarian principles*, April 2010.

3. "Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions." *ibid*.

4. "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 11 to the Convention on the Rights of Persons with Disabilities.

Progress has recently been made in the way humanitarian frameworks and policies address the issue of inclusion: significant attention was paid to this challenge in the post-2015 Disaster Risk Reduction framework consultation process and the Sendai outcomes⁵; several States such as the United Kingdom, Australia and Italy developed policies or guidelines on disability in emergency contexts; and disability in emergency contexts has been addressed as part of the monitoring process of the Convention on the Rights of Persons with Disabilities. **But actors continue to face difficulties in translating those policies into action.**

This report is based on the results of a global online consultation of persons with disabilities, disabled people's organisations (DPOs), and humanitarian actors, carried out from April to June 2015 to contribute to the consultations ahead of the World Humanitarian Summit. This consultation was led by Handicap International, in partnership with the World Humanitarian Summit Secretariat, and with the support of the International Disability Alliance (IDA) and the International Disability and Development Consortium (IDDC). Responses came from different regions of the world, including

“Disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”

Preamble of the Convention on the Rights of Persons with Disabilities.

Latin America and the Caribbean, Africa, Asia, and Europe.

We hope this report will help to better identify the changes needed to shape a disability-inclusive humanitarian response, and that it will prove a powerful incentive for all humanitarian actors to adapt their policies and practices accordingly. At a time when the World Humanitarian Summit provides an opportunity for reshaping aid, **listening to the voices of those directly concerned in crisis contexts is the best way to improve understanding of what needs to be done.**

An overview of the respondents:

Persons with disabilities: answers were collected from 484 persons with disabilities, including 400 directly impacted by a humanitarian crisis. 27% were born with impairment, 68% acquired later on an impairment and 5% who were born with an impairment and later acquired a new one. 36% were affected by a natural disaster and 60% by an international and/or internal conflict⁶. The sample includes 7.5% of respondents under the age of 18 and 6.5% of persons between 60 and 75 years. 46% of the respondents were women.

Humanitarian organisations: responses were received from 167 humanitarian actors, including international and local non-governmental organisations and UN agencies.

Disabled people's organisations (DPOs): responses were received from 118 DPOs in 28 countries, including 109 that worked in a crisis setting (78 in the context of natural disasters and 60 in the context of conflicts).

5. The Third United Nations World Conference on Disaster Risk Reduction was held in March 2015 in Sendai, Japan, where the Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted.

6. The remaining 4% of respondents were concurrently affected by a natural disaster and a conflict.



Humanitarian crises: what risks to persons with disabilities?

1.

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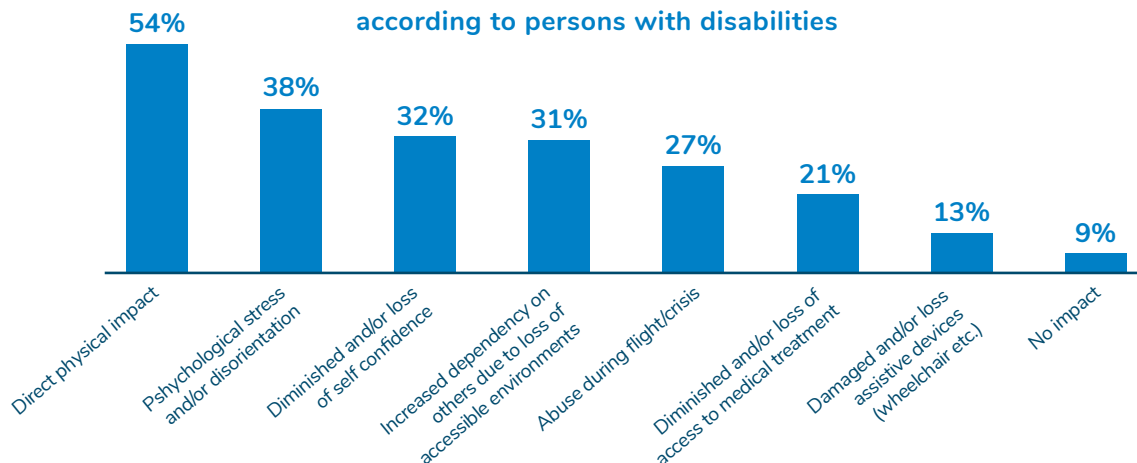


The impact of crises on persons with disabilities

The brutal changes in environment induced by the occurrence of a humanitarian crisis often place persons with disabilities in a situation of increased vulnerability⁷. While all persons may be negatively impacted by the crisis, persons with disabilities – like other groups

such as older persons or injured persons – face specific challenges that put them more at risk. Respondents highlight three main effects of crises that increased their vulnerability and had serious consequences on their ability to cope with the situation.

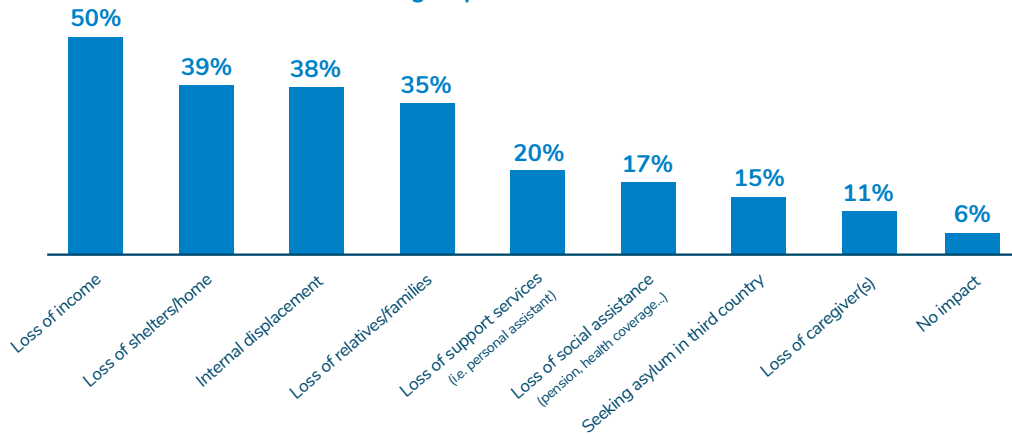
CHART 1 - Main personal impact of a humanitarian crisis according to persons with disabilities



7. Vulnerability is understood as “the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of a major event.” Wisner B., Blaikie P., Cannon T., Davis I. *At Risk: Natural hazards, people’s vulnerability and disasters*, 2005, p.11.



CHART 2 - Impact of a humanitarian crisis on social and economic environment according to persons with disabilities



Direct physical impact: loss of mobility and increased dependency

54% of respondents state they have experienced a **direct physical impact**⁸ owing to the crisis, with 45% of all respondents having acquired a new impairment:

- 33% report a diminution and/or loss of mobility owing to new or additional physical or sensory impairments;
- 9% had to undergo amputation;
- 14% experienced a diminution and/or loss of sight;
- 11% experienced a diminution and/or loss of hearing.

31% percent of the respondents report a **diminution of the level of environmental accessibility and increased dependency on others**. Additionally, 13% report the loss of their assistive devices or the need to use a damaged one, leading to further isolation.

The combination of these factors may have an additional impact on their health, with possible deterioration or creation of new long-term impairment if not addressed in the early stages, and may also lead to increased protection concerns for persons with disabilities.

Psychological impact

According to individual respondents, the **psychological impact is the second most important personal impact of a humanitarian crisis** with 38% of psychological stress and/or disorientation, and 32% of diminished and/or loss of self confidence. This is to be linked to the direct physical impact that comes first (54%) but also to numerous destructuring factors of the environment of persons with disabilities having an impact on their autonomy and emotional well being. Among those are social and economic effects such as

the loss of income (50%), the loss of shelters/home (39%) or the internal displacement (38%), and, understandably the loss of family members (32%) and caregivers (13%), who often represent primary support for persons with disabilities. While these types of impact are likely to be faced by many other affected people regardless of disability, those results highlight the need to pay specific attention to addressing the psychological impact of the crisis on persons with disabilities.

8. "Physical impact" covers answers from persons reporting a diminished and/or loss of mobility, hearing and/or sight, or amputation.



PROPOSAL FOR ACTION⁹

“Measures to respond to psychological stress, such as peer support, should be implemented.”

Person with disability from Afghanistan.

“Humanitarian actors should take into account [...] the psychosocial aspect in an accessible way, particularly addressing the needs of women and girls and persons with intellectual and psychosocial disabilities.”

Humanitarian actor.

High rate of abuse during crises

“Persons with disabilities are specifically vulnerable to physical, sexual, and emotional abuse, requiring additional protection. The lack of privacy in some situations, such as a lack of access to latrines and bathing areas, increases the risk of abuse.”

Person with disability from Burundi.

Persons with disabilities are at high risk of abuse during a crisis and/or flight, with **27% of respondents reporting having been subject to physical, psychological or other type of abuse including sexual**. It is to be noticed that more

than half of respondents (59%) who have been internally displaced report having been subject to abuse.

Trends from the survey responses also show that persons with communication difficulties, those who have difficulties with memory or concentration, and persons with hearing or sight impairments are particularly subject to abuse during the crisis.

This high incidence of cases of abuses among persons with disabilities coincides with what has been globally reported regarding violence against people with disability¹⁰ including disability hate crimes¹¹ and poses a serious challenge in terms of protection.

Gender-based Violence

Among female respondents with disabilities, one third (33%) report having experienced a type of abuse, whether psychological, physical, or sexual. Physical or sexual abuse accounted for 16% of the responses, both in natural disasters and conflicts.

“It is also important to address gender-based violence, as many persons and children with disabilities are very vulnerable, and experiencing sexual harassment in unsafe shelters makes us more dependent on others’ help.”

Woman with disability from Indonesia.

Lastly 21% report a loss of medical treatment and 17% a loss of social assistance. The absence and/or lack of appropriate medication can increase the risks of onset or progression of disability or can lead to severe complications such as stroke, diabetic complications, and increased levels of mortality and morbidity among the affected population.

Those multiple physical, psychological or social and economic impacts identified by persons with disabilities showcase higher risk factors exacerbating their vulnerability to the crisis.

9. All “proposals for action” are quotes from the respondents.

10. Hughes K, Bellis MA, Jones L, Wood S, Bates G, Eckley L, McCoy E, Mikton C, Shakespeare T, Officer A. Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet* 2012.

11. Violence and criminal offences motivated by hatred against persons with disabilities. See SHERRY, M (2012) *Disability Hate Crimes: Does Anyone Really Hate Disabled People?* Ashgate Publishing, Ltd.



Gaps in access to services for persons with disabilities in humanitarian response

2.

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Priorities in terms of access to services

Access to **health services** appears as a significant primary concern for 70% of respondents — both persons with new impairments owing to the crisis and persons with a disability before the crisis.

Persons with disabilities have the same need to access other **basic services** as any other affected person in emergency response: when asked about their priorities in terms of access to services in crisis contexts, a majority of respondents mention food assistance and water, sanitation and hygiene, along with psychosocial care, protection, shelter and non-food items.

“Health service is very poor, health facilities are not easily accessible because of the distance, and medicines are not appropriate.”

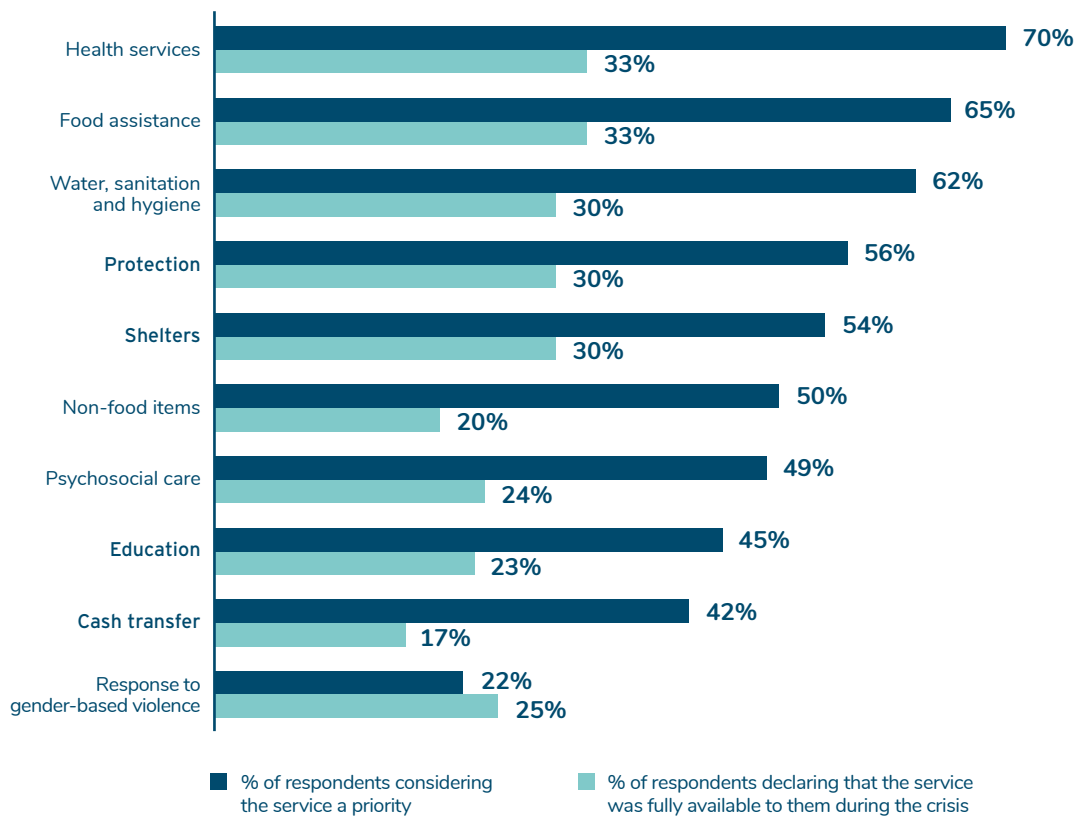
Person with disability from Colombia.

“The problem is the lack of access to medical centres and the lack of assistance because the treatment is not available.”

Person with disability (refugee in Jordan).



CHART 3 - Comparison between needs of basic service by sectors and their availability according to persons with disabilities



Significantly, **education services** are also mentioned by 45% of respondents, a large number of whom live in contexts of protracted or recurrent crisis. This calls for increased attention to strengthening education projects for children, including children with disabilities.

While the disaggregation of data by sex did not show major discrepancies in the priority of needs between men and women for most of the sectors, women report a greater lack of access to protection services (80% of women compared to 62% of men).

“I want to go to school.”

13 year-old Syrian girl with physical impairment (refugee in Lebanon).

“The special school was far from home and it was located in an unsafe area.”

Person with hearing impairment from Uzbekistan.

Level of access to mainstream services

A very large portion of respondents stated that they had no access or only partial access to necessary services. This held true in all sectors.

In particular, while **health services, food assistance and water, sanitation and hygiene are considered priorities** by around two thirds of

the respondents, **only one third had their needs covered in those sectors**. Even worse, non-food item needs, identified as a priority by half of the respondents, were satisfactorily covered for only 19% of respondents. And 42% were in need of cash transfer, but only 17% had this need covered.

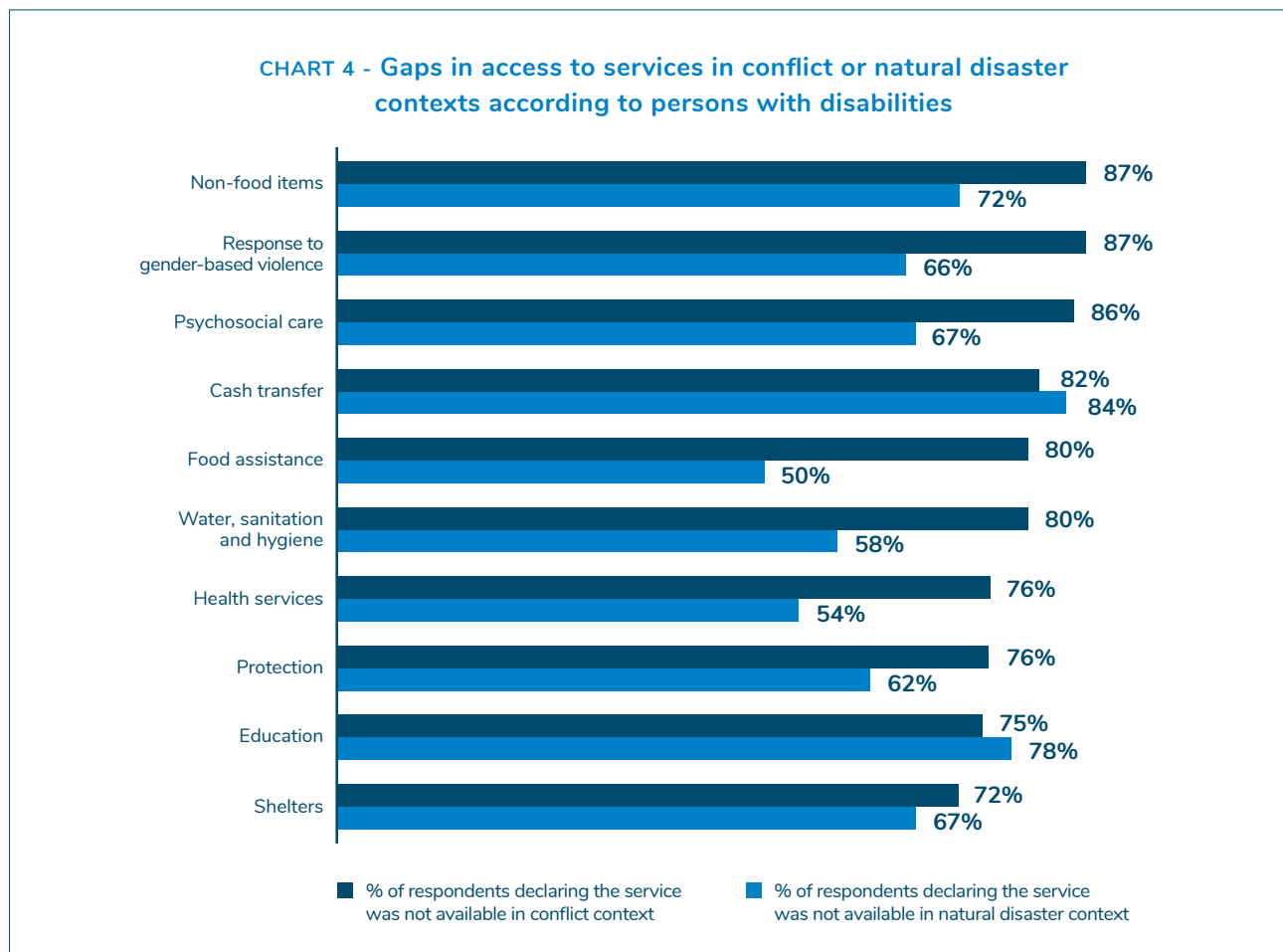


Overall, it appears extremely difficult for persons with disabilities to access the essential services provided during a humanitarian response. The lack of availability or accessibility to those types of services limits their capacity to cope with the situation.

“More must be done to ensure that persons with disabilities are not left behind or forgotten during humanitarian crises. This is because persons with disabilities face significant difficulties in obtaining basic services such as food, water, sanitation, and health care.”

DPO from Sierra Leone.

A significant difference between conflicts and natural disasters in terms of access to services



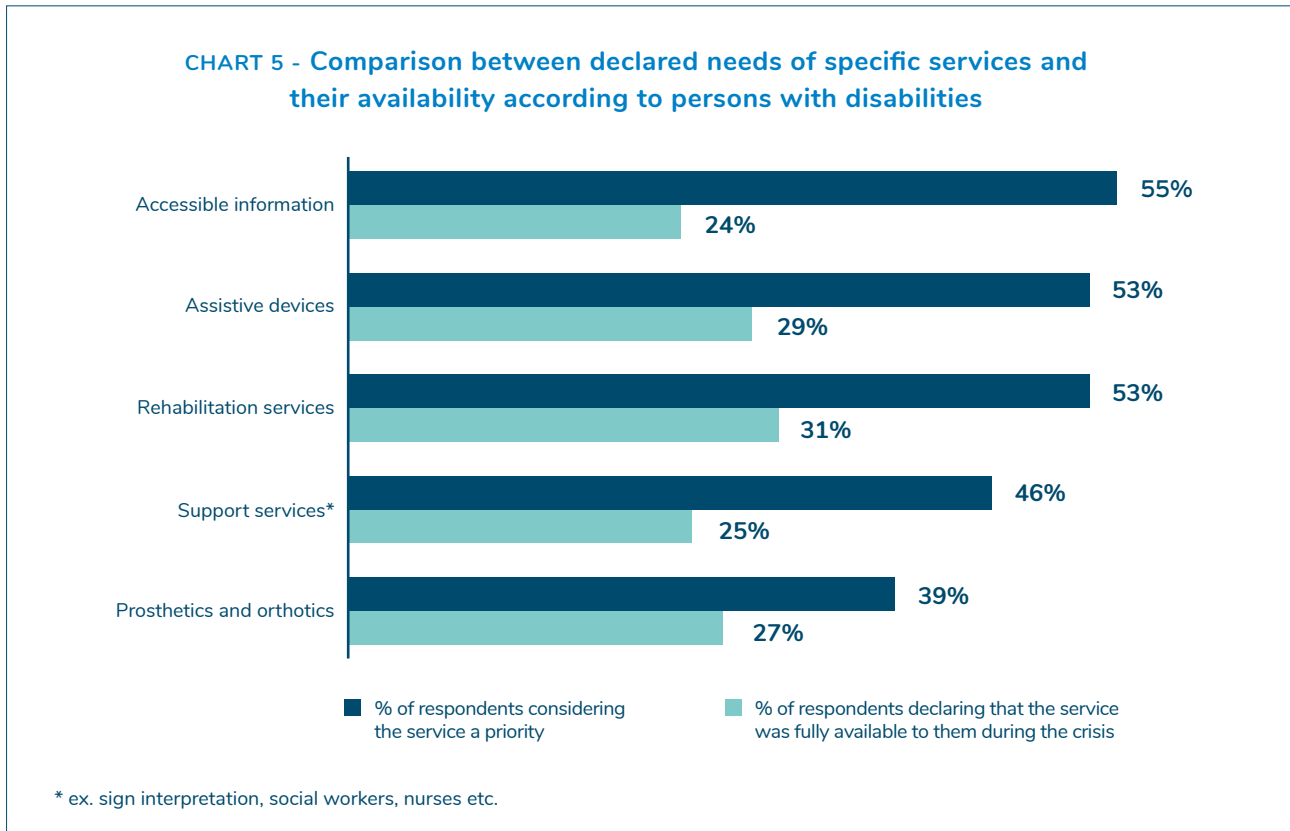
Differences in access to services in times of natural disasters or conflicts are significant: responses show it is more difficult to access mainstream services in conflict contexts than in natural disaster contexts. The chart 4 highlights some priority domains for persons with disabilities that should be strengthened, adapted, or prioritised in humanitarian programs implemented in conflict settings.

Particularly, **in conflict settings, respondents report not having had access to health, psychosocial care, food assistance, and water, sanitation and hygiene services.**

This represents a crucial challenge for the humanitarian community and additional effort must be made to adequately address the situation.



Specific support: the poor sibling of humanitarian response



Some persons with disabilities require additional services and support to cope with a crisis situation. In particular, **55% highlight as a priority the necessity of obtaining accessible information on the availability of services or during the provision of services.**

The issue of information remains a crucial barrier in the response, with only 24% of respondents reporting that they received adequate information in a crisis context.

“ Persons with disabilities in a host country are not well informed about their rights or they do not know on which doors they should knock for assistance. The most stressful thing is the fact that they are not well informed.”
Person with disability from Rwanda.

PROPOSAL FOR ACTION
“ Provide sufficient information on places of refuge and services and on the mechanism of access to services.”
Person with disability from the Gaza Strip.

53% of respondents required rehabilitation services, but only one third of them could access such services. Specifically, 53% consider that assistive devices are a priority and should be

made available within the crisis response, including in the early stages. But provision of assistive devices seems to only cover 29% of identified needs. For example access to prosthetics and orthotics services was needed for



39% of respondents (in particular for those who acquired a new impairment owing to the crisis), but only 27% received assistance of this kind.

Similarly, 46% required specific support services, such as social workers, interpreters, and nurses, who should be part of the rehabilitation or social protection staff in the response. But once again, specific support services are lacking and need to be strengthened and redesigned in humanitarian response to make it inclusive.

“It should be taken into account that the needs of persons with disabilities go beyond mattresses and bottles of water. There are other needs such as catheters, collection bags, wheelchairs, canes, crutches, adult diapers, and hearing aids that must be provided according to the type of disability.”

Person with disability from Panama.

PROPOSAL FOR ACTION

“Ensuring access to rehabilitation, health and other services, as well as the provision of assistive devices, in particular mobility devices, is essential and must be considered throughout the [crisis] process.”

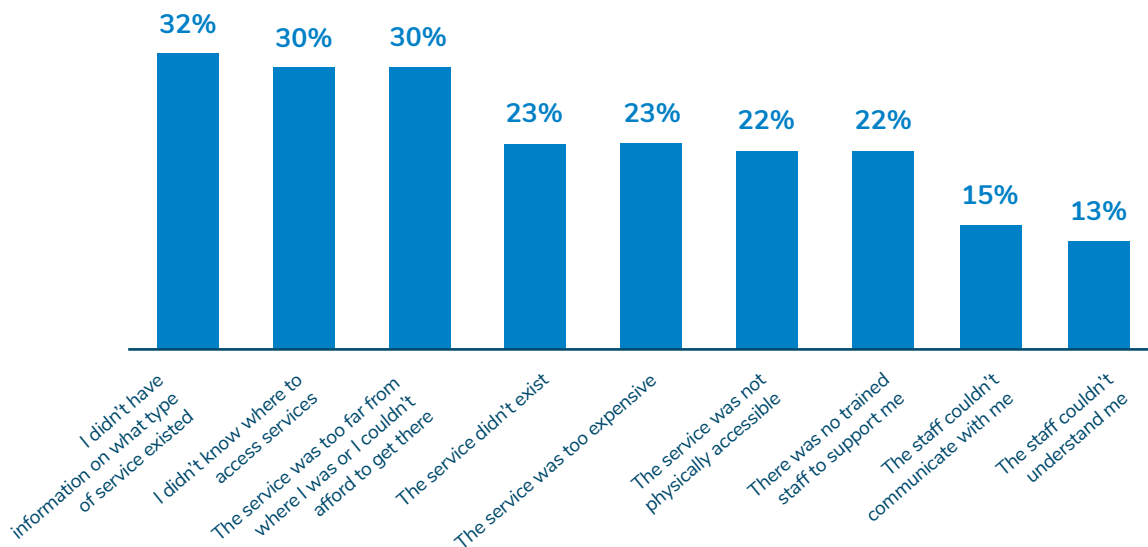
Person with disability from Afghanistan.



Persisting barriers impeding access to services

Persons with disabilities highlight nine different types of barriers that can explain this gap in their access to services during a humanitarian crisis (Chart 6). Three main categories emerge from this consultation: information gap, difficulties in accessing the services themselves and lack of trained staff on disability.

CHART 6 - The main barriers that impede access to services according to persons with disabilities





Information: a crucial challenge in accessing assistance

The lack of accessible information is perceived as one of the main barriers faced by persons with disabilities in accessing services. **30% of respondents did not know where to find available services and 32% did not know what types of services existed.** Similarly, 39% of DPOs identify the lack of accessible information as one of the main barriers impeding the inclusion of persons with disabilities in humanitarian response (see below).

Responses to the survey highlight the need for humanitarian actors and DPOs to better communicate and to undertake the necessary actions to reach out directly to persons with disabilities. Accessible information on existing services and their availability at different levels (district, community, town etc.) is of utmost importance in ensuring that everyone can access appropriate care and services.

“During the crisis, we would like to have interpreters available so we can understand messages, giving us information on the situation and things that are happening.”

Person with disability from the Democratic Republic of Congo.

“My message: availability of services and news about their location. Things to be improved: news on the whereabouts of services.”

Person with disability from Gaza.

PROPOSAL FOR ACTION

“Provide all forms of communication to convey warning information (incorporate sign language in TV news, deliver written or printed information, provide information in Braille etc.)”

Humanitarian actor.

A lack of accessibility of the services themselves

The second main aspect to be addressed by humanitarian actors concerns the accessibility of services. A lack of physical accessibility to the services is identified by 22% of respondents. Adapting access to services for persons with mobility constraints should therefore be a priority for actors responding to a crisis.

But the responses confirm that accessibility should not be seen as solely relating to physical aspects: in particular, 30% of the respondents state that the service was too far from where they were and/or that transportation costs to reach assistance were too high. Being in remote areas with no possibility of transportation support, coupled with the lack of cash to pay for local transportation,

impedes access for persons with disabilities. Specific action, such as the development of affordable or free transport or outreach services, should be looked at by humanitarian actors. The need to better assess the location of people is obviously an essential first step.

“Shelters and relief camps are frequently inaccessible to persons with disabilities, and they may be unable to easily access food and water distribution centres.”

Person with disability from Syria.



PROPOSAL FOR ACTION

“We need accessible bathrooms for persons in wheelchairs or those of limited height. We need accessible shelters and roads for persons in wheelchairs or those on crutches.”

Person with disability from Indonesia.

A lack of trained staff on disability

In addition, persons with disabilities highlight that one of the major barriers is the lack of competent staff on disability. This aspect has also been mentioned by some humanitarian actors responding to the survey, who stated that support

in the form of training in disability for their staff would allow better identification of persons with disabilities as well as better access to humanitarian assistance and services for persons with disabilities.

PROPOSAL FOR ACTION

“Provide local government personnel with intensive training to better respond or communicate with those who shall be receiving aid from them.”

DPO from the Philippines.



The humanitarian response: the different actors, their efforts, the challenges

3.

© V. Darnaudet/Handicap International – April 2011 – Pakistan – Sujawal, Thatta District, Sindh.



The main actors providing assistance to persons with disabilities in humanitarian crisis contexts

According to persons with disabilities, **the main actor providing assistance remains the family (61% of respondents)** and its role is critical to the quality of life of persons with disabilities. The lack of assistance in terms of rehabilitation services, including occupational therapy, psychosocial support and social work, is an additional burden and source of distress for the family. Additionally, many persons with disabilities report the loss of family members or caregivers during the crisis (see Chart 2), which therefore requires humanitarian actors to focus their relief work on local resilience strategies and response at the local or community level, including increasing the availability of specialised support teams.

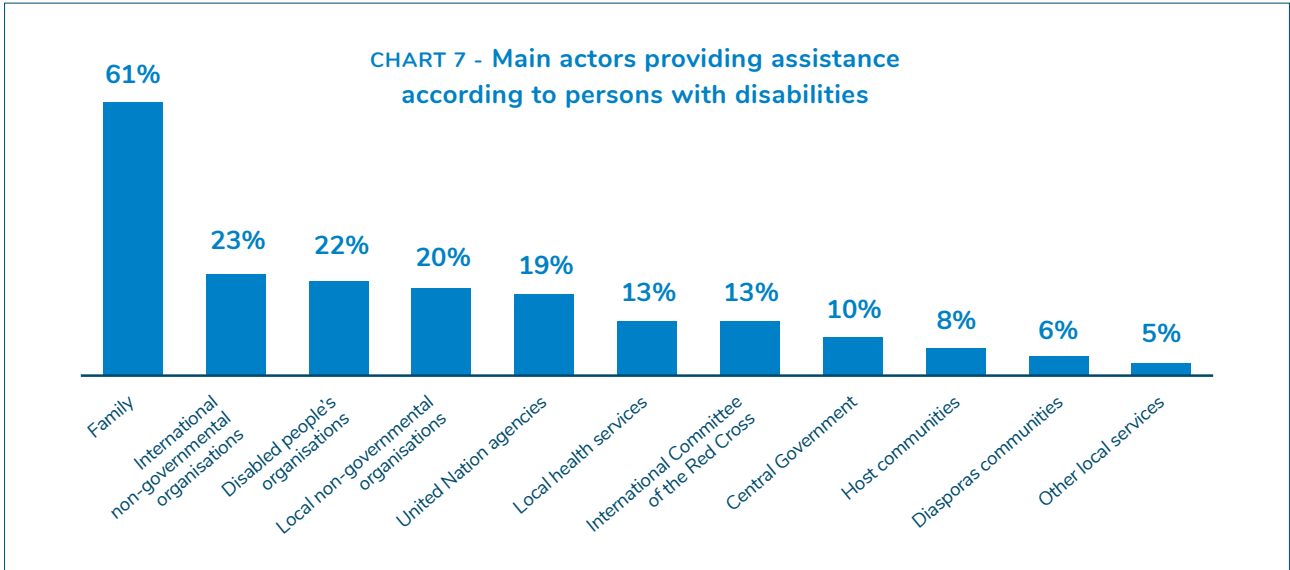
Beyond the family, international non-governmental organisations, DPOs, local non-governmental organisations, and United Nations agencies are considered the main actors providing assistance to persons with disabilities.

“When I became blind, only my family helped me.”

Person with disability from Tajikistan.

“Psycho social counselling is a great need after such devastating calamities. However, it should be offered as early as possible for family members as well.”

Person with disability from Nepal.



More must be done by humanitarian actors for an inclusive response

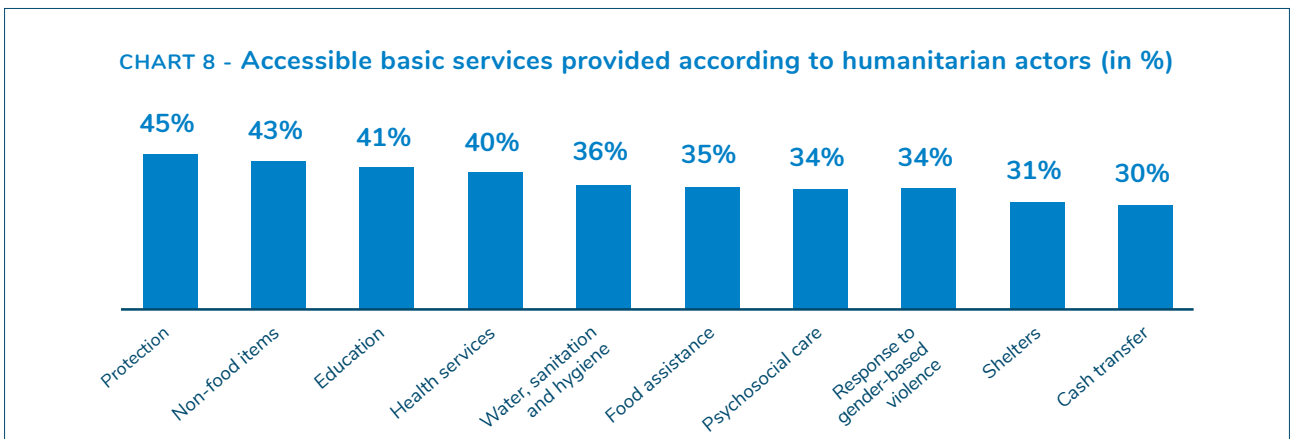
85% of humanitarian actors responding to the survey consider that persons with disabilities are more vulnerable in times of crisis. Yet **92% estimate that persons with disabilities are not properly taken into account in current humanitarian responses.**

To cope with this situation, 63% of humanitarian actors report having developed specific projects or policies for persons with disabilities:

- 38% declare having provided information or training to their staff on inclusion of persons with disabilities.
- One third of the organisations mention that they have a global policy of including persons with disabilities

These results reflect a certain awareness on the issue and efforts by humanitarian actors to improve inclusion of persons with disabilities in the response.

But in terms of provision of services, humanitarian actors report that only 30% to 45% of their activities, depending on the sector, are accessible to persons with disabilities (Chart 8). And only 26% undertake a systematic identification of persons with disabilities as part of their project.



45% of the humanitarian actors responding to the survey report that the protection services they provide are accessible to persons with disabilities.

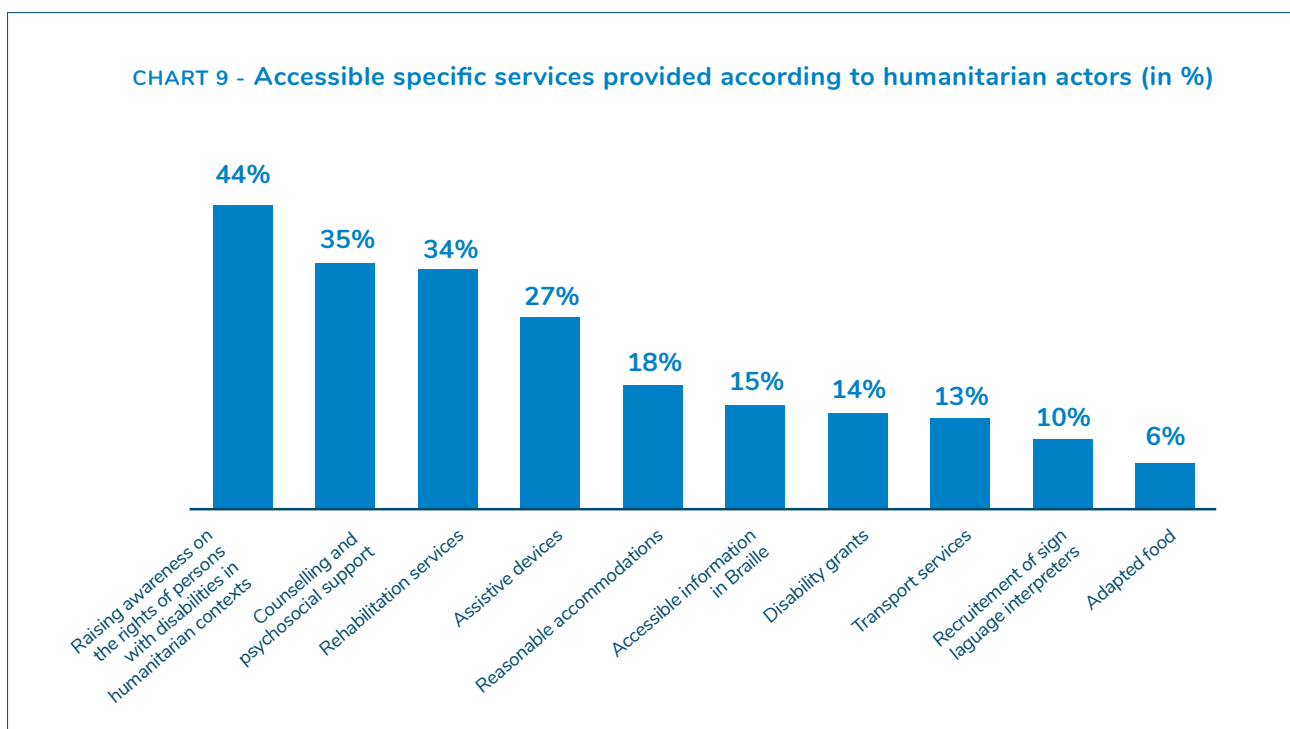
For non-food items, the percentage is 43%. It is interesting to note that these types of assistance are identified as important gaps by respondents with disabilities.

PROPOSAL FOR ACTION

“Answer to this question: is this program or project design inclusive of all persons? Does it consider the particular characteristics of each vulnerable sector?”

DPO from the Philippines.

Provision of specific services by humanitarian actors



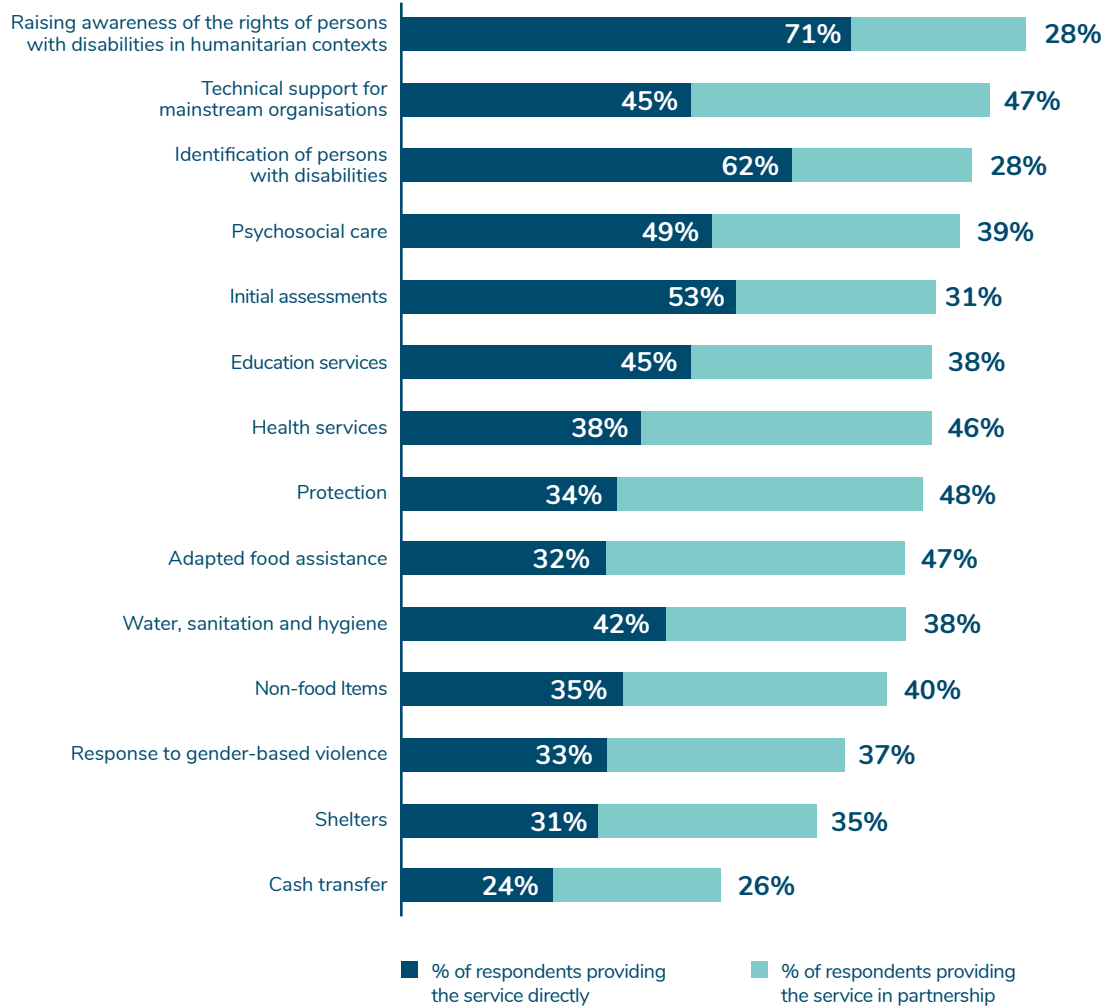
Responses given by humanitarian actors regarding specific services are in line with the perceptions expressed by persons with disabilities, in particular regarding rehabilitation services, assistive devices and accessible information, which are considered insufficiently available. Increasing availability and accessibility of those services will support persons with disabilities in accessing mainstream humanitarian assistance.

While accessible psychological support is clearly mentioned as an important activity undertaken by humanitarian actors, there is still a significant discrepancy when compared to perceptions by persons with disabilities about the availability of this service.



Disabled People's Organisations – one of the key actors for an inclusive humanitarian response

CHART 10 - Services provided by DPOs in humanitarian crises (in %)



81% of DPOs report having continued to run activities during the crisis:

- 36% adapted their activities to respond to evolving situations;
- 29% developed new activities in response to the crisis.

Within a crisis response, the main activities directly implemented by DPOs (Chart 10) concern awareness raising of the needs of persons with disabilities (71%), identification of persons with disabilities (62%) and initial needs assessments of persons with disabilities (53%).

Those organisations also report the provision of services such as shelter, health services, psychosocial care and water, sanitation and hygiene, either directly or in partnership with humanitarian actors.

50% of DPOs report having run at least one activity in partnership with humanitarian actors to support them in their activities and/or to provide technical expertise and guidance on inclusion.

Active collaboration and partnership may further support humanitarian actors in the design or implementation of inclusive projects.



The participation of persons with disabilities themselves at the decision-making level and at all stages of the humanitarian response is considered a key issue by DPOs: 70% of the responding DPOs highlight this aspect as a necessity to ensure that the relevant authorities and stakeholders have a clear understanding of the requirements of people with disabilities during a humanitarian response.

PROPOSAL FOR ACTION

“Humanitarian organisations have to develop policy frameworks on disability and include disability issues in their logical frameworks. Humanitarian organisations have to develop a database of active DPOs, include them [in their work], and promote partnerships and networks with them.”

DPO from Sierra Leone.

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Challenges for an inclusive humanitarian response, as seen by Disabled People's Organisations

DPOs highlight different challenges for inclusion in humanitarian response. The main issues that emerge for respondents are the lack of awareness of protection needs (55%), the lack of access to funding (47%), the lack of coordination and information sharing among humanitarian actors (46%), and the lack of knowledge of the vulnerability factors of persons with disabilities (43%). Again, this highlights the crucial need to pursue efforts of awareness raising and training on disability for all humanitarian actors, so that they become better prepared to identify and understand the needs of persons with disabilities within a humanitarian crisis.

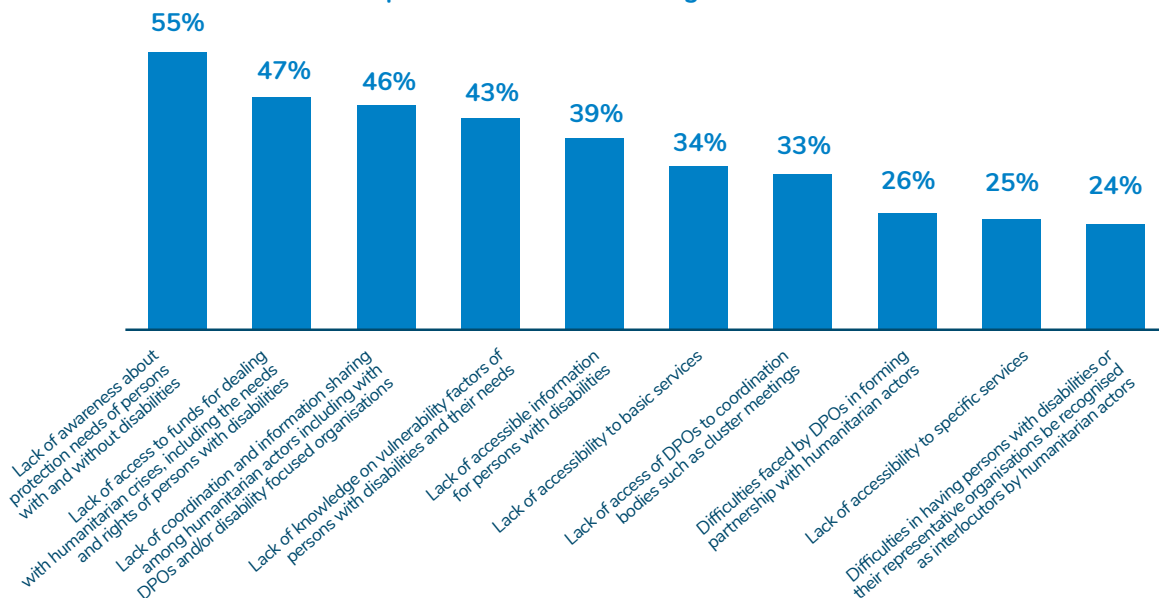
“DPOs have the potential to deliver services, but lack funding to meet the needs.”

DPO from Pakistan.

“Supporting persons with disabilities in humanitarian response should be the responsibility of all aid agencies [...]. Guidance from DPOs that have this experience and knowledge is crucial and donors need to support them in providing this service.”

Humanitarian actor.

CHART 11 - Main challenges in making humanitarian response inclusive according to DPOs



PROPOSAL FOR ACTION

“We would like partner organisations to put material at the disposal of beneficiary NGOs in order for them to partially take over in times of armed conflicts and major events.”

Person with disability from the Democratic Republic of Congo.



Main challenges faced by humanitarian actors in improving their response for persons with disabilities

The humanitarian actors responding to the survey state that they strive to provide accessible services and take into account persons with disabilities in their programmes. But 46% of them also recognise that they face unresolved challenges in including persons with disabilities in their response and are looking for support to address the gap.

Consultation of persons with disabilities

- 46% of humanitarian actors consider that there is a failure to consult persons with disabilities and/or their representative organisations during the crisis response;
- 46% likewise highlight their lack of understanding of the needs of persons with disabilities;
- 10% of persons with disabilities who responded to the survey state that they had been consulted in project design and implementation.

Humanitarian actors will benefit from consulting persons with disabilities, allowing them to adapt their response and better address the needs of persons with disabilities, particularly during the assessment, reorientation and evaluation phases.

“Most of the time, persons with disabilities are seen as merely recipients. When persons with disabilities say we would like to be part of the emergency response, it is not taken seriously, since the thinking is that we cannot provide any support. This is just a belief and not the truth. Persons with disabilities can be strong contributors.”

Person with disability from India.

“We are currently focusing on [internal] awareness-raising, as we are facing internal challenges of lack of awareness (not lack of willingness) and addressing this to mobilise our teams to promote and encourage consultation and participation of persons with disabilities in all our projects.”

Humanitarian actor.

Technical expertise

An important challenge identified by 42% of humanitarian actors is the **lack of technical expertise within their programme or organisation for identifying persons with disabilities** and providing adapted services. 45% state they need support from specialised organisations in order to better adapt their projects and programmes. This coincides with the views of DPOs (60%) in seeing their role as counselling humanitarian

actors on the situation of persons with disabilities, including on their specific needs.

52% of humanitarian actors state that there is a need to exchange practices on inclusion; 34% of DPOs responding to the survey share the same concern. This is a clear call to find ways to enhance information sharing and coordination between all stakeholders during the crisis.

PROPOSAL FOR ACTION

“Keep strengthening the coordination with specialised actors in order to improve technical capacities within the organisation.”

Humanitarian actor.



Coordination

41% of humanitarian actors regret the lack of coordination on how to adequately take into account disability and they consider that this impedes a more inclusive and effective response.

For 56% of humanitarian actors, improved coordination between mainstream actors, specialised actors and DPOs should be a priority.

“To date, service providers in the humanitarian community have not considered disability mainstreaming. Therefore, my recommendation is to mainstream disability as a cross-cutting agenda during service delivery in any country during disaster preparedness.”
Person with disability from Afghanistan.

Low participation of DPOs in planning and coordination mechanisms

The participation of DPOs remains low in natural disaster preparedness mechanisms and coordination mechanisms during crises.

While the level of DPO participation in mitigation plans or in coordination mechanisms seems better than their participation in other aspects of the response, there is obviously still scope for improvement, with 42% of DPOs reporting not having been included.

Only 25% of DPOs state they were always included at the local level in times of crisis, 11% at the regional level, and 9% at the national level.

Inclusion in UN coordination mechanisms is even lower, with only 6% of DPOs always included at the local level, 4% at the regional level, and 3% at the national level.

A need to strengthen policies and standards

36% of humanitarian actors deplore the **lack of priority given to accessibility projects**. Some state that, to a lesser extent, the lack of policies and guidelines were part of the challenges they are currently facing.

The need to develop inclusive policies and standards at the national and global level is seen as a priority for DPOs and mainstream humanitarian actors. Whereas DPOs stress the development of inclusive national government policies (57%),

humanitarian actors prioritise the need for inclusive standards and policies for humanitarian action (55%).

“There are no globally endorsed standards or guidelines related to persons with disabilities and disability inclusion as a cross-cutting issue in humanitarian response.”
DPO from Pakistan.

Financial challenges for the development of an inclusive humanitarian response

The financial aspect is perceived by humanitarian actors as an important barrier in addressing the different concerns raised by persons with disabilities and DPOs. For instance, 22% of humanitarian actors state that they did not have

sufficient resources for reaching persons with disabilities individually, hoping that persons with disabilities would receive their share of assistance when their families were supported. Outreach to persons with disabilities in need

of assistance and who have no possibility of accessing services remains an important challenge for humanitarian actors. This aspect needs to be addressed to ensure that humanitarian response becomes available to everyone.

Lastly, 20% of humanitarian organisations state that no financial or other resources were available to make their services accessible. 14% consider that actions dedicated to persons with disabilities are too expensive.

PROPOSAL FOR ACTION

“Inclusion policies should be revised and [...] specific funds should be allocated to address the needs of persons with disabilities during the response.”

Humanitarian actor.

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Conclusion

4.

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This consultation illustrates that a truly inclusive approach must be the expression of the will of all stakeholders to place persons with disabilities at the heart of the organisation of relief efforts.

Their specific requirements can no longer be ignored or neglected in the immediate aftermath of a crisis, be it for reasons of alleged complexity, priority given to the concept of life-saving, presumed small numbers scattered within affected communities, or excessive costs.

Experience demonstrates that a specific accompaniment of persons with disabilities in the timescale and the space of an emergency is actually possible, and therefore constitutes an imperious obligation for all.

Remaining reluctance among actors to be jammed with sophisticated requirements in the first weeks of a catastrophe, as well as fear of fruitless action in the general rise of disorder during the emergency phase of a relief effort must be overcome by resolute and innovative actions.

Developed or re-oriented in consultation with their beneficiaries and their representative organisations, these actions must, above all, offer true perspectives to persons with disabilities in their struggle for survival and their life projects.

5. Recommendations

The following recommendations are based on the compilation and analysis of the survey outcomes but also stem from the experience of Handicap International and its numerous partners in crisis settings. The recommendations are aimed at the international community, including States, donors, UN agencies, and humanitarian NGOs. Their objective is to ensure that humanitarian programs are better tailored to reaching and identifying persons with disabilities, eliminating the barriers preventing them from accessing basic services, and providing targeted support as necessary.

Humanitarian organisations, including international and local NGOs and the UN should:

- Ensure their assessments are inclusive: identify persons with disabilities; collect and provide disability data disaggregated by sex and age, as well as observations on aggravating contextual factors.
- Consult persons with disabilities at all the stages of a project (assessment, implementation, evaluation) so as to better understand their needs and to design an inclusive response and encourage their participation in decision-making and planning processes.
- Work to eliminate existing barriers (physical, institutional and attitudinal) to basic services through:
 - Physical accessibility of services, for instance at camp and community level with a specific attention to food distribution points, water, sanitation and hygiene infrastructures, health structures, shelters and education infrastructures...
 - Adequate outreach projects and/or transportation support, providing home-based services or involving other members of the community to assist the person in accessing to services or distribution sites.
 - Systematic provision of useful information, accessible and easily understandable by all, including persons who are blind, deaf, or hard of hearing, or who have intellectual or psychosocial disabilities.
- Map existing services to refer and respond to urgent basic and specific needs of persons with disabilities.
- Sensitise staff and strengthen their capacity to identify and include persons with disabilities through training.
- Ensure specific attention is provided to caregivers and families by:
 - Ensuring caregivers and families have access to services and to information.
 - Providing psychosocial support to caregivers and families of persons with disabilities to address their concerns and to enable them to cope with the additional stress that could arise from care responsibilities.
- Ensure that the coordination mechanisms identify and address the specific vulnerability-related concerns within sector forums through:
 - Creating a disability focal point in the response to mainstream disability within clusters and operational agencies, and support coordination between humanitarian organisations, the UN, DPOs and local authorities.
 - Providing capacity building to DPOs staff on humanitarian architecture including coordination mechanisms and response interventions to further supporting their capacities in developing response activities.

Humanitarian organisations providing healthcare, including international and local NGOs and the UN should:

- Ensure that appropriate medication and treatment, in particular for mental health and chronic diseases, are available at the onset of the crisis.
- Develop facilities and mobile teams to ensure persons with disabilities who have difficulties in moving have access to essential health services.

- Engage staff to ensure adequate referral to existing rehabilitation services or services set-up by other humanitarian actors.
- Ensure follow-up on persons with disabilities and persons with injuries once they have been discharged from the health facility so that their health needs are met.
- Ensure that assistive technology is rapidly available in crisis emergency kits and delivered in a timely fashion.
- Ensure that adequate training on how to use these devices is provided to persons with disabilities.
- Ensure that contingency plans are in place, addressing, when required, the need for an early deployment of prosthetic and orthotic capacities adapted to the context of emergency in order to temporarily supplement the scarcity of rehabilitation services or their inability to meet a high demand.
- Include psychosocial care and counselling as part of the response, providing outreach support when needed, including peer support groups to allow persons with disabilities to better cope with the immediate impact of the crisis, as this has proven to be an effective way of increasing resilience.
- Support persons who ensure psychosocial services to consider the needs of those with specific needs, including persons with long-term impairment or loss of freedom of movement, and make sure services are available to persons with communication difficulties.

Governments of crisis-affected countries should at all levels:

- Ensure all services and assistance are available and accessible to persons with disabilities.
- Develop strategies that strengthen existing family and community support mechanisms for persons with disabilities.
- Address gaps in the quality of primary healthcare services, including for people with chronic diseases and people in need of rehabilitation services.
- Ensure services, including medical assistance and longer-term rehabilitation, are available for post-operative patients to avoid or reduce long-term impairment.
- Support the participation of persons with disabilities in project design and implementation.

Governments and donors supporting emergency response should:

Support for humanitarian organisations and DPOs:

- Systematically dedicate an appropriate share of funding to inclusive emergency mechanisms and programmes.
- Enhance the capacity of mainstream operational agencies to address the needs of persons with disabilities by providing tools and training on how to ensure accessibility.
- Facilitate links, knowledge sharing and learning between humanitarian organisations, specialised organisations and DPOs through documentation and dissemination of good practices, lessons learned and recommendations on the delivery of inclusive response activities.

Policies and guidelines:

- Ensure that any new comprehensive guideline on humanitarian response contains detailed and specific provisions on the inclusion of persons with disabilities.
- Review existing guidelines and policies and work to ensure they become inclusive.
- Define an inclusion marker identifying factors of exclusion to be addressed as a requirement in emergency calls for proposals.

Annex 1 – Methodology

Surveys were translated into four languages and hard copies of the surveys were made available in addition to the online surveys. In case of answers on hard copies, results were uploaded by the Handicap International team. Handicap International teams that collected data directly in the field ensured informed consent by respondents and the confidentiality of data and information. All the data have been processed in a confidential manner and all the responses provided remained anonymous.

All responses were translated into English and merged in a single database, from which qualitative and quantitative analysis were performed. In order to avoid duplicates and over-representation of some organisations, Handicap International sorted all the data collected and only one response per organisation was randomly

chosen. Regarding the survey on persons with disabilities, Handicap International cannot guarantee the exclusion of all duplicates, as the surveys were anonymous. Regarding missing values, only responses to open questions from incomplete surveys were kept and included in the qualitative analysis. Surveys missing responses concerning inclusion activities for organisations and the needs of persons with disabilities were excluded from the analysis.

These data merely indicate tendencies. Although the surveys were widely distributed through networks and supported in the field, the modality of distributing the surveys over the internet made them difficult to access for some persons or organisations in certain situations. For example, in some contexts or countries, it was impossible to collect answers owing to security constraints.

Annex 2 – Glossary

Accessibility

Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, in particular persons with disabilities.

Assistive devices (also assistive technology)

Any device designed, made or adapted to help a person perform a particular task. Products may be specially produced or generally available for people with a disability.

Barriers

Factors in a person's environment that, through their absence or presence, limit functioning and create disability – for example, inaccessible physical environments, a lack of appropriate assistive technology, and negative attitudes towards disability.

Basic needs

In the context of a humanitarian response basic needs entail all needs essential for the survival of populations in dignity.

Disabled people's organisations

Organisations or assemblies established to promote the human rights of disabled people, where most the members as well as the governing body are persons with disabilities.

Environmental factors

A component of contextual factors referring to the physical, social, and attitudinal environment in which people live and conduct their lives – for example, products and technology, the natural environment, support and relationships, attitudes, and services, systems, and policies.

Personal factors

A component of contextual factors that relate to the individual – for example, age, gender, social status, and life experiences.

Reasonable accommodations

Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

Rehabilitation

A set of measures that assists individuals who experience or are likely to experience disability to achieve and maintain optimal functioning in interaction with their environment.

Peer support

The provision of social and emotional support by persons facing similar situations and challenges through one-on-one visits or social support groups.

Specific needs

In the context of a humanitarian crisis, specific needs are linked to specific personal factors including new individual incapacities. Taking those needs into account aims at optimizing persons' independence as well as preventing and handling trauma consequences

Universal design

The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

About Handicap International

Handicap International is an independent and impartial international aid organisation operating in situations of poverty and exclusion, conflict and disaster. It works alongside persons with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions, and promote respect for their dignity and their fundamental rights.

The core activities of Handicap International entail rehabilitation, humanitarian demining, refugee camps management, distributions of essential items, social and economic inclusion, health, inclusive education, local development, disaster risk reduction, reconstruction and advocacy.

Handicap International resorts as much as possible to the human and material resources available in the country. Its projects are implemented in cooperation with local partners, the objective being to foster their autonomy in the long-term.

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The consultation process and this publication were financially supported by the Norwegian Ministry of Foreign Affairs. The views and opinions contained in this report should not be seen as reflecting the views of the Norwegian Ministry of Foreign Affairs.



First published in 2015, © Handicap International, July 2015.

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