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DISABILITY CHECKLIST FOR EMERGENCY RESPONSE

**HANDICAP
INTERNATIONAL**

Adapted from Disability Task Force

- ① General Guidelines
- ② Health and Nutrition
- ③ Water and Sanitation
- ④ Protection, Women and Children with Disabilities
- ⑤ Psychosocial support
- ⑥ Reconstruction and Shelter
- ⑦ Livelihoods
- ⑧ Education



*General protection and inclusion principles
of persons with disabilities/injuries*

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General Guidelines

General Guidelines for the protection and inclusion of Persons with Disabilities

* Ensure **non-discrimination** when providing emergency assistance, and **promote inclusion of all vulnerable groups** including women, children, **injured persons**, senior citizens, and **persons with disabilities**.

* Make special efforts to **identify, locate, register, and follow-up** with persons with disabilities and other vulnerable groups. Sometimes people from these groups are harder to find or make contact with **but they have the same needs as everyone else**.

* **Include specific questions** about disability issues in all of your **assessments**; make sure that data can be used for interventions and focuses on the **specific obstacles faced** by persons with disabilities and **identifies their specific needs**.

The legally binding *UN Convention on the Rights of Persons with Disabilities* protects and promotes the rights of persons with disabilities. In accordance with the Convention, all response programs must be inclusive of and accessible to persons with disabilities, and ensure their protection and safety



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* **Consult** persons with disabilities and encourage their participation in **decision-making** and **planning** for disaster response. Take into account the needs of this group when designing both immediate and long term responses. They can tell us their needs much better than we can assess them.

* **Ensure** that persons with disabilities and other vulnerable groups can **access information** you are providing. For example sometimes information booklets will be of no use to a person with visual impairments, and information broadcasted on loud speakers will not reach those who cannot hear.

* **Raise awareness** and talk about both the **specific and basic needs** of persons with injuries and disabilities and other vulnerable groups when discussing these issues with the government, law enforcement personnel, and humanitarian workers.

* Some persons with disabilities may not be able to access the service or distribution locations. **Consider** organizing **transportation** support, providing a **home-based** service or involving other members of the community to assist the person access the services or distributions.

* **Include persons with disabilities** when recruiting local staff and volunteers to implement activities, as a persons with disabilities will best understand the needs of other persons with disabilities

Health & Nutrition

Ability to get appropriate and timely medical attention with proper follow-up is of primary concern especially to ensure that people injured during a crisis heal properly and do not sustain permanent impairments because of their temporary

** The following considerations should be taken into account when considering health and nutrition related responses:*

- 1 **Record** system of health services including disability specific information
- 2 **Collate** a list of services that can be provided to people with disabilities and injuries
- 3 **Ensure** that all health staff know the different and specialized services available
- 4 **Build** up a clear referral system to the specialized services within the institution and with other health service providers (i.e. prosthesis/artificial limbs, hearing testing, etc)
- 5 **Orient** health staff on the specific needs of persons with injuries/disabilities and how to address them
- 6 **Follow-up** with persons to ensure that once they have been discharged from the health facility, they are recovering well and their health needs are continuing to be met. Provide them/families with copies of medical records in case they are mobile/likely to be displaced



injuries. Crisis victims may not be able to access medical help due to many reasons including lack of awareness of available health infrastructures, inability to transport themselves or lack of financial means, etc.

** Provide supportive/assistive devices and training on how to use them (e.g. crutches, wheelchairs, hearing aids, prosthetics, eyeglasses). Through early intervention the severity of the functional impairment can be minimized and the functional ability of the person with disabilities or injury can be maximized.*

This can be done by developing a comprehensive assistive device provision system

- 1 **Evaluate** Needs
- 2 **Provide** or adapt the assistive device according to the individual's needs and situation
- 3 **Ensure** the individual and their family knows how to use the assistive device you are providing
- 4 **Know** about specific services and referral systems that can also provide holistic support to the individual

** Provide specialized health services and medical care for persons with injuries/disabilities and ensure these services are accessible*

- 1 **Ensure prevention of disability or deterioration of impairment** by providing appropriate drugs (for diabetes, hypertension, epilepsy etc), and by prioritizing continued access to essential drugs for those who have lost their usual supply
- 2 **Refer** the individual to rehabilitation services when appropriate/possible to avoid worsening the impact of the impairment or injury
- 3 **Train** staff on appropriate responses for persons with injury/disability to avoid exacerbation of the disability
- 4 **Provide** the individual with specific equipment (e.g. catheter for spinal cord injury) on a sustainable basis. When you cannot sustain, ensure that the person is referred to these services.

Nutrition issues for persons with disabilities and injuries

People with disabilities/injuries may not have access to the same health services, food distributions etc, even though they have the same, if not additional needs as others. This can be due to various reasons including lack of mobility to reach food distribution sites,

Consider the nutritional risks for persons with disabilities/injuries: develop supplementary feeding programs for children and provide additional rations for adults

Food and Utensil distribution and privacy

- ❶ People who have injury or disability may not be able to come to food/water/utensil distribution sites. Monitor the rate at which persons with disabilities/injuries are receiving these supplies and take additional measures to reach injured/disabled individuals in their homes or temporary shelters.
- ❷ Some children with disabilities may have difficulties using usual utensils to eat and may need spoons, straws, etc to ensure proper intake of food
- ❸ When possible **ensure space to eat in privacy** for people who need assistance or eat with difficulties.

Specific diets

- ❶ Persons with injuries/disabilities may need **additional high energy food** to ensure their well being
- ❷ Persons with injuries/disabilities may need **specific diets** to ease healing process, ensure well being and prevent complications. For example some people may not be able to swallow solid foods and may need special liquid-based supplements.
- ❸ **Make sure** that persons with injuries/disabilities have family members or **extra assistance** to help them in eating when it is necessary.
- ❹ **Monitor** the nutritional status of persons with injury/disability

or inability to hear or see communication messages. (For example if a person has a visual impairment they will not be able to read a pamphlet informing them of where or when they can get medical assistance or access food distributions).

Communication of the health prevention messages may be not understood by persons with injuries/disabilities

Communication accessibility

- ❶ **Ensure** all documentation related to health promotion and prevention health is **accessible** to people with visual, hearing, mental disability using appropriate communication means (e.g. large print, Braille, using loudspeakers/radio announcements etc)
- ❷ **Be aware** that persons with injuries/disabilities may not be able to move from their houses and may miss your service messages if you are using a “blanket coverage” method. Find other ways (home delivery etc) to make sure everybody has access to your messages
- ❸ **Ensure** that the existing health services are well publicized so persons with injuries/disabilities and their families know where to find support.
- ❹ **Orient/Sensitize** your staff so that they have a certain level of understanding about disability.



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Water, Sanitation & Hygiene

Access to WASH facilities is a basic need of all persons with injuries/disabilities. Access to WASH facilities should be promoted through

physical accessibility as well as a positive attitude towards encouraging persons with injuries/disabilities to use these accessible facilities.

** Additional measures may be needed to ensure that access to water is equitable*

Accessibility of water points/water distribution

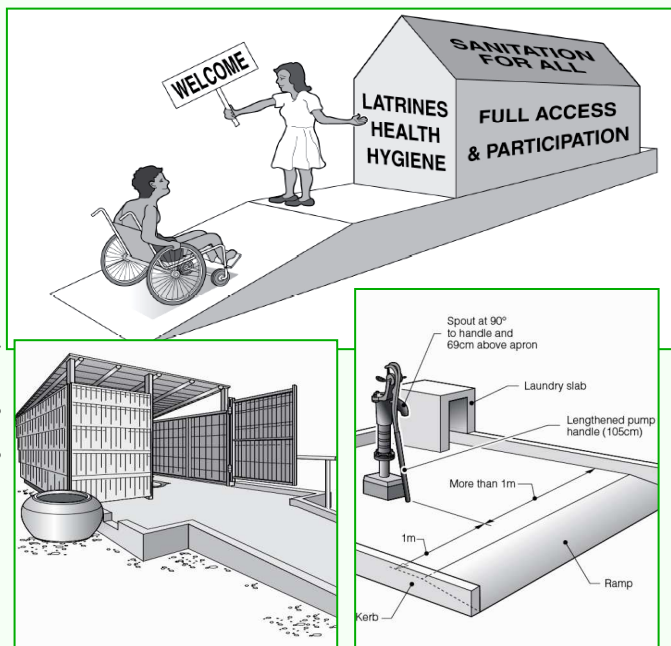
- 1 **Ensure** that some of the water points/water distribution places, toilets, shower and laundry areas are safe and accessible for people with low mobility/vision or using mobility aids
- 2 **Prioritise** persons with injuries/disabilities through a special queue to avoid long wait times.

Communication

1 **Ensure** that persons with injuries/disabilities understand prevention messages or information related to water (i.e. where and when water will be distributed) **using appropriate communication channels** for example for visually impaired (verbal communication or Braille), hearing impaired (written material, symbols or sign Language), intellectually impaired persons (Simple language and drawings).

Water pump designs should take into consideration the ability of persons with disabilities to use them

- 1 **Extend** the hand of the water pump
- 2 **Non slippery** pump platform and **good evacuation system**
Water pump should be located in a **safe location** close to disabled person's home



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Water containers

- 1 **Specific** water containers should be designed to suit the ability of person with injury/disability (wheelchair users, mobility aids users, children, etc.)
- 2 **Develop** a social network to support persons with injuries/disabilities to access water (including carrying empty/full water containers)
- 3 **Monitor** the access of water by persons with injuries/disabilities
- 4 **Make** sure that your staff and the community are aware of the specific needs of persons with injuries/ disabilities through awareness and sensitization focus groups

** Toilets should be designed and built in such a way that they can be used by all members of the population, including persons with disabilities.*

Have at least 10% of latrines accessible and safely located

- 1 Ramp at the entrance (1:10 slope, handrails)
- 2 Latrine seats 0.45 m and 0.50 m from the finished floor level.
- 3 Handrails on either side at an appropriate height
- 4 Enough space to turn a wheelchair (circle of 90cm diameter)
Large doors to allow a wheelchair to enter the facility (80cm)

Hygiene

- 1 Some persons with disabilities may need specific hygiene items such as adult diapers, etc.— consider distribution of these items with hygiene kits

For more information, assistance documentation or technical support on this issue, please contact Handicap International: +62 (0) 751 - 890 - 340 • hial.pm.dfp.padang@gmail.com

Protection

Women and Children with disabilities

* *Persons with injuries / disabilities are especially vulnerable to physical, sexual and emotional abuse and may require additional protection considerations*

Proximity and accessibility to existing facilities

- 1 Location of families with injured / disabled people should be **close to the existing facilities**
- 2 Some “safe” areas should be considered with extra staff to free family members / care givers to access relief activities
- 3 Volunteers from the local community should be **identified and trained** to assist persons with injuries/ disabilities and their families
- 4 **Appropriate** communication means and channels should be developed to ensure that persons with injuries/ disabilities have access to all information (persons with visual, hearing, intellectual disability)

* *Establish monitoring and complaints investigation mechanisms to redress violations of the rights of the persons with disability.*

Legal Rights, Information, Reunification

- 1 Persons with disability may need accompaniment to access legal structures (for physical access and for communication)

- 2 Loss of or separation from a caregiver (or the caregiver having to focus on new activities for family well being and thus having less time for caregiving) can have a particularly strong impact on a persons with disabilities, and can severely affect his/her psychosocial well-being and independence, particularly if the person was reliant on the caregiver for basic daily activities – include in reunification efforts
- 3 When disseminating information about the entitlements / legal rights of the population, simplify the language and use at least 2 forms of communication. Assist people to fill the forms if they face difficulties or communication barriers. Include information about disability policies (if they exist and are in practice)



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Monitoring access to relief activities

- 1 **Registration** of persons with injuries/disabilities and identification through a special ID card (distribution, information dissemination, etc.)
- 2 **Record** of assistance received

* *Persons with disabilities can be particularly vulnerable to other protection threats, in some cases because they cannot call or run for help, or because they may not be able to understand (read, hear, comprehend) safety messages*

Protection against emotional abuses

- 1 **Peer counseling** (note that persons with injuries/ disabilities may feel more comfortable sharing with someone who has experienced injury / lives with a disability)
- 2 Establishment or re-establishment of **support networks**
- 3 **Awareness** of staff and local community about persons with injuries/ disabilities special needs and situation.
- 4 **Women with disabilities are doubly vulnerable.** In many cases women with disabilities have even fewer opportunities to access relief and support than men with disabilities, this may be due to over-protectiveness of

families, low self-confidence, lack of mobility aids and appliances and many other obstacles. **Ensure** wherever possible that women with injuries/disabilities are part of the community support network and they are included in vulnerability assessments. **Encourage their participation** in all relief / reconstruction decision-making process.

5 **Children with disabilities are extremely vulnerable.** Children with Disabilities are prone to exploitation, violence and abuse just as other children are. However they face additional obstacles such as isolation, lack of confidence and communication barriers which makes it more difficult for them to seek support. **Ensure** children with disabilities are included in all vulnerability assessments and **include them in** children-friendly spaces and back to school programs.



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Psychosocial support

People with disabilities (including severe mental disorders) may not seek help due to disability, stigma, or poor access. Their disability combined with loss of social supports and change in physical environment due to the emergency makes them

doubly vulnerable, which can have a major psychosocial impact on them. Special efforts should be made to reach them as they may not leave their homes or try and access services.

Inclusion in existing initiative

- 1 **Include specific questions** on disability in your assessments, this might flag critical issues that you can address in your interventions (i.e. where the emergency has resulted in new injuries, special interventions may be necessary to assist these persons to cope with their new disability)
- 2 **Include persons with disabilities in assessments**, implementation and monitoring not only ensures their needs are being met, but also promotes psychosocial well-being.
- 3 **Train your staff** on including persons with disabilities in your interventions (an inclusive approach, alternative means of communication, modified activities, accessible location, organize transportation, etc)

- 4 **Vary your activities** and use a variety of **forms of communication** such that children/adults with different disabilities can participate. Adapt activities to the group (i.e. seated activities where there are children that cannot walk, written instructions for adults who cannot hear).
- 5 **Use at least 2 accessible** formats when disseminating information on the emergency and coping skills
- 6 **Ensure persons with disabilities are involved** in mainstream child and adult psychosocial activities; at the same time, provide support for the set up of self-help groups and/or other specific initiatives, this includes providing time and space for persons with disabilities and/or caregivers to gather together



Special initiatives

- 1 **Special initiatives** directed at **caregivers** should be organised as they often face as much, if not more, psychosocial distress than persons with disabilities
- 2 Always consider the beneficiary in a **holistic way**. Find out if basic needs are met

or if there are other specific needs and organize additional support or onward referral

- 3 See if there is an existing **CBR** (community based rehabilitation) **system** in place, mental health for persons with disabilities is often a component of CBR activities – integrate, refer, etc
- 4 **Prioritize** the continued **access to medicines** for persons with existing mental illness (including epilepsy) that were already on medications before
- 5 **Promote community integration** and avoid institutionalization of persons with severe mental disorders
- 6 Where there are persons with **severe disabling mental disorders** living in institutions, include these institutions in your

Reconstruction & Shelter

** Include persons with disabilities in reconstruction plans so as to improve access to shelters, schools, community health centres and other public buildings*

Depending on the type of building, the cost of providing accessibility for people with disabilities can be as low as 0.5 - 1% of the total cost of a project.

Involvement of persons with disabilities (all types of disability)

❶ **Involve** persons with disabilities in participatory reconstruction planning and monitor that they are present at planning sessions.

❷ **Use the expertise** of persons with disabilities for planning and implementing accessible reconstruction

❸ **Ensure** persons with disabilities participate in decision making for the reconstruction planning



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** By including persons with disabilities in Barrier Free reconstruction plans, disabilities can be prevented and the impact of impairments minimised*

Reconstruction norms

❶ **Use universal design** to ensure minimum standards of accessibility

❷ **Build adapted houses / shelter** for persons with disabilities in order to address their specific needs or provide assistance to persons with disabilities and their families who are building their own shelters.



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No slope
ideal



< 4%
Accessible
and comfortable



< 5%
Accessible

< 8%
Assistance
required



< 12%
Hazardous

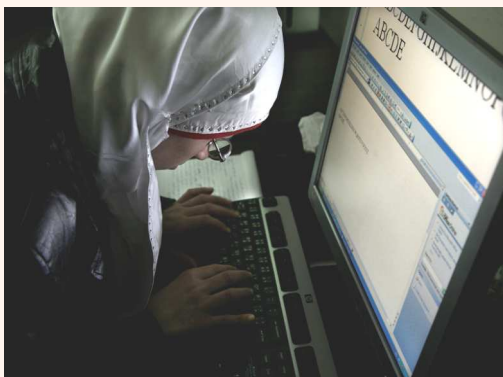
Livelihoods

Persons with injuries/disabilities have the same livelihood needs as everyone else

By contributing to the family income persons with disabilities can reduce their economic reliance on their family and reduce the perception that persons with disabilities are

burdens on their family and the family can begin recovering from the economic effects of the disaster as soon as possible

- 1 **Include** persons with disabilities/injuries and their families in livelihood assessments
- 2 **Provide** persons with disabilities/injuries with the means (tools, equipment etc) to recover their livelihoods
- 3 **Ensure** that vocational training, micro-credit schemes and other livelihood enhancement opportunities include persons with disabilities
- 4 **Adapt** if necessary livelihood tools and equipment to suit the needs of the individual. (Most often the individuals will be able to tell you how the equipment can be adapted so that they can use it fully)
- 5 **Ensure** that persons with injuries/disabilities are receiving information on vocational training opportunities / tool and equipment distribution etc by **using appropriate communication channels** for example for visually impaired (verbal communication or Braille), hearing impaired (Written material, Symbols or Sign Language), people with low literacy/language difficulties (Simple language and drawings).
- 6 Sometimes it may not be possible for a person with disability to participate in standard **cash or food for work schemes**. Consider modifying activities or providing an **alternative** to ensure the person can still access the food or cash benefits.



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Education

Efforts should be made to ensure that that 'all' children in every village start / re-start / continue going to school.

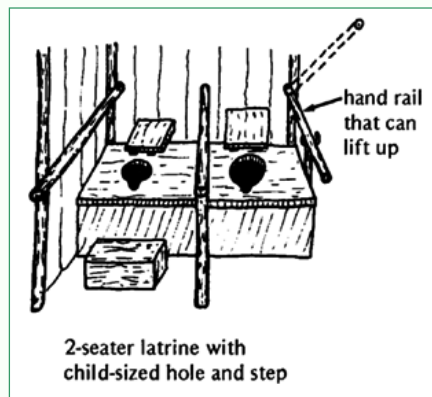
While re/constructing the school premises among other things please keep the following in mind:

The school buildings (incl. toilets)

- ❶ Ensure that the **steps** are of low height (preferably 4") and are wide, deep and not steep so that as to allow a child with appliances to safely use them.
- ❷ **Handrails** on either side at an appropriate height for the children.
- ❸ A **ramp** to help children who have difficulty using stairs, particularly those who use a wheel chair (inclination minimum 1:10).
- ❹ **Doors** are wide enough to allow entry of children using mobility appliances such as wheelchairs (at least 80 cm).
- ❺ **Floors** are non-slippery and there are no barriers on the floor.
- ❻ Enough **space inside** to move around with mobility appliances (circle of 90m diameter).

Drinking water facility

- ❶ The tank is situated within an **appropriate distance**.
- ❷ The height and design of the tap is such that **ALL children** can use it.
- ❸ **Hand rails / rails** to facilitate movements of those in need.
- ❹ Non-slippery floor, no stagnation of water around.



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Each child with disability has his/her own capacity to learn, and has the right to a good quality, relevant education.



Make education welcoming to all – adapt the system to the learner, rather than expecting the learner to adapt to the system.

Inclusion of children with disabilities

- ❶ **Identify** (with children, parents, teachers, etc.) who is and is not participating in your education activity, and why
- ❷ **Suggest solutions** and give **specific support** to children with disabilities. Regularly monitor progress, involving the community
- ❸ **Ensure the participation** of children with disabilities by making them feel welcome and encouraging them constantly

- ❹ **Improve the physical environment** so that it is safer and more accessible.

Supporting the teachers

- ❶ Make sure someone on your education team has **understanding** of inclusive education and takes **responsibility** for monitoring inclusion
- ❷ **Support teachers** to develop understanding and confidence for working with children with various disabilities by building on what they already know and do
- ❸ **Address language issues** by supporting teaching in sign language and other means of communication
- ❹ **Encourage peer support** – teachers supporting each other with identifying learners' problems and finding solutions; children helping each other inside and outside school
- ❺ **Be committed** to challenging resistance to greater inclusion – emphasise the benefits of even very small changes and achievements. Make education welcoming to all – adapt the system to the learner, rather than expecting the learner to adapt to the system.