



Humanitarian Aid

All Inclusive!

How to include people with disabilities in humanitarian action

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INCLUSION IS A HUMAN RIGHT!

The international community has repeatedly underlined the necessity of including persons with disabilities in humanitarian action. With the UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities (UNCRPD), inclusion is no longer a mere desirable and ideal situation, but a requirement of international law.

”

An understanding of disability issues and the needs of persons with disabilities must be an integral part of both humanitarian actions in emergencies and long-term development planning to reduce poverty and reach the MDGs.

Ann-Marit Sæbønes, Special Advisor to the UN Special Rapporteur on Disabilityⁱ

Give appropriate consideration to the rights of persons with disabilities in all phases of humanitarian operations, from preparedness to assistance, transition and handover of relief operations.

Human Rights Council Resolution, 16/15, OP 11

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.

UNCRPD, Article 11

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PREFACE

During humanitarian crises and natural disasters, persons in vulnerable circumstances are hit hardest. This includes persons with disabilities. According to a recent WHO World Report on Disabilityⁱⁱ, 15% of the population worldwide live with a disability, 80% of them in developing countries. This means that more than 700 million persons are at a higher risk of not accessing humanitarian action because of discrimination, physical barriers or their relative invisibility to intervening organisations.

In recent years, humanitarian organisations have increasingly realised the need to include persons with disabilities in their emergency work – but little has changed on the ground. Many of the institutions are insecure about including persons with disabilities in their disaster-preparedness work, let alone in their relief work when a disaster strikes.

This reader is intended as an incentive for practitioners to overcome their hesitation. It provides practical guidance and examples on how to remove barriers and make interventions more inclusive. Even if disability is not an overt part of the mandate of your organisation, it is both necessary and absolutely feasible to increase inclusion – learn how on the following pages.



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INTRODUCTION

WHAT DOES DISABILITY MEAN?

Disability is an evolving concept, seen as the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.ⁱⁱⁱ

The environment often changes as a consequence of a disaster, exacerbating physical, communicative, cultural, intellectual, social and economic barriers, thus disproportionately affecting persons with disabilities. As a consequence, the lives of persons with disabilities are at higher risk as they frequently remain invisible to organisations and are often unable to access relief on their own.

Persons with disabilities are by no means a homogenous group. In different environments different impairments (sensorial, physical or intellectual) will have different impacts on people's lives. For example, a person with a visual impairment will only be disabled if s/he cannot access assistive devices such as glasses or braille. To understand the barriers faced by persons with disabilities, it is therefore important to understand the environment including cultural perceptions of disability and access to existing services.

Too often organisations assume that by targeting vulnerable groups they automatically include persons with disabilities. However stigmatisation and hiding of family members with disabilities frequently has the effect that persons with disabilities remain invisible to humanitarian organisations. Without proactive measures, inclusion fails to take place and the risk to the lives of persons with disabilities increases. It is crucial to remember that persons with disabilities are first and

foremost people, with the same basic needs as all other individuals in the community. Whether a person is disabled or not, s/he needs access to water, food, shelter, etc. As access to such basic services is often a greater challenge for persons with disabilities, humanitarian actions must be made inclusive.

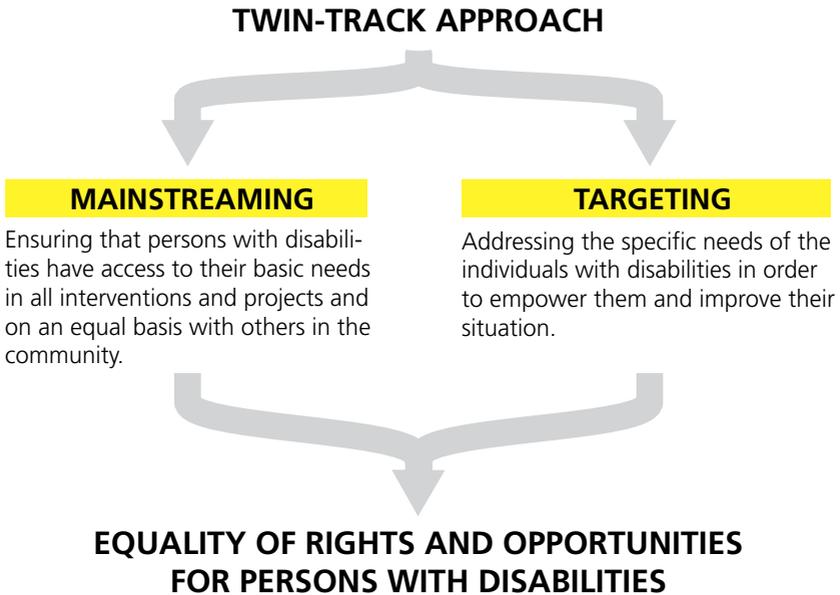
DISASTER AND DISABILITY

Disasters cause major environment changes such as damaged infrastructure (buildings, roads, bridges) and disrupted social networks (injured or missing family members, overburdened health services), which can be particularly detrimental to persons with disabilities. The barriers faced on a day-to-day basis are increased and worsened in a disaster situation. The primary aim of humanitarian aid, helping the most vulnerable, necessarily implies a focus on disability. Measures to include persons with disabilities will improve the quality of the response, enhance the organisation's accountability towards the most vulnerable and increase access for other vulnerable groups such as older people, pregnant women and children.

There is a growing number of organisations that are undertaking important steps towards making their humanitarian programmes more inclusive. Disability is increasingly recognised as a cross-sectoral issue in the programme departments and country offices of mainstream humanitarian organisations, as well as at international level. For example, the Austrian National Council unanimously adopted a resolution on the rights of persons with disabilities in development cooperation in December 2012, calling upon the government to make Austrian Development-Cooperation inclusive. This said, with increased confidence and awareness of practitioners and decision-makers, great progress can still be made to ensure that persons with disabilities are systematically included in all humanitarian actions.

STEPS TOWARDS INCLUSIVE HUMANITARIAN AID

The basic approach proposed to make humanitarian aid and development programmes inclusive is called the twin-track approach^{iv}.



“Mainstreaming” disability into programmes does not require specialised expertise but rather, awareness that all members of the community have the same basic needs and a willingness to reach the most vulnerable in the community. Having said this, persons with disabilities might also have specific needs to be addressed, such as wheelchairs, physical rehabilitation, or the use of sign language. Here, collaboration with and referral to disabled people’s organisations and specialised institutions is essential.

In the following chapters, you will find suggestions for overcoming barriers and ensuring the active participation of persons with disabilities at all stages of humanitarian intervention. We will then look at some of the phases of humanitarian action in which specific steps can be taken towards inclusion.

MINIMUM STANDARDS OF INCLUSION

DEVELOP PARTNERSHIPS WITH DISABLED PEOPLE'S ORGANISATIONS

Achieving disability inclusion necessitates both mainstream and specialised actions. It can be done through:

- Developing strategic partnerships with organisations that have expertise on disability, such as local disabled people's organisations (DPOs) and international organisations working with disabilities.
- Building disaster-related capacities of local and national DPOs so that they can represent persons with disabilities either at community level, contributing to emergency preparedness, or at national level for policy development. The disability knowledge and practical experience of DPOs make them crucial partners at all stages of an inclusive humanitarian action.

RAISE AWARENESS AMONG YOUR STAFF AND COMMUNITY MEMBERS

Make sure that staff members are aware of the rights of persons with disabilities and the barriers they face on a daily basis, barriers that become much more dangerous during an emergency. Staff should be aware that, without proactive action to include persons with disabilities in all phases of a humanitarian action, the lives of a considerable number of individuals in the community are at great risk.

Awareness-raising about persons with disabilities in the community is a crucial asset in order to save lives in a disaster. Emphasise the rights of persons with disabilities in all information activities, ideally by involving persons with disabilities and their families.

ENSURE PARTICIPATION OF PERSONS WITH DISABILITIES

The consultation and involvement of persons with disabilities in programming and decision-making is paramount to inclusive and effective humanitarian interventions. All community members – including persons with disabilities – should be involved in the different phases of humanitarian intervention and decisions taken in consultation with representatives of all groups. Make sure persons with disabilities and DPOs participate in all these processes.



PERSONS WITH DISABILITIES AS KEY EXPERTS FOR INCLUSION

Recognise persons with disabilities and their representative organisations as key resources for inclusion. Be proactive in this as persons with disabilities who have long been exposed to stigmatisation and discrimination might underestimate their own capabilities. Encourage persons with disabilities to assume responsibilities and to be subjects, not objects of humanitarian intervention. Recruiting staff members with

disabilities to your team is a strategic way to tap the expertise of persons who have a direct understanding of the barriers faced by persons with disabilities in a particular environment.

UNIVERSAL ACCESSIBILITY

It is crucial that humanitarian actions are designed and implemented with the aim of excluding no one. If communication, for example, fails to be accessible to all, it can have dramatic consequences on some members of the community.

At all stages of humanitarian intervention, ensure that persons with disabilities have access to all relevant information by preparing key messages in multiple and accessible formats. For example:

- visually impaired: verbal communication or Braille, announcements, writings with large characters and colour contrast
- hearing impaired: written materials, symbols, sign language
- persons with low literacy / learning difficulties: easy-to-understand language, drawings

Community meetings must be located in places which are accessible to persons with disabilities.

Accessibility also needs to be ensured within physical structures set up during the different stages of humanitarian intervention, such as safe shelters or latrines. Use universal design standards.

PREVENTION AND PREPAREDNESS

„All in from the Start!“

Taking active steps to include persons with disabilities in disaster preparedness activities can greatly contribute to the inclusive implementation of the response once a disaster strikes. Humanitarian organisations can play an important role in raising awareness and building the capacity of local authorities to ensure the inclusion of persons with disabilities at these early stages.

MAPPING PERSONS WITH DISABILITIES AND SPECIFIC SERVICES

Marginalised and vulnerable groups, like persons with disabilities, might be hard to locate. Disabled people's organisations and other civil society organisations may be able to provide a detailed membership or identify individuals in need of specific support. Make sure that persons with disabilities are registered and that community mapping includes persons with disabilities. It is important to identify the specific services available for persons with disabilities in the area. Identify barriers faced by persons with disabilities in accessing project activities and humanitarian action.

Design needs assessments to contain specific questions about disability and share the information with partner organisations (in line with confidentiality requirements).

ACCESSIBLE EARLY WARNING SYSTEMS

To be prepared for a disaster is to be informed. If information channels are not disability-friendly, persons with disabilities may not be able to access them and therefore may be less prepared. Inaccessible warning systems can cost lives – so effective communication in multiple and accessible formats is imperative. People who are deaf or hearing-impaired require visual signals, while persons with visual impairments

require acoustic signals. For individuals with an intellectual impairment, use messages in plain language and the assistance of caregivers and voluntary staff. Key messages need to be designed and adapted to reach everybody. Disabled People's Organisations can help formulate and disperse this knowledge.

INCLUSIVE EVACUATION PLAN

Develop an accessible and inclusive evacuation plan taking into consideration potential barriers for persons with disabilities. Consult persons with disabilities to ensure the viability of the plan. Share the plan with all concerned stakeholders in accessible formats.

ACCESSIBLE SAFE SHELTER

Inaccessible safe shelters put persons with disabilities at a disproportionate risk. Use universal design and include persons with disabilities in the construction activities to get advice on accessibility. If the safe shelter already exists and is not accessible, try to find creative solutions to overcome the barriers. For example, if the existing safe shelter cannot be accessed by people with physical impairments, don't give up! Identify volunteers in the community who could help the individuals access it.

TRAIN SEARCH & RESCUE TEAMS AND VOLUNTEERS

Raise the awareness of your search and rescue teams about persons with disabilities, their rights and the barriers they face in an emergency. Without knowing, they might also have discriminatory attitudes towards persons with disabilities. Emergency staff should identify persons with disabilities during community outreaches.

RESCUE AND RESPONSE

„Leave no-one behind!“

“During crises and displacement,” the UNCHR states in a publication from 2011, “discrimination is often magnified.”^v Persons with disabilities are more likely to have difficulties escaping the hazard and are in danger of being left behind. Coping capacities of persons with disabilities may be significantly weakened if they lose their assistive devices (glasses, walking sticks, hearing aids, wheelchairs) or are separated from family members and caregivers.

FIND PEOPLE WITH DISABILITIES

If not already assembled during a preparatory period, get hold of lists of people in need of specific support from community-based and non-governmental organisations, disabled people’s organisations or government services (social services, village leaders/committees, health providers, etc.). Ensure that your own rapid assessments explicitly include disability as an issue to be considered.

ACCESS TO RELIEF SERVICES WITHOUT DISCRIMINATION

Too often, when humanitarian organisations provide relief to communities struck by a disaster, the services are inaccessible to persons with disabilities. Again, this means that some of the most vulnerable members of the community are forgotten and denied access to their basic needs.

Distribution

Consider separate queues for distribution of food, water and other non-food items. Where this is not feasible, prioritise persons with injuries or disabilities, establish support networks or organise door-to-door distribution. Children with disabilities are often excluded from educa-

tion and may not benefit from food programmes channelled through schools. Prevent deterioration of impairments by providing appropriate drugs for epilepsy, diabetes, hypertension etc. Targeted hand-outs of adaptive and assistive devices are helpful to restore mobility and independence of persons with physical impairments.

Cash transfers and food for work

If your organisation favours cash transfers or food/cash for work approaches instead of hand-outs, include disability in the beneficiary selection criteria. Keep an amount (about 5%) of funds as unconditional transfer for the most vulnerable or look for tasks which are appropriate for persons with disabilities, e.g. in registration.

Water, Sanitation and Hygiene

Make sure water points or water distribution services are accessible. Ensure that water pumps are built using universal design, including an extended handle and a pump platform which is large enough to be accessed with a wheelchair or crutches. Accessible latrines, for example, include handrails, large doors (80cm width) and are on ground level or have a ramp.

Protection

Persons with disabilities are at a disproportionately high risk of maltreatment, including sexual abuse and domestic violence. Ensure that emergency shelters guarantee the safety of persons with disabilities through selection of a safe location and appropriate lighting. The scarcity of aid and the lack of protection may lead to higher levels of abuse and discrimination of persons with disabilities within families.

Reunification

The physical and psycho-social well-being of persons with disabilities

may heavily depend on a support person and separation from caregivers might increase the risk of abuse. Prioritise persons with disabilities in need of support persons in reunification activities or develop a support network of volunteers.

BE IMAGINATIVE

Even if inclusion standards have to be lowered due to the urgency of the situation, respect at the very least the minimum actions mentioned at the beginning of the reader. Try to be flexible and find imaginative solutions in order that persons with disabilities have their basic needs fulfilled, in the same way as other members of the community.

Always keep in mind the twin-track approach. While some small changes in your intervention can ensure access of persons with disabilities to their basic needs such as food and water, some individuals might have specific needs that require targeted action, and should be addressed by or with the help of specialised organisations and DPOs. Favour courses of action in which persons with disabilities are most involved and independent.



ADDRESSING THE NEEDS OF PERSONS WITH DISABILITIES

Disability / impairment	Basic needs (mainstreaming)	Specific needs (targeting)
Physical impairment (difficulty moving)	<ul style="list-style-type: none"> - Separate queues for rations and water - Accessible latrines - Universal design construction 	<ul style="list-style-type: none"> - Personal support - Provision of assistive devices - Adapted physical environment
Visual impairment	<ul style="list-style-type: none"> - Good lighting - Separate queues - Signs need large and contrasted print 	<ul style="list-style-type: none"> - Personal support - Hand rails
Hearing impairment	<ul style="list-style-type: none"> - Communication including visual signs 	<ul style="list-style-type: none"> - Visual aids - Picture exchange communication - Sign language
Intellectual impairment	<ul style="list-style-type: none"> - Speak slowly - Use plain language 	<ul style="list-style-type: none"> - Personal support



RECOVERY AND RECONSTRUCTION

„Don't rebuild barriers!“

Recovery aims to restore or improve facilities and livelihoods of disaster-affected communities, so people can get back to a regular life. While efforts are increasingly made to realise more participation and decision-making of disaster-affected people in recovery and reconstruction processes, environmental, attitudinal and societal barriers are key-factors in excluding persons with disabilities. Making sure disability is mainstreamed in all your recovery and reconstruction activities is crucial.

REBUILDING TOGETHER

Include persons with disabilities in the reconstruction of private and public buildings such as schools or community health centres. Encourage the involvement of persons with disabilities in building activities. Decision-making concerning reconstruction should include persons with disabilities and rely on their expertise. Universal design as the minimum standard to guarantee that public spaces are accessible and safe should be the norm for reconstruction. Cost effectiveness is often taken as an excuse for engaging in inaccessible construction. According to Handicap International, the extra cost of making accessible buildings can be as low as 0.5 – 1% of the total cost of a project.^{vi} The principle of “build back better” entails accessible and inclusive reconstruction.

MAKE LIVELIHOOD OPPORTUNITIES EQUAL

The need to recover from the economic effects of a disaster is common to all people affected. In situations of scarcity and competition for income, the likelihood of discrimination is heightened. Include persons with disabilities in livelihood recovery strategies like micro-credit schemes, vocational trainings and other opportunities. Provide persons with

disabilities with appropriate tools and get their advice on necessary adaptations. Encourage and facilitate the inclusion of persons with disabilities in all economic and educational activities.

DISASTERS CAN CAUSE NEW IMPAIRMENTS AND WORSEN EXISTING ONES

Armed conflicts and natural disasters are a significant cause of impairment due to trauma, injury and breakdown of medical health care services. Disasters can lead to food shortages, which in turn cause malnutrition, putting especially children at a higher risk of becoming impaired. Effective, timely and inclusive relief action is crucial to prevent impairments. If individuals injured, harmed or traumatised by disasters have not been appropriately cared for, they may end up with lifelong impairments which could have been avoided.

IMPAIRMENTS POTENTIALLY CAUSED THROUGH DISASTER^{vii}

Immediate consequence	Possible impairment / disability
Malnutrition	Development delay
Vitamin A deficiency	Visual impairment or blindness
Psychological shock	Psychological disorders
Loss of medicines (epilepsy, diabetes, etc.)	Worsened existing disability and increased risk of developing new impairment
Near-drowning	Respiratory complications, physical / intellectual disabilities
Trauma	Paralysis, spinal cord injury, psychological disorders
Bodily injury, infection	Limb loss / amputation / paralysis or loss of limb function
Head injury	Physical / intellectual impairment
Burn	Limb deformation

INCLUSIVE HUMANITARIAN ACTION IN PRACTICE

„Lessons and challenges“

Inclusive food aid following a drought in Southern Ethiopia, 2011

In early 2011, a famine caused by a long-lasting drought hit the horn of Africa and finally found its way into the Western media. Starving people leaving their homes in search for food made headlines all over the globe. The south of Ethiopia, which is populated by semi-nomadic pastoralists, was also heavily affected. Light for the World, an expert organisation in the prevention of blindness and the inclusion of persons with disabilities, was supporting community-based rehabilitation (CBR) programmes in partnership with Gayo Pastoral Development Initiative (GPDI), an indigenous community-based development NGO in this region at the time. GPDI has a rich experience in planning and implementing emergency interventions and provides guidance to other NGOs implementing emergency programmes in this region. GPDI implemented the CBR programme on the ground. CBR was a new and rather small component in the overall project portfolio of GPDI, which focused mainly on food security, emergency/relief and integrated rural development.

In a short period we developed together a humanitarian action to distribute supplementary food (Famix, high energy biscuits), edible oil as well as essential drugs targeting 8,500 vulnerable people (children, pregnant & lactating women, elderly people and persons with disabilities) including 2,300 persons with disabilities. The food aid was distributed once a month according to the national guideline for food rationing.

Reaching out to so many persons with disabilities was possible as GPDI had already worked with self-help groups and disabled people organisations in their on-going CBR programme. The representatives of

the disabled people's organisations played a key role in the project at community and district level: they actively participated in the distribution committees to select the beneficiaries and approve the list with the final names. These representatives assured that the selection criteria "disability" was strictly followed by the committees at all the distribution centres. Moreover, they guaranteed that hand-outs actually reached those people with disabilities who could not collect them themselves. Some members of the targeted communities objected to the principle of individuality. They saw food provision as relief food for the whole family rather than for specific individuals within the family.

This example shows that local mainstream organisations with some experience in the field of disability are capable of making their humanitarian interventions inclusive. To be successful, they need counterparts like disabled peoples' organisations with knowledge of the realities on the ground.

Undertaking lifesaving interventions in an inclusive manner was also a learning process for LIGHT FOR THE WORLD. Expert organisations like ours must promote the inclusion of disability in mainstream programmes and continue building local capacities like self-help groups and disabled people's organisations.



Livelihood recovery programme for persons with disabilities in Haiti, 2010

Service Chrétien d'Haiti (SCH), an ecumenical NGO established in 1954 by the protestant churches of Haiti was introduced to the disability field in 2006 by Reverend Noel Fernandez from the Cuban Council of Churches (CCC) and a programme commenced in January 2007. This programme aimed to raise awareness amongst protestant religious leaders about disability, incite them to integrate persons with disabilities in the church and call upon church members to welcome them. That first phase of the programme was implemented in the Port-au-Prince area and lasted until December 2009. It was welcomed by the Haitian Secretary of State for the Integration of Persons with Disabilities.

After the earthquake of 2010, a second phase started in March for 18 months with the continued technical support of the CCC and the funding of ACT Alliance and Church World Service (CWS). This phase included three main components: 1) psychosocial support at general and individual levels implemented by a psychologist and two social workers to help persons with disabilities cope with aftermath trauma; 2) financial support in cash of US \$75/month for 6 months to help recover belongings lost under the rubble; 3) support-in-kind with tools and other equipment to enable persons with disabilities previously involved in commercial activities to restart their businesses. Other complementary support included prosthesis fitting, and distributions of crutches, wheelchairs and walkers.

The third phase lasting from January to December 2012 was tailored from lessons learned and the requests of persons with disabilities. It included more focused business support with business management training and a grant supplied through a credit union. It also included vocational scholarships and industrial machine operation training to

open the factories' doors to persons with disabilities. This last activity, however, could not be implemented because the industrial training centre did not open at all in 2012. Important advocacy work in this phase was realised through regional and national forums to raise awareness amongst religious leaders regarding persons with disabilities and to incite Deans of Universities and seminaries to include the disability issue in their academic curricula. This last activity will continue until mid-2013 with the target of establishing the ecumenical body "National Conference for the Integration of Persons with Disabilities in Church and Society" to continue the integration process on a permanent basis.



Response to Tropical Storm Washi in Philippines, 2011

Before midnight of 16 December 2011, the tropical Storm Washi made landfall, East of Mindanao Island, in the Philippines. In Cagayan de Oro, the river overflowed covering 13 barangays along its banks. 4 of the 13 barangays along Cagayan de Oro City were flattened to the ground; more than 80% of the city was left with no water supply. The number of casualties was very high and about 50,000 people found refuge in evacuation centres.

A first rapid assessment by our partner, Philippines Service of Mercy Foundation Inc. (PSMF), a Philippine organisation providing services for people with disabilities in Mindanao, identified 225 persons with disabilities including children in the evacuation centres. Reports from organisations of the Cagayan de Oro Federation of Persons with Disabilities Associations (CAFEDPA), a Federation of local disabled people's organisations, indicated that a number of their members were still missing. They estimated that between 2,000 and 4,000 persons with disabilities were affected by the disaster.

Deeper assessment showed that the majority of persons with disabilities were invisible. The few in refuge were leaving the evacuation centres as nothing was adapted to their needs and they faced very negative attitudes from other community members. CBM, together with PSMF and CAFEDPA, implemented a project following a twin-track approach, facilitating access for persons with disabilities to mainstream relief operations and ensuring the fulfilment of their specific needs. Volunteers promptly identified 2,421 affected persons with disabilities. This list was shared during coordination meetings and a referral system was set up with mainstream organisations. Disability Information Desks were created in evacuation centres and in different barangays in coordination with the local government, to identify persons with disabilities in need of support, mobilise appropriate resources and inform mainstream organisations on how to make their projects inclusive to

persons with disabilities. A disability cluster coordination forum was set up to ensure that disability was included in all strategic planning. Training for camps managers on disability was implemented by CAFEDPA members with disabilities and disability case management training was provided to all humanitarian stakeholders. These activities supported the work of mainstream humanitarian organisations, which could thus provide essential relief to persons with disabilities.

Volunteers from PMCI and CAFEDPA continued to visit the persons identified and to assess the impact of Washi on persons with disabilities. As a result, concrete needs were fulfilled: assistive devices were given to those who had lost them, volunteer support networks were developed for personal care or access to food, water, etc., medicine was provided to people with epilepsy and diabetes to prevent complications, etc.

It is crucial for CBM to support Disabled People's Organisations and local partners working with persons with disabilities to take an active role in highlighting the needs of persons with disabilities, become key resources for mainstream organisations and contribute effectively to the humanitarian effort. The involvement of persons with disabilities in emergency responses contributes to a sustainable change in the perceptions and attitudes of communities, as well as humanitarian stakeholders, towards disability.





THE INCLUSION TEST

Instead of a conclusion, the following non-exhaustive list of questions about your organisation's practices should give you some entry points to reduce barriers for persons with disabilities.

1. What policies does your organisation have in place to explicitly mainstream disability issues and address the needs of persons with disabilities?
2. What possibilities do persons with disabilities have to voice their interests?
3. Which strategic partnerships does your organisation entertain with specialised institutions supporting persons with disabilities at local, national and international levels?
4. How does your organisation provide accessible information (in multiple formats) in general and during interventions?
5. Are staff in your organisation aware of the rights, needs and capabilities of persons with disabilities?
6. How are persons with disabilities and DPOs consulted in planning and implementing humanitarian interventions in your organisation?
7. What do you do to ensure that persons with disabilities are represented in decision-making committees at community and organisational levels during humanitarian aid interventions?

KEY RESOURCES

General information on disability

- Convention on the Rights of Persons with Disabilities (UN, 2005)
- World Report on Disability (WHO, 2011)

Minimum standards in humanitarian response

- The Sphere Handbook (The Sphere Project, 2011)

Disability and humanitarian action

- Working with Persons with Disabilities in Forced Displacement (UNHCR, 2011)
- A study of humanitarian financing for older people and people with disabilities, 2010–2011 (Handicap International & HelpAge International, 2012)
- Inclusion made easy. A quick program guide to disability in development (CBM, 2012)
- Disability Checklist for Emergency Response (Handicap International, 2004)
- Disasters, disability and rehabilitation (WHO, 2005)

Building partnerships for inclusive humanitarian aid

- NGOs and UN Agencies Assisting Persons with Disabilities (UNHCR, April 2008)

Case studies

- How to Include Disability Issue in Disaster Management. Following Floods 2004 in Bangladesh (Handicap International, 2005)

ENDNOTES

- [i] Chair's Summary, Disability in Emergencies and Conflicts: 'Reaching the most vulnerable' <http://www.atlas-alliansen.no/index.asp?id=40675>
- [ii] WHO World Report on Disability 2011
- [iii] UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities, Preamble e)
- [iv] Based on Handicap International's Manual "Making PSRP Inclusive" <http://www.making-prsp-inclusive.org/en/6-disability/63-disability-and-development/632-the-twin-track-approach.html>
- [v] Working with Persons with Disabilities in Forced Displacement (UNHCR 2011, p. 3)
- [vi] Disability Checklist for Emergency Response (Handicap International, 2004)
- [vii] Table adapted and modified from How to Include Disability Issue in Disaster Management. Following Floods 2004 in Bangladesh (Handicap International 2005, p. 13)

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