



DISABILITY IN EMERGENCY: ACCESSING GENERAL ASSISTANCE AND ADDRESSING SPECIFIC NEEDS

THE ISSUE - VULNERABILITY IN HUMANITARIAN CRISIS

 **Despite the fact that a significant proportion of affected populations is disabled, disability-awareness is still not an integral part of emergency response operations and disability issues are still not taken into account by most players during an emergency.**

The World Health Organisation estimates that between 7 to 10% of the world's population is disabled, which means that 7 to 10 % of any population affected by an emergency is disabled and may require special attention to help them access the relief assistance provided by local and international stakeholders. Moreover, any kind of emergency is a source of injury (physical and psychological) and may cause new disabilities, either because of the particular impairment or because the poor organisation of existing services leads to people receiving inappropriate care and follow up. Despite all these facts, "we didn't see any disabled people; there weren't any", is what we hear only too often when talking with the various local and international NGOs and public actors involved.

 **WHY ARE PEOPLE WITH DISABILITIES MORE VULNERABLE?**

Disability is the result of the interaction between an impairment limiting or altering a person's capacities and that person's environment.

Physical environment is first a cause of vulnerability. People with disabilities may have mobility problems and need assistive devices to get out and access services. Furthermore, there are very few countries where public facilities and transportation systems are accessible to disabled people.

In emergency situations, it is even more difficult for disabled persons to get out and seek assistance. They may have lost their mobility devices (wheelchair, prosthesis, crutches, etc.), and the physical environment is often completely transformed by destruction, displacements, or security problems. Consequently, people with disabilities are unable to leave their homes or shelter and so are not visible to relief workers.

Social factors also aggravate vulnerability. Social support networks are very important for disabled people: in some countries, they may be highly dependent on relatives and neighbours to meet their needs. For instance, disabled children may need their mother to take them to school, disabled

women may rely on neighbours or relatives to help them run their homes, and men with disabilities may be financially dependent on their wives and children.

In emergency situations, social networks are often disrupted; some of their participants may be dead or injured, or simply no longer able to provide support to people with disabilities. Everyone is occupied with survival activities, such as queuing for food, water, etc., and spend most of their time trying to meet their family's basic needs. The consequences are that people with disabilities are neglected and isolated at home. In some cases, this can have a negative effect on the person's health and well being. For instance, people with intellectual or sensorial disabilities may become distressed if they lose their care-giver. They may be afraid of events repeating themselves and lose confidence in others, making them even more isolated, angry and possibly violent.

Economic factors play a role regarding vulnerability too. Poverty is both a cause and a consequence of disability as people with disabilities have little access to employment. Often one of the family members has to stay home to look after the disabled person. Poor people also have little or no access to appropriate health, education or social services and so there is a higher risk of disabilities developing or existing impairments worsening.

In emergency situations, the poor sections of society find it particularly difficult to cope, and these difficulties are worsened when a family also has a disability to manage. The few resources available to them will be needed for the family's survival and there will be nothing left for the specific needs of the disabled person. The person with disabilities may be perceived as an additional burden and even be reproached for surviving the events. They may be left behind in population displacements, security threats or conflicts.

Knowledge factors should also be taken into account. Disability is often seen through a negative lens as in most countries there is an association with cultural and religious beliefs. Family members and the community see disabled people as worthless. A lack of knowledge about disability and about the capacities of people with disabilities is a cause of depression and exclusion. In emergency situations, these negative attitudes are exacerbated and there may be an increase in abuse and neglect of people with disabilities by the family and community.

Finally, political factors have an influence on vulnerability. Despite the recent adoption of the

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United Nations Convention for the Rights of Disabled Persons, most states still don't have an inclusive policy with regard to disability issues. Because of a lack of accurate data about disability, politicians and service providers are not offering equal opportunities to people with disabilities.

In emergency situations, governments and international stakeholders focus on the affected population, which will be made highly visible and receive a lot of attention. Financial schemes will be introduced, for example, and rehabilitation facilities developed for war casualties or the victims of natural disasters, but they will not include disabled people who are facing the same challenges.

 **HANDICAP INTERNATIONAL'S RESPONSES**

Through its experience of emergency response, Handicap International has come to understand these challenges and has developed a strategy to ensure that disabled people and their families have access to both mainstream and specific assistance. One of its main objectives is to make disabled people visible to relief stakeholders. In partnership with local disabled people's organisations, Handicap International sets up **Disability Focal Points (DFP)** at community level in affected areas. This approach was tested after the Yogyakarta earthquake in May 2006, with internally displaced populations (IDPs) in eastern Sri Lanka and following the conflict in Lebanon in summer 2006. In Indonesia, within 6 months the DFP had identified and responded to the needs of more than 11 000 people with disabilities and their families, two-thirds of whom had been excluded from mainstream assistance and were not disabled as a consequence of the earthquake.

The role of the DFP was to build up a network of existing general assistance resources to which people with disabilities could be referred. Lots of relief stakeholders were involved and keen to include disabled people in their target population.

In addition to providing lists of people with disabilities and information on their needs, the DFPs also provide technical support to relief stakeholders, when asked to do so. For instance, in the IDP camps in Sri Lanka, the DFP team trained Unicef staff working in "child friendly spaces" in how to enable disabled children to take part in the activities developed there.

The success of this approach is due to the fact that it uses both the existing knowledge of local disabled people's organisations on the location and

needs of people with disabilities alongside rapid assessment mechanisms in order to make the disabled population within communities visible to local and international relief stakeholders. It has demonstrated that people with disabilities and their families have the same needs as others and that they are excluded from local and international assistance because of a lack of awareness.

Handicap International is drawing the attention of emergency actors, non specialist on disability issues, to the following **recommendations**:

- 1) Rapid assessment forms should include questions concerning people with injuries and disabilities.
- 2) Local disabled people's organisations should be included in the planning, implementing, monitoring and evaluation of projects in order to ensure disabled people and their families are not excluded.
- 3) Plans for temporary shelters and camps should take accessibility into account (latrines, water point, etc.).
- 4) Distribution mechanisms should be inclusive and accessible to all.
- 5) International relief staff should be sensitized on disability issues.
- 6) On-site training on the inclusion of disabled persons should be provided to local staff or partners in charge of implementing relief activities.
- 7) Funding agencies should include disability issues in their guidelines for mainstream relief / recovery programmes.

ADDRESSING THE NEEDS

The above description of the factors influencing vulnerability of persons with disability demonstrates the need for all humanitarian stakeholders to include disability in their target population. The changes in living environment due to the emergency could be overcome by small adjustments of mainstream programs and therefore do not require much expertise to be successful. Emergency responses will be inclusive when disability issues will be addressed as a crosscutting element throughout the different sectors in complement of specific programs developed to address the special needs of persons with disability and persons with injuries.

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