

KEY MESSAGES | Disability

Inclusion of people with disability in response to Cyclone Donna

- People with disability and older people may face significant barriers to accessing assistance in the wake of Cyclone Donna.
- In line with International Human Rights Law, the UNCRPD, SPHERE standards, and guidance from IASC clusters, they have the need and right to be included in emergency relief, recovery and longer term development activities, with their specific vulnerabilities and needs taken into account.
- Failure to consider these groups may result in potential exclusion of at least 20% of the affected population.
- Activities should seek to promote a 'twin track' approach which ensures that people with disability and older people:
 1. access all 'mainstream' operations; and
 2. are referred to 'specialist' services as available, to meet specific needs e.g. needed medical consultations and essential medications, wheelchairs, crutches, white canes, spectacles etc.)

How should people with disability be included?

Participation

- Build practical awareness and knowledge amongst staff, volunteers and partners concerning vulnerabilities and capacities of people with disability and older people. Ask people with disabilities and older people to meet your staff and explain their situation.
- When undertaking assessments, seek out the perspectives of people with a range of different impairments (physical, hearing, vision, intellectual and psychosocial).
- Seek to collect, analyse and use data disaggregated by sex, age and type of impairment. (See appendix 1 below for suggested disability questions).
- While consulting with persons with disabilities and older people encourage them to speak for themselves wherever possible.
- Based on context, set indicators which identify approximately 5-10% of target group as people with disability. Use existing Department of Social Welfare and Development and Health lists of older people and people with disability to support targeted interventions. Ask organisations / groups of persons with disabilities to share information about their members and peers.
- Engage with people with disability and their organisations in all phases of response/ recovery/ rebuilding, they are experts about their needs. Make sure that people with different kinds of impairments (physical, hearing, vision, intellectual and psychosocial) are represented.

Protection

- Identify highly at risk population sub-groups e.g. children and women with disability, older people living alone, the oldest people (80+) or older carers, nursing mothers etc. and prioritise them in protection responses.
- Prioritise children with disability for routine protection monitoring and ensure their access to 'child friendly spaces' and education programs.

- Ensure 'women friendly spaces' are accessible for women with disability and older women, and that they are welcomed and assisted to attend.
- Ensure accessibility, participation and other necessary measures to facilitate access are built into targeted activities for women, men, girls and boys, including 'Gender Based Violence' protection activities.
- Provide accessible and easy to understand information (local plain language) to all affected populations on protection risks and available services.
- Ensure people with disability and older people are able to access services for immediate health and nutrition needs, and psycho-social support services.
- Offer people with disability and older people the opportunity to be close to WASH points, health posts, food and non-food items distribution points.
- Ensure that latrines, water points and sanitation are safe through good lighting and physical protection.

Access

- Select accessible distribution point or work to make all food & non-food item distribution points physically accessible, provide transport assistance when required. Allow proxy collection by trusted family or community members.
- Set up monitoring mechanisms to ensure persons with disability and older people receive and benefit from the distributed items.
- Make all health facilities and at least 15% of WASH facilities accessible. E.g. provision of ramps, grab-rails, safety barriers, seats in waiting areas, shade, water and priority clinic times/ queues.
- Seek to provide information on services, health & protection messages etc. in a variety of communication formats e.g. oral, written, pictograms, sign-language, through targeted home visits etc.
- Ensure food or cash for work programmes include persons with disability and older people. Establish unconditional cash/food transfers for those unable to participate. Consider in particular mothers of children with disabilities as they may need to stay home to look after their child.
- Seek to identify and collaborate with service providers who can assist with specific needs of people with disability and older people, e.g. for mobility & assistive devices such as wheelchairs, crutches, white canes, spectacles, hearing aids, and essential medications, such as insulin for diabetes).
- Ensure all children, including those with disability, access immunisation, Vitamin A programs and supplementary feeding distribution.
- Work to provide specialised food assistance for anyone who has difficulties digesting or chewing standard rations.
- Be patient & respectful with people with psycho-social or learning disabilities, or ask if they would like to bring someone to represent them.
- Support advocacy to governments, donors, NGOs & clusters for disability inclusion into all humanitarian, recovery and development activities.

Longer term

- Ensure 'build back better' and 'universal design' principles are followed in reconstruction of homes and community buildings e.g. community centres, health clinics, schools, roads, public transport points and footpaths to improve access for people with disability and older people.
- Include people with disability and older people into longer-term community rebuilding, food security & other livelihood programs (e.g. programs in education, health, shelter, micro-finance, agriculture, livestock, paid employment, social inclusion).

The 'Washington City Group' questions¹ below have been found to be much more effective for identifying people with disability than asking if there are people with disability in a family, community or displaced population. Due to stigma, asking if there are people with disability present usually results in under-identification of people with disability.

Have you had difficulty with any of the following due to a health problem?

Difficulty seeing, even if wearing glasses	a. No - no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty or cannot do at all
Difficulty hearing, even if using a hearing aid	a. No - no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty or cannot do at all
Difficulty walking or climbing steps	a. No - no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty or cannot do at all
Difficulty remembering or concentrating	a. No - no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty or cannot do at all
Difficulty with self-care (such as washing all over or dressing)	a. No - no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty or cannot do at all
Difficulty with communicating or being understood	a. No - no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty or cannot do at all

Generally, people who circle response 'c' can be identified as people with disability.

Contacts

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Other resources

16 minimum requirements for reconstruction

<http://www.cbm.org/article/downloads/54741/16-minimum-requirements-for-building-accessible-shelters.pdf>

Guidance note on disability in emergency risk management for health sector

<http://www.who.int/hac/techguidance/preparedness/disability/en/>

¹ http://www.cdc.gov/nchs/data/washington_group/WG_Short_Measure_on_Disability.pdf