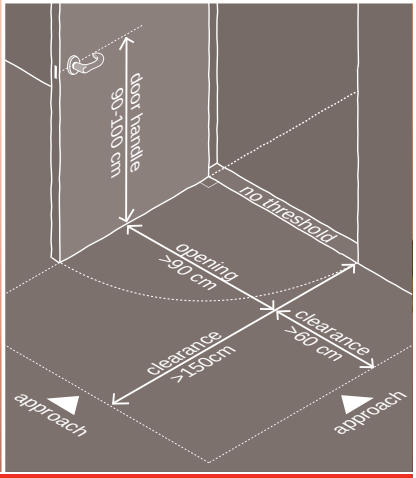

All Under One Roof

Disability-inclusive shelter and settlements in emergencies

International Federation
of Red Cross and Red Crescent Societies
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HANDICAP INTERNATIONAL
cbm
together we can do more

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All Under One Roof

Disability-inclusive shelter and settlements in emergencies

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Summary

Persons with disabilities often experience discrimination and exclusion, despite the adoption of an increasingly rights-based approach to humanitarian assistance. The past three decades have witnessed a growing awareness of disability issues and the emergence and spread of disabled people's organisations.

The growing awareness must be accompanied by practical measures to identify and reduce the barriers faced by persons with disabilities in an emergency situation.

The the capacity of disabled people's own organisations must be developed and used to inform humanitarian action and build resilient and inclusive communities.

All Under One Roof wants to transform the way humanitarian organisations approach inclusion and accessibility in their shelter and settlement programmes. It is the result of a collaborative process that started in 2013, involving CBM, Handicap International and IFRC.

Section A. Inclusion in phases of disaster management

- Strengthen disability networks during the preparedness phase.
- Identify capacities of persons with disabilities as well as the barriers persons with disabilities face in case of an emergency.
- Involve persons with disabilities in planning and managing inclusive and targeted early warning systems.
- Ensure that emergency evacuation centres are accessible.
- Address disability issues from the outset of the emergency.
- Consider lack of visibility as a possible sign of exclusion.
- Consult persons with disabilities about shelter and settlement needs, and monitor the inclusiveness of the response.
- Involve disabled people's organisations in the recovery.

- Ensure that persons with disabilities can influence shelter designs and participate in reconstruction efforts.
- In the recovery phase, build back safer and more accessible.

Section B. Technical guidance for shelter and settlements

- Avoid man-made barriers in new, planned settlements.
- Remove barriers that affect safety and access for persons with disabilities in settlements and collective centres.
- Assist with transporting, erecting and maintaining tents.
- Provide accessible transitional or permanent shelter for persons with disabilities through consultation and participation.
- Carry out accessible adaptation of existing structures.
- Provide priority lines for persons with disabilities and volunteers to offer assistance at distribution sites.
- Include additional or adapted items in emergency household kits for persons with disabilities.
- Offer training and technical support for persons with disabilities to make use of shelter kits and shelter support items.

Section C. Promoting participation and equal opportunities

- Provide information in multiple accessible formats.
- Plan meetings to be inclusive of persons with disabilities.
- Make monitoring and feedback mechanisms inclusive of persons with disabilities, and follow up barriers that are identified.
- Consider shelter accessibility in rent support programmes.
- Assist persons with disabilities in host family situations.
- Design cash for work activities according to the capacities of persons with disabilities.
- Use cash grants to provide personalised accessible shelter.
- Make sure vouchers, tools and instructions are accessible for persons with different types of disabilities.

Foreword

In humanitarian action, shelter and settlement are familiar terms that fall within the scope of the right to adequate housing. Everyone has a right to adequate housing, and this right is recognized in key international legal instruments. These instruments define adequate housing a ensuring protection from the climate, structural hazards and risks to health, access to essential services and facilities, and appropriateness. Also included as a key condition is accessibility, in terms of both the physical location of the dwelling or accommodation and the ease with which the space itself can be used by the affected individuals. However, despite the best of intentions, post disaster shelter and settlement responses are invariably designed to provide standardised solutions to an affected community without sufficiently addressing the potential barriers faced by persons with disabilities, older people and other groups in living in such settlements and shelters.

The World Health Organisation estimates that 15% of the population are affected by some form of disability. Help Age International report that 12% of the population are over the age of 60, and that this will increase to 20% by 2050. The UN Convention on the Rights of Persons with Disabilities highlights the importance of the inclusion of persons with disabilities in all aspects of life including in situations of risks and emergencies. It is therefore timely to ensure that the post disaster shelter and settlement assistance adequately reflects the specific needs of people with disabilities and older people.

All Under One Roof aims to bridge the gap between good intentions and practical implementation by offering technical guidance for disability-inclusive shelter and settlement support in emergencies.

Developed by three organisations – IFRC, Handicap International and CBM – who have substantial experience of addressing the needs of vulnerable groups after disasters and crises, it draws upon existing guidelines from these and other institutions as well as relevant national and international standards and the expertise of practitioners. The aspiration is that it will become a key reference to inform shelter and settlements planning and implemention, ensuring fully inclusive humanitarian action.

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Introduction

The responsibility to support persons with disabilities during natural disasters and emergency situations is clearly described in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Despite this, both governmental agencies and humanitarian organisations fail to adequately include persons with disabilities in disaster preparedness and response activities.

Recommendations are based on a review of existing guidelines (produced by CBM, HI and other organisations), comparison and adaptation of national and international standards, and the personal experience of the authors and reviewers.

Scope of the document

The document focuses on shelter and settlement support in response to humanitarian crises, divided into three phases: preparedness, emergency response and early recovery.

Shelter support in this context includes distribution of tools and materials for emergency shelter, household items, tents, transitional shelter solutions, as well as technical and practical support for making shelter available and accessible for all.

Settlement support includes guidelines for planning and upgrading temporary settlements (camps) as well as support for persons with disabilities to move around and navigate between shelter and services in existing communities.

Target audiences

The primary target group for this document is staff and volunteers from National Societies of the Red Cross Red Crescent Movement. Section A contains the most relevant guidance for them, but all recommendations should be relevant and understandable; to this end they are often accompanied by illustrations.

Programme managers and decision-makers are also a target group, especially for chapters A1.1, A2.1 and A3.1 and Section C. Shelter specialists will find the most relevant guidance in Section B.

A set of training modules has been prepared based on this document. This includes a general introduction and targeted sessions for each of the three above-mentioned groups.

How to use the document

The sections and chapters can be read and used independently from each other, but you will find references between the sections for further reading. Some key terms and concepts will be explained on the following pages.

At the beginning of each section and each chapter you will find a brief overview of its contents.

A checklist is included at the end of each chapter in order to make sure that important issues have been taken into consideration.

A set of annexes can be found at the end of the document, including a description of acronyms and abbreviations.

Definitions

Disability

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

UN Convention on the Rights of Persons with Disabilities, 2006

Throughout this document 'persons with disabilities' should be understood to refer to women, girls, boys and men with disabilities.

Disabled people's organisations (DPOs)

DPOs are organisations run and controlled by persons with disabilities, often working to increase awareness and access to services and public life. Not all persons with disabilities are members of DPOs, but the organisations can play an important role in identifying and addressing needs in an emergency.

Impairment

Impairment is one component of disability and refers to the partial or complete loss of a limb, organ or other body structure as well as mental functions. The other components of disability are activity limitations and participation restrictions. (WHO)

Inclusion

Inclusion means a rights-based approach to community programming, aiming to ensure persons with disabilities have equal access to basic services and a voice in the development and implementation of those services. At the same time it requires that mainstream organisation make dedicated efforts to address and remove barriers.

Many recommendations in this document are based on existing literature focusing on physical and sensory disabilities. Shelter and settlement responses require additional measures to be fully inclusive of persons with mental or intellectual disabilities.

Shelter

"A habitable covered living space, providing a secure, healthy living environment with privacy and dignity for the groups and individuals residing within it."

Emergency shelter support is defined as "the provision of basic and immediate shelter needs necessary to ensure the survival of disaster affected persons, including 'rapid response' solutions such as tents, insulation materials, other temporary emergency shelter solutions and shelter-related non-food items."

MoU between IFRC and OCHA

'Sheltering' is a process, not just a product. Meeting shelter needs after disasters should be seen as a process of 'sheltering' done by affected households with different materials, technical, financial and social assistance.

IFRC Shelter and Settlement Unit

Settlement

"A community of covered living spaces providing a secure, healthy living environment with privacy and dignity for the groups and individuals residing within them."

Settlements can be planned or self-settled/spontaneous.

'Settlement' and 'camp' can be interchangeable terms, but the former has increasingly replaced the latter. Possibly because a 'refugee camp' symbolises dependency on external aid, while the term 'settlement' is associated with more functional, self-reliant communities.

Vulnerability

"The characteristics of a person or group in terms of their capacity to anticipate, cope with, resist and recover from the impact of a natural or man-made hazard." *IFRC*

Table 1. Concept of barriers

There are different types of barriers that may prevent participation and equal opportunities for persons with disabilities. Some of these are pre-existing barriers, compounded by the crisis. Others barriers are created by the emergency and can result in new disabilities.

Physical barriers

Physical barriers can be natural or man-made, and the list is infinitely long. Common man-made barriers include staircases, narrow doors, level changes and thresholds, inaccessible public transportation, lack of accessible public toilets, etc.

Natural disasters such as earthquakes or floods create new physical barriers.

Shelter and settlement interventions may contain barriers in themselves, such as steps at the entrance to shelters or latrines, lack of information in accessible formats and household items that are not suitable for persons with different types of disabilities.

Information barriers

Barriers to information or communication occur when information is not made available and accessible for everyone. This type of barrier can be invisible, but it is no less present and excluding for a very large number of people, particularly those with sensory disabilities.

In an emergency, information can make a big difference, both in terms of early warning systems and evacuation, relief operations and access to aid.

Most persons with disabilities rely heavily on caregivers and support networks for access to information. Re-establishing or replacing damaged networks after a disaster should be a high priority for humanitarian agencies.

The recommendations in this document are based on barriers that persons with disabilities face in emergency shelter and settlement situations, but they will also be relevant for national accessibility standards and preparedness planning.

Attitudes or stigma

Although negative attitudes towards persons with disabilities are beginning to change, they are still, unfortunately, one of the major barriers to full and equal participation.

These attitudes exist in all parts of society, from community members to policymakers to programme managers in international and non-governmental organisations.

Involving all members of the community in shelter and settlement activities has the potential to challenge negative attitudes. Addressing and breaking down attitudinal barriers to participation is a way to reduce disability.

Organisational barriers

Organisational barriers are institutional procedures and policies that discriminate against persons with disabilities. For National Societies and humanitarian agencies, this can refer to organisational practices (e.g. recruitment policies) that are not flexible enough or adapted to persons with disabilities, thus leading to exclusion.

In this document, we focus primarily on physical and information barriers to shelter and settlement response during different phases of disaster management, and provide guidance for humanitarian workers trying to address these barriers, with reference to the other barriers when appropriate.

Table 2. Concept of accessibility

ac·ces·si·ble[1] *adjective*
1. easy to approach, enter, use and understand [...]

Four levels of accessibility must be considered when we design and build a space, in this order:

How to reach an area, site or shelter

Ensure accessibility between the shelter and different public spaces and services in the community.

Doing this has implications for both shelter and settlement design, and requires the removal of physical barriers as well as adequate signage and lighting.

How to enter the shelter and its parts

Once the shelter or building is reached, it needs to be accessible to all persons, including those with disabilities.

This could be achieved through providing ramps and handrails, and openings that are wide enough for a wheelchair to pass through.

The same applies to services in a settlement – health, protection, education, registration – as well as water points, toilets and sanitary facilities.

[1] Collins English Dictionary (2012). http://www.collinsdictionary.com

While designing, implementing and managing any kind of emergency response, it is important to consider how persons with disabilities will interact with the environment – from transportation on a regional level to small-scale household tasks, from accessibility in settlements to individual shelter.

How to use the shelter and its facilities

In addressing the use of space, consideration should be given to providing privacy and security as well as accessibility.

Understanding how space is used requires you to look at different aspects of daily life, in consultation with the user: how to open and close windows, positioning of key equipment, additional needs such as mattresses or blankets, or the design of latrines, cooking spaces and hygiene facilities.

How to understand instructions and information

Even if all other levels are achieved, the chain of accessibility will be broken if persons with disabilities cannot take part in technical instructions and information.

This includes everything from meaningful participation in meetings and public debates to identifying and addressing maintenance issues, carrying out simple repairs and knowing who to contact for feedback or complaints.

Table 3. Methods of communication

Below, you will find examples of communication methods and their suitability for persons with different types of disabilities. These are adapted from *Appropriate Early Warning Systems for the Different Types of Impairment* by Handicap International Nepal.

Audio signals

E.g. bells, alarms, sirens, radio, drums, loudspeaker announcements

Ideal for persons with visual impairment. Also useful for other groups

Must be accompanied with training about how to react and support with evacuation.

Visual signals

E.g. flags, lights flashing on/off

Ideal for persons with hearing impairment. Also possible for other groups, except persons with visual impairment.

A combination of audio and visual signals is recommended for urgent warnings (e.g. fire alarms).

Signs and gestures

E.g. sign language, body language

Possible as support for other methods of communication, if these prove ineffective.

Assess if recipients with hearing impairment are able to communicate through any type of sign language (universal or local).

Printed materials

E.g. posters, leaflets, pictures

Excludes persons with visual impairment.

Keep messages short and simple, and use illustrations.

If the audience is able to read Braille, consider this as a supplement.

Acknowledgements

Project coordinated by: Corinne Treherne (Shelter & Settlements, International Federation of Red Cross and Red Crescent Societies).

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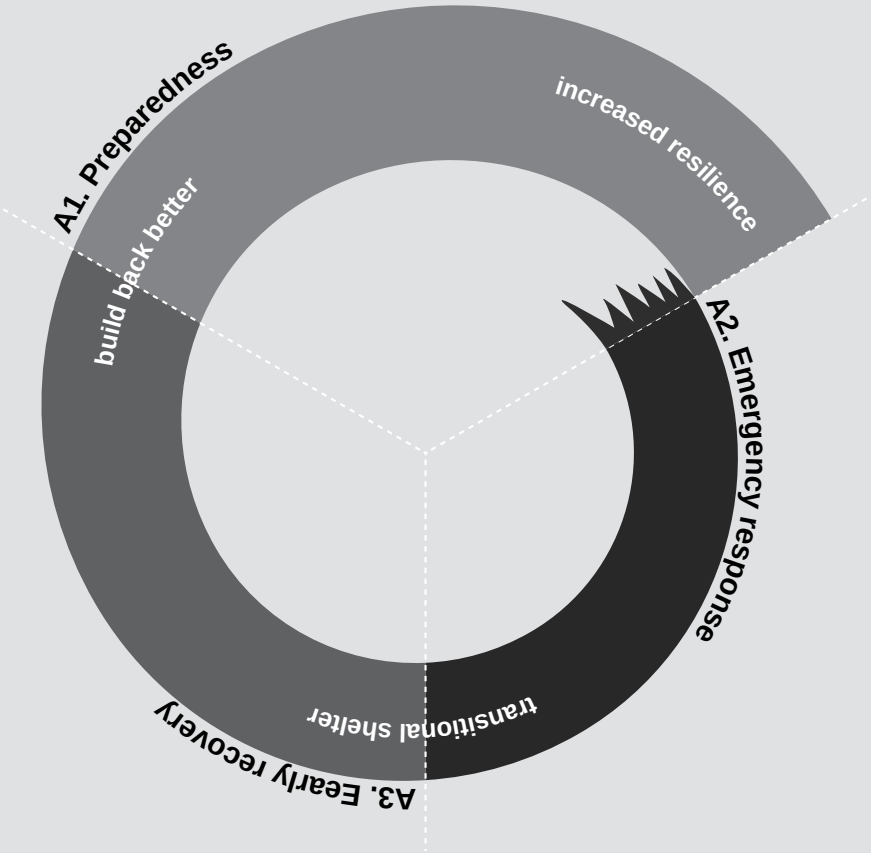
Section A


A1. Preparedness
increased resilience
build back better
A2. Emergency response
transitional shelter
A3. Early recovery

Inclusion in phases of emergency management

Section A is divided into three chapters, each corresponding to a different phase in emergency management.

If you are involved in a crisis response, you should go straight to chapter →**A2** and read the rest later. If you are involved in preparedness activities, you should read all chapters, but will find the most relevant advice in chapter →**A1**. The recommendations in chapter →**A3** are applicable during early recovery, but also in development situations not linked to a disaster.

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*Persons with hearing impairment or other sensory disabilities are excluded from early warning messages unless different means of communication are used (→**A1.3**).*

A1. Preparedness

This chapter contains recommendations on how to increase the disaster preparedness of communities, including persons with disabilities and National Red Cross and Red Crescent Societies, through planning and practical interventions in the shelter and settlement sector. National Societies should support authorities in developing more inclusive preparedness plans and make sure that persons with disabilities and disabled people's organisations (DPOs) have a key role in the process.

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A1.2 Inclusion in VCA, PASSA and other assessment tools *(p. 25)*

A1.3 Targeted early warning systems and evacuation *(p. 29)*

A1.4 Accessible emergency shelters *(p. 32)*

IFRC's disaster preparedness policy strives to "identify those persons, communities and households most at risk to disaster" and "improve the ability of vulnerable communities to cope with disasters through community-based disaster preparedness strategies that build on existing structures, practices, skills and coping mechanisms."

"[...] the assisted population must participate in the planning and preparation for disasters. All activities and programmes should be sensitive to issues of gender, generation and the needs of vulnerable groups, such as the disabled."

[1] The Disaster Preparedness Policy was adopted by the 12th Session of the General Assembly of the IFRC on October 26, 1999.

A1.1 Disability awareness in preparedness planning

National Red Cross and Red Crescent Societies often play a central role in national preparedness and contingency planning. Disabled people's organisations (DPOs) are rarely involved or consulted during the process, despite representing individuals who will be among the most vulnerable during an emergency.

Research shows that after the 2011 earthquake and tsunami in Japan the mortality rate among persons with disabilities was twice that of the rest of the population[2].

1 Map experiences

A1.1.1

Identify your National Society or organisation's experience working with and providing shelter to persons with disabilities and the capacities already existing within the organisation (including staff members with disability).

2 Networking

A1.1.2

Map existing networks (formal or informal) and DPOs working for persons with disabilities in your area. Find out how you can support these networks and organisations to play a role in community preparedness planning activities.

Coordinate across different sectors before approaching DPOs and disability networks to avoid mixed or conflicting messages. Also, during the preparedness phase make sure to establish clear responsibilities in case of emergency.

[2] "Column 4: Mortality rate of people with disabilities in the Great East Japan Earthquake" from *Annual Report on Government Measures for Persons with Disabilities* (2012) Cabinet Office, Government of Japan. Retrieved from http://www8.cao.go.jp/shougai/english/annualreport/2012/index-pdf.html

Labels such as 'vulnerable groups' or 'people with special needs' are too vague and should be avoided.

3 Review existing plans A1.1.3

Invite national authorities (especially with disability and preparedness portfolios) and disability stakeholders to review existing plans together. Focus on shelter and settlement preparedness, and highlight specific references to persons with disabilities.

4 National standards A1.1.4

Together with the involved agencies and authorities, identify if national laws or guidelines for accessible design exist[3]. If they do not, they could be one of the outcomes of an inclusive process of assessments and preparedness planning.

5 Build awareness A1.1.5

Preparedness planning must be supported by public awareness campaigns, training of response teams and rehearsal of emergency response scenarios. Greater community awareness can also be one of the objectives of PASSA and VCA. (See →**A1.2**)

6 Assessment tools A1.1.6

Adapt your disaster needs assessment forms to include questions about shelter and disability. Discuss content of these forms with other organisations, and organise a review of the disability component by DPOs or disability focal points.

Material from an awareness campaign in connection with the disability-themed International Day for Disaster Risk Reduction in 2013 can be found at http://www.cruzroja.org/#!dird/c371.

[3] The Philippines Accessibility Law of 1983 (Batas Pambasa Bilang 344), for example, states that all buildings and infrastructure for public use must be fully accessible. The law includes minimum standards and clear penalties for non-compliance.

A1.1. Case study

According to national statistics, 800,000 people were living with disabilities in Haiti before the 2010 earthquake. The government estimated that 300,000 people were injured in the disaster. Many will experience long-term disabilities[4].

Handicap International initiated a Rapid Response Mechanism project to raise awareness about accessibility issues and build the capacity of civil society in disaster management.

In order to improve preparedness in light of experiences from the earthquake, the National System of Risk and Disaster Management (SNGRD, of which the Haitian Red Cross is a part) wanted to include accessibility in the national policy for site and evacuation centre management.

Handicap International provided training and technical recommendations on building accessibility and evacuation methods, in collaboration with and validated by the Office of the Secretary of State for the Inclusion of Persons with Disabilities (BSEIPH).

Specific mention of accessibility in national preparedness documents has made it easier to take action. As a result, several evacuation centres have been upgraded to a higher standard of accessibility and DPOs have a stronger case for involvement.

See also:

- SNGRD publication: Guide de Gestion des Abris d'Evacuation http://www.eshelter-cccmhaiti.info/jl/pdf/2013/Guide-Abris-Evacuation-2013-FR.pdf
- BSEIPH publications: http://www.seiph.gouv.ht/category/publications/

[4] Pan American Health Organization. 2010 Earthquake in Haiti: PAHO/WHO Situation Report on Health Activities Post Earthquake.

A1.2 Inclusion in VCA, PASSA and other participatory assessment tools

Vulnerability Capacity Analysis (VCA) and Participatory Approach to Safe Shelter Awareness (PASSA) are assessment methodologies often used by National Red Cross and Red Crescent Societies.

Each contains a set of participatory tools and approaches that enables staff and volunteers to work together with communities and identify their vulnerabilities, risks, capacities and priorities, both general and shelter related. Below you will find specific recommendations on how to make VCA and PASSA inclusive of persons with disabilities[5].

The recommendations also apply to other community-based assessments and approaches, such as Community Based Health and First Aid (CBHFA). Under 'further reading' at the end of this chapter, you will find references to general guidelines on how to do PASSA and VCA.

1 Inclusive planning A1.2.1

Make a clear commitment to including persons with disabilities and disability issues from the beginning of community discussions. Supporting the capacity of persons with disabilities is a key ingredient for reducing barriers and vulnerability.

2 Active involvement A1.2.2

Include local disabled people's organisations (DPOs) and self-help groups as stakeholders in the VCA/PASSA process. They may be able to help inform and encourage participation of persons with disabilities as well as provide support and valuable inputs.

[5] Several of these recommendations have been inspired by the Handicap International publication *Disability Inclusive Community Based Disaster Risk Management: A toolkit for practice in South Asia* (2012).

3 Training A1.2.3

Include disability issues in training for volunteers and staff. Key messages are:

- Talk directly to persons with disabilities to understand the impact of the emergency.
- Provide simple, clear and consistent messages using different formats.
- Understand the social status of persons with disabilities in the community.

Allow enough time to for the assessment to be fully participatory. It takes more time to prepare information in multiple formats, to identify accessible meeting places, organise transportation and home visits, and train staff in disability issues.

4 Assessment tools A1.2.4

Adapt your questionnaires and assessment tools to be accessible, and include questions about disability and barriers in questionnaires[6].

Examples:

- Accompany persons with different types of disabilities on a 'transect walk' through the community or settlement to identify barriers and share observations
- Organise focus groups where a range of community members (children, elderly, pregnant women, persons with reduced mobility or visual impairments, etc.) can discuss barriers and share experiences, instead of having separate groups for persons with disabilities.
- During interviews, ask questions to identify different types of disabilities and the barriers that people experience when carrying out daily tasks in a shelter and settlement environment.

[6] One example is the Washington Group's short set of 6 questions on disability: http://www.cdc.gov/nchs/washington_group/wg_questions.htm

5 Information
A1.2.5

Ensure that persons with disabilities receive invitations (in good time) to attend information and sensitisation meetings in accessible venues.

6 Home visits
A1.2.6

Make home visits to persons with disabilities who are housebound, making sure their needs and capacities are reflected in assessment data.

7 Report
A1.2.7

Make disability issues visible in the VCA and PASSA reports. Pay particular attention to barriers that persons with disabilities experience in the community, as well as to coping mechanisms. Recommend actions to reduce barriers and support coping mechanisms.

8 Present findings
A1.2.8

Return to the community to present the findings in a format that is accessible to everybody. Include persons with different disabilities in evaluating the assessment.

Questionnaires submitted at the beginning and end of the VCA/PASSA can be a tool for measuring if there has been a change in community attitudes towards disability.

When assessing the vulnerability of persons with disabilities, you are likely to discover issues that are not related to shelter and settlements, or to physical barriers. Be prepared to follow up, respond to or make referrals for these issues.

A1.2. Case study

The Indian State of Odisha on the Bay of Bengal is particularly vulnerable to floods and cyclones. During an accessibility audit on emergency shelters in the area, Handicap International discovered that "persons with disabilities were significantly neglected in VCAs, preparedness planning and mock drills as nobody thought that they could contribute effectively."

In October 2011, a VCA was conducted in Nuagagon in the Bhadrak District, with the involvement of the Community Cyclone Shelter Management and Maintenance Committee (CSMMC).

Community animators informed persons with disabilities and their families about the project through individual household visits. For the first time a formal invitation for the participation of persons with disabilities was issued by the CSMMC; this greatly encouraged persons with disabilities to join the process.

Inputs from persons with disabilities along with other participants were collected through various tools used during the VCA exercise. Facilitators used bright colours and objects that persons with visual impairments could see and feel, as well as loud discussions for those with hearing impairments.
The community gained a better understanding of the impact a disaster can have on different groups.

Adapted from *Disability Inclusive Community Based Disaster Risk Management: A toolkit for practice in South Asia*, Handicap International (2012).

A1.3 Targeted early warning systems and evacuation

All procedures that a National Society is planning to use to activate a response, including early warning systems, should be accessible for persons with different types of disabilities.

An inclusive early warning system will take into account the different communication needs of persons with disabilities. It will also consider the capacity of persons with disabilities to act on the early warning messages[7].

Refer to VCA/PASSA and household survey findings on barriers, access to services and capacities of persons with disabilities in the community.

1 Inclusive planning A1.3.1

Ensure that persons with disabilities are included in the group responsible for planning and managing the early warning system.

2 Active involvement A1.3.2

Involve persons with disabilities in monitoring risks, such as measuring rainfall and water levels, or listening to radio reports.

3 Access to warning messages A1.3.3

Review available information channels. Discuss with persons with disabilities about preferred means of communication, and adaptations to improve access to information. (See →**C1.1**)

[7] For more detail, see the *Community Early Warning System: Guiding Principles* by IFRC, e.g. Guiding Principle 12: Target and reach disadvantaged and vulnerable groups (http://www.ifrc.org/PageFiles/103323/1227800-IFRC-CEWS-Guiding-Principles-EN.pdf).

4 Evacuation plan

A1.3.4

Together with communities and disabled people's organisations (DPOs), establish a chain of communication to ensure that everyone is accounted for. Make a plan for evacuation of individuals who need assistance.

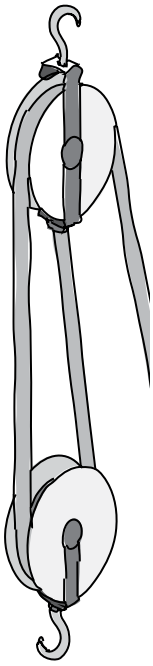
For example, persons with hearing impairment can receive door-to-door early warnings via non-verbal messages such as visual signals. People with reduced mobility can receive priority evacuation assistance from local rescue team members.

5 Training

A1.3.5

Ensure that persons with disabilities as well as caregivers and family members are included in training on how the early warning system works, what the warning signals mean and what actions should be taken.

Evacuation plans should also consider how persons with disabilities can move to or from higher floors, especially in flood risk areas. In some cases, where traditional shelters are built on pillars, a system of pulleys is used by persons with reduced mobility to enter and leave the structure.



6 Inclusive simulation exercises

A1.3.6

Involve persons with disabilities in emergency simulation exercises and drills. Let everyone try different roles, not only as 'victims' of evacuation.

A1.3 Case study

During an emergency, important information is often provided in the form of audio messages. Following the massive earthquake and tsunami that hit Japan in March 2011, radio broadcasts and vans with loudspeakers were used to reach the affected population.

For persons who are deaf or have difficulties hearing, these announcements were not accessible. Persons with intellectual disabilities were excluded if they didn't have carers who could help interpret the message. Persons with reduced mobility were unable to act on the information without assistance to overcome physical barriers. The fear of radiation also made people close their windows and stay inside, where they were unable to hear the loudspeakers.

Shortly after the disaster struck, a private company called *PLUSVoice* initiated a service to provide free sign language interpretation via videophones or smartphones for inhabitants of Iwate, Miyagi and Fukushima prefectures. This remote communications support has provided persons with hearing disabilities with new ways to access information and emergency warnings.

A1.4 Accessible emergency evacuation shelters

ADA: "Checklist for Emergency Shelters"

"Advance planning for an emergency shelter typically involves ensuring that the shelter will be well stocked with basic necessities, such as food, water and blankets. Planning should also involve ensuring that these shelters are accessible to people with disabilities." *Americans with Disabilities Act (2007)*

Emergency shelters come in many forms: in some cases they are purpose built structures designed to withstand specific hazards such as cyclones; in others, they are schools or community centres converted into a collective shelter only in the event of a disaster. Inaccessible shelters put persons with disabilities' rights to protection, dignity and assistance at risk. Accessibility of schools and public buildings is more than just a preparedness measure, as described in Article 9 of the United Nations Convention on the Rights of Persons with Disabilities. (See →**Annex 3**, *p. 157*)

1 Map shelters A1.4.1

Map the facilities that have been identified as evacuation shelters in case of emergency.

2 Identify barriers A1.4.2

Visit shelters with disabled people's organisations (DPOs) to identify the barriers facing persons with of disabilities.

Permanent adaptations are recommended for public buildings. If this is not possible, consider temporary solutions in the event of a disaster (e.g. movable ramps or portable accessible toilets).

3 Accessible adaptation A1.4.3

For evacuation shelters that can be made accessible, carry out necessary adaptations (see →**B2.3**). For the rest, identify more suitable alternatives.

In flood risk areas: Consider if ground floors are safe. If not, barrier-free access to a higher level is necessary.

4 Reserve space A1.4.4

Reserve space on the ground floor for persons with reduced mobility or visual impairment, with barrier-free access and separate toilets and sanitary facilities for men and women.

5 Stockpiles A1.4.5

Stockpile assistive devices at the emergency shelter, such as emergency wheelchairs, crutches, walking frames, white canes and portable toilet seats. Consult with local DPOs for selection of items.

6 Information points A1.4.6

Plan for information points (disability desks, see →**B1.1.10**) to provide assistance and information for persons with disabilities and to build community awareness.

7 Site visits A1.4.7

Arrange for persons with disabilities and caregivers to visit nearby shelters during the preparedness phase so that there is an opportunity to become familiar with their location and layout.

Premises of institutions that offer services to persons with disabilities should not be designated as evacuation shelters. Consider instead how they can be supported to increase their preparedness or capacity to operate through the emergency phase.

A1.4. Case study

The emergency shelter in Alekdia (a village on the Bangladesh coast) was constructed following a cyclone in 1991 that killed 120 people, including 10 persons with disabilities.

Continued →

In 2011, Handicap International conducted an accessibility audit which showed that the shelter was not accessible. The pathways were muddy and the threshold to reach the site was an obstacle for persons with wheelchairs. There was no ramp or handrail to reach the raised ground floor of the building. There was also no ramp between the ground floor and the first floor of the building. Doors to the toilets were too narrow for wheelchair users to enter, and there were no grab bars inside. There was no signage to help people orientate themselves, and electric switches were located too high to be used by a person in a wheelchair.

Based on these findings, HI and its partner Young Power in Social Action (YPSA) carried out adaptations to remove obstacles at the entrance and constructed a ramp with handrails to reach the ground floor. Pathways and doors to reach the toilets were widened. Toilet chairs, grab bars and accessible water flushing were installed.

The Cyclone Shelter Management Committee, which includes persons with disabilities, helped decide which adaptations should be done. Before, persons with disabilities had avoided the shelter, or only evacuated at the last moment, due to the lack of accessibility. Mock drills and visits by persons with disabilities to see the changes have helped build awareness and confidence in using the shelter in the event of a disaster.

Further reading

- CBM (2012), *Inclusion Made Easy: A quick program guide to disability in development*. http://www.cbm.org/Inclusion-Made-Easy-329091.php
- ECHO, HI (2009), *Mainstreaming disability into disaster risk reduction: a training manual*. http://preventionweb.net/go/24772
- Handicap International (2012), *Disability Inclusive Community Based Disaster Risk Management: A toolkit for practice in South Asia*. http://disabilityindrr.org/resourcespage/
- Nicaraguan Red Cross (2012), *Inclusion of persons with disabilities in disaster preparedness and risk reduction*. http://www.alnap.org/pool/files/disabilities-in-drr.pdf

VCA and PASSA

- IFRC (2007), *What is VCA? An introduction to vulnerability and capacity assessment*. http://www.ifrc.org/Global/Publications/disasters/vca/whats-vca-en.pdf
- IFRC (2007), *How to do a VCA: A practical step-by-step guide for Red Cross Red Crescent staff and volunteers*. http://www.ifrc.org/Global/Publications/disasters/vca/how-to-do-vca-en.pdf
- IFRC (2007), *VCA toolbox & reference sheets*. http://www.ifrc.org/Global/Publications/disasters/vca/vca-toolbox-en.pdf
- IFRC (2011), *PASSA: Participatory Approach for Safe Shelter Awareness* https://www.ifrc.org/PageFiles/95526/publications/305400-PASSA%20manual-EN-LR.pdf

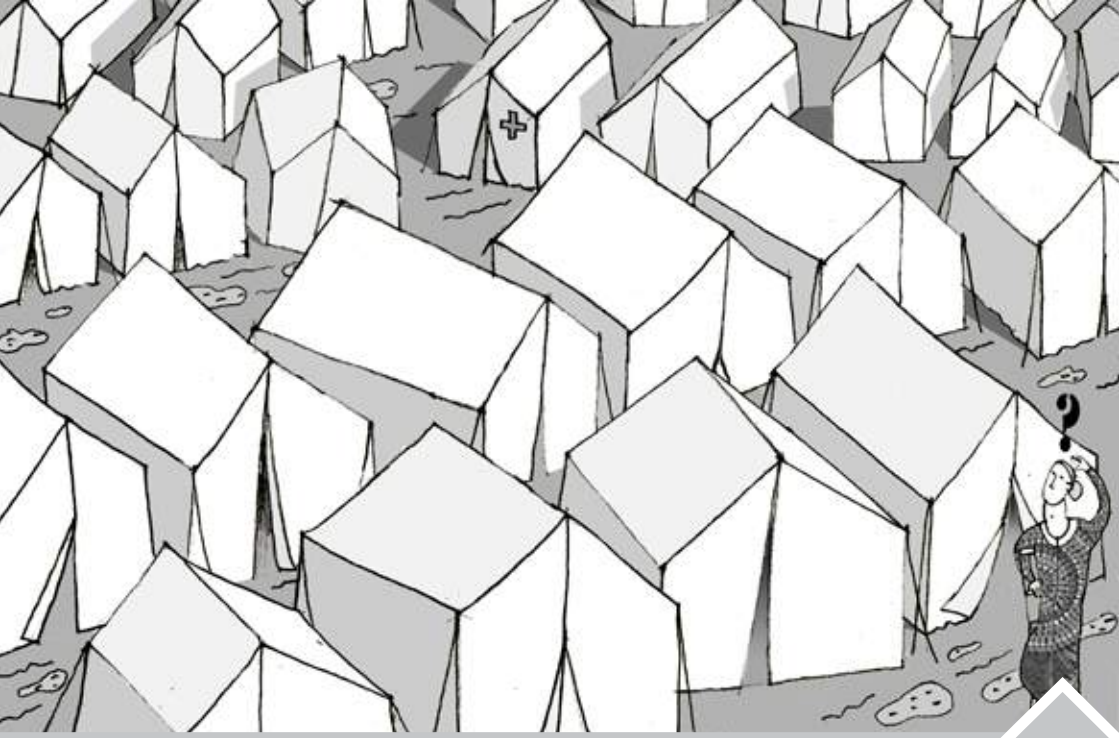
Early warning systems

- IFRC (2012), *Community Early Warning System: Guiding Principles*. http://www.ifrc.org/PageFiles/103323/1227800-IFRC-CEWS-Guiding-Principles-EN.pdf
- IFRC (2013), *Public awareness and public education for disaster risk reduction: a guide*. http://www.ifrc.org/Global/Publications/disasters/reducing_risks/302200-Public-awareness-DDR-guide-EN.pdf

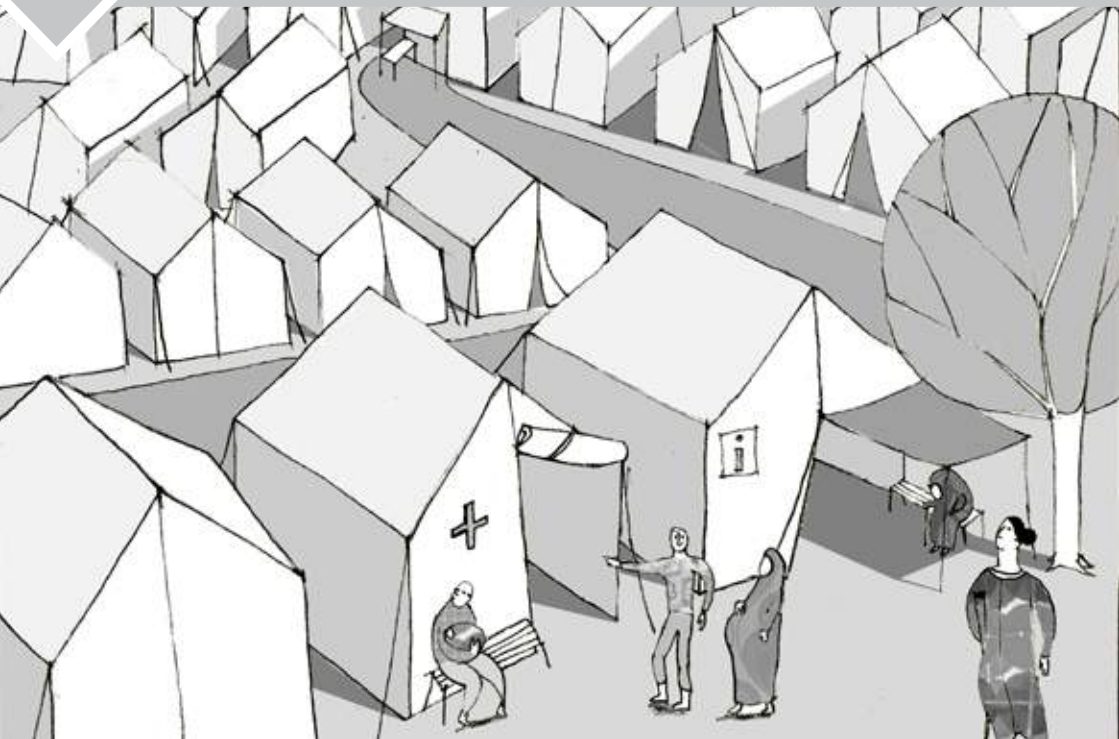
Checklist A1. Preparedness

- [x] Disability is included as a consideration from the beginning of preparedness or disaster risk reduction activities.
- [ ] An inventory has been prepared of existing organisational capacity and experience of disability issues, including accessible shelter.
- [ ] Disabled people's organisations (DPOs) are represented alongside National Societies, authorities and other stakeholders in preparedness activities.
- [ ] Local DPOs have been invited to take part in a review of existing shelter and settlement preparedness plans from a disability perspective.
- [ ] Persons with disabilities are informed of planning activities and invited to participate (with information in multiple formats and accessible meetings).
- [ ] Preparedness planning for shelter and settlements is accompanied by public awareness campaigns on disability concerns.
- [ ] If national laws and guidelines on accessibility exist, these are used as a starting point for preparedness measures.
- [ ] Assessment tools and forms are updated and include a disability component.
- [ ] Local DPOs help identify and mobilise persons with disabilities in the community and support the data collection process.

- [ ] Disability issues are visible in VCA or PASSA reports and presented in multiple accessible formats.
- [ ] Responsibilities and methods for informing, locating and assisting persons with disabilities in case of emergency have been identified.
- [ ] A chain of communication has been established to ensure that all members of the community are included in early warnings and evacuations.
- [ ] Emergency evacuation shelters and evacuation routes have been mapped and categorised according to their level of accessibility.
- [ ] Measures have been carried out to make shelters accessible through temporary or permanent adaptations, and to provide separate, accessible facilities for males and females.
- [ ] Persons with disabilities are familiar with the location and layout of evacuation shelters and take an active role in evacuation exercises.



Limited access to services and information are among the key barriers facing persons with disabilities in an emergency.



A2. Emergency response

Quote: Disability and emergency risk management for health

"People with disabilities often experience barriers that inhibit their access to appropriate [...] shelters before, during and long after an emergency. Appropriate planning, design and development is required to ensure that [...] shelters and settlements are accessible to people with disabilities."

CBM, IFRC, IOM, UNICEF, UNISDR, WHO (2013)

Natural disasters create new barriers and disrupt the coping mechanisms of persons with disabilities. If preparedness plans were not inclusive, and if response activities are not specifically targeting persons with disabilities, then increased vulnerability will result.

Shelter is a basic need for all. Targeting persons with disabilities in emergency shelter and settlement activities can save lives and offer vital protection to disaster-affected populations. The following chapter provides recommendations for how to achieve this.

Chapter overview

A2.1 Disability awareness in emergency coordination *(p.40)*

A2.2 Inclusion in emergency needs assessments *(p.43)*

A2.3 Emergency shelter and settlement support *(p.46)*

A2.1 Disability awareness in emergency coordination

Emergencies have particularly serious consequences for persons with disabilities. New physical barriers are created and support networks are disrupted. Access to information is difficult for everyone, especially persons with sensory disabilities. Relief services are often not adapted to persons with disabilities, who struggle to cover basic needs and become increasingly dependent on outside support.

Coordination mechanisms enable actors from different sectors to meet and discuss disability-related plans and actions. The type of mechanism will depend on the scale and location of the emergency.

In large-scale emergencies where a number of actors may have specific responsibility for disability issues, a single, intersectoral *disability coordination group* should be established with clear terms of reference.	In emergencies of a smaller scale, disability is usually an integrated component in the responsibilities of various sectors or individual agencies. Therefore, *disability focal points* should be established in each sector/cluster[1].
1 Overview A2.1.1 Get an overview of the type and scale of the emergency through available sources of information (e.g. eyewitness accounts, phone calls, media reports, or satellite images).	Understand the preparedness of persons with disabilities. The responsibility for disability in some countries may rest with the ministry of health, in others with the ministry of social welfare.

[1] Adapted from CBM, IFRC, IOM, UNICEF, UNISDR, WHO: *Guidance Note on Disability and Emergency Risk Management for Health* (2013)

2 Key informants A2.1.2

Establish contact with key stakeholders and disabled people's organisations (DPOs). Locate other disability informants in the community if DPOs are not operational in early stages of an emergency.

Until more accurate information is available, assume that 15% of the affected population has some form of disability[2], and consider this in Disaster Relief Emergency Fund (DREF) and other appeals, response strategies and budgets.

3 Disability data A2.1.3

Compile existing data on persons with disabilities in the affected area. If there was no database before the disaster, start building this as part of your assessment, with DPOs as owners. Share the information through the group or focal point for disability coordination. Store backups of information in safe/protected areas.

Ask if people agree to have their information stored in a database, and make sure it is kept up to date. Consider who should have access to which information and if the data could be misused.

4 Intersectionality A2.1.4

Link together the focal points for disability and other cross-cutting issues (e.g. gender, age, accountability to affected populations) to ensure that all sectors have a comprehensive and people-centred response.

5 Coordination meetings A2.1.5

Put disability issues on the agenda for shelter and settlement coordination meetings, and include accessible design standards in technical guidance documents. Invite groups or focal points for disability coordination to participate and give inputs.

[2] UN World Health Organization (WHO): *World Report on Disability (2011)*

6 Training A2.1.6

Provide training to staff and volunteers with practical examples of how to support persons with disabilities and improve the accessibility of emergency shelter and settlements.

7 Referrals A2.1.7

Contribute to an effective referral system by mapping who can do what, where, when and how in liaison with DPOs, government agencies and other organisations and service providers.

A2.1. Case study

Typhoon Haiyan (Yolanda) struck the Philippines in late 2013. As part of the emergency response, an Ageing and Disability Task Force (ADTF) was set up under the Protection Cluster.

Early reports on persons with disabilities affected by the disaster were incomplete and lacking in detail. The first task of the ADTF was to make sure that data collection was consistent and disaggregated by age, gender and disability. Mapping of services for persons with disabilities was carried out in partnership with the health cluster in order to establish referral pathways.

Another aim of the ADTF is to build the capacity of mainstream organisations to include disability and ageing issues in their response. This includes training and technical support. Indicators related to the inclusion of persons with disabilities and elderly people have been included in the different clusters' strategic response plans.

A similar approach has been tested in other locations, most notably in Pakistan, where the ADTF was established following the floods in 2010 and counted ten organisations (international and local) among its members[3].

[3] A report and resource book from the ADTF in Pakistan was published in 2011. See http://www.cbm.org/article/downloads/54741/ADTF_Report.pdf

A2.2 Inclusion in emergency needs assessments

Quote: Disability and emergency risk management for health

"Given the challenges with making rapid assessments, detailed information on disability may not always be collected and available to substantially influence programmes early in an emergency. In fact, most assessments that focus on disability are conducted several weeks or even months after a major sudden-onset emergency." *CBM, IFRC, IOM, UNICEF, UNISDR, WHO (2013)*

Inclusion of disability-related questions in rapid assessments will improve your understanding of the needs of persons with disabilities and how they can be addressed.

Below are some important steps to consider in the planning and implementation of disability-inclusive emergency needs assessments, with a focus on shelter and settlements. On the following pages we will focus on recommendations for rapid assessments. Disability-inclusive detailed and continual assessments[4] are covered in →**A3.2**.

1 Training

A2.2.1

Provide a quick training[5] for assessment staff on disability issues and how to address persons with disabilities.

2 Disability data

A2.2.2

Involve local disabled people's organisations (DPOs) in the review of secondary data, including any vulnerability and capacity assessments (VCAs) carried out before the emergency.

[4] For more on the three types of assessment (rapid, detailed and continual), consult *Guidelines for assessment in emergencies,* published by IFRC in 2008.

[5] See the training material accompanying this document.

3 Assessment tools

A2.2.3

Adapt your questionnaires and assessment tools to be disability inclusive. In multi-sectoral assessments, add questions about barriers related to shelter and settlements. (See →**A2.2.3**)

Use IFRCs "Guidelines for assessment in emergencies" (2008) as a starting point, and consider how to better integrate disability.

- Build assessment teams with disability experience.
- Have group interviews with persons with different types of disabilities, or, if this is not possible, with key informants from local DPOs.
- Make a daily calendar for persons with different types of disabilities.
- Expand the checklist for shelter and housing to include physical accessibility for persons with disabilities.

4 Disability informants

A2.2.4

Make sure to include persons with disabilities and local DPO representatives as informants in community-level assessments.

Ask eyewitnesses or make observations: Are persons with disabilities visible in the affected area? This can give an idea about the degree of exclusion/inclusion. Ask DPOs to help identify persons with disabilities who are isolated or housebound.

5 Investigate barriers

A2.2.5

Investigate lack of accessible shelter and services as a problem affecting persons with disabilities, and identify coping mechanisms that can be supported.

Share your findings. If multi-sectoral assessments failed to adequately reflect disability issues, use your findings to highlight the need for different sectors to develop a joint strategy for disability inclusion.

6 Access to services

A2.2.6

Assess the impact of the disaster on institutions and organisations offering services for persons with disabilities (get a list from the health cluster, Ministry of Health or partner DPOs). Find out how they can be supported to resume operations.

7 Present findings

A2.2.7

Ensure that findings of the assessment are presented to the community in accessible formats, highlighting the shelter and settlement needs of persons with different types of disabilities.

Case study (A2.2)

The 2006 Java earthquake in Indonesia offers an example of how a well-prepared and organised assessment involving DPOs can drastically improve the identification of persons with disabilities in an emergency.

Shortly after the earthquake, a meeting was held between Handicap International and four DPO partners. The affected area was split into sectors and a systematic mapping of communities began. In a matter of days, the organisations had identified 4,000 persons with disabilities who were affected by the earthquake and in need of support. A week later, the number had increased to 11,000.

The assessment forms contained questions to identify persons with different types of disabilities, including new disabilities that were caused by the disaster. *Disability focal points* were established by DPOs at a community level with support from HI. A database was created to monitor and update the numbers.

A2.3 Emergency shelter and settlement support

Inclusive response strategies and rapid assessments (described in →**A2.1** and →**A2.2**) will give a good idea on how to provide shelter and settlement support to persons with disabilities.

Below are recommendations to improve accessibility and inclusion of persons with disabilities in emergency shelter and settlement programmes, with references to technical standards and practical solutions in →**Section B**.

Start by understanding the barriers facing persons with disabilities and the risks in shelter and settlement environments, including safety and protection issues, social discrimination or exclusion from life-saving aid.

Adapt your programme to ensure that persons with disabilities can participate in mainstream relief activities, while at the same time responding to specific needs. Work to re-establish support networks and strengthen individual coping mechanisms.

1 Inclusive distribution A2.3.1

Consult disabled people's organisations (DPOs) and persons with disabilities on how to make distribution systems inclusive; consider the location of distribution sites and the identification of persons who need home deliveries or transportation support. (→**B3.1.1** *and* →**B3.1.6**)

2 Suitable items A2.3.2

Discuss suitable emergency household items and contents of shelter kits with DPOs. Identify additional items and technical support required to make this type of support more accessible and useful to persons with disabilities. (→**B3.1.7** *and* →**B3.1.8**, *as well as* →**B3.2** *and* →**B3.3**)

3 Priority interventions

A2.3.3

In spontaneous settlements, involve DPOs, camp managers and male and female residents with different types of disabilities in identifying interventions to provide security and accessibility (→**B1.2**). In plans for new temporary settlements, accessibility should be included from the beginning (→**B1.1**).

4 Consultation

A2.3.4

Consult persons with disabilities on priorities for shelter and settlement support, and understand the advantages and disadvantages of different alternatives.

5 Shelter options

A2.3.5

Determine suitable options for shelter support based local construction techniques, market assessments (availability of construction materials and accessibility of markets) and emergency needs assessments. (→**A2.2**)

Have flexibility in your shelter and settlement approach and adapt to the needs of persons with disabilities during planning, design and implementation, based on a participatory approach. Involve specialist organisations that can provide individual support and adaptations if necessary.

6 Shelter support

A2.3.6

Support persons with disabilities by improving access to shelter and services in the existing location (→**B1** and →**B2**), or identify alternative shelter solutions (for example renting or hosting, →**C2.1** and →**C2.2**), based on preferences.

7 Access to information

A2.3.7

Provide information about shelter and settlement activities in multiple accessible formats (see →**C1.1**). Eligibility criteria and how to access complaints mechanisms must be clearly communicated. Ask DPOs for inputs and advice.

8 Monitoring

A2.3.8

Follow up and make sure persons with disabilities are involved in monitoring activities to find out if shelter and settlement support is appropriate and useful. Make adjustments as necessary, and document lessons learned. (See →**C1.3**)

In larger settlements, as well as community centres and evacuation shelters, establish *disability desks* (see →**B1.1.11**) where trained staff can provide information and assistance.

Shelter and settlement activities should strengthen support networks, not damage or disrupt them. As a priority, address lack of space, privacy and protection for persons with disabilities.

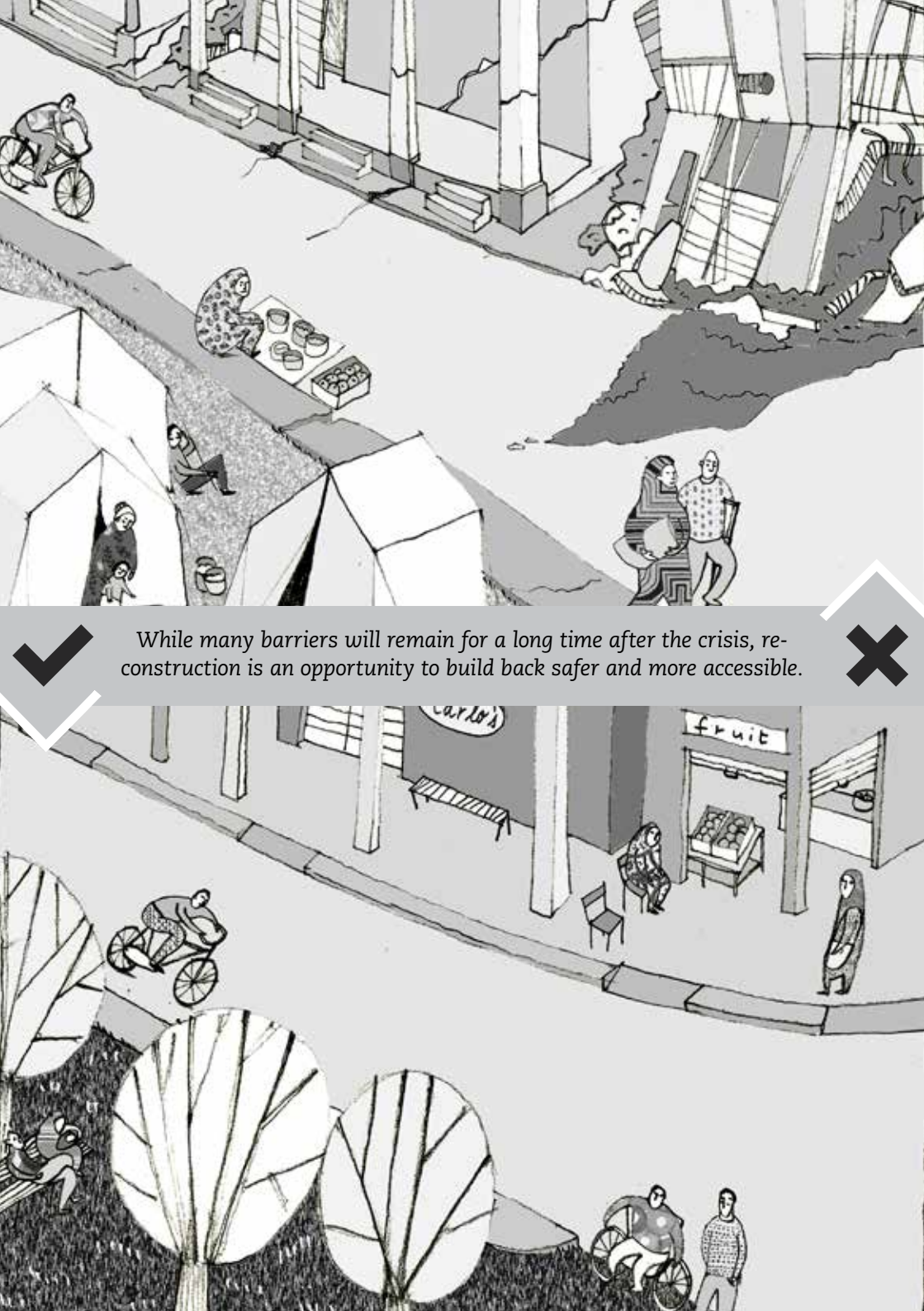
Further reading

- Handicap International, *Guidance for Disability and Vulnerability Focal Points* (in French): contact@handicap-international.org
- HelpAge International and Handicap International (2014), *Hidden victims of the Syrian crisis: disabled, injured and older refugees*. http://www.helpage.org/download/537207495fe87
- HelpAge International and IFRC (2012), *Guidance on including older people in emergency shelter programmes*. http://www.ifrc.org/PageFiles/95749/HelpAge-IFRC-Shelter-Guidelines.pdf
- HelpAge International (2012), *Ensuring inclusion of older people in initial emergency needs assessments*. http://www.helpage.org/what-we-do/emergencies/ensuring-inclusion-of-older-people-in-initial-emergency-needs-assessments/
- IFRC (2008), *Guidelines for assessment in emergencies*. http://www.ifrc.org/Global/Publications/disasters/guidelines/guidelines-emergency.pdf
- Sphere Project (2011), *Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response. Shelter and NFI standards*. http://www.refworld.org/docid/4ed8ae592.html
- UNHCR and Handicap International (2011), *Need to know guidance 1: Working with persons with disabilities in forced displacement*. http://www.unhcr.org/4ec3c81c9.html
- WHO et al (2013), *Guidance Note on Disability and Emergency Risk Management for Health*. http://www.cbm.org/article/downloads/54741/Guidance_Note_on_Disability_and_Emergency_Risk_Management_for_Health.pdf

Checklist A2. Emergency response

- [x] The type and scale of the emergency has been determined and contact made with DPOs and other disability informants.
- [ ] Local DPOs are involved in identification of persons with disabilities in the community and act as key informants during initial assessments.
- [ ] Shelter and settlement coordination mechanisms actively include the voices of persons with disabilities in planning and decision-making.
- [ ] Persons with disabilities are consulted on priorities for shelter and settlement support, and the advantages and disadvantages of different alternatives.
- [ ] Links are established with other sectors to plan multi-sectoral assessments that are disability inclusive and to develop a coordinated response strategy for persons with disabilities.
- [ ] Assessment tools and questionnaires are disability friendly and have been designed in partnership with DPOs.
- [ ] Existing shelter and settlement needs of women, girls, boys and men of all ages with disabilities have been identified, along with barriers that prevent access to relief and services.
- [ ] Services for persons with disabilities have been mapped, and a referral system has been established for needs that fall outside the scope of shelter and settlement assistance.
- [ ] Assessment findings are presented to the community in accessible formats and highlight the shelter and settlement needs of persons with disabilities.

- ☐ Staff and volunteers have been trained and informed on disability issues in relation to shelter and settlements in emergencies.
- ☐ Measures are implemented to improve security and accessibility for persons with disabilities in temporary shelters and settlements.
- ☐ Information and technical guidance is available in multiple accessible formats and discussed with disability focal points or coordination groups.
- ☐ Distribution of emergency shelter and household items is accessible and useful for persons with disabilities, with assistance provided to those who need it.
- ☐ Support to reduce barriers in hosted or rented shelter is available for persons with disabilities who prefer this alternative.
- ☐ Monitoring and feedback mechanisms are inclusive of persons with disabilities.



While many barriers will remain for a long time after the crisis, reconstruction is an opportunity to build back safer and more accessible.

A3. Early recovery

In the early recovery phase, persons with disabilities should have a strong influence over the shelter and settlement solutions. But the foundations are laid during preparedness and emergency response.

Chapter overview

A3.1 Disability awareness in early recovery coordination *(p. 54)*

A3.2 Inclusion in post-disaster needs assessments *(p. 57)*

A3.3 Early recovery shelter and settlement support *(p. 60)*

Outcomes of preparedness and emergency response:	Impact on disability inclusion during early recovery:
Active involvement of DPOs and establishment of local networks (→**A1.1** & →**A2.1**)	DPOs and disability issues more prominent in early recovery planning (→**A3.1**)
Persons with disabilities identified and included in assessments (→**A1.2** & →**A2.2**)	Better understanding of the needs of persons with disabilities and more informed decisions (→**A3.2**)
Dedicated funding for accessibility and indicators for inclusion in project proposals (→**A2.1**)	High accessibility and participation of persons with disabilities in early recovery implementation (→**A3.3**)

A3.1 Disability awareness in early recovery coordination

Sphere Handbook: People-centered humanitarian response

[...] Progressively increase disaster-affected people's decision-making power and ownership of programmes during the course of a response. *(Core standard 1, p. 56)*

Focus on disability issues during the early stages of recovery can have a big impact on accessibility in the long term. The initial cost of barrier-free design is small compared to later adaptations[1].

Shelter and settlement interventions will shape the physical environment for years to come. Barrier-free solutions will be essential for the recovery of persons with disabilities.

1 National guidelines A3.1.1

Contact relevant authorities and ask for policies and standards related to inclusion of persons with disabilities. Advocate for accessible design in all reconstruction and recovery activities.

Accessibility is not a luxury but a necessary standard to allow all members of an affected community the same access to aid and services, including shelter, sanitary facilities, distributions, and other public infrastructure.

Find out if your country is among the signatories to the *United Nations Convention on the Rights of Persons with Disabilities*. Refer to state obligations under articles 9, 11 and 32. (→**Annex 3**, *p. 157)*

[1] Depending on the type of building, providing full access facilities from the outset costs an average additional 1.12 percent. (Vakis, R. 2006. *Complementing Natural Disasters Management: The Role of Social Protection.* Social Protection Discussion Paper No 0543. Washington, DC. World Bank)

2 Disability networks

A3.1.2

Strengthen local networks for disability inclusion. Mobilise disabled people's organisations (DPOs) that have not been active or operational during the emergency phase.

Local stakeholders should lead the early recovery process. Make a plan for handover from clusters (often led by international organisations) to local mechanisms in which DPOs are included.

3 Evaluate response

A3.1.3

Study shelter and settlement action plans and response strategies from a disability perspective. Look for reference to persons with disabilities in needs assessments. Make sure that real-time monitoring is disability inclusive. (→**C1.3**)

4 Revise strategies

A3.1.4

Revise and update shelter and settlement response strategies and technical guidance based on discussions with DPOs and monitoring and evaluation of emergency relief activities and their impact on persons with disabilities.

Proposals submitted to DREF (Disaster Relief Emergency Fund), EA (Emergency Appeal) or CAP (Coordinated Appeals Process) give an idea about shelter and settlement activities that will take place during early recovery. A twin-track approach is necessary, ensuring equal access to mainstream projects while promoting the participation and agency of persons with disabilities.

” Humanitarian financing for persons with disabilities

“In 2010 and 2011, 98 out of 6,003 projects submitted to CAP and Flash Appeals (1.6%) included at least one activity targeting people with disabilities, and 43 of these were funded[2].”

[2] HelpAge International and Handicap International (2012) *A study of humanitarian financing for older people and people with disabilities* (p.5)

Document and share good practice and lessons learned through relevant channels, including the Shelter Cluster.

Case study (A3.1)

As part of early recovery efforts in Haiti following the 2010 earthquake, the Office of the Secretary of State for the Inclusion of Persons with Disabilities (BSEIPH) initiated a process to increase capacity and awareness on accessibility.

CBM contributed their expertise to the process, which gained acceptance as a Haitian government initiative.

Construction professionals were the first to be targeted, through university level trainings. Many architects and engineers wanted to add accessible design to their skills.

The second target group was members of DPOs, who received training on how to carry out accessibility audits. Local DPO teams audited 35 public buildings during 2013.

In addition to income generation, the audits can be used as a tool to draw attention to accessibility issues. As a result of the training, DPO members are also able to talk to construction professionals and discuss options and solutions for building design.

A3.2 Inclusion in post-disaster needs assessments

Persons with disabilities should have the same opportunities as the rest of the population to be included in assessments and consultations, and to choose between different shelter alternatives.

In the early recovery phase, you will be able to carry out detailed and continual assessments to understand how persons with different types of disabilities are affected by the emergency, as well as priorities and preferences for shelter and settlement support.

In chapter →**C1** you will find recommendations for inclusive communication and access to meetings and events. Many of the recommendations in →**A1.2** are also valid here.

1 Data review A3.2.1

Involve disabled people's organisations (DPOs) and disability focal points in a detailed review of secondary data, including registration figures and findings from rapid assessments. Invite DPOs and national authorities to share their information.

Contact hospitals and health service providers to make sure patients with disabilities and injuries that lead to new disabilities are identified and included in assessments. Plan for individual follow-up and referrals, as well as adapted shelter and settlement support upon discharge.

2 Map assessments A3.2.2

Identify upcoming assessments, such as a Post-Disaster Needs Assessment (PDNA). Ensure that disability issues are included.

3 Questionnaires A3.2.3

Revise your detailed assessment forms to be disability inclusive and to identify different shelter and settlement-related barriers.

4 Training

A3.2.4

Carry out training for assessment staff. If necessary, recruit staff or volunteers with expertise in communicating[1] with persons with sensory disabilities and include them in assessment teams.

During early recovery and preparedness, trainings can go more in depth than in the emergency phase. (→**A2.2.1**)

5 Involve partners

A3.2.5

Involve DPOs and disability specialists as partners during the assessment, to collect and validate information.

6 Assessment tools

A3.2.6

Make sure assessment tools are inclusive of persons with disabilities and that data is disaggregated by age, sex and type of disability. Use different means of communication, including local sign language interpreters if necessary.

7 Barriers to return

A3.2.7

Understand the accessibility of shelter and settlements, but also identify barriers that prevent return for displaced persons with disabilities.

8 Present findings

A3.2.8

Make sure your assessment findings are presented in multiple accessible formats, and that the shelter and settlement needs of persons with different types of disabilities are highlighted.

9 Follow-up discussions

A3.2.9

Invite national authorities, community representatives and DPOs to discuss the findings, and possible options for shelter and settlement assistance. Hold an open community meeting with national authorities in the attendance where persons with disabilities are encouraged to participate and share ideas.

[1] For example in local sign language, if this is widely used and understood.

Case study (A3.2)

STEP is a cross-disability organisation in Pakistan that aims to empower persons with disabilities through capacity building and advocacy. STEP has taken part in the response to emergencies such as the earthquake in 2005, the IDP crisis in 2009 and the devastating floods in 2010.

The Information Resource Center on Disability (IRCD) was first established in 2005 and reactivated in 2010 in partnership with Sightsavers. A database of flood-affected persons with disabilities in the districts of Nowshera and Charsaddah was connected to the online web portal of STEP and linked with the Crisis Centre of the Pakistan Red Crescent Society.

STEP also provided training for 480 Red Crescent volunteers on how to include disability in emergency and recovery operations. Assessment forms were revised to include questions related to the needs of persons with disabilities.

Following the training, 108 persons with disabilities were rescued and provided with accessible shelter by the Pakistan Red Crescent. Red flags were used to make the shelters easy to identify for aid and service providers.

Flags are *not* recommended to indicate the location of shelters where persons with disabilities are living. Use an address system instead, and share information among relevant aid and service providers. (→**B1.1.9**)

A3.3 Early recovery shelter and settlement support

In the early recovery phase, persons with disabilities should be directly involved in shelter and settlement activities, including shelter design and layout of planned settlements.

Shelter strategies for early recovery are often based on the opportunity to build back better and safer, and improve standards compared to before the disaster. Accessibility is an integral part of this approach.

As time passes, more alternatives for shelter and settlement support will open up, including transitional shelter, resettlement or return. In line with the rest of the population, many persons with disabilities will consider return as a priority.

This chapter contains recommendations for how to make the different shelter solutions during early recovery available and accessible for persons with disabilities. Recommendations here are operational, with references to →**Section B** for technical standards.

1 Barrier-free design

A3.3.1

Consider accessibility standards in all shelter and settlement design. Needs change over time, children grow, people become older and barrier-free design benefits everyone.

Chapter →**B1** *(p. 68)* includes standards for settlement design, including topography, pathways, drainage crossings and the placement of services and facilities.

Chapter →**B2** *(p. 84)* has recommendations for access ramps, width of doors, door handles, handrails and other standards for accessible shelter.

2 Consultation

A3.3.2

Consult with persons with disabilities on priorities for shelter and settlement support. Include children with disabilities and their families in the consultation. Understand the advantages and disadvantages of different alternatives and identify specific accessibility needs.

Solutions such as handrails, seating for latrines, opening mechanisms for windows and doors, lighting and accessible household items are equally important to consider, but with more room for creative solutions based on individual needs and available materials.

3 Referrals

A3.3.3

Establish partnerships with other sectors such as WASH, Health or Protection. Make referrals when needs are identified that exceed the scope and expertise of the shelter and settlement programme.

4 Shelter guidelines

A3.3.4

Adhere to national standards and shelter cluster guidelines for construction, but be prepared to go beyond this when it comes to accessibility.

5 Design decisions

A3.3.5

Identify the accessibility standards that are linked to shelter and settlement design, and make sure these are considered from the beginning. This may include the topography of the site and the distance to services, but also the possibility for barrier-free entrances, width of openings, height of windows or internal organisation.

6 Construction work

A3.3.6

Make efforts to involve persons with disabilities in construction activities, both for individual shelters and community improvements (see case study below, and consult chapter **→C3** for additional recommendations). This can contribute to income generation and can also challenge negative attitudes.

7 Technical support

A3.3.7

Provide technical support and follow-up (along with volunteers or contracted labor) to persons with disabilities in order to make sure shelters can be maintained, repaired or upgraded (→**B3.3**).

8 Access to information

A3.3.8

Provide information in accessible formats on how to access services and community activities in the area (→**A3.2.7**). Implement measures to reduce risk and prevent isolation (→**A1**).

Case study (A3.3)

In 1999, the Foundation for These-Abled People (FTI) started the project SAFRA ADAP (San Francisco Association of Differently-Abled Persons Multi-Purpose Cooperative), a cooperative run by persons with disabilities to make school desks and chairs. The cooperative is located in San Francisco, on the island of Mindanao, Philippines.

In December 2012, Typhoon Bopha (Pablo) struck Mindanao, causing widespread destruction and displacing more than 170,000 people. SAFRA ADAP decided to make use of their workshop to produce prefabricated shelters and started the Emergency Housing Livelihood Project (EHLP) with support from CBM.

The cooperative, which employs around 60 people, provided parts for 50 emergency shelters for persons with disabilities and vulnerable groups such as female-headed households and elderly people). The walls were made of a sturdy yet flexible combination of an internal bamboo frame sandwiched between two strong and durable cement panels. These were transported to the site and assembled by a team of local workers.

Following Typhoon Haiyan (Yolanda), which hit the Philippines in late 2013, CBM decided to revisit the Mindanao project to see if it could be replicated in the Visayas. The National Federation of Cooperatives of Persons with Disabilities, which also included SAFRA ADAP, already had three branches in the affected area and therefore a strong potential to get involved in such a project.

An assessment of the houses built in Cateel, Mindanao, showed that they were both disaster resilient and accessible for persons with disabilities. The follow-up project has two main objectives: 1) to provide shelter to vulnerable households using local knowledge and traditional construction models and 2) to involve and use the skills of persons with disabilities.

Further reading

- IDDC (2008), *Make Development Inclusive: Mainstreaming disability in development coordination*.
  http://www.make-development-inclusive.org

- GPDD (2010), *Haiti: reconstruction for all - Toolkit for Long Term Recovery*.
  http://capacity4dev.ec.europa.eu/disability-and-development-network/blog/haiti-toolkit-long-term-recovery-gpdd

- HelpAge International and Handicap International (2012), *A study of humanitarian financing for older people and people with disabilities*.
  http://www.handicap-international.org.uk/Resources/Handicap%20International/PDF%20Documents/A%20study%20of%20humanitarian%20financing.pdf

Checklist A3. Early recovery

- [x] DPOs participate alongside national authorities in early recovery coordination and in the development of a national accessibility policy.
- [ ] Disability is included in shelter and settlement proposals, with specific indicators and designated funding in the budget.
- [ ] DPOs are invited to share data on persons with disabilities in the affected area, and to participate in a review of secondary information.
- [ ] Disability issues are included in multi-sectoral assessments such as a post-disaster needs assessment (PDNA).
- [ ] Assessment teams are trained in disability issues and complemented by disability specialists, either recruited or in partnership with DPOs.
- [ ] Assessment forms are revised to be disability inclusive and to identify barriers and priority interventions in settlements and shelters.
- [ ] Persons with different types of disabilities are included as informants, and assessment tools are disability inclusive.
- [ ] Both the current shelter situation and the situation in the original community are assessed and barriers preventing return are identified.
- [ ] Findings of the assessment are presented in accessible formats, and the shelter and settlement needs of persons with disabilities are highlighted.

- [ ] Accessible meetings are organised to inform the community about findings and discuss alternatives for shelter and settlement response.
- [ ] Women, girls, boys and men of all ages with disabilities are consulted on priorities for shelter and settlement support, and are able to influence the design of individual shelters.
- [ ] Mobility and access to services and activities is considered in identifying shelter locations for persons with disabilities.
- [ ] National standards for accessible design are identified and used as a starting point when these exist.
- [ ] Accessibility is considered in shelter and settlement design from the beginning, in line with or exceeding national standards and cluster guidelines.
- [ ] Persons with disabilities are involved in shelter construction and settlement improvement activities.
- [ ] Technical support and follow-up is provided for persons with disabilities to maintain, repair and upgrade shelters.
- [ ] The impact of shelter and settlement activities on persons with disabilities is monitored, and findings are shared as good practice or lessons learned.
- [ ] Efficient referral mechanisms have been set up with other sectors, including health actors, to prepare shelter and settlement support for persons discharged from hospitals with new temporary or permanent disabilities.

Section B

Technical guidance for shelter and settlements

This section contains design standards and technical solutions for different types of shelter and settlement response. The recommendations are adapted to the emergency phase but will also be relevant for early recovery and preparedness activities.

There is no ready-made solution that fits every situation. Instead, the recommendations should be seen as a starting point for discussions among shelter professionals, involving persons with disabilities, in order to find creative and practical ways to improve the accessibility of shelter and settlement interventions.

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B1. Standards for settlements **68**
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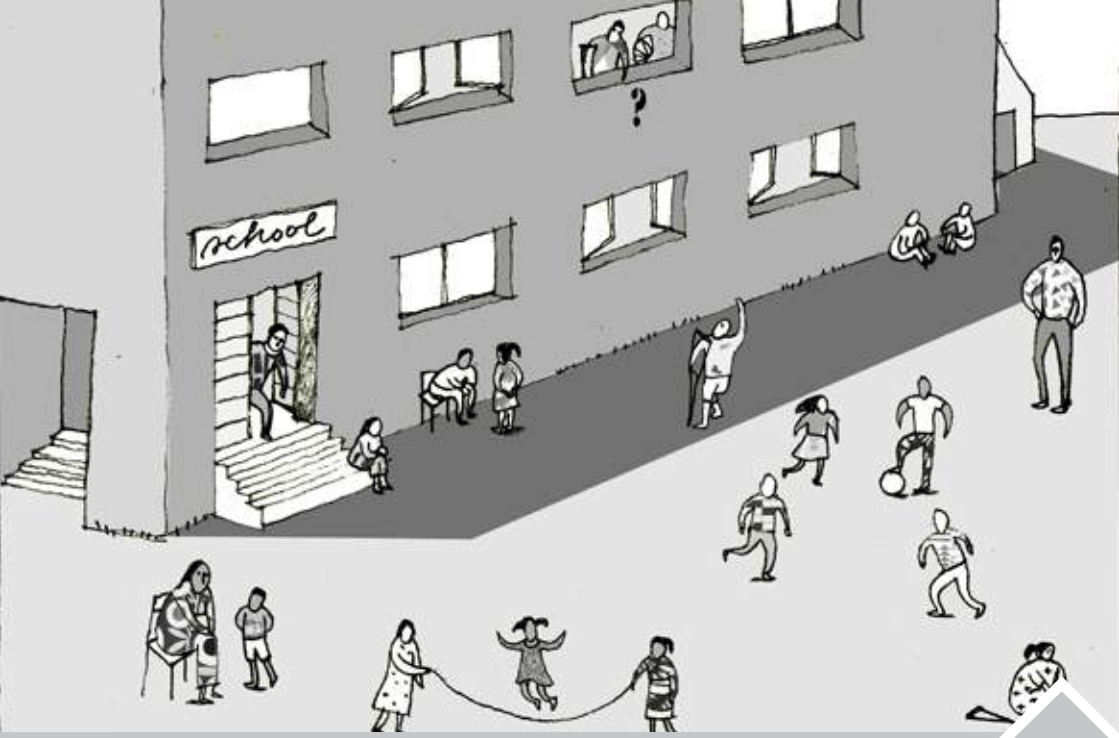
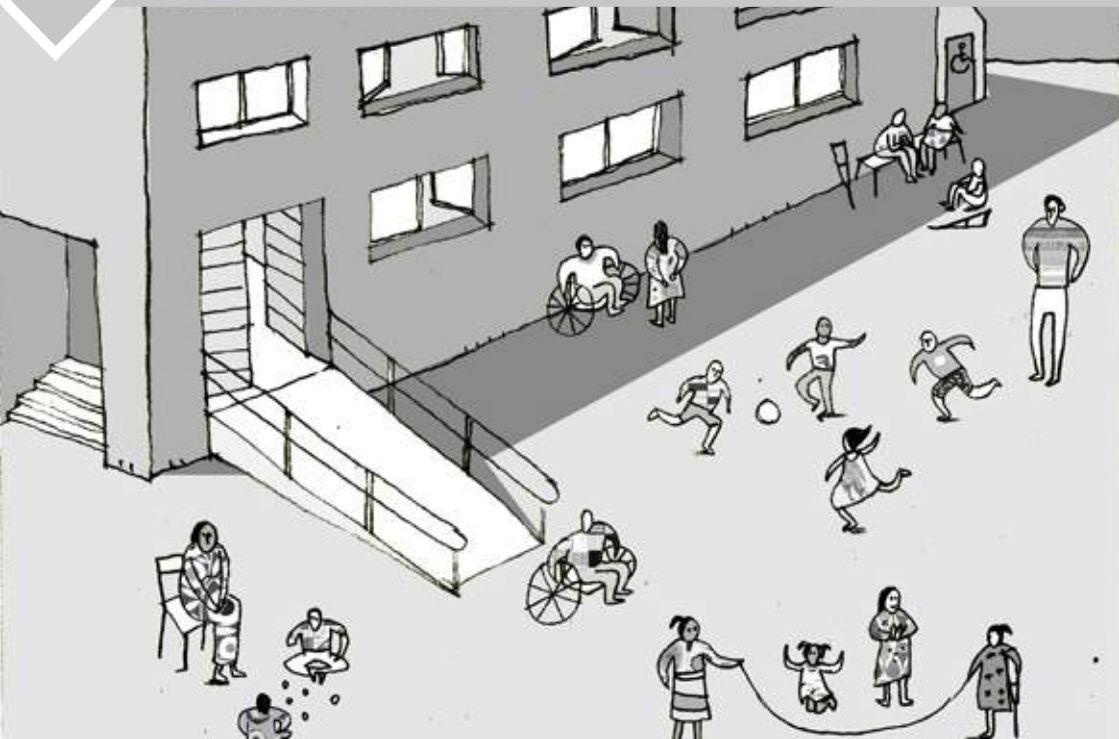
B1.3 Shelter support items (including IFRC standard shelter kit) 108

See also Article 9: Accessibility from the *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*. →**Annex 3**, *p. 157.*



Poorly planned and inaccessible collective centres and settlements can increase the isolation, and dependency on outside support, of persons with disabilities, which in turn compounds negative community attitudes.



B1. Standards for settlements

In an emergency with large numbers of displaced people, temporary settlements are often at the centre of emergency relief activities. For persons with disabilities, temporary settlements are full of barriers that are difficult to overcome. Addressing these barriers through adaptations and upgrades is necessary, but alternatives for relocation or return must also be considered.

This chapter will focus on displaced populations in grouped settlements (camp situations and collective centres).

Chapter overview

B1.1 Accessibility of planned settlements: Consider persons with disabilities from the start, and provide equal access to services and facilities. *(p. 70)*

B1.2 Upgrades in existing spontaneous settlements: Methods for assessing and prioritising interventions in unplanned settlements, along with practical recommendations. *(p. 75)*

B1.3 Accessibility of collective centres: Persons with disabilities face many physical as well as administrative barriers when seeking shelter in collective centres. *(p. 78)*

B1.1 Accessibility of planned settlements

Planned camps are not necessarily accessible just because they are organised. In order to avoid unnecessary barriers and allow persons with disabilities equal access to services, it is important to consider accessibility from the outset.

Factors such as topography, surface water drainage and soil quality, as well as layout of sanitary facilities and public services determine whether persons with different types of disabilities can participate in daily activities or become isolated inside shelters.

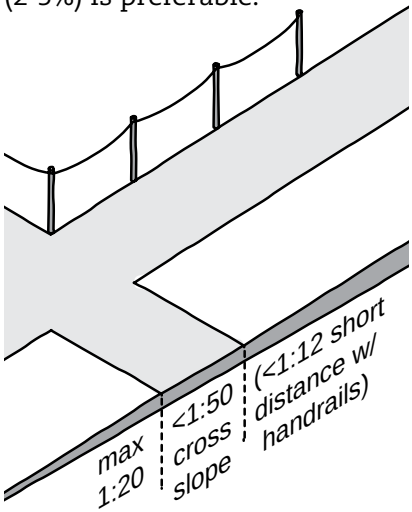
1 Site access B1.1.1

Persons with disability must be able to move to and from the site, with opportunities to access services and jobs outside the settlement.

Design from the individual/ family level. Consult persons with disabilities on preferred plot locations, but avoid disrupting support networks. Distance to services and facilities is also important to consider (see **→B1.1.6**), but avoid clustering persons with disability together in one area.

2 Site topography B1.1.2

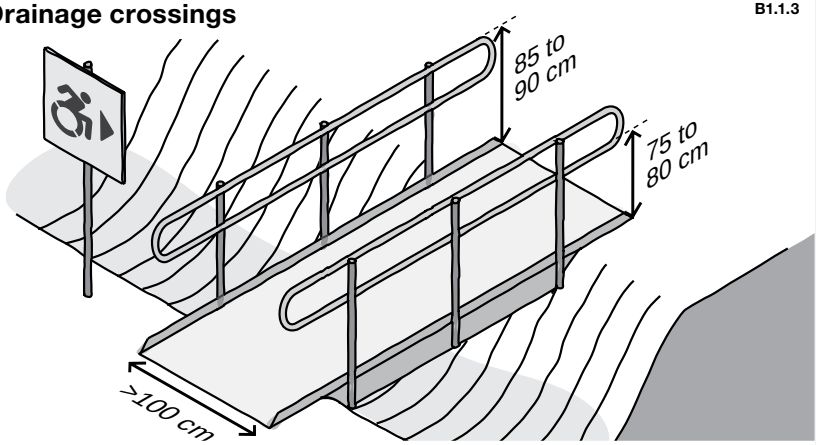
A slope between 1:50 and 1:20 (2-5%) is preferable.



A site with no slope is more accessible and easier to navigate for persons with physical disability or visual impairment, but it will also have drainage problems and stagnant water, increasing the risk for vector-borne diseases.

3 Drainage crossings

B1.1.3

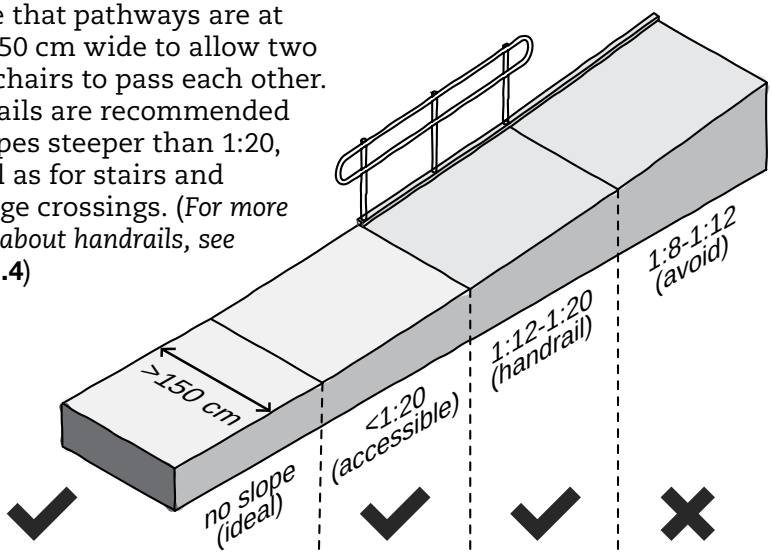


Surface water drainage should not create barriers for persons with disabilities. Open drainage canals need crossing points with signage and handrails for support. The design of these may vary.

4 Pathways

B1.1.4

Ensure that pathways are at least 150 cm wide to allow two wheelchairs to pass each other. Handrails are recommended for slopes steeper than 1:20, as well as for stairs and drainage crossings. (*For more details about handrails, see* **→B2.2.4**)

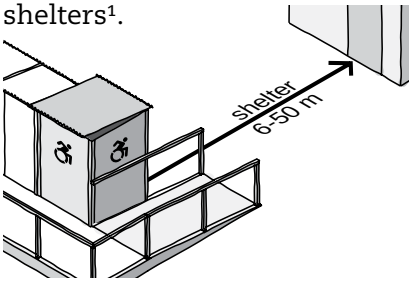


Compacted gravel or self-binding aggregate is suitable as ground cover for pathways. Provide shaded resting places at 100-200 metre intervals along main circulation routes.

5 WASH facilities

B1.1.5

Water points and at least 10% of latrines and sanitary facilities should be accessible for persons with disabilities, clearly signposted and located within 50 metres of individual shelters[1].



6 Lighting

B1.1.6

Artificial lighting should be provided to improve safety and accessibility for persons with disabilities moving between shelters and water points, latrines and washing areas at night. (See →**B3.2.5**)

Discuss emergency solutions with WASH agencies and consult guidelines for accessible water, sanitation and hygiene facilities:

- *Community water supply, hygiene and sanitation facilities – a technical manual;* WaterAid (2012)
- *How to Build an Accessible Environment in Developing Countries: Access to water and sanitation facilities;* HI (2008)
- *Water and sanitation for disabled people and other vulnerable groups: Designing services to improve accessibility,* Jones, Hazel and Reed, Bob; WEDC Loughborough, UK (2005)

7 Daily activities

B1.1.7

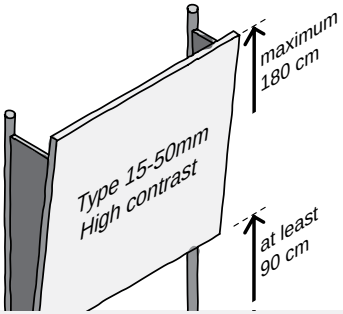
Ask persons with different types of disabilities about difficulties when carrying out daily activities such as cooking, laundry, obtaining food and supplies, and managing household waste. Offer assistance when needed.

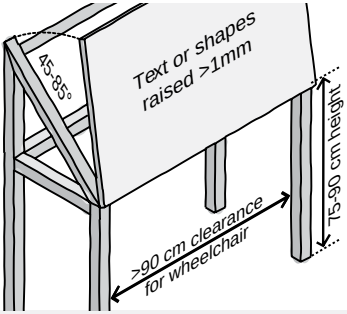
[1] These are short term, emergency targets. In the longer term, 20% of latrines should be accessible and within 30 metres of individual shelters.

8 Information boards

B1.1.8

Provide accessible information boards with tactile maps at the entrance to and key points inside planned settlements. Using different colours, names, symbols or landmarks for each neighbourhood in the settlement can facilitate orientation.





9 Address systems

B1.1.9

Address systems are needed to identify and locate people in settlements that require additional follow-up. "Using symbols, pictures or colours in conjunction with written names or numbers will make it easier for […] people to find their way around the camp"[2].

10 Disability desks

B1.1.10

Set up disability information and meeting points (disability desks) with designated staff or volunteers if the settlement is too large for persons with disabilities to be followed up individually. Even in smaller settlements, this will have benefits[3].

” Camp Management Toolkit, p.207

Playgrounds and child-friendly spaces […] must be easily accessible for all, including children with disabilities. *(NRC, 2008)*

[2] NRC (2008), *Camp Management Toolkit,* Address Systems, p.202.

[3] In addition to making persons with disabilities more visible in the settlement, one objective of the disability desks should be to identify attitudinal barriers and address them in parallel with the provision of shelter and settlement support.

Case study (B1.1)

More than 2.5 million people have fled Syria since the outbreak of the civil war, around 600,000 to neighbouring Jordan[4]. Za'atari Camp alone has a population of more than 100,000 refugees, and a survey by HI and HelpAge estimates that one in five is living with physical or sensory disabilities[5].

HI carried out an accessibility assessment of the camp in November 2012. Despite the flat topography, several barriers were identified. Toilets, showers, washbasins and laundry basins were not accessible. Signs to indicate the type and location of facilities were missing. Some areas of the camp were sandy and difficult for persons with reduced mobility to cross. The situation became worse during rain and floods.

When prefabricated shelters arrived, HI advocated for persons with disabilities to be considered a priority for relocation. Unfortunately, the shelters were not wheelchair accessible due to a 20 cm height difference between the ground level and the floor inside. Some people declined to have ramps installed; because of lack of space, they preferred to leave the wheelchair outside.

Other issues were identified, including lack of speakers/audio messages, no signs to support orientation and indicate the location of distribution areas and services, no accessible toilets or opportunities for rest in the registration area and lack of a dedicated information point. HI provided ramps, benches and a paved pathway to the registration area, which now functions as a communal facility in the camp. WASH facilities were upgraded, with around three quarters of the blocks receiving at least one accessible latrine (bringing the number close to 10%).

[4] Regional Analysis for Syria (RAS) Report – Brief, May 6 2014, ACAPS (retrieved from http://www.acaps.org/en/pages/syria-snap-project)

[5] Hidden victims of the Syrian crisis – disabled, injured and older refugees, HelpAge International and Handicap International (2014)

B1.2 Upgrades in existing spontaneous settlements

Some of the most vulnerable people are found among the displaced population in spontaneous settlements. The priority is to improve safety and accessibility where possible, and to find alternative shelter for the persons with disabilities who are most at risk, while preserving or building support networks.

Below are recommendations for how to identify, prioritise and implement measures to upgrade spontaneous settlements and reduce the risks and barriers for persons with disabilities. See chapter **→A2.2** and **→A3.2** for guidance on identifying persons with disabilities in the settlement.

1 Identification

B1.2.1

Link up with camp managers, disabled people's organisations (DPOs) and representatives from different sectors to identify persons with disabilities in the settlement.

In larger settlements, consider setting up disability desks with information, at least as a transitional measure.

Physical barriers to mobility can be topography, ground surface, drainage canals, obstructing tent lines, rubble, vegetation or other issues. Make a map and indicate if some areas are more inaccessible than others.

2 Transect walk

B1.2.2

Join persons with different types of disability for a walk through the settlement. Look for physical barriers, but also community attitudes. This may affect how you go about your intervention; for example by initiating an awareness campaign along with a solid waste management cash-for-work programme involving persons with disabilities.

3 Possible relocation

B1.2.3

Consult persons with disabilities in inaccessible locations about the possibility of moving, either to a different area of the settlement or to alternative shelter outside the settlement. Avoid separating persons with disabilities from support networks.

4 WASH facilities

B1.2.4

Ensure safe and equal access to facilities inside the settlement. Make adaptations to latrines and sanitary facilities, or team up with WASH agencies to construct new, accessible latrines close to where shelters of persons with disabilities are located.

Artificial lighting must be provided in connection with accessible latrines (→**B1.1.6**)

5 Upgrade pathways

B1.2.5

Main circulation routes and pathways connecting shelters of persons with disabilities with services and facilities in the settlement should be accessible and wheelchair friendly. Compacted gravel or aggregate can be used to make a solid surface.

For more recommendations for pathways in planned settlements, see also →**B1.1.4**.

Simple handrails can be constructed using ropes or bamboo poles. See →**B3.4.4** for technical standards.

6 Clear obstacles

B1.2.6

Remove debris, vegetation, obstructing tent lines and other barriers along main circulation routes. Barriers that cannot be removed, such as staircases or drainage canals, should be fenced off, signposted or painted in a contrasting colour. Indicate an alternative passageway, crossing or access ramp.

7 Resting areas

B1.2.7

Provide shaded resting areas along main circulation routes, preferably at intervals of less than 200 metres. These would also be good places to locate information boards (→**B1.1.8**).

8 Transportation B1.2.8

Identify the needs of persons with disabilities to access services outside the settlement, and provide support with transportation for those who need it.

In consultation with persons with disabilities, identify additional support required to carry out daily activities (→**B1.1.7**) and to improve, upgrade or repair individual shelters (→**B2**).

Case study (B1.2)

Black lava fields wind their way through Goma in the Democratic Republic of Congo (DRC). The most recent volcanic eruption happened in 2002 and destroyed 40% of the city.

More recently, Goma has witnessed a new wave of displacement, especially from the neighbouring South Kivu province. Spontaneous settlements have been established partly on the rocky volcanic soil, which becomes a barrier for people using wheelchairs and others with with reduced mobility.

Handicap International carried out an assessment in the camps at Lac Vert and Bulengo, mapping the accessibility of different areas, as well as pathways, latrines and shower blocks. Persons with disabilities in the least accessible parts of the camp were identified and offered priority support.

HI was able to negotiate an exchange of locations whereby persons with disabilities could move to plots with a more compact and level surface, and closer to sanitary facilities. Extra plastic sheeting and structural poles were provided for adapting shelters to individual needs.

At the same time, sessions were organised to increase the awareness of camp managers, community leaders and shelter actors on the different physical barriers in the settlement.

B1.3 Accessibility of collective centres

Persons with disabilities who seek shelter in collective centres will experience barriers similar to those that appear in other types of planned or spontaneous settlements.

Both physical barriers and management issues need to be addressed to ensure dignity and accessibility for persons with disabilities seeking shelter in collective centres.

1 Identification

B1.3.1

Identify persons with disabilities living in the collective centre. Involve persons with different types of disabilities in identifying barriers and ways to address them (see →**B1.2.1**).

If the collective centre was designated as an evacuation shelter before the disaster, basic accessibility measures should be in place (see →**A1.4**).

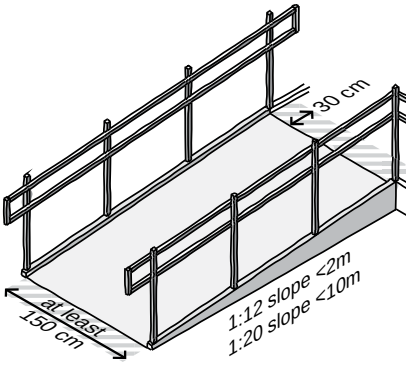
If the collective centre resulted from spontaneous settlement of a building that was not intended as emergency shelter, refer to →**B2.3** for recommendations on accessible adaptations.

A site that is easy to reach for persons with disabilities is also likely to be more accessible for emergency vehicles and the distribution of relief items.

2 Barrier-free entrance

B1.3.2

The entrance on the ground floor must be accessible from main roads and provided with a ramp (see →**B2.2.2**). A wider ramp (at least 150 cm) is recommended for collective shelters compared to private shelters.



3 Indoor mobility B1.3.3

Address physical barriers to circulation on the ground floor by adding ramps or removing thresholds, levelling surfaces and making sure openings are wide enough for a wheelchair to pass through.

Persons with reduced mobility and wheelchair users who cannot be offered shelter on the ground floor should be prioritised for other shelter options (along with caregivers and family members).

4 Accessible WASH B1.3.4

Make sure that persons with disabilities can use sanitary facilities such as water taps, toilets and bath areas. Provide signs that indicate facilities that are accessible/reserved.

5 Clear obstacles B1.3.5

Keep circulation routes free of rubbish and clutter to improve accessibility and fire safety. Consider persons with disabilities when designing emergency evacuation plans and alarm systems. (→**A1.3**)

6 Lighting B1.3.6

Make sure that all public areas and dark corridors are illuminated, that windows and lamps are kept clean in order to maximise available light and that blown light bulbs are swiftly replaced.

Contrasting colour and artificial lighting also make entrances and staircases more accessible for persons with visual impairments and/or reduced mobility.

7 Daily activities B1.3.7

In consultation with persons with disabilities, identify priority assistance to make daily activities more accessible. Introduce a system for waste management that includes all shelter residents.

Relevant recommendations in other chapters include:

- Additional lighting and accessible light switches (→**B2.2.9** and →**B2.3.7**)
- Blankets, mattresses, bed frames, partition mats, and household items (→**B3.2**)

8 Representation B1.3.8

If persons with disabilities are sheltered in the collective centre, promote participation in communal activities and representation in building committees. Building committees should receive training on disability issues.

9 Staff and volunteers B1.3.9

Send trained staff and volunteers to visit collective centres on a daily basis to provide information to persons with disabilities, and identify protection issues or barriers that need to be addressed.

Several National Societies of the Red Cross Red Crescent movement have developed local guidelines for evacuation shelters and collective centre management. You will find some examples in the list of further reading on *p. 35*.

Case study (B1.3)

The severe tropical storm Washi hit the Philippines between 16 and 18 December 2011. CBM's partner the Philippine Service of Mercy Foundation, Inc. (PSMFI) was on the ground immediately to assess the situation and provide support to persons with disabilities.

Four days after the storm, only 120 persons with disabilities were found among the approximately 20,000 people who had sought shelter in designated evacuation centres. Poor accessibility was one reason, but persons with disabilities were also mistreated and pushed aside by the crowds. Many preferred going back to the damaged neighbourhoods, even if it meant being excluded from the main distributions of relief items.

Disabled people's organisations (DPOs) in Cagayan de Oro lobbied local authorities for better inclusion of persons with disabilities in relief activities. One month after the disaster, the mayor issued an “order with immediate effect” that every evacuation

centre in the city should establish a *disability desk* to provide help to persons with disabilities and increase awareness on disability issues in the community.

Planned adaptations to the evacuation shelters were abandoned because persons with disabilities had already left. Hopefully, the combination of physical accessibility and disability desks will be in place from the start in future emergencies.

Further reading

- CBM (2012), *Inclusion Made Easy: A quick program guide to disability in development*. http://www.cbm.org/Inclusion-Made-Easy-329091.php
- Chalinder, A. (1998), *Temporary Human Settlement Planning for Displaced Populations in Emergencies - RRN Good Practice Review 6*. http://www.odihpn.org/download/gpr6pdf
- Handicap International (2005), *Shelter, public infrastructure, water and sanitation. A guide for including people with disabilities and injuries*.
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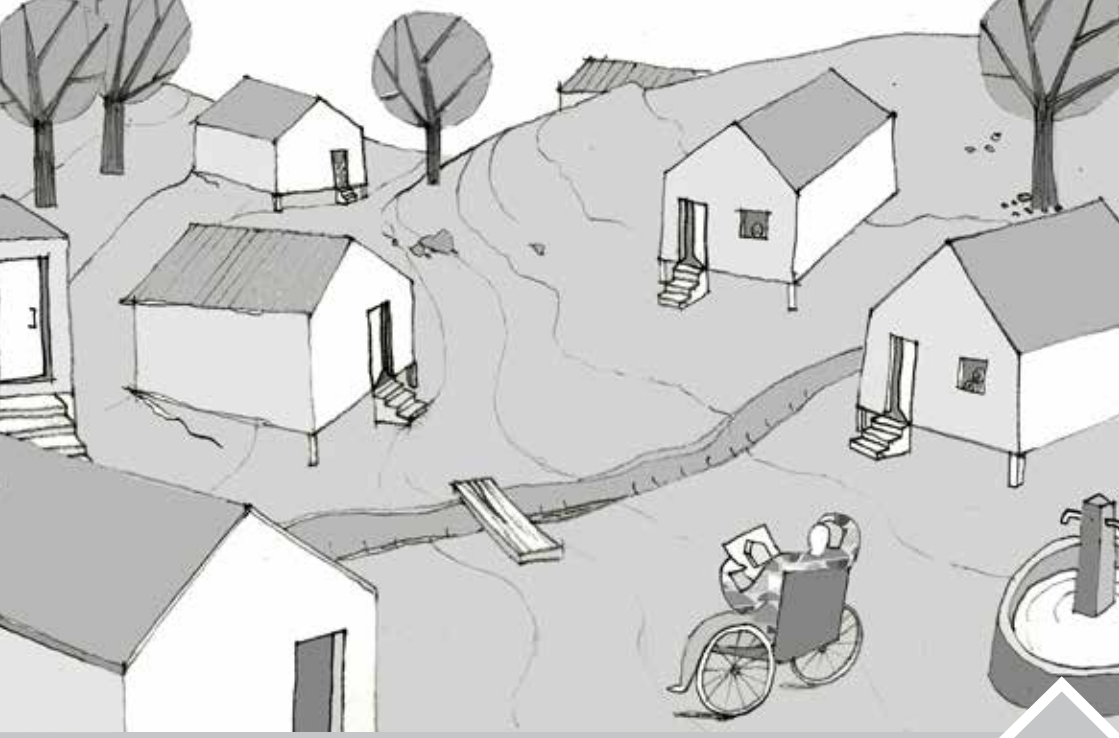
- IOM and UNHCR (2010), *Collective Centre Guidelines*. http://www.globalcccmcluster.org/system/files/publications/doc18990-contenido.pdf
- Jones, H. & Wilbur, J. (2014), *Compendium of accessible WASH technologies*. http://http://www.inclusivewash.org.au
- NRC (2008), *Camp Management Toolkit*. http://www.nrc.no/camp

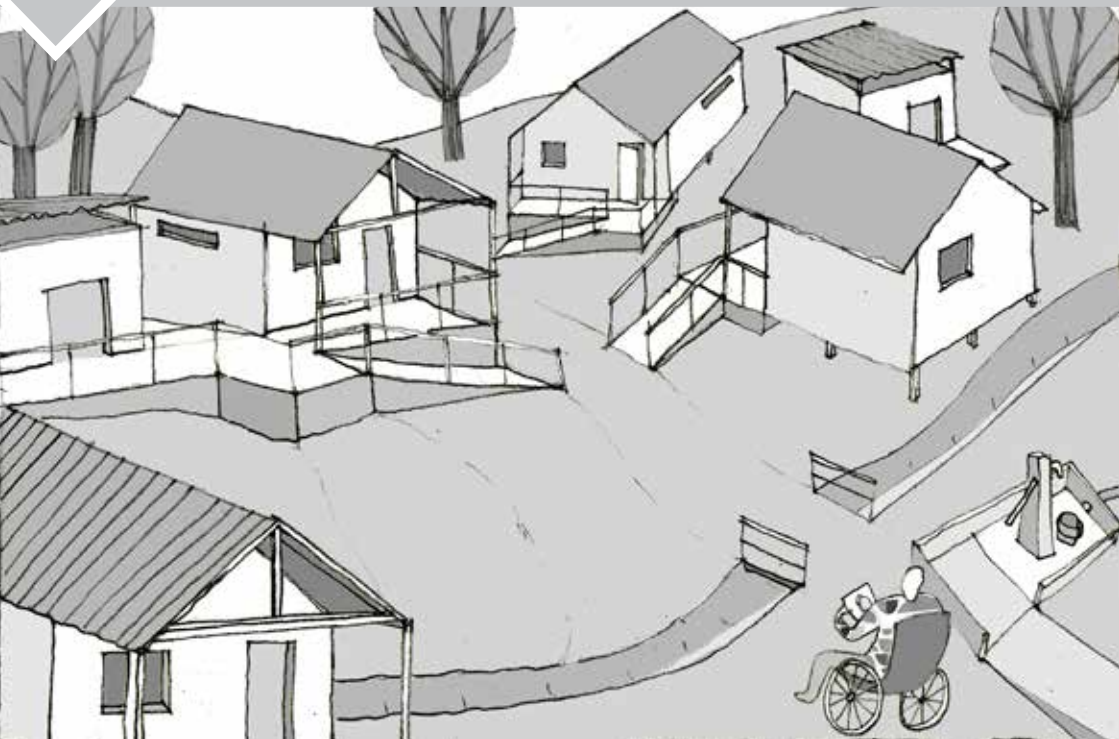
Checklist B1. Standards for settlements

- [x] Links have been established with camp managers, DPOs and different sectors' representatives to design an inclusive settlement response.
- [ ] Women, girls, boys and men of all ages with disabilities have been involved in identifying barriers and prioritising improvements to increase accessibility.
- [ ] The location of the settlement is accessible for persons with disabilities and connected to services and livelihood opportunities.
- [ ] The site is relatively flat (1:20-1:50 slope) and easy for persons with disabilities to navigate, with surface drainage planned to avoid barriers.
- [ ] Main circulation routes are at least 150 cm wide, free of obstacles and have shaded resting areas every 100-200 metres.
- [ ] Shelter for persons with disabilities is located in proximity to services and accessible facilities, but also close to support networks.
- [ ] Water points and at least 10% of latrines and sanitary facilities (both male and female) are accessible for persons with disabilities, with signs indicating their location.
- [ ] Artificial lighting is provided to increase accessibility and safety during night-time or in dark areas.
- [ ] Address systems are introduced to facilitate orientation as well as individual follow-up for persons with disabilities.

- [ ] Persons with disabilities sheltered on the upper floors of collective centres have been offered alternative solutions.
- [ ] Accessible information points with trained staff and volunteers are set up to support persons with disabilities in the emergency phase.
- [ ] Tactile maps and accessible information boards are provided at entrances and key points inside the settlement/collective centre.
- [ ] Playgrounds and recreational areas as well as public and educational facilities in settlements are accessible for children and youth with disabilities.
- [ ] Assistance is provided for persons with disabilities to access community meetings, distributions, waste management and other services and activities in the settlement.
- [ ] Support with transportation is offered to persons with disabilities who need to access services or livelihoods outside the settlement.
- [ ] Women and men with disabilities are represented in community committees, and measures are taken to reduce attitudinal barriers and build awareness.
- [ ] Persons with disabilities are involved in shelter and settlement contingency planning, and considered when evacuation plans and alarm systems are designed.
- [ ] Persons with disabilities have access to – and are involved in – feedback and monitoring mechanisms.



The shelter and its immediate surroundings are the starting point for inclusive communities, and design solutions will determine if persons with disabilities can move freely and participate.



B2. Standards for shelter

Physical barriers exist in private and public buildings all over the world, making a large proportion of units inaccessible to persons with disabilities. In crisis situations, this can become an issue of life and death if persons with disabilities are unable to evacuate or find emergency shelter.

Often, expensive modifications are carried out after construction to improve accessibility. Instead, all private and collective shelter designs should be barrier-free as a minimum standard. Response and reconstruction after emergencies is one place to start.

This chapter provides technical guidance for barrier-free shelter through accessible design and modifications. As always, there is no universal fix, and solutions must be adapted to your local context and the needs and preferences you encounter.

Chapter overview

B2.1 Tent solutions (including IFRC standard Family Tent): This is the most temporary form of shelter response, and it requires low-cost adaptations. Measures to increase accessibility will mostly be made on the ground, based on the local situation. *(p. 88)*

B2.2 Designing accessible shelter: Transitional, progressive or core shelters are intended to last at least 3 to 5 years, with possibilities for upgrades. A bigger investment in accessibility and participation is necessary. *(p. 91)*

B2.3 Adaptation of existing structures: For individual shelters, both temporary and permanent solutions can be considered, based on needs and available resources. For public buildings, increased accessibility will have long-term benefits. *(p. 96)*

B2.1 Tent solutions (including IFRC standard Family Tent)

This chapter will focus on the issues to consider when providing tents as emergency shelter for persons with disabilities. It is important to consider not just the accessibility of the tent as an object, but also how persons with disabilities receive, transport, erect and use the tent (see →**B3.3** for additional recommendations).

1 Site access B2.1.1

Clear the site and the access to the site from rubble and debris. Ensure flat, uniform surfaces with drainage in place. (*See* →**B1.1.2**)

2 Barrier-free entrance B2.1.2

Avoid barriers such as steps or thresholds at the entrance. This is also important for evacuation purposes. Give particular attention when positioning the guy ropes to ensure good access and movement around the tent.

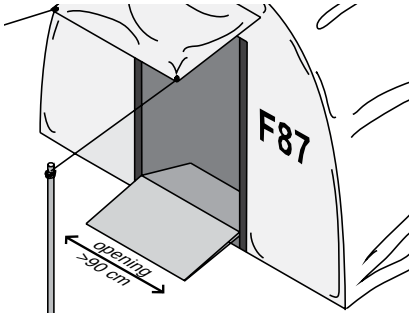
A tent opening that is facing downslope can be easier to make accessible, because there is less need for drainage canals or thresholds in front of the entrance to prevent water from entering the tent.

3 Mud flaps B2.1.3

If a threshold is still needed to keep out water, consider a flap that can be moved to a horizontal position or a ramp for wheelchair users to cross.

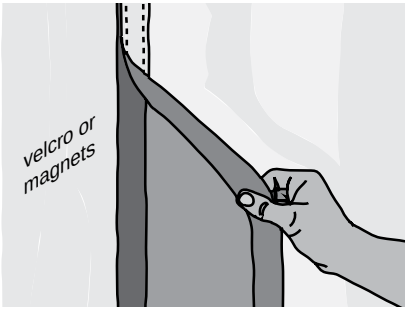
4 Colour contrast B2.1.4

The textile colour of the entrance should contrast with the rest of the tent to make it easier for persons with visual impairment to identify. Consider coloured tape (5 cm wide) to mark the entrance.



5 Opening mechanism B2.1.5

Identify accessible techniques for opening and closing tents, for example a rope or a stick attached to the zip, or using velcro. Consult persons with different types of disabilities on suitable mechanisms.

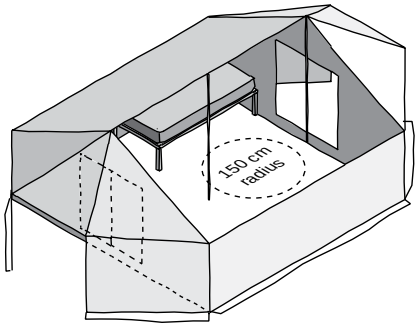


Erect a sample tent together with local disabled people's organisations and persons with different types of disabilities. Identify barriers to accessibility and discuss possible adaptations or ways to improve the design.

Reinforced door frames and vertical poles give persons with reduced mobility something to hold on to for support when entering and moving around inside tents and other emergency shelters.

6 Turning radius B2.1.6

If the tent is large enough (family size), make sure that wheelchair users have space to manoeuvre inside (150 cm turning radius).



7 Internal partitions B2.1.7

Provide extra sheets or materials to make internal partitions in order to increase privacy. (See →**B3.3.6**)

8 Thermal comfort B2.1.8

It is more difficult to ensure thermal comfort in a tent than in transitional shelter. Consider the use of shade nets, or a shaded outdoor area with seating opportunities. Persons with disabilities who spend the majority of their day indoors should be prioritised for interventions.

9 On-site assistance

B2.1.9

Offer practical assistance to persons with disabilities to erect the tent according to the recommendations above. Send volunteers to check the tents regularly for upgrade and maintenance needs.

Case study (B2.1)

Drawings and recommendations in this chapter are mainly based on the UNHCR, ICRC and IFRC family tent design[1]. The standard Family Tent is widely used as a temporary shelter in humanitarian emergencies. It is not a long-term solution, but designed to last a minimum of one year.

The tent is intended for hot and temperate climates; a winterisation kit provides added insulation for cold climates. Inner partitions are optional for the standard tent package, but should always be included for persons with disabilities.

The inner tents have openings that are at least 1 metre wide and 1.55 metres high, but with vertical end poles down the middle. The material is soft and flexible enough that a wheelchair can still enter, but only with assistance to pull the opening to the side and cross the mud flap. Door flaps open and close with a zipper, which may be difficult to use for some persons with physical disabilities. Window flaps use Velcro and are easier to operate.

IFRC, ICRC and UNHCR are collaborating on a tent Research & Development project, with an upgraded design expected to be available by mid-2015. The new Family Tent will give more consideration to accessibility, and openings will be 1 metre wide and free of obstacles. A door flap using Velcro instead of zippers will be easier for persons with disabilities to open.

[1] More details can be found in the IFRC/ICRC Emergency Items Catalogue (http://procurement.ifrc.org/catalogue/), product code HSHETENTF16C.

B2.2 Designing accessible shelter

For people who have lost, or are unable to return to, their homes, new shelter can be a medium- to long-term solution. The shelter should be quick and cheap to construct, but with the possibility for individual adaptations and improvements over time. Transitional shelter is the most common solution for temporary settlements with unsecure land tenure, because such shelters are designed to be removable and reusable. Progressive shelters and core shelters can be upgraded or expanded in the same location, which allows for more permanent infrastructure.

The following recommendations present key issues to consider when designing accessible and barrier-free post-emergency shelter.

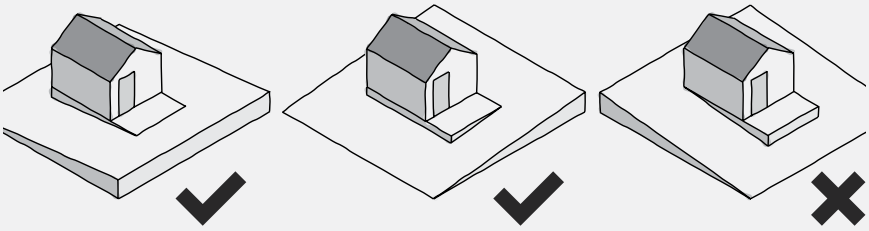
Due to the time required for planning and implementation, these activities belong in early recovery rather than emergency response. Shelter design and construction should be carried out in a participatory manner, where persons with disabilities are consulted and have influence over the final design (see **→A3.3** and **→C1.2**).

1 Site access

B2.2.1

Clear the site and the access to the site from rubble and debris. Ensure flat and uniform surfaces with good drainage (**→B1.1.2**).

Minimise the difference between the ground level inside and outside the shelter. If there is a slope, try to use this to your advantage by placing the entrance at the upper end of the site.



2 Ramp (private shelter) B2.2.2

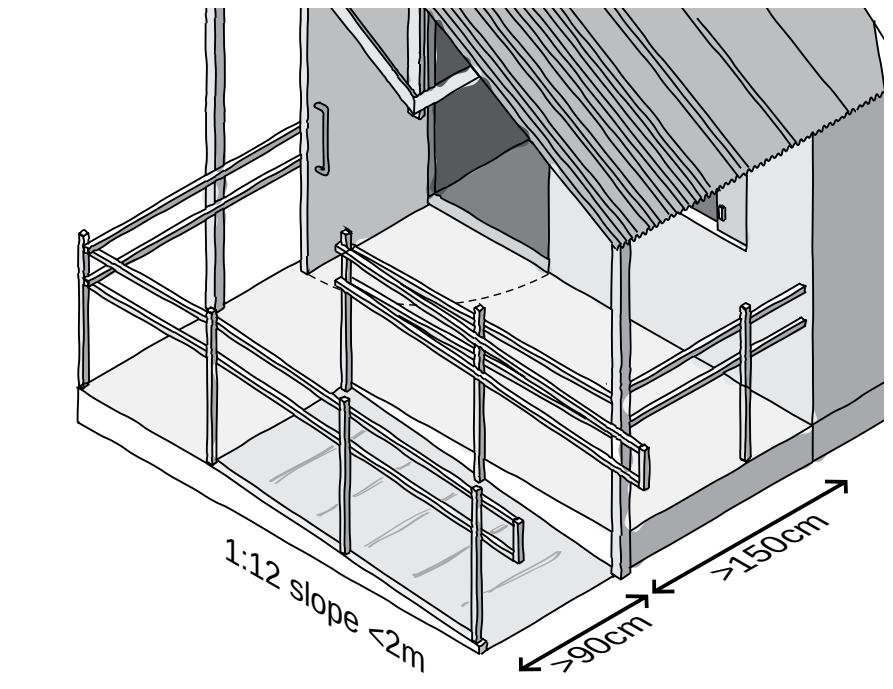
If necessary, provide a ramp to reach the entrance, with maximum 1:10 or 1:12 slope, minimum 90 cm width[2] with a 5-10 cm curb and a non-slip surface.

3 Shaded porch B2.2.3

Include a shaded porch in the design, at least 150 cm wide so that a person in a wheelchair can turn around and open the door. Build a seat for rest opportunities.

4 Handrails B2.2.4

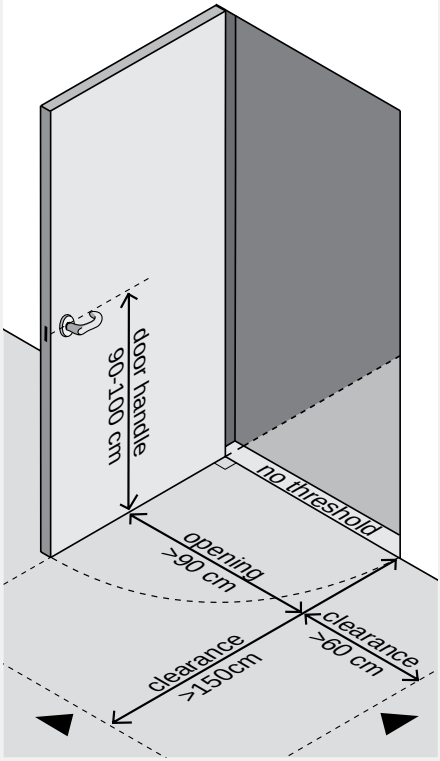
Install handrails on ramps and porch to improve access and safety for persons with reduced mobility or visual impairment.



[2] This is the recommendation for private shelter; public buildings should have wider ramps (>150 cm) to allow two wheelchairs to pass each other.

5 Barrier-free entrance B2.2.5

Make openings at least 90 cm wide with no thresholds or barriers on the ground.



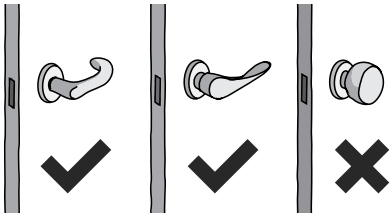
Wheelchairs come in different shapes and sizes. Carry out a test with local models and identify the maximum size a threshold can be before a ramp or bevelled edge is required (normally 2-3 cm).

6 Colour contrast B2.2.6

Use non-reflective materials and a contrasting colour at the entrance of the shelter to make it easier for people with visual impairments to identify (see →**B2.1.4**).

7 Accessible handles B2.2.7

Provide doors and windows that are light and easy to open and close with accessible handles. Adapt to different types of disability as needed.



8 Lighting B2.2.8

Provide lighting inside and outside shelters and latrines with accessible light switches.

9 Indoor mobility B2.2.9

Make sure there is space for a wheelchair to turn inside the shelter. Handrails along the inside perimeter can be of support for persons with visual or mobility impairment.

10 Thermal comfort

B2.2.10

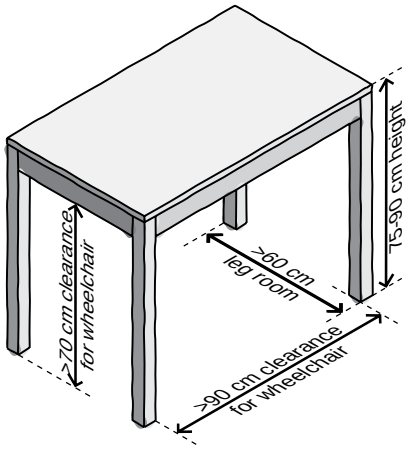
Consider natural ventilation for improved hygiene and thermal comfort inside the shelter. Provide shade nets in hot climates to reduce overheating and place openings away from the sun.

Persons with disabilities who spend a significant amount of time indoors should be prioritised when it comes to monitoring and improving thermal comfort, natural light and ventilation.

11 Work surfaces

B2.2.11

Work surfaces should be at a comfortable height and provide enough legroom for persons using wheelchairs.



Place often-used equipment in strategic places with enough space to manoeuvre around.

Additional shelter support for persons with disabilities may include household items such as bed frames and mattresses (→**B3.2**), or assistance with maintenance and winterisation[3].

Also consider other measures to improve domestic safety. Consult with DPOs and persons with disabilities on potential risks and how to address them.

Agree on common standards with other shelter providers. Many of the standards and recommendations will also be applicable in permanent reconstruction.

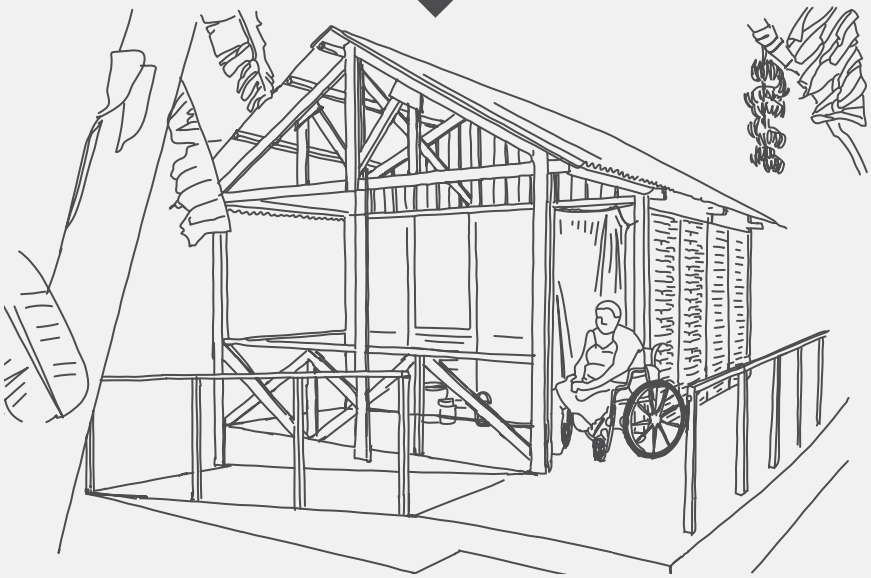
[3] Winterisation is the process of equipping and preparing a shelter and its residents for cold temperatures though improved insulation and additional household items such as blankets, clothing or stoves.

Case study (B2.2)

Handicap International provided 1050 transitional shelters in Petit-Goâve, Haiti, as part of the response to the 2010 earthquake. The shelters make use of traditional building techniques and have high earthquake and hurricane resistance. Initially, a pilot shelter was constructed, and feedback from persons with disabilities was incorporated into the final design.

Accessible solutions include a low-slope ramp to reach the entrance, an 86 cm wide doorway with no threshold and easy-to-open windows on the front and back facades. Additional features such as handrails, guidance ropes and large door handles were provided in line with individual needs.

All shelters have a shaded porch in front of the entrance. Latrines were provided for each household and connected with the shelter via an accessible pathway to allow persons with disabilities to move freely.



B2.3 Adaptation of existing structures

The recommendations in this chapter are relevant for schools, hospitals, evacuation centres and other public buildings used as collective shelters in emergencies, as well as hosted or rented shelter for persons with disabilities.

The shape and the surroundings of every building are unique, and there is no solution that fits all. Your approach must be adapted to the context and to individual accessibility needs in private shelters.

Determine if the intervention must be reversible or not. Temporary adaptations typically involve light, cheap materials. Permanent upgrades can justify higher costs and use different materials and designs. Movable ramps can be used for short periods while more durable solutions are being developed.

1 Site access

B2.3.1

Consider how persons with disabilities can reach the structure (or any external structures used as kitchen, toilet or bathroom). The access should be cleared from rubble and debris.

2 Barrier-free entrance

B2.3.2

Build a ramp to make the entrance accessible by wheelchair (→**B2.2.2**). Ramps for public use should be at least 150 cm wide.

If you are unable to provide a ramp, for example due to lack of space, examine alternative entrances and consider moving the main entrance.

3 Handrails

B2.3.3

Install handrails for ramps and staircases (→**B2.2.4**). Provide handrails on both sides of staircases and level changes inside the structure.

4 Openings

B2.3.4

Openings should be at least 90 cm wide (→**B2.2.5**). Doors and windows should have accessible handles (→**B2.2.7**).

5 Indoor mobility

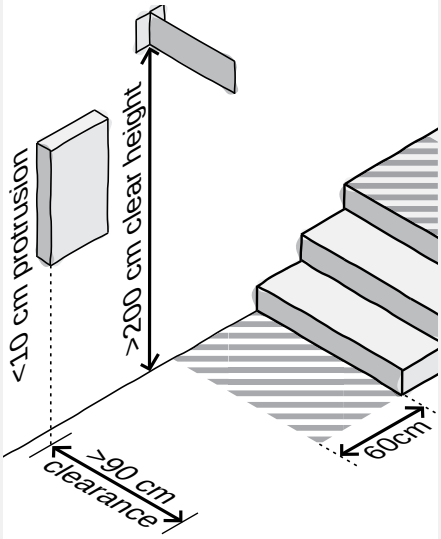
B2.3.5

Reduce barriers inside the shelter (or between the shelter and an external kitchen or bathroom) by levelling floors, building ramps and removing or bevelling thresholds.

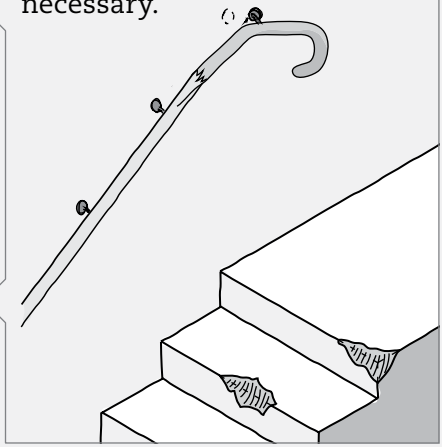
6 Hazard indication

B2.3.6

Hazardous features that cannot be removed or repaired should be clearly indicated and painted in contrasting colours. Provide a 60 cm strip at the beginning and end of ramps and staircases in public buildings to make them easier to identify for persons with visual impairment.



Assess if features such as staircases and handrails are intact and carry out repairs if necessary.



7 Lighting

B2.3.7

Provide lighting to improve safety and accessibility, especially for hazardous spots such as staircases and level changes. Make light switches accessible.

8 Partitions

B2.3.8

Keep a stockpile of materials for internal partitions (plywood or opaque curtains/ partition mats), and install these to improve privacy for persons with disabilities who are unable to access other parts of the shelter for changing clothes or washing.

9 WASH facilities B2.3.9

Ensure that sanitary facilities are accessible on the ground level and adapted to the needs of persons with different types of disabilities. In public buildings, provide signs indicating their location.

Toilet doors should open outwards to increase manoeuvring space within the compartment. Consult guidance on accessible WASH for more advice (see **→B1.1.6**).

Sometimes you can achieve better accessibility by simply reorganising the space and relocating functions from upper floors to ground level.

If you are not able to implement all the adaptations at once, prioritise safety and security first and access to services and facilities second. Plan for gradual improvement in consultation with the user.

Case study (B2.3)

CBRA (Community-Based Rehabilitation Association) is working in the field of disability and rehabilitation with Palestinian refugees in North Lebanon. When the Nahr al-Bared camp was destroyed in 2007, CBRA partnered with MPDL (Movement for Peace) to support persons with disabilities who were displaced.

Temporary shelter units had been provided on the outskirts of the camp. Because of the topography, stairs were used to reach the entrances and connect different areas, creating barriers for persons with physical disabilities. To address this, CBRA and MPDL carried out adaptations for 111 shelters in Nahr al-Bared and the neighbouring Beddawi camp during 2008 and 2009.

The shelter units were small, and it was difficult to achieve full accessibility. Instead, CBRA and MPDL identified five priorities to remove or reduce the physical barriers: ramps to reach the entrance, wider doors, adapted door handles, no thresholds, and handrails in the bathroom. A long, external ramp was constructed to link different parts of the area together.

An engineer, an occupational therapist and a physiotherapist worked together to find practical solutions. In one of the houses, the street at the entrance was too narrow for a ramp to fit. The team created a new opening and moved the main entrance to another side of the building, where there a ramp could be built.

Further reading

- Handicap International Nepal (2009), *Guidelines for Creating Barrier-free Emergency Shelters*. http://humanitarianlibrary.org/sites/default/files/2014/01/Emergencies_Creating_Barrier_Free_Emergency_Shelters.pdf
- IFRC (2011), *Transitional shelters: Eight designs*. http://www.ifrc.org/PageFiles/95186/900300-Transitional%20Shelters-Eight%20designs-EN-LR.pdf
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- AusAid (2009), *Accessibility Design Guide: Universal design principles for Australia's aid program*. http://www.mindbank.info/item/2696

Tents

- IFRC and UNHCR (2011), *Family tent, 16m2*. http://www.ifrc.org/PageFiles/95186/208600-Shelter%20instruction%20flyer-EN-HR.pdf
- OCHA (2004), *A guide to the use and logistics of family tents in humanitarian relief*. http://www.sheltercentre.org/node/3107

Checklist B2. Standards for shelter

- [x] The shelter site is flat, accessible and cleared of rubble and debris, with surface drainage in place.
- [ ] The placement of shelters takes the topography into consideration, minimising the difference in level inside and outside.
- [ ] A ramp with a maximum slope of 1:10 and a non-slip surface is provided for wheelchair users who need to enter the shelter.
- [ ] Openings are at least 90 cm wide, with no barriers on the ground.
- [ ] Entrances have a contrasting colour to make them easier for persons with visual impairments to identify.
- [ ] Doors and windows are accessible and easy to open and close for persons with disabilities.
- [ ] Handrails are installed for ramps and staircases, and to support mobility and orientation for persons with physical disabilities and visual impairments.
- [ ] Artificial lighting is provided to increase accessibility and safety.
- [ ] The shelter provides thermal comfort for persons with disabilities who spend the majority of the day indoors.
- [ ] The shelter provides privacy for persons with disabilities, with material for internal partitions available.

- [ ] Persons with disabilities have access to a shaded outdoor area in connection with the shelter, with seating opportunities.
- [ ] Accessible latrines are available within 50 metres of the shelter unit.
- [ ] Other barriers have either been removed, repaired or clearly indicated/painted in contrasting colour.
- [ ] Women, girls, boys and men of all ages with disabilities have been involved in identifying safety risks in shelters, and improvements have been carried out.
- [ ] Persons with disabilities have access to technical support and materials to upgrade, maintain and winterise shelters.

Distribution sites can be chaotic and excluding of persons with disabilities. The location and organisation of the site is important, but so too is the identification and management of community attitudes.

B3. Emergency items distribution

> **Sphere Handbook: Non-food items (p.268)**
>
> "Access to basic goods and supplies is required to enable affected populations to prepare and consume food, provide thermal comfort, meet personal hygiene needs and build, maintain or repair shelters."

The immediate disaster response is characterised by distribution of emergency items to cover basic needs, including shelter kits and household kits. Such activities can be inaccessible due to travel distance, queues and/or lack of information. Items distributed can be unsuitable or difficult to use for people with disabilities.

In the following chapters, you will find recommendations for making distributions in an emergency more inclusive of persons with disabilities. The focus is on shelter and non-food items.

Cash or voucher programmes can be considered as an alternative to in-kind distributions. Recommendations for involving persons with disabilities in such activities are found in **→C3.2** and **→C3.3**.

Chapter overview

B3.1 Making distribution systems accessible and inclusive of persons with disabilities, and responsive to specific needs as well as those of the general population *(p. 102)*

B3.2 Individual items and general household items such as blankets, clothing, mattresses, shade nets, kitchen sets or lighting *(p. 105)*

B3.3 Shelter support items (including IFRC standard shelter kit) for construction, maintenance and repair, with targeted assistance and technical support for persons with disabilities *(p. 108)*

B3.1 Making distribution systems accessible

Accessible distribution covers much more than just the location where materials and items are delivered (see →**Table 2.** *Concept of accessibility, p. 14*). Procedures for information, registration, orientation, transportation and technical and labour support, as well as monitoring and feeback mechanisms, must be designed to target and involve women and men of all ages with disabilities.

1 Inclusive planning B3.1.1

Involve persons with disabilities and disabled people's organisations (DPOs) in the planning of accessible distribution systems and the management of stockpiled goods.

2 Access to information B3.1.2

Provide information about distribution activities in multiple formats. Highlight specific measures to ensure accessibility, and explain how persons with disabilities can get help with transportation.

For more about accessibility of information, see →**Table 3.** *Methods of communication, p. 16.*

3 Suitable items B3.1.3

Discuss with DPOs to ensure that items are suitable for persons with disabilities. Give clear instructions for use in multiple accessible formats.

4 Transportation B3.1.4

Shelter and household items can be large and heavy. Offer home delivery to persons with disabilities who need it.

5 Staff and volunteers B3.1.5

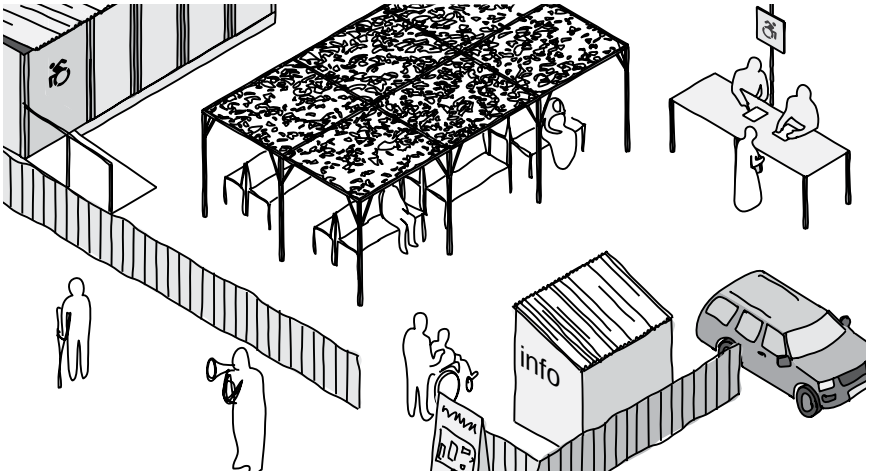
Identify staff members and volunteers who will assist persons with disabilities during distribution activities. This includes support with transportation, communication and orientation.

6 Access to site

B3.1.6

Identify accessible locations for distribution sites that persons with reduced mobility or sensory disabilities can reach and move around.

Institutions and schools for persons with disabilities, rehabilitation centres and DPO offices are usually accessible and may be suitable as distribution sites.



7 Priority lines

B3.1.7

Set up priority lines with specific assistance for persons with disabilities (and others who may need it) clearly signposted, with shaded resting areas and accessible toilets nearby.

Also give priority to those who provide care to persons with disabilities but have to leave those in their care to attend distributions. The purpose of this is to increase the assistance and reduce waiting time for persons with disabilities, but there is a risk that communities may see this as unfair or preferential treatment. Consider the need for awareness campaigns or mediation to reduce this risk.

8 Technical assistance

B3.1.8

For more technically complex items such as tools and materials for shelter construction, make sure that persons with disabilities receive necessary technical support on how to use materials and equipment (see →**B3.3** for more detailed information).

9 Monitoring and feedback

B3.1.9

Include persons with disabilities in monitoring and feedback mechanisms to find out if materials were received and used. Plan for potential repairs or replacement items.

Case study (B3.1)

The Kenyan Red Cross Society (KRCS) has partnered with CBM to ensure persons with disabilities are identified and included in emergency and recovery operations. One of the priorities was making distribution systems accessible.

CBM provided training to Red Cross volunteers as well as head teachers from local schools on how to identify and include children with disabilities in food distribution programmes. DPOs provided support during identification and distribution.

The local KRCS office was adapted to remove barriers, allowing persons with disabilities to take part in the coordination of activities. Assistive devices were provided to increase the number of people who could reach the schools where distributions took place. For those who could not make it to the distribution site and lacked someone to collect on their behalf, home deliveries were organised.

B3.2 Individual items and general household items

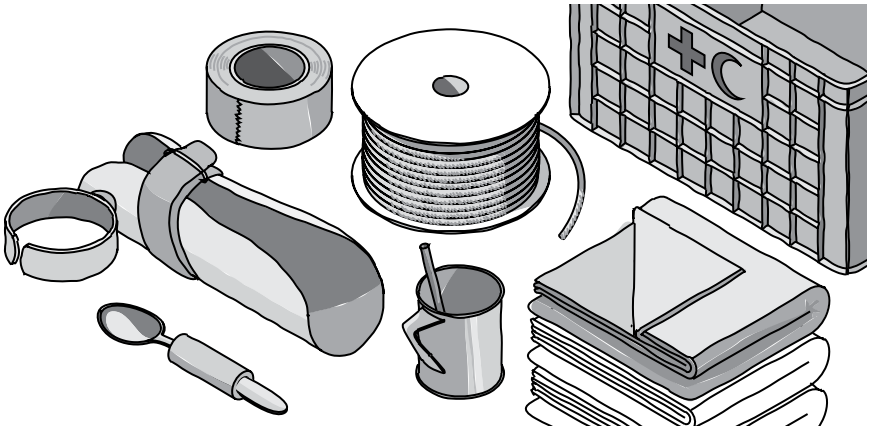
> **Sphere Handbook: NFI standard 1 (p.271)**
>
> Individual and general household items should be familiar to the disaster-affected population for use without additional guidance.

Close coordination with government and other stakeholders is necessary for an integrated approach adapted to the needs of persons with disabilities.

1 Adapted household kits

B3.2.1

Provide additional blankets and clothing to persons with disabilities who have reduced mobility to prevent heat loss. This is important even in warm climate conditions[1]. Simple utensil holders or bracelets can facilitate the use of household items such as cups, spoons, pens or toothbrushes. Consult an occupational therapist or specialised organisation for solutions.

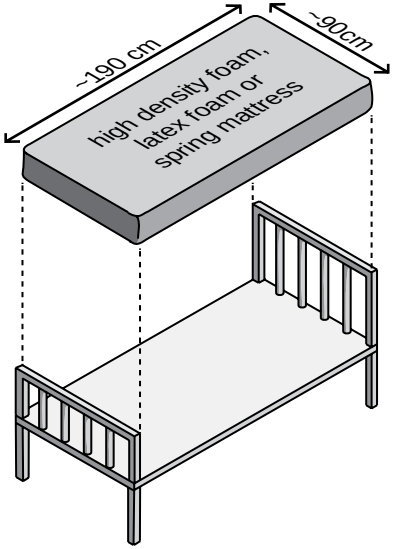


[1] The IFRC emergency items catalogue recommends *medium thermal type* for hot and temperate climates, and *high thermal type* for cold climates.

2 Bed and mattress

B3.2.2

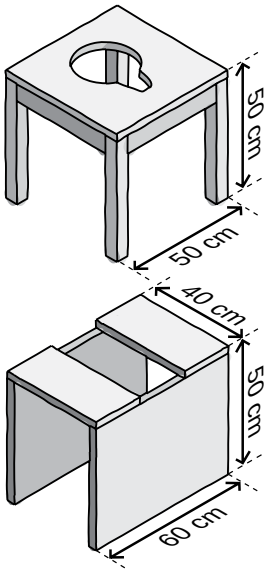
Offer additional mattresses, pressure-relief mattresses and bed frames to persons with disabilities who need them[2].



3 Toilet seats

B3.2.3

Portable toilet seats can be a way to make facilities more accessible to persons with physical disabilities.



4 Hygiene items

B3.2.4

Stock additional hygiene items reserved for persons with disabilities. Be aware of cultural preferences during assessments or consultation, as well as the needs of women, girls, boys and men of different ages with disabilities. Ensure that persons with disabilities have access to soap, water, sanitary pads or menstruation cloths, incontinence pads and other hygiene items according to individual needs.

[2] This can include persons with spinal chord injuries, orthopaedic or rheumatic pain, and others who spend a majority of their time in bed. For persons with very limited mobility, mattresses prevent skin complications.

Cultural differences may also impact the suitability of items and composition of NFI kits. This underlines the need for consultation, involving both women and men with different types of disabilities, to understand how, and by whom, shelters and household items are used.

5 Operability

B3.2.5

Equipment distributed to persons with disabilities for heating, cooking and lighting should be safe and easy to operate. Consider headlamps and other portable lighting, preferably solar powered.

Consult with WASH, Health and other sectors to make sure the household needs of persons with disabilities are addressed. Jerry cans and mosquito nets are examples of non-shelter items for which adaptation may be necessary.

Referrals for assistive equipment

Mobility aids are not part of a shelter and settlement response, but be prepared to make referrals for people who have lost equipment such as crutches, wheelchairs or assistive canes.

Motivation, in collaboration with Handicap International and Johanniter International Assistance, has developed a low-cost wheelchair designed for use in emergency response settings. This wheelchair has been deployed for the first time in the Philippines following Typhoon Haiyan (Yolanda) and has been delivered to injured persons and persons who have lost mobility devices or other assistive equipment.

This is a professional activity and not for mainstream organisations. A wheelchair is medical equipment and distribution requires qualified staff and expertise.

B3.3 IFRC standard shelter kit and shelter support items

Sphere Handbook: NFI standard 1 (p.271)

"Technical guidance and instruction should be provided as appropriate to complement the provision of shelter support items such as construction materials, tools and fixings."

Shelter kits and shelter support items are intended to help the disaster-affected population to build, repair, maintain or upgrade shelters. Although shelter kits and shelter items are a quick way to provide support to those in need, there are challenges when it comes to accessibility and privacy.

Always consult persons with disabilities on priorities and preferences for support. Below are some recommendations to consider when designing and distributing shelter kits and emergency shelter items for persons with disabilities.

1 Transportation B3.3.1

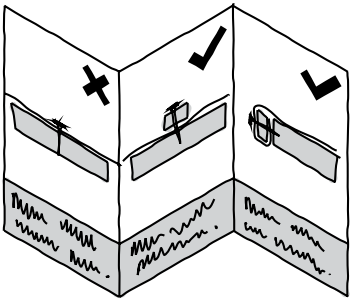
Provide assistance for persons with disabilities to transport tools and construction materials, for example through additional cash grants (see →**C3**), home delivery or community support groups.

2 Training B3.3.2

Provide additional training or technical support for people who are not able to use the distributed tools and materials. Construct a demonstration shelter as part of technical training. Invite persons with disabilities to participate and to highlight accessibility concerns.

3 Technical guidance B3.3.3

Review existing technical documentation and make sure that guidelines and information on safe shelter construction are available in multiple accessible formats.



Packaging can carry simple diagrams illustrating how the items can be used safely to repair or construct safe and adequate shelter.

4 Additional support B3.3.4

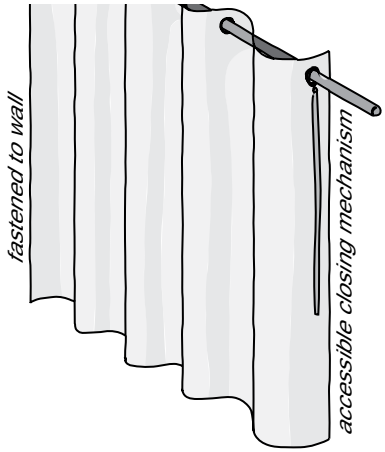
Provide additional material and technical support depending on individual accessibility needs, such as door handles that are easy to use, ropes to operate doors and windows, handrails to support mobility inside and outside the shelter, or small, movable ramps (see →**B2.2**).

5 Access to material B3.3.5

Structural poles are not included in IFRC shelter kits. Assess the local availability of timber or bamboo, and make sure that persons with disabilities can obtain the necessary material for construction.

6 Internal partitions B3.3.6

Provide partition mats or additional tarpaulin sheets to protect the privacy of persons with disabilities who are housebound or use the shelter for personal hygiene.



If the shelter is too small to allow persons with disabilities privacy inside, consider the possibilities for extension.

Do not assume that neighbours will automatically support persons with disabilities in their community. Provide volunteers or cash grants for community workers when needed to help persons with disabilities build or upgrade individual shelters.

Case study (B3.3)

The ger (also called yurt) is a traditional portable shelter used in Mongolia. A ger is constructed using lattice wall-sections, roof beams, a crown or compression wheel, and a doorframe. The structure is covered with layers of felt and fabric for insulation.

A ger typically has four or five lattice wall-sections. The larger model is heavier to transport, more difficult to construct and requires more energy to keep warm in the winter. The smaller model is easier to transport and construct, and keeps the temperature better during the winter.

When providing shelter to persons with disabilities, the Mongolian Red Cross Society considers this, and usually recommends the smaller ger, with four wall sections. This is also the preferred shelter solution for elderly people who live alone.

Further reading

- IASC Emergency Shelter Cluster (2009), *Selecting NFIs for Shelter.* http://www.ifrc.org/PageFiles/95759/D.03.a.04.%20NFIs%20for%20Shelter_IASC.pdf

- ICRC and IFRC (2009), *Emergency Items Catalogue*. Third Edition. http://procurement.ifrc.org/catalogue/index.aspx

- IFRC (2009), *The IFRC Shelter Kit.* http://www.ifrc.org/PageFiles/95526/publications/D.03.a.07.%20IFRC%20shelter-kit-guidelines-EN-LR.pdf

- IFRC (2011), *Shelter Safety Handbook: Some important information on how to build safer.* http://www.ifrc.org/PageFiles/95526/publications/305400-Shelter%20safety%20handbook-EN-LR.pdf

- IFRC and Oxfam International (2007), *Plastic Sheeting: a guide to the specification and use of plastic sheeting in humanitarian relief.* http://www.ifrc.org/PageFiles/95534/D.03.a.01.Plastic%20Sheeting_Englis.pdf

- NRC (2008), *Camp Management Toolkit*. Chapter 13: "Food distribution and non-food items". http://www.nrc.no/camp

- Sphere Project (2011), *Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response.* Chapter on “Non-food items: clothing, bedding and household items” p.268-277. http://www.sphereproject.org

- UNHCR (2007), *Handbook for Emergencies, Third edition.* Chapter 13: Commodities distribution. http://www.unhcr.org/472af2972.html

Checklist B3. Emergency items distribution

- [x] Persons with disabilities have been consulted on needs and priorities related to emergency shelter and household items.
- [ ] Persons with disabilities and DPOs are involved in planning of accessible distribution systems and the management of stockpiles.
- [ ] Accessible distribution sites have been identified, and persons with disabilities receive information and support to reach and move around the site.
- [ ] Distribution sites have priority lines, shaded resting areas and accessible toilets. A trained staff member is monitoring the lines and offering assistance.
- [ ] DPOs have been consulted on the composition of kits, to ensure that the items are suitable for persons with disabilities.
- [ ] Additional blankets and mattresses are provided to persons with reduced mobility who spend a majority of the day in bed.
- [ ] Portable toilet chairs are available in order to make latrines and hygiene facilities accessible to more people.
- [ ] Consultations with other sectors have taken place and referral pathways have been established to meet the household needs of women, girls, boys and men of all ages with disabilities.
- [ ] Persons with disabilities receive assistance with home delivery or transportation of large and heavy shelter items.

- [ ] Persons with disabilities receive technical support, training and information on safe and accessible shelter construction.
- [ ] Information on how to use shelter tools and materials is available in multiple accessible formats.
- [ ] Extra materials are provided to make internal partitions and improve accessibility and privacy for persons with disabilities.
- [ ] Persons with disabilities have access to feedback mechanisms and are included in monitoring activities.

Section C

Participation of women and men with disabilities in planning, design and construction is not only a way of letting different needs and experiences influence decision-making; it also has the benefit of challenging attitudes in the community.

Promoting participation and equal opportunities

In this section, you will find more detailed recommendations on how to involve persons with disabilities in the planning and implementation of shelter and settlement activities.

As in earlier sections, the focus is on persons with physical and sensory disabilities, but all members of the community will benefit from an open, participatory and inclusive process.

When implemented from the beginning, these recommendations should enable persons with disabilities to participate in all shelter and settlement activities, and to influence key decisions. Further on in the process, you will find relevant guidance for project implementation and monitoring.

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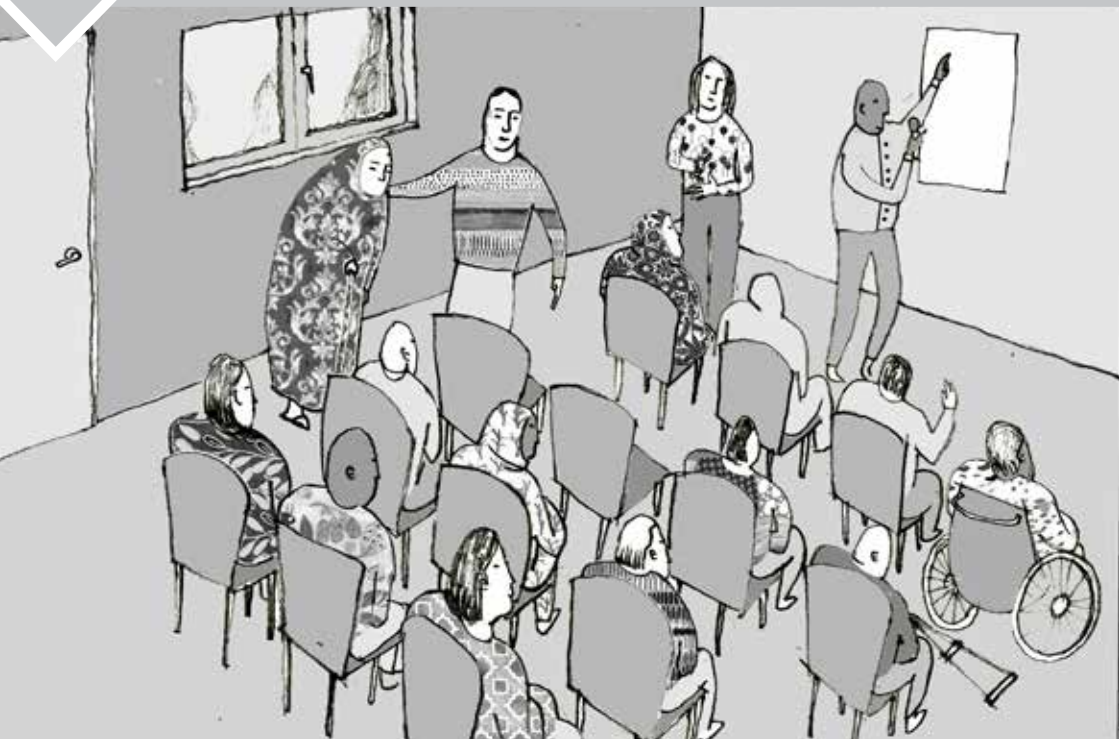
Inviting persons with disabilities to meetings without taking active measures to ensure their inclusion and involvement is not participation.



C1. Inclusive beneficiary communications

> **IFRC/ICRC Code of Conduct**
>
> "Effective relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and implementation of the assistance programme. We will strive to achieve full community participation in our relief and rehabilitation programmes."

Communication should be two-way and should allow the affected population to participate in their own recovery. The voices of women, girls, boys and men of all ages and with different types of disabilities must be heard and must influence the emergency shelter and settlement response.

This requires close contact between communication staff, disability focal points and programme managers responsible for shelter and settlement activities. You will find practical recommendations for how to achieve this in the following chapter.

Chapter overview

C1.1 Making information accessible *(p. 118)*

C1.2 Participation in meetings and workshops *(p. 122)*

C1.3 Inclusion in monitoring and feedback mechanisms *(p. 126)*

Beneficiary communications is a term used by IFRC to describe both the activities for sharing information about relief activities and the methods for communities to have an input into the work of Red Cross and Red Crescent Societies.

C1.1 Making information accessible

Timely information in accessible formats can save lives, but it is also a requirement for delivering aid without discrimination. Multiple formats and a mix of old and new technologies can improve access to information for persons with disabilities.

1 Inclusive planning C1.1.1

Link up with disabled people's organisations (DPOs) to develop a communication plan for the shelter and settlement programme that includes targeting persons with disabilities with timely information in accessible formats[1]. (See →**Table 3.** *Methods of communication* and case study for examples.)

Consult persons with different types of disabilities on their preferred means of communication.

Test the information with persons with different types of disabilities and incorporate the feedback.

2 Project information C1.1.2

Provide information to the affected population about your organisation, project(s) and selection criteria in clear, simple language and using different formats.

3 Information points C1.1.3

Information boards should be placed at a height and angle that allows wheelchair users to read them, and in a location that persons with disabilities can reach (see →**B1.1.8**).

[1] Using different means of communication will also benefit the 15% of the world's adult population who are illiterate *(Source: UNESCO Institute for Statistics, September 2013, http://www.uis.unesco.org/literacy/Documents/fs26-2013-literacy-en.pdf)*. Barriers to education mean that persons with disabilities are much less likely to have literacy skills than their non-disabled peers *(Source: Leonard Cheshire Centre for Disability and Inclusive development (2009), Illiteracy among Adults with Disabilities in the Developing World: An Unexplored Area of Concern)*.

4 Disability desks

C1.1.4

Set up disability desks in accessible locations early in the emergency (→**B1.1.11**), where staff or volunteers who are trained to communicate with persons with different types of disabilities provide information about services and support in the area.

5 Printed material

C1.1.5

For your printed information material, use a large font size in a clear sans serif style such as **Arial**, with good contrast between text and background.

6 Home visits

C1.1.6

Make home visits or personal phone calls with information for persons with disabilities who are housebound or living in remote locations.

7 Web accessibility

C1.1.7

Information presented on websites should be accessible and compatible with the range of assistive hardware and software that persons with disabilities use to access electronic data.

For signage, the Wheelchair Symbol is the most widely recognised symbol of access.

A new accessibility icon also exists, showing a more active representation of disability.

See http://www.accessibleicon.org/

Case study (C1.1)

Just days after the Haiti earthquake in January 2010, IFRC sent a dedicated beneficiary communications delegate as part of the emergency operation. Beneficiary communications activities were highlighted in the Plan of Action, and each programme was supported with its own communication strategy. (A similar approach can be tested for disability inclusion, see →**A2.1.4**.)

A report was published in April 2013 with the title *Haiti Beneficiary Communications Review*, explaining the different communication methods that were used:

- An SMS messaging service set up in partnership with a telecommunications company, mainly providing health information and weather warnings. More than 50 million messages have been sent since 2010

- A telephone hotline (*TelefonKwaWouj*) with automated voice messages, letting callers choose the information they are interested in, such as disaster preparedness or sexual health. 16,000 calls per month were registered in 2012. The hotline service is equipped for automated surveys of feedback from callers, but this has not been implemented

- A call centre for more individualised information and feedback (*Noula*), which became an important resource for the camp return and relocation programme

- A radio broadcast (*RadyoKwaWouj*) launched in 2010 with weekly time slots on two stations, one for Port-au-Prince and one with national coverage. The radio show has an interactive part, with more than 1,100 callers' questions answered on air during 2012

- Posters and leaflets presenting relevant and timely information to targeted audiences in suitable locations, with reference made to other available communication methods

- A sound truck, equipped with speakers and a microphone, that can be deployed quickly to target communities with very specific information and can collect direct feedback

A combination of different methods proved to be the most effective approach for reaching as many people as possible. But most of us still have a preference for face-to-face communication. The examples above must be considered a supplement to this, and not a replacement.

Using different means of communication is not enough in itself to ensure that persons with disabilities can receive necessary information and take part in communication. Two-way communication also means registering feedback and complaints. Specific attention and follow-up is required. See →**C1.3** for more recommendations.

C1.2 Participation in meetings and workshops

A sequence of events and adaptations is necessary in order to make meetings and workshops accessible for persons with disabilities and caregivers. One missing link can prevent participation.

In this chapter, we try to identify the key issues to consider in this sequence, and provide recommendations for including persons with different types of disabilities. As in the other chapters, the focus is on facilitating participation and involvement of persons with sensory or physical disabilities.

1 Inclusive planning C1.2.1

Contact local disabled people's organisations (DPOs) and plan for accessible meetings and events together.

2 Accessible venues C1.2.2

Identify potential venues in secure areas. Consult with DPOs to find out if there are accessible venues that persons with disabilities are familiar with, and that persons with reduced mobility or visual impairment can reach.

Also consider the safety of the venue in case of emergency. Find out if there is an evacuation plan that includes persons with disabilities. If not, consult with DPOs on how to include persons with disabilities in case of evacuation.

3 Venue adaptation C1.2.3

Visit the potential venues in advance, and decide on the most suitable location. Carry out adaptations if necessary to make sure that persons with disabilities can enter and circulate inside the venue.

4 Meeting invitation C1.2.4

Provide information about the meeting in multiple formats. Invitations should indicate if the venue is accessibility compliant.

Include printed background information with the invitation to allow persons with disabilities more time to discuss and prepare. This will facilitate participation during the meeting (see →**C1.1.3**).

5 Specific requests C1.2.5

Give persons with disabilities and caregivers an opportunity to respond and inform the meeting organisers of specific requirements to participate.

Be open to supporting additional needs not directly related to accessibility; for example, providing child-friendly spaces can facilitate the participation of parents of children with disabilities.

Accessibility criteria for venues should include:

- Barrier-free entrance and circulation inside (with ramps if necessary)
- Accessible toilets/sanitary facilities on the ground floor
- Good natural lighting or artificial lighting[2]
- Limited background noise to facilitate hearing[3]

See →**B3.3** *Adaptation of existing buildings* for more detailed technical standards and recommendations related to building adaptation.

6 Transportation C1.2.6

Organise accessible transportation to and from the meeting for persons with disabilities who need it. Community-based volunteers can offer assistance during travel to and from meetings.

[2] Adequate lighting is needed for persons with visual impairments to be able to navigate and for persons with hearing impairments to communicate.
[3] For group discussions, provide separate rooms or enough space between groups for better hearing.

7 Training C1.2.7

Provide training on disability issues and communication for staff, volunteers and speakers.

8 Volunteers C1.2.8

Place a trained volunteer or staff member at the registration desk or entrance to the venue to provide directions, information and assistance for persons with disabilities.

9 Interpretation C1.2.9

Provide additional resources, such as local sign-language interpreters or note takers, for persons with hearing impairment. This needs to be identified and organised in advance (see **→C1.2.5**), and budgeted for in the planning of inclusive aid programmes.

Increased participation will also raise expectations. Know the flexibility of your shelter and settlement programme before inviting to a community meeting or participatory process. Understand how much you can adapt your design and approach, and communicate this to the participants. Be realistic about what you can achieve from the beginning, but show commitment and look for solutions to issues that arise, even those outside the scope of your programme.

10 Visual aids C1.2.10

Use alternative means of communication during the meeting to accompany clear speech, for example accessible posters, presentations or flipcharts.

” Sphere Handbook (p.260)

“All members of each affected household should be involved to the maximum extent possible in determining the type of shelter assistance to be provided. The opinions of those groups or individuals who typically have to spend more time within the covered living space and those with specific accessibility needs should be prioritised.”

During the meeting:

- Ask persons with disabilities for ideas and opinions. Ensure that both women and men with disabilities are represented.
- Ensure that persons with different types of disabilities are represented in focus group discussions. Organise focus groups according to identified barriers and relevant themes.
- Use scale models or pilot structures to illustrate designs and alternatives, and to identify physical barriers. This can also be useful for trainings on shelter construction and repair.
- Bring architects, engineers and decision-makers from the shelter and settlement programme and persons with disabilities together to discuss challenges and solutions.

Potential barriers to involvement for persons with disabilities

- Believing your participation will not make a difference
- Poor experiences of being involved in the past
- Not sure what you're signing up to
- Concerned about consequences of saying what you think, especially for negative comments
- Venues not adapted to your needs. Physical or communication barriers preventing participation
- Transport is expensive or inaccessible or both
- Thinking you should get paid for giving your time and expertise

Organisational barriers that may prevent involvement of persons with disabilities

- Staff not sure how to approach and involve persons with disabilities
- Staff concerned that people might complain about services or them personally
- Staff not understanding how it can benefit the programme
- Not having enough time or financial resources
- Relying on a small group of persons with disabilities who have limited knowledge of the range of access needs amongst the disabled population

Adapted from *ODI: Producing better information for disabled people, 2009.*

C1.3 Inclusion in monitoring and feedback mechanisms

Sphere Handbook (p.69)

"Monitoring information guides project revisions, verifies targeting criteria and whether aid is reaching the people intended. It enables decision-makers to respond to community feedback and identify emerging problems and trends. […] Monitoring carried out by the population itself further enhances transparency and the quality and people's ownership of the information."

Indicators for accessibility and inclusion are an important part of the monitoring of shelter and settlement activities. Feedback mechanisms should ensure that persons with disabilities have equal opportunities to register opinions and concerns.

- *Periodic monitoring* should include disability in interviews and indicators, with relevant findings highlighted in the report and published in accessible formats.

- *Real-time monitoring* should include accessible feedback and complaints mechanisms, and individual follow-up with support from disabled people's organisations (DPOs) and volunteers.

1 Indicators

C1.3.1

Include indicators for disability inclusion and accessibility in strategic action plans for the shelter and settlement sector (see **→A2.1.4**). Use these as a starting point for monitoring.

2 Consultation

C1.3.2

Consult with DPOs and disability focal points on setting up a system for collecting information and reporting issues related to disability and exclusion.

3 Review mechanisms C1.3.3

In consultation with DPOs, review your monitoring and feedback mechanisms to make sure they are accessible to persons with disabilities.

4 Access to information C1.3.4

Provide clear information in accessible formats about how to lodge complaints about the programme, and the procedures for response and remedial actions. Be clear about the type of complaints you can and cannot deal with.

5 Follow-up C1.3.5

Be systematic in monitoring shelter and settlement accessibility. Categorise complaints related to barriers and disability. Involve DPOs and disability focal points in discussing alternative solutions and follow-up.

Consider the following about communication methods used to ask questions and lodge complaints:

- Can feedback be given both verbally and in writing?
- Is there a standard form available in an accessible format?
- How will persons with disabilities who are isolated provide feedback, e.g. through home visits, by proxy or by using phones?
- Can phone calls and text messages help reach more people?

6 Home visits C1.3.6

Make home visits or personal phone calls to collect feedback from persons with disabilities who are housebound or living in remote locations. Involve DPOs and community-based volunteers in the activities.

Having a presence in the community over time increases accessibility and trust. Disability desks should be tasked with registering complaints and monitoring physical and attitudinal barriers that prevent persons with disabilities from accessing emergency relief (see →**B2.1.11** and →**C1.1.5**).

7 Methodology C1.3.7

Include women and men with disabilities in monitoring teams. Make sure that women, girls, boys and men of different ages and with different types of disabilities are interviewed individually and participate in focus groups.

8 Reporting C1.3.8

Highlight disability issues in the report, and organise a community meeting where persons with disabilities take part to discuss the findings (see →**C1.1** for more details).

9 Outcomes C1.3.9

Based on the findings and the discussion, adapt your shelter and settlement programme to be more inclusive and sensitive to the needs of persons with disabilities.

Monitoring and feedback should help programme managers to adapt and improve emergency shelter and settlement activities. Be willing to expand or complement your response when new barriers are identified.

Consider small cash for work activities or community labour activities to increase the accessibility of shelter and settlements, especially in situations where the safety of persons with disabilities is at stake.

See the case study in chapter →**A3.1** for an example of training DPO teams in the use of accessibility audits as a monitoring/assessment tool.

Further reading

- CBM Tool: *Accessible meetings or events*. http://www.inclusive-development.org/cbmtools/part3/1/Accessiblemeetingsorevents.pdf

- CBM (2009), *Make Development Inclusive: How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC: A practical guide*. http://www.make-development-inclusive.org

- Disability Services Commission, Western Australia (2010), *Creating Accessible Events*. http://www.disability.wa.gov.au/Global/Publications/Understanding%2520disability/Built%2520environment/Creating%2520accessible%2520events.doc

- Handicap International Nepal (2009), *Mainstreaming disability into disaster risk reduction: A training manual*. http://www.handicap-international.org.uk/Resources/Handicap%20International/PDF%20Documents/HI%20Associations/MainstreamingDisDisasterRiskRedu_2009.pdf

- Office for Disability Issues UK (2008), *Producing better information for disabled people: A toolkit for local authorities*. http://www.keroul.qc.ca/DATA/PRATIQUEDOCUMENT/175_fr.pdf

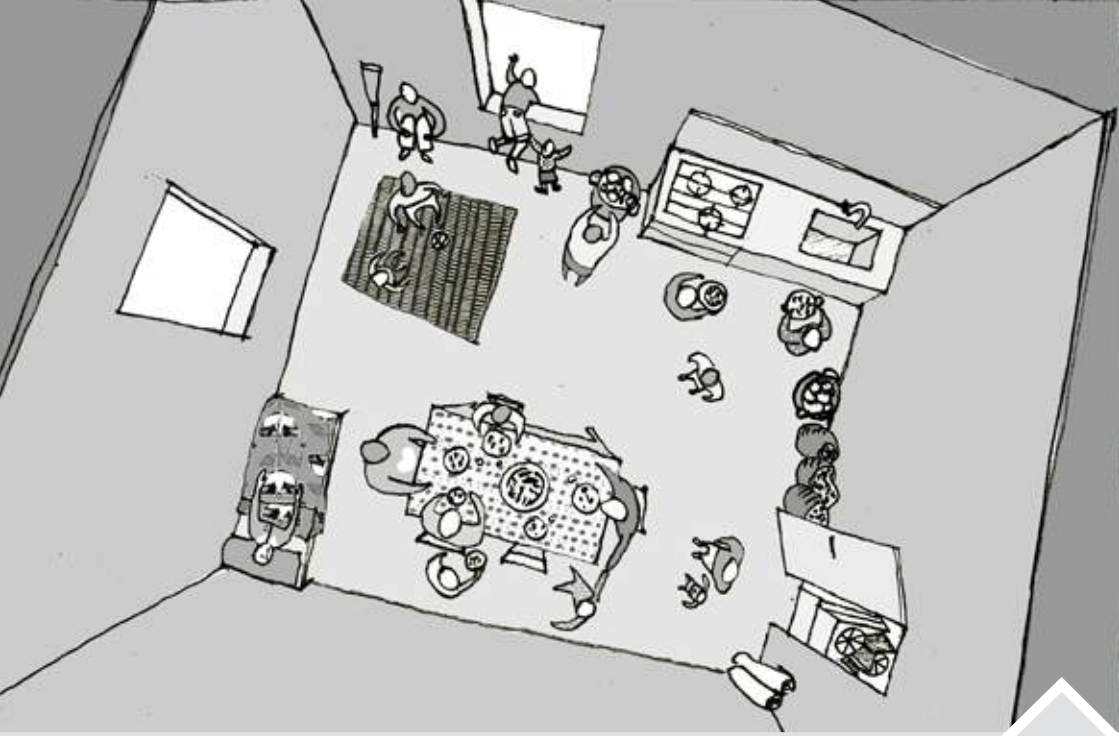
- Oxfam/World Vision Emergency Capacity Building Project (2007), *Impact measurement and accountability in emergencies – the good enough guide*. http://www.livestock-emergency.net/userfiles/file/common-standards/Oxfam-2007.pdf

- Seeds for Change (2009), *Facilitator's Guide to Making Meetings Accessible*. http://www.seedsforchange.org.uk

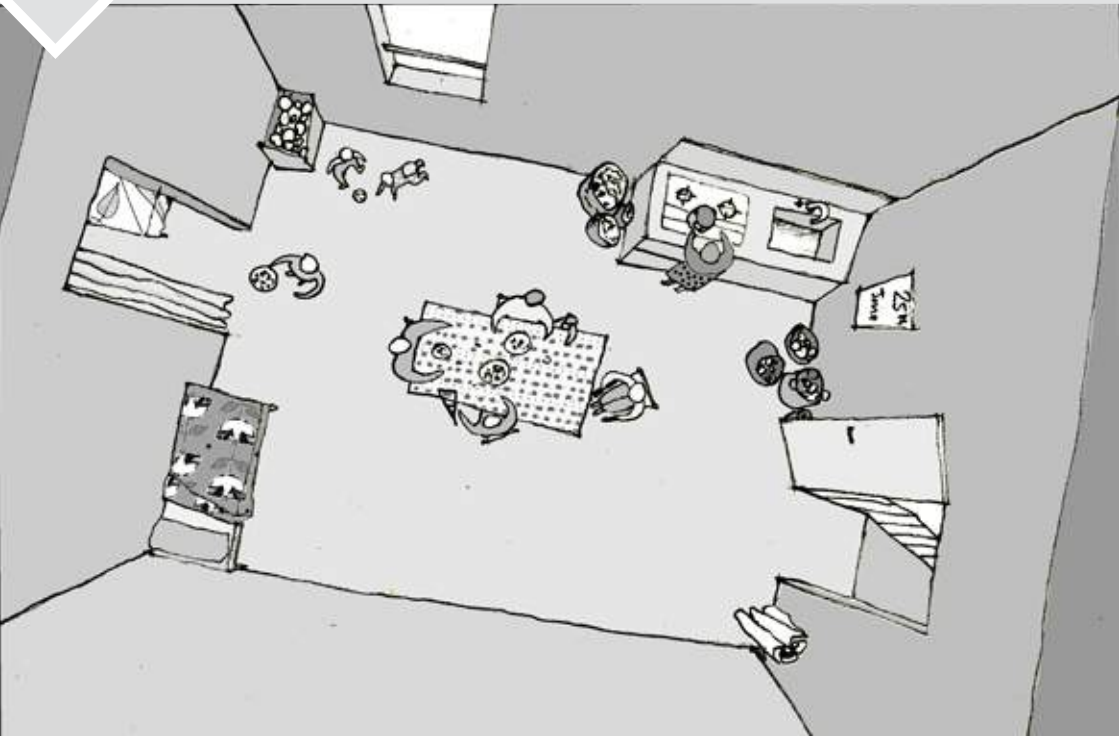
Checklist C1. Inclusive beneficiary communications

- [x] A communication plan has been developed, together with DPOs, for targeting persons with disabilities and making information accessible.
- [ ] Persons with disabilities have been consulted on their preferred means of communication and receive information about meetings and activities
- [ ] Information about your organisation, projects and eligibility criteria is available in multiple accessible formats.
- [ ] Information boards are placed in accessible location, at a height where wheelchair users can read them.
- [ ] Disability desks are set up early in the emergency, with trained staff providing information and monitoring the impact on persons with disabilities.
- [ ] Printed material and websites are easy to read for persons with visual impairments, i.e. they use a large font and high contrast.
- [ ] Persons with disabilities are offered support with transportation to reach meeting venues and are guided by staff or volunteers on arrival.
- [ ] Meeting venues are safe and accessible for persons with disabilities, with possible adaptations carried out in advance.
- [ ] Persons with disabilities are consulted on their need for assistance during the meeting, and sign language interpreters are available if necessary.

- [ ] Speakers and staff are trained on disability issues and communicate with clear speech accompanied by images.
- [ ] Tools and discussions are inclusive of men and women of different age and with different types of disabilities.
- [ ] Accessibility and inclusion of persons with disabilities is considered in the monitoring of all project activities.
- [ ] Specific indicators for accessibility and inclusion in shelter and settlement programmes have been developed.
- [ ] Persons with disabilities are informed about feedback mechanisms and can lodge complaints using different means of communication.
- [ ] Persons with disabilities who are isolated or housebound receive information and give feedback through phone calls and home visits.
- [ ] Monitoring teams are trained in disability issues, and efforts have been made to recruit women and men with disabilities.
- [ ] Findings are presented in multiple accessible formats, and persons with disabilities and DPOs are invited to discuss possible solutions.
- [ ] Based on feedback and recommendations, shelter and settlement programmes are adapted to be more inclusive and accessible.



During displacement, strains on host families or support networks can be reduced by building extensions or finding alternative accessible shelter.



C2. Assisted self-settlement

Refugees and IDPs living outside of camps or collective centres are less visible and are also often excluded from the delivery of humanitarian aid. They can constitute a significant percentage of the displaced population. For persons with disabilities, living with host families is considered preferable to camps or emergency shelters. Many persons with physical or sensory disabilities are also prevented from seeking shelter in collective centres or settlements due to lack of accessibility.

This chapter contains recommendations for including persons with disabilities in projects that find shelter solutions using the existing housing stock, through cash for rent or support to host families.

Chapter overview

C2.1 Support for accessible rented shelter *(p. 134)*

C2.2 Disability and host family support *(p. 136)*

C2.1 Support for accessible rented shelter

Cash for rent can be an effective way of providing shelter to the displaced population, especially in urban areas, while utilising the already existing housing stock. If you decide to establish a rental support programme, you should consider the following:

1 Information C2.1.1

Make sure that persons with disabilities have access to information about the programme and that eligibility criteria are clearly communicated.

2 Assessment C2.1.2

Team up with local disabled people's organisations (DPOs) and make a list of available shelters for rent, considering accessibility for persons with disabilities. Reserve shelter units on the ground floor of multi-storey buildings.

Wheelchair users will require apartments that are barrier free and accessible by ramp on the ground floor.

Other persons with reduced mobility should also be matched with ground-floor apartments, but may not need access ramps or barrier-free interiors.

Temporary, reversible adaptations may be preferred over permanent modifications. This could also facilitate agreements with landlords.

3 Adaptations C2.1.3

Provide landlords with a list of necessary adaptations based on recommendations in →**B2.3**. Offer technical support and follow-up to landlords who wish to participate in the rental programme.

4 Allocation

C2.1.4

Make a list of individuals or households that qualify for rental support, and start matching them with accessible shelter units, trying to find the best possible match between the individual needs of persons with disabilities and the existing level of accessibility of the shelter unit.

5 Transportation

C2.1.5

Provide accessible transportation, and consider persons with disabilities and support networks as one group, to be sheltered together.

6 Monitoring

C2.1.6

Make monitoring and feedback mechanisms accessible for persons with different types of disabilities, and carry out home visits to follow up. (See →**C1.3**)

C2.2 Disability and host family support

The large number of displaced people who rely on host families for emergency shelter are often less visible than people in settlements and excluded from the delivery of aid. It is important to recognise this form of shelter assistance, which places a huge strain on household economy and social ties between hosts and the hosted.

The displaced and the host family should be considered as a single unit ('solidarity family') and supported until the displaced family's return, relocation or integration is possible. For many persons with disabilities, staying with a host family (usually relatives) will be preferable to evacuation shelters or temporary settlements.

Below are some important issues to consider when supporting persons with disabilities and their host families.

More details on the different steps to develop a proper shelter response for host families can be found in the IFRC *Assisting host family guidelines*.

1 Inclusive planning

C2.2.1

Consider accessibility of the shelter when identifying potential hosts, and include disability among beneficiary selection criteria for the hosted. Coordinate with local authorities and disabled people's organisations (DPOs) to agree on responsibilities during implementation and follow-up of support activities.

If there are overwhelming physical barriers in the affected area, hosting in other, more distant locations could be an option. But certain types of disabilities or injuries require specialist services that are not available everywhere. This should be identified in assessments and considered when discussing shelter options.

Adaptations have to be approved by the host family (as opposed to in rented accommodation, where accessibility can be made a requirement to participate in the programme, see **→C3.2.3**). Offer adaptations that are temporary and reversible, if this is more acceptable to the host. Map the ownership situation before deciding on the most suitable type of intervention.

2 Assessment C2.2.2

Identify gaps based on individual needs and the current level of accessibility. Make an agreement for the host family to sign, detailing possible adaptations that can be carried out.

3 Support networks C2.2.3

Make sure that persons with disabilities can be hosted together with family members or support networks in the same or adjacent shelters.

4 Transportation C2.2.4

Provide accessible means of transportation and cover transport costs for persons with disabilities and support networks.

5 Additional material C2.2.5

Provide solidarity families of persons with disabilities with materials for necessary adaptations, including accessible sanitary facilities, in addition to other material, technical or cash support.

Consult **→B3.2** and **→B3.3** for examples of household items and shelter support items. Partition mats (**→B3.3.6**) or materials to make internal partitions should be considered a priority.

6 Map services C2.2.6

Assess the availability and accessibility of services in the relocation area (**→A3.2**), and provide information to persons with disabilities in accessible formats (**→C1.1**).

7 Monitoring and feedback

C2.2.7

Make sure to involve persons with disabilities in monitoring activities, and make feedback and complaints mechanisms inclusive by using various means of communication and home visits to follow up (see **→C1.1**).

Close and regular monitoring is needed to identify protection issues facing persons with disabilities in hosting situations. Disability focal points and DPOs could be well placed to act as mediators between hosts and the hosted in case of tension.

Further reading

- IASC (2010), *Host Community Guidelines: Supporting Host Families in Haiti by Tracking Movements, Understanding Needs and Directing Reponses*. http://www.alnap.org/pool/files/host-community-guidelines-supporting-host-families-in-haiti-1.pdf

- IFRC (2012), *Assisting Host Families and Communities after Crises and Natural Disaster – A Step-by-Step Guide*. https://www.ifrc.org/PageFiles/95186/ASSISTING%20HOST%20FAMILIES%20AND%20COMMUNITIES%20-%20IFRC%202012%20.pdf

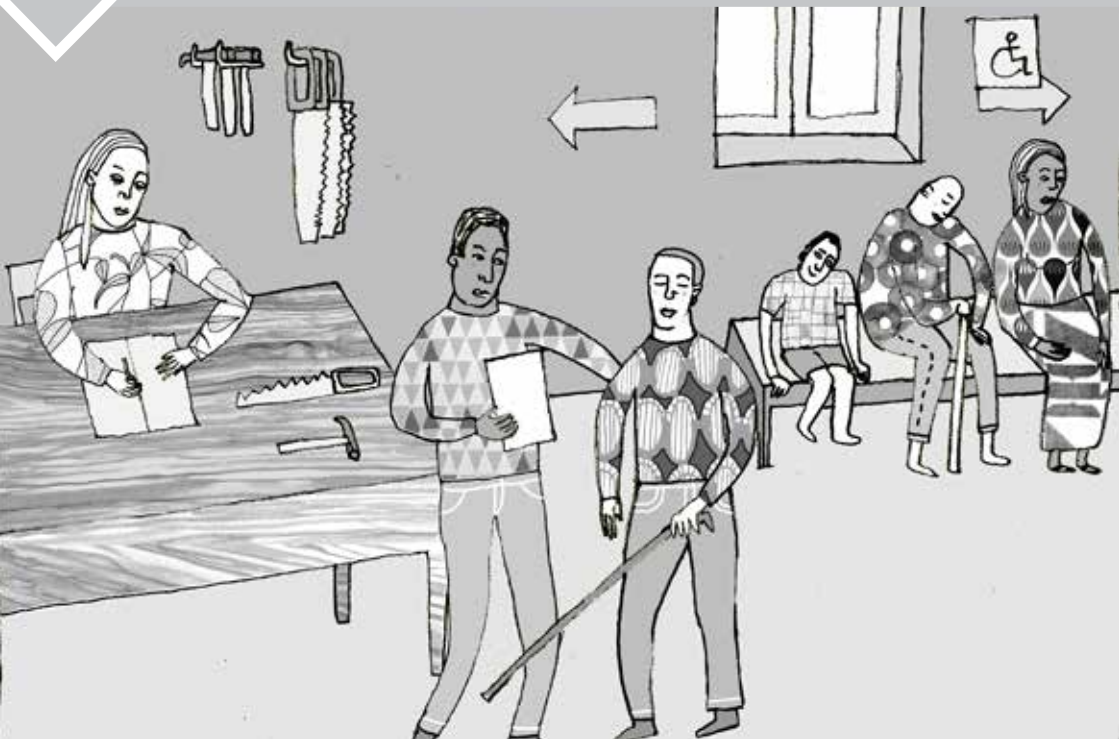
- IFRC *Shelter Programming Toolbox (final draft): cheat-sheets of Toolbox 2 and 3 - rental solutions and host families support*.

- UNHCR (2012), *IDPs in Host Families and Host Communities: Assistance for hosting arrangements*. *http://www.alnap.org/pool/files/4fe8732c2.pdf*

Checklist C2. Assisted self-settlement

- [x] Persons with disabilities have access to information about different shelter activities and eligibility criteria.
- [ ] Persons with disabilities are consulted on alternatives and priorities for shelter and settlement support.
- [ ] Persons with disabilities are matched with suitable, accessible units, with adaptations carried out based on individual needs.
- [ ] Additional items are provided to host families to increase privacy and improve living conditions in the hosting period.
- [ ] Persons with disabilities already living with host families are offered the same support and shelter alternatives as others.
- [ ] Written agreements are signed with landlords and host families, outlining responsibilities and possible adaptations.
- [ ] Persons with disabilities have the option to relocate together with support networks, in the same or adjacent shelter units.
- [ ] Accessible transportation is provided for persons with disabilities and caregivers during relocation.
- [ ] Persons with disabilities have received information about the availability and accessibility of services in the area.
- [ ] Staff and volunteers have received training on disability issues and assist with mediation or information as necessary.
- [ ] Persons with disabilities are included in monitoring activities and have access to feedback and complaints mechanisms.

Inclusive cash programmes not only let persons with disabilities take part in economic recovery. They also give visibility to barriers, priority to accessible design and can challenge negative attitudes in the community.



C3. Cash and vouchers for persons with disabilities

> **IFRC/ICRC Guidelines for cash transfer programming**
>
> "Cash transfers allow recipients to obtain a range of goods and services of their choice directly from local markets and service providers."

Cash and vouchers are being used by an increasing number of humanitarian actors to implement different programmes, giving beneficiaries more choice and dignity. The distribution of cash and vouchers is not a stand-alone programme, but a tool for emergency response and early recovery. It can help you implement shelter and settlement activities in a participatory way, but it also requires careful monitoring and close follow-up.

This chapter focuses on cash and vouchers as tools to address basic shelter and settlement needs after an emergency, and should be read in tandem with chapter **→B3**. We will not talk about microcredit, social protection nets and other cash-based support used mainly in development situations.

Chapter overview

C3.1 Cash for work *(p. 142)*

C3.2 Cash grants *(p. 145)*

C3.3 Vouchers *(p. 149)*

C3.1 Cash for work

Sphere Handbook (p.263)

"Contributions from those less able to undertake physical tasks or those requiring specialist technical expertise can include site monitoring and inventory control, the provision of childcare, temporary accommodation or the preparation of food for those engaged in construction works and administrative support."

Persons with disabilities should be offered equal opportunities as other members of the community to participate in or benefit from cash for work programmes.

In addition to income generation, cash for work programmes offer persons with disabilities an opportunity to contribute to the recovery and challenge negative community attitudes.

1 Capacities C3.1.1

Understand the capacities of persons with disabilities in the community, and give everyone the opportunity to participate in construction and maintenance activities.

2 Inclusive planning C3.1.2

Involve persons with disabilities and other members of the community in identifying small projects, and ensure representation in selection committees.

If you implement cash for work programmes where persons with disabilities cannot participate, consider alternatives such as unconditional cash grants that can stimulate their household economy in a similar way.

Another way to avoid discriminating effects could be household-level targeting, ensuring that households that include both individuals who can and those who cannot work will benefit.

Use the opportunity to draw attention to lack of shelter and settlement accessibility in the area. Address physical barriers as a priority (together with safety).

3 Adapt tasks & tools C3.1.3

Ensure that tasks carried out by persons with disabilities are adapted to individual capacity and avoid negative health impact. Provide adapted tools and equipment that facilitate the work for persons with physical disabilities.

The International Labour Organisation (ILO) has published a handbook[1] with examples on how to adapt tools for disabled workers.

4 Labour teams C3.1.4

Establish community labour teams where persons with different types of disability and persons without disability work together and support each other.

5 Instructions C3.1.5

Provide clear and adapted instructions of the work to be done (see →**C1.1** for recommendations).

6 Volunteers C3.1.6

Provide trained volunteers or staff to accompany persons with disabilities on site, offering technical assistance or support as necessary.

Adopt safety measures to prevent workplace accidents.

7 Remuneration C3.1.7

Ensure that persons with disabilities are being paid the same wage as other participants in cash for work programmes, even if carrying out activities that are less physically demanding such as record keeping, preparation of food or supervising.

[1] Dilli, David, *Handbook: Accessibility and tool adaptations for disabled workers in post-conflict and developing countries* (Geneva, ILO, 1997)

Challenging community attitudes and promoting the active involvement and recovery of persons with disabilities should be an important priority. This can sometimes be more important than carrying out the work in the quickest, most effective way.

Case study (C3.1)

In 2001 and 2002, Oxfam GB implemented a drought recovery programme based on Cash for Work in Turkana and Wajir districts in Kenya. They recognised the need to involve persons with disabilities for whom heavy labour was a barrier and women who were unable to work fixed hours due to domestic responsibilities.

Based on this knowledge, a cash for work activity was designed with the primary objective of supporting women-headed households to recover their livelihoods and the secondary objective of providing shelter materials to displaced families.

In Wajir, homes are called herios, which are temporary structures made of sticks and mats known as dufuls. These homes can be transported as the family moves with its herd. The construction and maintenance of the heriois the woman's responsibility. Dufuls can be woven from locally available materials.

Oxfam agreed to buy dufulson a piecework basis from urban poor women, represented by women's groups. The women were able to participate in the project because they could decide how much work they wanted to do and when. They were able to work at home and fit the labour around their other responsibilities. Older people and persons with disabilities were able to take part because the work is light and can be done sitting down.

Adapted from "Cash for Work Programming – A Practical Guide" by Oxfam GB Kenya Programme, June 2002.

C3.2 Cash grants

'One size fits all' is a concept that applies to many shelter solutions in an emergency, when time and availability are deciding factors. In reality, needs vary from individual to individual and household to household. This is also true for persons with disabilities. Cash grants increase the opportunity to make investments or adaptations based on individual needs.

Cash grants can use different payment modalities and rely on conditions. Consult with persons with disabilities on how to design the programme to suit their shelter needs.

1 Inclusive planning C3.2.1

Involve disabled people's organisations (DPOs) when planning cash for shelter programmes, and develop selection criteria targeting persons with disabilities.

2 Information C3.2.2

Ensure that all members of the community (including persons with sensory disabilities) have access to information about the project, using different methods of communication (see →**C1.1**).

Avoid specific cash assistance programmes for persons with disabilities; make them so everyone can take part.

3 Mitigate risks C3.2.3

Understand the attitudes and cultural barriers that may prevent persons with disabilities from participating in cash programmes, and identify possible protection risks facing recipients of the grant. Carry out community sensitisation and awareness-raising activities as necessary.

Cash assistance may increase the protection risk for persons with disabilities who are recipients of the grant, particularly women with disabilities. Coordinate your activities with other sectors, including Protection and Health, to reduce the risk.

Transfer of cash through mobile phones may be a suitable option for persons with disabilities, but in many areas this is not well established.

4 Cash delivery

C3.2.4

Consult persons with disabilities on the most appropriate cash delivery mechanism. If the grant is collected at a distribution site, a bank or an agent, the location should be accessible, with priority lines for persons with disabilities (see →**B3.1**).

5 Proxies

C3.2.5

Make written agreements with persons with disabilities who are housebound for a nominated representative to collect grants on their behalf.

Using proxies to collect grants on behalf of persons with disabilities can increase the risk of corruption. Consider if in-kind distribution or cash-in-hand is better.

6 Vendor accessibility

C3.2.6

Look at the accessibility of the vendor location when carrying out market assessments.

7 Transportation

C3.2.7

Transportation of shelter material can be a challenge for persons with disabilities. Adjust the amount of the cash grants to include transport costs or provide rented vehicles. Combine several households into community support groups that include persons with disabilities.

8 Monitoring

C3.2.8

Put in place a monitoring system to identify protection issues and address them immediately. Set up systems for feedback and complaints that are accessible and easy to use for persons with disabilities, such as a dedicated phone number for the programme (see →**C1.3**).

Do not rely on charity. Dependency on outside support increases the risk of exploitation, especially for women with disabilities. Establish community labour teams instead or provide contracted workers to complement the efforts of individual households.

9 Technical guidance

C3.2.9

Make sure that all technical guidance is accessible, through inclusive trainings and construction advice that is illustrated and clearly communicated.

10 Home visits

C3.2.10

Prioritise persons with disabilities for early field visits by technical staff to understand individual accessibility needs and offer support with design and construction. Determine whether additional grants are necessary.

11 Additional support

C3.2.11

Offer on-site assistance and follow-up to persons with disabilities and their households to implement technical design solutions outlined in →**Section B** and to respond to technical issues and challenges identified through monitoring.

Consider combinations of cash and in-kind support to address the specific needs of persons with disabilities. There could be materials that are difficult to find in the market and easier to provide as part of a home adaptation project (e.g. handrails, toilet chairs, accessible door handles, tactile signs).

Introducing these needs to the market may also result in new job opportunities from which persons with disabilities can benefit.

Case study (C3.2)

In 2012 and 2013, the Norwegian Refugee Council (NRC) provided cash grants and support for semi-permanent shelters in Kabul, Nangarhar and Herat provinces of Afghanistan. Selection criteria included disabled-headed households, but the urban context made it difficult to identify the most vulnerable families. 104 of the assisted households were registered as having persons with disabilities among their members (3,5%).

Beneficiary groups of 4 to 5 households were established to promote community cohesion and ensure support to vulnerable beneficiaries (especially women and persons with disabilities). Each group procured construction materials, and the cash instalments would only be paid when all members had reached the agreed stage of construction.

Instead of fixed designs, the project provided technical advice to address disaster risks. Freed from construction management tasks, the field teams could focus on individual discussions and follow-up with each household. The most vulnerable households received additional technical and financial assistance to adapt their shelter and cover costs for transportation and labour.

Illustrated construction drawings were used to explain recommendations for plot layout, ground clearing, foundation digging, stone masonry, brick masonry, seismic risk reduction measures and roofing design. Tool kits and hygiene kits were procured by the project and delivered to the beneficiaries.

Sphere Handbook (p.268)

"Although the provision of non-food items is a common response activity, the provision of cash or vouchers to access such non-food items where local markets are still functioning should be considered."

C3.3 Voucher programmes

Using vouchers instead of cash could be a way of reducing risks if there are specific security concerns regarding cash transfers for persons with disabilities. It also ensures greater control over how and where the money is spent.

Setting up a voucher programme requires significant time and resources, with increased costs for administration and monitoring. It should be considered for early recovery rather than emergency response activities.

1 Vendor accessibility C3.3.1

Include accessibility among the criteria for vendors who want to participate in the programme. Prepare a list of requirements based on the recommendations in →**B2.3**.

2 Information C3.3.2

Make sure that information about the voucher programme is accessible to persons with sensory disabilities, and that selection criteria are clearly communicated.

3 Voucher design C3.3.3

Design the vouchers to be accessible for persons with disabilities. Make sure the value printed on the vouchers can be identified by persons with visual impairments.

The name of the recipient should be written on the voucher. For persons with disabilities unable to use the voucher, a proxy can be nominated and authorised to redeem it on their behalf. Put this in writing also.

Test your design on a panel of beneficiary representatives. Also consider the needs of persons with disabilities who are illiterate, and make sure the use and value of vouchers is understandable and clearly communicated to this group.

4 Design solutions C3.3.4

Advocate for barrier-free design standards to be applied in all shelter construction. Provide additional financial and technical support for handrails, accessible door handles, ramps and other adaptations as necessary.

5 Monitoring C3.3.5

Provide volunteers to monitor vendor accessibility and make sure vouchers are exchanged for the agreed quantity and quality of commodities.

6 Transportation C3.3.6

Offer support with material transportation, either through agreements with vendors, provision of vehicles or other accessible means of transport, or inclusion of persons with disabilities in community support groups.

7 Technical support C3.3.7

Offer technical assistance to persons with disabilities and their households to implement the necessary accessibility solutions outlined in →**B2**.

Case study (C3.3)

Eastern regions of the Democratic Republic of the Congo (DRC) have witnessed significant population displacement over the past two decades. A mechanism for Rapid Response to Population Movements (RRMP) has been set up in the North Kivu, South Kivu and Orientale provinces, managed by UNICEF.

The RRMP includes a voucher programme to provide essential household and WASH items. Implementing partners AVSI, IRC and Solidarités International worked together with Handicap International (HI) to improve the inclusion of persons with disabilities. The objective was to make sure that suitable items were available and that distribution activities were accessible.

The first step was to increase the awareness of disability issues among the staff from each organisation. The second step was to provide information about the programme using various means

of communication so as to reach more people. The third step was to make sure that persons with disabilities, both women and men, were represented in voucher programme committees.

As a result of these steps, persons with disabilities that had previously been 'invisible' were identified and included in the programme. Persons with reduced mobility received support to transport items. Caretakers were authorised to receive vouchers on behalf of the most vulnerable.

In parallel with this, the organisations also targeted the marketplace where transactions take place, either through identification of accessible sites or through adaptations to remove barriers. Additional materials such as wooden boards to make simple ramps and pathways were introduced, as well as waiting areas where people can sit or lie down and rest.

These simple interventions have made a big difference to the participation and involvement of persons with disabilities.

Further reading

- Harvey, P. and Bailey, S. (2011), *Cash Transfer Programming in Emergencies*. http://www.odihpn.org/documents%2Fgpr11.pdf
- ICRC and IFRC (2007), *Cash and voucher in relief and recovery: Red Cross Red Crescent good practices*. http://www.recoveryplatform.org/assets/publication/cash_and_voucher_in_relief_and_recovery.pdf
- IFRC (2010), *Owner-driven Housing Reconstruction Guidelines*. http://www.ifrc.org/PageFiles/95526/publications/E.02.06.%20ODHR%20Guidelines.pdf
- ILO (1997), *Handbook: Accessibility and Tool Adaptations for Disabled Workers in Post-Conflict and Developing Countries*. http://www.ilo.org/skills/pubs/WCMS_107950/lang--en/index.htm
- UNHCR (2012), *An Introduction to Cash-Based Interventions in UNHCR Operations*. http://www.unhcr.org/515a959e9.pdf

Checklist C3. Cash and vouchers for persons with disabilities

- [x] Persons with disabilities have access to information about the programme in accessible formats, and selection criteria are clearly communicated.
- [ ] Risks and attitudinal barriers have been identified, addressed through awareness-raising sessions and monitored during implementation.
- [ ] The potential of inclusive cash for work activities to challenge negative attitudes towards persons with disabilities has been considered.
- [ ] The capacities of persons with disabilities in the community have been assessed prior to any cash for work or community labour activities.
- [ ] Different contributions have been identified, including both physical labour and supporting roles, and women and men with disabilities are offered a choice between the alternatives.
- [ ] Persons with different types of disabilities or DPOs are involved/consulted in the planning of accessible cash and voucher programmes.
- [ ] Persons with disabilities, including persons with visual impairments, know the exact value of grants or vouchers.
- [ ] Persons with physical disabilities are able to collect the grant or have given written authorisation for someone to collect on their behalf.

- ☐ Persons with disabilities are included in community support teams or provided with contracted labour to assist with construction activities.
- ☐ Persons with disabilities are assisted to bring materials from markets to the shelter through organised transport or inclusion in community support teams.
- ☐ Vendors who do not fulfil basic accessibility criteria have received a list of required adaptations and been offered technical support to follow up.
- ☐ Accessibility standards are applied in shelter and settlement design, with additional grants and technical support for individual adaptations.
- ☐ Project staff and volunteers provide clear and adapted instructions, and are present on site to offer technical support and assistance.
- ☐ Project staff and volunteers have been trained on disability issues to follow up with beneficiaries and offer support if necessary.

Annexes

Annex 1. Acronyms and abbreviations

ADTF	Ageing and disability task force
CAP	Coordinated Appeals Process
CBM	Christian Blind Mission
DPO	Disabled people's organisation
DREF	Disaster Relief Emergency Fund
DVFP	Disability and Vulnerability Focal Point
EA	Emergency Appeal
HI	Handicap International
IDP	Internally displaced person
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
NFI	Non-food items
NGO	Non-governmental organisation
NRC	Norwegian Refugee Council
PASSA	Participatory Approach for Safe Shelter Awareness
UNCRPD	United Nation Conventions on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund
VCA	Vulnerability and capacity assessment
WASH	Water, sanitation and hygiene

Annex 2. Unit conversion

Metric	0.01 m	1 cm	10 mm
	0.1 m	10 cm	100 mm
	1 m	100 cm	1000 mm
	1 000 m	1 km	
	1 000 m^2	0.001 km^2	0.1 hectare
	10 000 m^2	0.01 km^2	1 hectare
	1 m^3	1000 litres	

	Imperial	Metric
Length	1 inch (in)	2.54 cm
	1 foot (ft) = 12 in	30.48 cm
	1 yard (yd) = 3 ft	91.44 cm
	1 mile = 1760 yd	1.609 km
Area	1 ft^2	0.093 m^2
	1 yd^2 = 9 ft^2	0.836 m^2
	1 acre = 4 840 yd^2	4 047 m^2
Volume	1 cubic feet (ft^3)	0.028 m^3
	1 cubic yard (yd^3)	0.765 m^3

	Gradient	Percent	Degrees	Max length	Max height
Slope	1:8	12.5%	7.1°	0.5 m	0.06 m
	1.10	10%	5.7°	1.25 m	0.12 m
	1:12	8.3%	4.8°	2 m	0.15 m
	1:14	7.1%	4.1°	5 m	0.35 m
	1:16	6.3%	3.6°	8 m	0.5 m
	1:20	5%	2.9°	~(10 m)	~(0.5 m)
	1:50	2%	1.1°	~	~

Shortcuts	90 cm	35 in	Width for wheelchair access
	150 cm	59 in	Wheelchair turning radius
	10 m	33 ft	Maximum run length, ramp
	85-95 cm	34-38 in	Handrail height, walking person

Annex 3. UNCRPD articles

Article 9 - Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

    a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;

    Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures:

    a) To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
    b) To ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
    c) To provide training for stakeholders on accessibility issues facing persons with disabilities;

d) To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
e) To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
f) To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
g) To promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;

To promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

Article 11 – Situations of risk and humanitarian emergencies

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 32 – International cooperation

1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

    a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;
    b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;
    c) Facilitating cooperation in research and access to scientific and technical knowledge;
    d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

2. The provisions of this article are without prejudice to the obligations of each State Party to fulfil its obligations under the present Convention.

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

CBM is an international Christian development organisation committed to improving the quality of life of people with disabilities. It addresses disability as a cause and consequence of poverty in the most disadvantaged communities of the world.

International Federation of Red Cross and Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. Together with our 189 member National Red Cross and Red Crescent Societies worldwide, we reach 97 million people annually through long-term services and development programmes as well as 85 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by Strategy 2020 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to 'saving lives and changing minds'.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

For more information on this IFRC publication, please contact:

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