Humanitarian inclusion standards for older people and people with disabilities

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Contents

Foreword

The humanitarian principle of impartiality – providing assistance on the basis of need alone – requires that humanitarian actors must respond in a way that considers the needs of all people affected by a crisis as they determine priorities. Yet, we know that the humanitarian system still does not systematically include older people and people with disabilities.

Sphere welcomes the development of these tested standards to guide the humanitarian community. We supported the important piloting of this work as a vital contribution to Sphere's core beliefs: that all people affected by crisis have a right to life with dignity, and that all possible steps must be taken to alleviate suffering in these crises. Without an understanding of the needs and priorities of all – and especially those often less visible in a crisis – humanitarians cannot claim to be supporting dignity and rights on an impartial basis.

On the international stage, commitments have been made towards achieving the inclusion of older people and people with disabilities in humanitarian action. The UN Convention on the Rights of Persons with Disabilities (CRPD) calls for "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." The World Humanitarian Summit in 2016 led to the Charters on Inclusion and the Agenda for Humanity, which recognised that a more systematic approach is needed to ensure we leave no one behind in humanitarian action.

Foreword

These standards provide practitioners and organisations with clear actions that can be taken to protect, support and engage older people and people with disabilities and help us all realise these commitments. They provide guidance to identify and overcome barriers to participation and access in diverse contexts, and at all stages of the humanitarian programme cycle.

These standards represent an important and welcome step towards promoting and improving actions to address the needs of all, with principled impartiality. I hope that you will join us in sharing them broadly, advocating and training for their application, and bringing them wholly into humanitarian practice.

Christine Knudsen, Executive Director, Sphere

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We also acknowledge the contribution of over 300 people representing organisations of people with disabilities, older people's associations and humanitarian organisations, from all over the world. Their feedback on the pilot version was a key contribution to this edition. We thank them for their involvement and for their ongoing dedication to the inclusion of older people and people with disabilities in humanitarian action.

Introduction

Globally, around 15 per cent of the population are living with some kind of disability.[1] An estimated 13 per cent of people worldwide are over the age of 60.[2] More than 46 per cent of those who are over the age of 60 have a disability.[3]

Humanitarian principles require that humanitarian assistance and protection are provided on the basis of need, without discrimination. No one should be excluded from humanitarian action, either deliberately or inadvertently. Yet there is still limited capacity among humanitarian actors to fulfil this commitment. Discrimination based on disability, age and gender often combines with other forms of discrimination to deny older people and people with disabilities their right to assistance and participation in humanitarian action.

Purpose of the standards

The Humanitarian inclusion standards for older people and people with disabilities are designed to help address the gap in understanding the needs, capacities and rights of older people and people with disabilities, and promote their inclusion in humanitarian action.

They are designed both to strengthen the accountability of humanitarian actors to older people and people with disabilities, and to support the participation of older people and people with disabilities in humanitarian action. The standards can be used as guidance for programming, and as a resource for training and advocacy, particularly for influencing organisational policies and practice to be more inclusive.

The Humanitarian inclusion standards for older people and people with disabilities consist of nine Key inclusion standards, derived from the Nine Commitments of the Core Humanitarian Standard on Quality and Accountability (CHS), and seven sets of sector-specific inclusion standards: protection; water, sanitation and hygiene; food security and livelihoods; nutrition; shelter, settlement and household items; health; and education.

Each chapter presents a set of standards with key actions to meet the standard, guidance notes to support the delivery of the actions, tools and resources, and case studies illustrating how older people and people with disabilities have been included in humanitarian responses. Case studies in some instances use text from external sources, or use terminology preferred by the organisation providing the information.

The sector inclusion standards are structured around three key areas of inclusion:

1. data and information management
2. addressing barriers
3. participation of older people and people with disabilities, and strengthening of their capacities.

The sector-specific inclusion standards are intended to be used in conjunction with the Key inclusion standards.

For the purpose of these standards, 'inclusion' is considered in the context of older people and people with disabilities, although it is recognised that there are other at-risk groups who face barriers to access and participation and encounter discrimination on the

grounds of status, including age, gender, race, colour, ethnicity, sexual orientation, language, religion, health status, political or other opinion, national or social origin.

Underlying principles and frameworks

The Humanitarian inclusion standards for older people and people with disabilities complement a number of standards and frameworks in international humanitarian law, human rights law and conventions, including the Convention on the Rights of Persons with Disabilities. They are underpinned by these basic principles:

- Humanitarian principles of humanity, impartiality, neutrality and independence
- Non-discrimination
- Accessibility
- Respect for the inherent dignity of older people and people with disabilities
- Active and effective participation and equality of opportunities
- Respect for diversity, and acceptance of older people and people with disabilities
- Equality between people of different genders and age groups.

The Humanitarian inclusion standards for older people and people with disabilities complement Protection Mainstreaming, defined by the Global Protection Cluster as the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.

The Humanitarian inclusion standards for older people and people with disabilities are designed to be used in conjunction with the Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response, the Core Humanitarian Standard for Quality and Accountability (CHS), and other Sphere companion standards. The Humanitarian inclusion standards for older people and people with disabilities promote a twin-track approach to including older people and people with disabilities in humanitarian action. This involves providing specific interventions targeted at older people and people with disabilities, to support their empowerment, and also integrating age- and disability-sensitive measures into policies and programmes at all stages.

How the standards were developed

The Humanitarian inclusion standards for older people and people with disabilities were developed by the Age and Disability Consortium, a group of seven agencies working to promote age and disability inclusive humanitarian assistance. They were developed as part of the Age and Disability Capacity Programme (ADCAP).

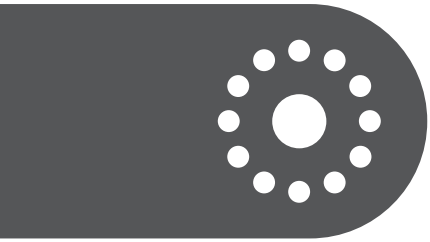
A pilot version was published in 2015 as the Minimum Standards for Age and Disability Inclusion in Humanitarian Action. The pilot drew on an extensive review of existing guidance and standards.

A review of the pilot version was undertaken in 2017. Consultations, surveys and interviews with over 300 technical experts, humanitarian practitioners, and organisations of people with disabilities and older people's associations, from 139 organisations in 26 countries provided feedback and recommendations for this revised edition.

These standards remain a live document. They are intended to be revised periodically, based on further feedback and recommendations. They have been designed as an initial step to support humanitarian organisations to achieve inclusion of older people and people with disabilities in their responses. Over time, indicators will be developed based on input and experience of humanitarian organisations implementing these standards.

Key inclusion standards

Previous page: © Nicolas Axelrod/ Handicap International



Key inclusion standards

1: Identification

Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate and relevant to their needs.

2: Safe and equitable access

Older people and people with disabilities have safe and equitable access to humanitarian assistance.

3: Resilience

Older people and people with disabilities are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.

4: Knowledge and participation

Older people and people with disabilities know their rights and entitlements, and participate in decisions that affect their lives.

5: Feedback and complaints

Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.

6: Coordination

Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.

7: Learning

Organisations collect and apply learning to deliver more inclusive assistance.

8: Human resources

Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.

9: Resources management

Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.

Key inclusion standard 1: Identification

Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate and relevant to their needs.

Key actions

1.1: Collect, analyse and report information relating to older people and people with disabilities in all humanitarian information management systems.

1.2: Engage directly with older people and people with disabilities to identify and monitor their capacities and needs, and their access to humanitarian assistance.

Guidance notes

Guidance for key action 1.1: Collect, analyse and report information relating to older people and people with disabilities in all humanitarian information management systems.

Existing sources of data

Where available, use existing sources of data to obtain information about older people and people with disabilities. Possible sources are:

- censuses, ministry databases and databases from organisations of people with disabilities (DPOs) and older people's associations (OPAs), where they exist, for national population data;
- situation analyses or rapid needs assessments disaggregated by sex, age and disability for data on the affected population;
- risks analyses for data on barriers to access and participation, capacities and coping strategies;
- needs assessments, disaggregated by groups, for data on the needs of older people and people with disabilities;
- consultations with older people (men and women) and people with different types of disability (women, men, girls and boys); and
- school registers and social protection programmes for data on school enrolment, employment and social benefits for older people and people with disabilities.

Note that different collection methods might have been used in different sources of data. This might result in inconsistencies in data on older people and people with disabilities.

Use estimates if data are not available. An estimated 15 per cent of people globally have a disability (19.2 per cent of females and 12 per cent of males).[4] An estimated 13 per cent of people globally are aged 60 or over.[5] More than 46 per cent of older people (aged 60 and over) have a disability.[6]

Disaggregating data

Collecting and analysing data disaggregated by sex, age and disability will allow you to identify older people and people with disabilities, assess their capacities and needs, and find out about the risks they face.

When developing indicators to measure progress and change, construct them to show how the needs, barriers and participation of older people (women and men) and people with disabilities (women, men, girls and boys) are being addressed.

Use the same questions and indicators at all stages of the programme cycle for consistency.

Use recommended age cohorts to disaggregate data by age, and the Washington Group questions (see **Tools and resources**) to disaggregate data by disability:

- For data on age, use the same cohorts as in national data collection systems. If there are no national age cohorts, the following are suggested: 0-5, 6-12, 13-17, 18-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80+.

- For data on disability, use the short set of Washington Group questions. These are six questions designed to find out if the respondent has any difficulty in performing certain activities (walking, seeing, hearing, cognition, self-care and communication). Each question has four answer categories (no – no difficulty, yes – some difficulty, yes – a lot of difficulty or cannot do it at all). If anyone answers "yes – a lot of difficulty" or "cannot do at all" to at least one question, this should be considered a cut-off point for classification of a person with a disability for data disaggregation purposes.

Do not change the wording order, response categories, or cut-off points for classification of disability of the Washington Group questions.

For children aged 2 to 17 years, use the Washington Group/UNICEF child functioning question set, which is more sensitive to child development (see **Tools and resources**).

Remember: disaggregating data alone will not help you identify barriers to inclusion and participation that older people and people with disabilities may face. Nor will data disaggregation alone allow you to determine someone's eligibility for assistance. However, it will help you identify groups of people who could be facing barriers, and suggest where these barriers might be.

Data on barriers and enablers

Collect information on what factors prevent access to services by older people and people with disabilities (see **'barriers'** in the Glossary) and what factors enable their access (see **'enablers'** in the Glossary). Collect this information directly from older people and people with disabilities of all ages.

Carry out an accessibility audit to identify barriers to accessing services and facilities (see **Tools and resources**). This will provide guidance to project managers, service providers, other professionals and users on how to make a service or facility more accessible.

Routinely review your accessibility audit findings to make sure that the needs and capacities of older people and people with disabilities continue to be addressed.

Pay particular attention to barriers that hinder free movement, use of facilities, and access to information by people with physical, visual, sensory, intellectual or psychosocial disabilities.

Consider organisational barriers. Assess the attitudes and skills of staff and volunteers as to the inclusion and participation of older people and people with disabilities. For example, conduct a knowledge, attitudes and practices assessment.

In assessments, include questions that identify the skills, capacities and contributions that older people and people with disabilities can make to humanitarian action.

Inclusive data collection

Make sure that the data collection process itself is inclusive. For example:

- train staff responsible for data collection on how to communicate with older people and people with disabilities, and how to disaggregate data by sex, age and disability (see **Guidance note above on disaggregating data**);
- involve older people and people with disabilities in collecting data (see **Guidance note below on involving older people and people with disabilities**).

Develop strategies (such as outreach) to identify and register older people and people with disabilities who may be most at risk of exclusion from services, or of violence and abuse. These may include people isolated at home or those living in residential institutions, such as orphanages or care homes.

Conduct individual interviews and home visits to collect information from people who may be isolated in their home, or who would prefer to be seen individually.

Data analysis

Analyse data on areas such as health or nutritional status, access to services, or participation in the humanitarian response, disaggregated by sex, age and disability.
For example, data on the nutritional status of the affected community, disaggregated by sex, age and disability, would show you the percentage of older people (women and men) and people with disabilities (women, men, girls

and boys) whose nutritional status has changed over a particular period.

Use supplementary sources of information, for example accessibility audits or focus group discussions, to understand the situation of older people and people with disabilities.

Use this data to address barriers that older people and people with disabilities may face to participating or to accessing services (see Key inclusion standard 2, **Guidance note on addressing barriers**).

Data monitoring and sharing

Regularly collect and analyse data on how your programmes are including older people and people with disabilities. If you identify gaps when you conduct your analysis, such as an absence of disaggregated data or data on barriers, collect additional data, disaggregated by sex, age and disability.

As well as using the data within your organisation, share it with coordinated data collection systems, such as humanitarian needs overviews, strategic response plans, and coordinated monitoring systems, such as the Humanitarian Data Exchange, or the ALERT Emergency Preparedness Platform.

Also share data from assessments and monitoring reports, including lessons learnt, challenges, and unmet needs, with other humanitarian agencies.

Share data with crisis-affected communities to make sure that it represents their needs and capacities and the barriers they face, and that they understand how it will be used.

Remember: before you share data, follow data-sharing protocols to protect confidentiality.

Guidance for key action 1.2: Engage directly with older people and people with disabilities to identify and monitor their capacities and needs, and their access to humanitarian assistance.

Involving older people and people with disabilities

Involve older people and people with disabilities in developing data collection and monitoring systems that are relevant, accessible and culturally appropriate.

There may be barriers that prevent older people and people with disabilities from taking part in these activities. For example, the consultation site might not be accessible, or the capacity of older people or people with disabilities to input into household assessments might be overlooked.

Support diversity in the group of older people and people with disabilities who are involved. For example, include women and men of different ages, and involve people with different types of disabilities, and support their meaningful participation. Consider arranging initial meetings with smaller groups to find out how you can make an assessment or consultation more accessible.

During assessments and consultations, communicate directly with older people and people with disabilities. Ask them, for example:[7]

- what they perceive are the main challenges and opportunities to contribute to preparedness, response and recovery;
- what capacities they have and how they would like to utilise them;
- how to meet the diverse needs of people with different types of disability (women, men, girls and boys) and of different ages (women and men), such as how to communicate with people with sensory disabilities; and
- what services and facilities they use, and what barriers and enablers they encounter when accessing them (see Box 2 **'Barriers to inclusion'** below).

Involving community-based organisations

Map organisations in the crisis-affected area that represent and provide services to older people and people with disabilities. These may include community-based organisations, DPOs and OPAs (see Box 1 **'Mapping organisations'** below).

Involve these organisations in collecting data on the capacities and needs of older people and people with disabilities. For example, involve them in data collection teams, focus group discussions or as volunteers in needs assessments.

Tools and resources

Data collection

People with disabilities

Washington Group on Disability Statistics, *The Washington Group Short Set of Questions on Disability,* http://bit.ly/2daMyJb (15 December 2017)

UNICEF and Washington Group on Disability Statistics, *Child Functioning Question Sets*, http://bit.ly/2hDVZOR (15 December 2017)

Older people

HelpAge International, Valid International, and Brixton Health, *RAM-OP: Rapid Assessment Method for Older People,* http://bit.ly/1ljkF0z (15 December 2017)

Sex-disaggregation

Inter-Agency Standing Committee, *Women, Girls, Boys and Men: Different needs – equal opportunities, Gender Handbook in Humanitarian Action,* IASC, 2006, http://bit.ly/2keX9o2

Accessibility audit

Handicap International Technical Resources Division, *Practical Guide: Conduct an accessibility audit in low- and middle-income countries,* Lyon, Handicap International, 2014, http://bit.ly/2ad0V9y

Types of barriers

CBM, *Inclusive Project Cycle Management Trainers' Manual: Stage 1/Handout 2, Inclusion and Barriers to Inclusion,* CBM, http://bit.ly/2BsbnsO

Box 1

Mapping organisations

DPOs and OPAs are usually formed to support the empowerment of older people and people with disabilities and advocate for their rights.

These groups may not exist in all crisis-affected communities. In this case, partner with other community-based organisations to support them to be inclusive. Where DPOs and OPAs do exist, they may have no expertise in humanitarian action. In this case, you could work with them to strengthen their capacities.

When mapping DPOs, OPAs or other representative groups:

- identify their priorities for humanitarian action, their strengths, capacities, and areas that need to be strengthened;
- ask them about their role in the community;
- ask them who they represent, how they collect information from the crisis-affected population, and how they promote gender equality and diversity in their work; and
- look for organisations that represent different types of disability, all genders, all ages, and different at-risk groups, such as refugees, migrants or people from ethnic minorities. Certain groups, such as people with psychosocial or intellectual disabilities, women with disabilities, or older people with disabilities, may not be represented by any

organisation in some places. In such cases, you may need to identify individuals instead of groups.

Remember: involve local authorities in this mapping exercise. This can give them the opportunity to strengthen their links with DPOs and OPAs.

Box 2

Barriers to inclusion

Barriers to inclusion can be:

- **Attitudinal.** Negative attitudes and discrimination on one hand, or over-protection on the other hand, can be caused by a misconception of disability or older age. For example, people in the community might believe that an older person or a person with a disability cannot participate in the response. Parents might hide a child with a disability at home because they think that disability is a source of shame. Factors such as disability, age and gender are not isolated: the intersection between them can create multiple forms of discrimination.
- **Environmental.** Barriers include physical barriers to accessing the built environment, and barriers to information and communication. For example, if only one format is used to provide information on humanitarian services, instead of different formats, such as tactile signing, sign language, audio or images, this could be a barrier. Information barriers may be less visible than physical barriers, but it is

important to detect them, as they can exclude large groups of people.

- **Institutional.** Laws, policies and procedures (including those of humanitarian organisations) can lead to either intended or unintended discrimination against certain groups. These barriers may segregate older people and people with disabilities from many areas of life, such as employment, political participation, education or social services.

Case study

Collecting data on disability using the Washington Group questions

Handicap International led a project named 'Disability Statistics in Humanitarian Action', which was designed to test and assess the use of the Washington Group questions in humanitarian action. Through this project, Handicap International collaborated with a wide variety of partners working in different settings and sectors, and is creating training materials.

The project identified a number of challenges that people face when collecting data about people with disabilities. For example, that people collecting data often view disability from a medical perspective, focusing on impairment or medical conditions. They also found that, in many cases, existing data

management information systems that organisations use may not be aligned to the Washington Group questions, making them complicated to adapt.

As part of this project, Handicap International worked with partners to adapt existing data collection tools and systems. They also provided training for data collectors, to demonstrate how to collect data on disability and how to use the Washington Group questions. To help reinforce the understanding of participants and allow them to practise their skills, they provided the opportunity for field testing and mock interviews as part of the training.

Once the barriers to collecting data were addressed, information began to emerge from the project that could help to inform programming. For example, collecting data using the Washington Group questions at registration points in a refugee camp helped to indicate whether refugees with disabilities were accessing the camps. Results from the project demonstrated that using the Washington Group questions, significantly more people with disabilities were identified than when existing data collection methods were used. When piloting the Washington Group questions in 98 registration interviews, for example, UNHCR reported that identification of people with disabilities increased more than tenfold, from 2.36 per cent to 27.55 per cent. Data like these can then be used to assess whether programmes are inclusive and can be complemented by an analysis of any barriers to inclusion.

Source: Handicap International

Key inclusion standard 2: Safe and equitable access

Older people and people with disabilities have safe and equitable access to humanitarian assistance.

Key actions

2.1: Address barriers that affect participation and access to services.

2.2: Strengthen factors that enable older people and people with disabilities to participate and have access to services.

Guidance notes

Guidance for key action 2.1: Address barriers that affect participation and access to services.

Attitudinal barriers

Sensitise the community, including leaders, community workers, and caregivers, on the rights of older people and people with disabilities.

Sensitise organisations including partners, service providers, policy makers, and coordinating and implementing agencies about how to prevent discrimination.

Environmental barriers

Physical barriers. Design facilities and distribution systems in such a way that they are accessible to everyone, regardless of age or disability[8] (see Box 3 **'What is accessibility?'** below).

Apply national accessibility standards, if available. Work with national authorities, such as ministries, and/or experts to identify potential gaps and solutions. If no national standards are available, refer to international standards, such as the standards on the built environment from the International Organization for Standardization (see **Tools and resources**).

If necessary, make modifications and adjustments to support older people and people with disabilities to access services, activities and programmes on an individual basis. This is referred to as 'reasonable accommodation' in Article 2 of the Convention on the Rights of Persons

with Disabilities (CRPD) (see **'reasonable accommodation'** in the Glossary). For example, when you organise meetings, provide transportation allowances for people who may face barriers to using public transport or walking long distances.

Support older people and people with disabilities to participate in the design and delivery of services on an equal basis with everyone else.

Information barriers. Provide information through a range of communication channels and in different formats, so that it is accessible to everyone.

Consult older people, people with disabilities, and their representative organisations about how they prefer you to communicate with them.

Use simple language and a variety of formats, depending on what is required, such as universal or local sign language interpretation, live captioning, easy-to-read format (simple text combined with images), or Braille (if the audience uses it). Ensure that written information is easily readable, for example by using large fonts and colour contrast.

Institutional barriers

Integrate respect for the rights of older people and people with disabilities into organisational policies and codes of conduct.

Design or adapt data collection tools to allow for sex, age and disability data disaggregation.

Sensitise staff on the rights of older people and people with disabilities.

Budgeting to address barriers

Include dedicated resources for accessibility in your budget. For physical accessibility, consider budgeting at least an additional 0.5-1 per cent. For non-food items and assistive devices, consider budgeting at least an additional 3-4 per cent.

Monitoring actions

When you monitor your actions to address barriers, collect feedback from older people and people with disabilities on how effective these actions have been, and how they could be improved.

Guidance for key action 2.2: Strengthen factors that enable older people and people with disabilities to participate and have access to services.

Strengthen factors that have been identified as enabling access and participation. These may include:

- community-based mechanisms, such as community support networks, community-based rehabilitation programmes, DPOs or OPAs (see **'community-based rehabilitation'** in the Glossary);
- capacities of older people and people with disabilities to support their communities to respond to a crisis – based on their previous experience in different sectors, such as shelter reconstruction or health;
- national policies and programmes, such as policies on accessibility, or on social benefits for older people or people with disabilities;

- measures that allow older people and people with disabilities to be accompanied by a person of their choice, if they require this type of support – this person could be a family member, caregiver or personal assistant;
- referral mechanisms to relevant services, making sure information about these services is accessible; and
- accessible communication systems, such as community outreach workers, community councils or local radio.

Tools and resources

Accessible information – general

CBM, *Humanitarian Hands-on Tool (HHoT),* Information task card, CBM, http://bit.ly/2AScPDL (15 December 2017)

Children and adolescents

United Nations Children's Fund (UNICEF), *General Guidance: Including children with disabilities in humanitarian action,* UNICEF, 2017, http://bit.ly/2zjrqtJ

Website design

W3C Web Accessibility Initiative, *Web Content Accessibility Guidelines,* WCAG, published 2005, updated 2017, http://bit.ly/26rBb27 (15 December 2017)

Presentations

World Blind Union, *WBU PowerPoint Guidelines,* WBU, 2007, http://bit.ly/2jafkdp

Building access

CBM, *Humanitarian Hands-on Tool (HHoT),* Building access task card, CBM, http://bit.ly/2zjsg9R (15 December 2017)

International Organization for Standardization, *Building Construction: Accessibility and usability of the built environment,* ISO 21542:2011, ISO, 2011, http://bit.ly/2CVjtdO

Box 3

What is accessibility?

Accessibility is a precondition for the inclusion of older people and people with disabilities in the life of their community. It should be promoted in every situation.

Article 9 of the Convention on the Rights of Persons with Disabilities (CRPD) highlights accessibility as a commitment to enable people with disabilities "to live independently and participate fully in all aspects of life". This means taking appropriate measures to ensure access, on an equal basis with others, to the physical environment, transportation, information and communications, including information and communications technologies and systems, and other facilities and services open or provided to the public, both in urban and in rural areas.

Depending on the context, there are different ways to make an environment accessible. Regardless of the resources available, the principles of universal design (see **Glossary**) should always be applied.

When thinking about accessibility, think of the RECU principle – Reach, Enter, Circulate and Use, meaning everyone can easily:

- **Reach** buildings, public spaces, communications, transportations and other services they wish to use.
- **Enter** buildings and other spaces, and have access to written materials and broadcasted messages.

- **Circulate** inside buildings and other places.
- **Use** all the services provided and use all communication materials.

Box 4

Equitable access to cash-based assistance

Consider the following measures to enable older people and people with disabilities to receive cash or vouchers:

- ask older people and people with disabilities what type of support they prefer, such as in-kind, vouchers or cash transfers;
- if they prefer cash, make sure that the cash delivery mechanism is accessible – for example, make information available in different formats and make it easy to read and understand – and make sure older people and people with disabilities can reach markets, shops and cash distribution points, including cash machines (ATMs);
- if necessary, provide additional support to older people and people with disabilities to access cash-based assistance and to use cash distribution systems, such as banking systems, if they are not familiar with the technology;

- for those who prefer to appoint someone to collect their cash or vouchers on their behalf, make sure the system allows them to choose someone they trust to do this, and minimise any risk of appropriation by this person;
- minimise the possible negative consequences of cash-based assistance for older people and people with disabilities, such as additional costs they may incur – for example, they might need to pay for transportation to reach markets, or for someone to support them to collect or spend the money; and
- check that older people and people with disabilities are receiving their full allowance, and are not being put at greater risk by receiving cash-based assistance – for example, they may be at risk of theft or violence, or other forms of abuse.

Note: the inclusion of older people and people with disabilities in cash programming in emergencies requires more attention than it has received so far. More evidence-based guidance is needed.

Case study

An inclusive response to flooding in Nyando, Kenya

Flooding is a perennial issue in Kisumu County, Kenya. In November 2015, the Kenya Red Cross Society (KRCS) county response team was deployed to assist

approximately 1,200 people affected by floods.

At this time, the KRCS was in the initial stages of working towards inclusive programming. There had already been some awareness-raising with their response teams where they learnt that during floods, older people and people with disabilities are usually carried to safety on someone's back or transported in a cart for a fee.

Following early warnings of the floods, mapping took place with the support of local authorities and leaders. This enabled the response teams to identify households that were most at risk.

The response team prioritised groups using the information from the mapping, together with the understanding of the increased risks faced by older people, people with disabilities, and pregnant women. The team arranged to use a powered canoe as part of the evacuation, targeting those people most at risk of being stranded.

Feedback received suggested that this approach was considered more dignified by those evacuated and feelings that they were better protected during the process. However, at these initial stages, the participation component of inclusion was not yet part of the approach, meaning that older people and people with disabilities did not form part of the decision-making process. This important element would later be embedded in the approach of the Kenya Red Cross Society.

Source: Kenya Red Cross Society

Key inclusion standard 3: Resilience

Older people and people with disabilities are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.

Key actions

3.1: Strengthen the capacity and leadership of older people and people with disabilities, and their representative organisations, to contribute to inclusive preparedness, response and recovery.

3.2: Identify, assess and mitigate risks faced by older people and people with disabilities in emergency contexts.

3.3: Prioritise safety and dignity of older people and people with disabilities during all phases of humanitarian action, and avoid causing harm.

Guidance notes

Guidance for key action 3.1: Strengthen the capacity and leadership of older people and people with disabilities, and their representative organisations, to contribute to inclusive preparedness, response and recovery.

Strengthen the capacities and leadership of individual older people and people with disabilities. For example:

- support them as speakers, moderators and participants in coordination mechanisms, such as clusters and working groups; and
- involve them in organising assessments, training, or focus groups discussions, for example when discussing issues such as preventing and responding to sexual and gender-based violence.[9]

Support the leadership role of DPOs and OPAs.
For example:

- provide opportunities for capacity building on inclusive humanitarian action; and
- support these organisations to advocate with humanitarian actors, such as local governments, UN agencies, NGOs, or the local community, for the rights of older people and people with disabilities.

If there are no organisations representing older people and people with disabilities, help to set them up. Support them to take part in decision-making about humanitarian action, and more generally, about issues affecting the lives of older people and people with disabilities. Also support them to

monitor how far the rights of older people and people with disabilities are being protected, and to advocate for more inclusive humanitarian action.

Independent living and support of other people

Do not assume that older people and people with disabilities depend on other people to access assistance and services. Take measures to adapt assistance and services in a way that enables older people and people with disabilities to access them safely by themselves.

Some older people and people with disabilities will require support from a family member, caregiver or support network. In this case, ask them to identify someone that they trust and that they have chosen to support them. Make sure they do not become separated from them.

Guidance for key action 3.2: Identify, assess and mitigate risks faced by older people and people with disabilities in emergency contexts.

Involve women and men with disabilities of different ages, older people, and their representative organisations, in assessing and monitoring risks that have resulted from the humanitarian crisis, and risks that could result from the response. For example, include older people and people with disabilities in community assessment committees.

Identify groups of people who are more exposed to these risks. Involve them in risk assessments and monitoring. These groups could be women or girls with disabilities; older people with disabilities; older people or people with

disabilities who may be at risk because of their sexual orientation or gender identity; or adults and children with intellectual and psychosocial disabilities. Collaborate with the organisations that are already in contact with them.

Find out what older people and people with disabilities can do to mitigate the risks they face in humanitarian crises. For example, recruit women with disabilities or older women to raise awareness of community gender-based violence.

Systematically monitor humanitarian action to make sure that it is not exposing older people or people with disabilities to additional risks or harm.[10] For example, where staff have not been sensitised to inclusion, they may have negative attitudes towards older people and people with disabilities. This may put older people and people with disabilities more at risk of discrimination and contribute to reinforcing stigma in the community.

Consider how measures designed to enable older people and people with disabilities to access assistance and protection could put them more at risk. For example, prioritising them for assistance could stigmatise them or put them at risk of theft or even violence.[11]

Plan how to mitigate these risks. For example, organise safe distribution schemes. Raise awareness in the community of the importance of prioritising older people and people with disabilities for assistance and protection.

Raise awareness of the risks of violence, abuse and exploitation faced by older people and people with disabilities in emergencies. Make sure that people

understand how this might be different for women, men, girls and boys and people with other gender identities. Ensure that people know what mechanisms exist for reporting risks and incidents (see **Protection inclusion standards**).

Guidance for key action 3.3: Prioritise safety and dignity of older people and people with disabilities during all phases of humanitarian action, and avoid causing harm.

Review your plans to take into account the safety and dignity of older people and people with disabilities. For example:

- choose a safe location for facilities and services;
- arrange activities in a way that keeps families or other support groups together, and enables people from the same village or support network to stay together;
- ask older people (women and men) and people with disabilities (women, men, girls and boys) if they can access services safely, to identify whether you need to make these services safer – for example, ask them if they have to travel at night to reach a distribution point in time; and
- consider using outreach to consult groups that might be more at risk of abuse, such as people with intellectual disabilities or people at risk because of their sexual orientation or gender identity. Ensure confidentiality in consultations and avoid contributing to stigma against these groups.

Respect confidentiality when you collect feedback or sensitive data from older people and people with disabilities.

Promote safety and dignity in the organisation

Implement policies that promote inclusion and prevent discrimination, sexual exploitation, and all forms of abuse of older people and people with disabilities, including financial, physical or psychological abuse and neglect. Develop new policies or adapt existing policies if necessary.

Train staff and partners to:

- promote the safety and protect the dignity of older people and people with disabilities;
- prevent discrimination against older people and people with disabilities;
- safely identify people who have experienced violence, abuse or exploitation, and refer them to the appropriate case management agencies;
- recognise heightened risks for some groups – for example, girls and women with disabilities of all ages, and older women, could be put at more risk of sexual exploitation and abuse, including by humanitarian workers; and
- promote a positive image of older people and people with disabilities in all communication materials.

Tools and resources

Global Protection Cluster, Protection Mainstreaming Toolkit: field testing version, Global Protection Cluster, 2017, http://bit.ly/2kFlRgJ

Inter-Agency Standing Committee, *Minimum Operating Standards: Protection from Sexual Exploitation and Abuse by own Personnel (MOS-PSEA),* Inter-Agency Standing Committee, 2016, http://bit.ly/2oIUs2L (18 December 2017)

Case study

Linking preparedness, response and resilience

Christian Aid works to support communities in becoming more resilient to disasters. Its approach is to support communities and individuals, empowering them to identify and manage risks that are relevant to their own contexts, and therefore be able to respond to shocks and disasters. This includes, for example, applying for group-based micro-grants or requesting support for skills development.

Having begun to work on inclusion, and identifying that older people and people with disabilities were not being routinely included in their resilience programming, Christian Aid set about introducing tools and skills training to strengthen its approaches.

Christian Aid took the opportunity of piloting programmes in Philippines, Myanmar and Kenya, which were working to bridge gaps between preparedness, response and resilience and introduce tools for inclusion. For example, with the help of communications tools, training was provided to teams on how to talk and listen respectfully to older people and people with disabilities and encourage their participation in the activities.

By broadening their approach to include older people and people with disabilities, it enabled them to reach and communicate with diverse community members; older people and people with disabilities were

better placed to take part in community mobilisation programmes and therefore form part of the applications for grants and skills development.

Christian Aid found that grassroots, women-led initiatives, particularly from older women, were emerging to respond to psychosocial and protection needs within their communities. By working with current programmes and introducing communications tools, Christian Aid was able to directly influence programmes to better reach those most at risk.

Source: Christian Aid UK

Key inclusion standard 4: Knowledge and participation

Older people and people with disabilities know their rights and entitlements, and participate in decisions that affect their lives.

Key actions

4.1: Provide accessible information about rights and entitlements.

4.2: Promote the meaningful participation of older people and people with disabilities in decision-making.

Guidance notes

Guidance for key action 4.1: Provide accessible information about rights and entitlements.

Identify people who can help you deliver information on rights and entitlements in an accessible way, such as DPOs, OPAs, community-based organisations or community leaders. Involve organisations that represent the most at-risk groups. In some contexts, these may be girls, women with disabilities and older women, as well as people at risk because of their sexual orientation or gender identity.

Involve a diverse group of older people, people with disabilities and their representative organisations in designing and delivering information about their rights and entitlements. Include women, children and youth with disabilities, people with intellectual disabilities, and older people with disabilities to make sure your messages reach these groups.

Draw on national and/or international legal frameworks to develop messages on rights and entitlements. These may be the Convention on the Rights of Persons with Disabilities, and/or national laws or policies on the inclusion of older people and people with disabilities.

When providing information:

- make sure it is easy to read and understand;
- use different formats and communication channels (see Key inclusion standard 2, **Guidance notes on information barriers**);

- speak directly to older people and people with disabilities, not to the person who may be accompanying them; and
- use terms to describe older people and people with disabilities that do not stigmatise them (see Box 5 **'Terminology'** below). Work with DPOs and OPAs to select the best terms to use.

When monitoring and evaluating your programme, assess how effective your communication has been. Assess changes in the awareness of older people and people with disabilities about their rights and entitlements.

Do not assume that a particular communication method is suitable for a particular group. For example, not everyone who is deaf or hard of hearing can use sign language or read. Not everyone with a visual impairment can use Braille. Even in areas with high literacy rates, literacy skills may vary considerably and are often lower in older age groups.

Informed consent

Informed consent is permission given by someone on the basis of accurate information that they have clearly understood.

Provide information to older people and people with disabilities that they can easily understand, so that they can decide themselves to agree (or disagree) with actions that affect their lives.

When you interview older people and people with disabilities, pay particular attention to maintaining confidentiality and protecting their privacy. In cases when older people and people with disabilities require the

support of another person, such as a family member or caregiver, this may mean keeping the interview private from this person.

Support the right of older people and people with disabilities to make their own informed choices. For example, use augmentative or alternative communication (see **Glossary**) or sign language interpretation.

Guidance for key action 4.2: Promote the meaningful participation of older people and people with disabilities in decision-making.

Work with older people and people with disabilities, and their representative organisations, to identify and remove barriers that may prevent them from participating in decision-making. Build their capacities whenever needed, to support their full participation.

Sensitise the community and other organisations on the right of older people and people with disabilities to participate in decision-making that affects them.

Monitor how older people (both women and men) and people with different types of disabilities (women, men, girls and boys) take part in decision-making.

Meaningful participation in meetings

Arrange meetings and consultations in a way that allows older people and people with disabilities to participate fully.

For example:

- plan meetings with older people, people with disabilities and their representative organisations;
- ensure diversity and gender balance among participants and in the meeting organising team;
- if necessary, arrange meetings with certain groups only, if it means they will be able to participate better – for example, consider arranging women-only meetings if you know that women will feel uncomfortable in a mixed group;
- invite people with different types of disability; support people who may face communication barriers to participate fully, such as people who are deaf or hard of hearing, or people with intellectual or psychosocial disabilities;
- make sure the venue is accessible: visit the venue in advance with representatives of local DPOs and OPAs, ask them to specify any barriers to full participation (see Key inclusion standard 1, Key action 1.1, **Guidance note on data on barriers and enablers**), adapt the venue if necessary, and use the opportunity to raise the venue provider's awareness of these barriers and the rights of older people and people with disabilities;
- provide information before, during and after the meeting in different formats; and
- if any older people or people with disabilities require someone to accompany them, make provision for this person – for example, provide this person with extra space and/or a transportation allowance.

Tools and resources

Meetings and consultations

CBM, *Tool: Accessible meetings or events,* CBM, http://bit.ly/2BFBu23 (18 December 2017)

Attitudes

CBM, *Humanitarian Hands-on Tool (HHoT),* Attitude task card, CBM, http://bit.ly/2oIV6gH (18 December 2017)

Terminology

United Nations Children's Fund (UNICEF), *General Guidance: Including children with disabilities in humanitarian action,* UNICEF, 2017, p82, http://bit.ly/2zjrqtJ

Information

Inclusion Europe, *Information for all: European standards for making information easy to read and understand,* Brussels, Inclusion Europe, 2009, http://bit.ly/2CWSE9e

W3C Web Accessibility Initiative, *Web Content Accessibility Guidelines,* WCAG, published 2005, updated 2017, http://bit.ly/26rBb27 (15 December 2017)

Participation

CBM, *Active Participation: Key to Inclusion: Testimonies from Humanitarian Workers with Disabilities,* CBM, 2016, http://bit.ly/2kdLs0w

HelpAge International, *Older people in community development: The role of older people's associations (OPAs) in enhancing local development,* HelpAge International, 2009, http://bit.ly/2kczch1

Box 5

Terminology

The language you use to describe people is very important. It can either empower them or discriminate against them. Using inappropriate language can reinforce stereotypes. To describe older people and people with disabilities:

- use person-first terminology: put the person first, then the disability – for example: “person with disability”, not “disabled person”, or “the disabled”;
- use “older person/people”, not “elderly person” or “the elderly”;
- avoid terms that are outdated or that reinforce stigma, such as “handicapped”, “sufferer” and “victim”; use “wheelchair user”, not “wheelchair bound” or “confined to a wheelchair”;
- avoid using acronyms to refer to people – for example, use “persons with disabilities” (not PWD), “children with disabilities” (not CWD), or “older persons/people” (not OP);
- use “persons/people without disabilities”, not “normal” or “regular” persons; and
- use “people who are deaf or hard of hearing”, not “people with hearing impairments”.

Case study

Building an inclusive camp in Haiti

After the 2010 Earthquake in Port Au Prince, Haiti, two million people were displaced. This included refugees with disabilities, predominantly Deaf people and Hard of Hearing people.

In times of crisis, there is limited access to information and communication. With no communication system in place, Deaf people are often the last to find out about food, water, shelter, and other basic needs. Misunderstandings regarding people's health, needs and capacities can also occur.

International Deaf Emergency (IDE), an organisation run by and for persons with disabilities, worked in Port Au Prince to mitigate some of these barriers. They provided status reports and news updates using sign language. For those who were not able to sign, they provided the tools necessary to learn. There were also physical improvements made to facilitate communications, such as providing solar panel street lighting in camps, to enable Deaf people to communicate after sundown.

Beyond these communication interventions, IDE also helped to ensure that people with disabilities were included in other interventions, by providing resources and networking. For example, upon invitation from organisations serving Deaf and Hard of Hearing people,

IDE brought in Deaf professionals trained in emergency relief and preparation, nutrition and health, inclusive education, human rights, job training, and other related fields to provide services. They also helped to create opportunities for Deaf people to use their capacities during the recovery phase, such as building shelters, collecting wood, and distributing small business development tools among families.

Through the interventions of IDE, people with disabilities in the Haiti response were able to better receive information on the situation, communicate their own needs and capacities, and participate in rebuilding efforts.

Source: International Deaf Emergency, written communication

Key inclusion standard 5: Feedback and complaints

Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.

Key actions

5.1: Design feedback and complaints mechanisms that can be understood and accessed by older people and people with disabilities.

5.2: Act on feedback and complaints from older people and people with disabilities in a way that respects their safety, dignity and rights.

Guidance notes

Guidance for key action 5.1: Design feedback and complaints mechanisms that can be understood and accessed by older people and people with disabilities.

Ask older people and people with disabilities what they feel are the safest and most appropriate ways for them to provide feedback and make complaints.

When designing feedback and complaints mechanisms:

- plan and budget for different communication channels and information formats (see Key inclusion standard 2, **Guidance notes on information barriers**) – this includes using simple language and easy-to-use feedback forms; and
- support older people and people with disabilities to submit feedback and complaints on their own behalf; alternatively, if an older person or a person with a disability requires and authorises someone else to do this, allow them to appoint another person, such as a caregiver, personal assistant, or family member, to submit their feedback or complaint on their behalf.

Inform older people and people with disabilities of the purpose of feedback and complaints mechanisms and explain how they work. For example:

- raise their awareness of their right to make complaints and submit feedback on an equal basis with everyone else;
- explain what they can expect from humanitarian organisations;

- explain what issues they may or may not address through the feedback and complaints mechanism;
- explain how they can submit feedback and complaints, and how their submissions will be processed.

Guidance for key action 5.2: Act on feedback and complaints from older people and people with disabilities in a way that respects their safety, dignity and rights.

Handle complaints as part of an organisational culture that respects the dignity, rights and capacities of older people and people with disabilities.

Follow organisational policies that recognise and respect the rights of older people and people with disabilities. Adapt organisational policies if they are not inclusive of these groups.

Make staff aware that older people and people with disabilities have the right to submit feedback and complaints on an equal basis with everyone else.

Train staff to support older people and people with disabilities to submit feedback and complaints safely. Train them to:

- maintain confidentiality: only share information with a family member, caregiver or someone else with the explicit permission of the older person or person with disability, and avoid sharing personal details;
- collect information from older people and people with disabilities, and document and validate their experiences

in an objective and non-judgemental way – for example, the experiences of some older people and people with disabilities, such as children or people with intellectual disabilities, may be perceived as inaccurate or unreliable;

- safely identify and refer older people and people with disabilities reporting violence, abuse and exploitation; this will help them obtain appropriate care and support, and avoid further harm (see **Protection inclusion standard 2**); and
- follow all standard protection procedures when an older person or a person with a disability complains of violence, abuse or exploitation perpetrated by a humanitarian actor.

Adapt your programme to respond to the feedback you have received.

Share feedback and complaints with national and international partners involved in humanitarian action, respecting the confidentiality and privacy of older people and people with disabilities who have submitted this feedback.

Invite older people and people with disabilities to input into your review and validate the adaptations you have made to your programme.

Case study

Help desks in Kenya

Severe drought in Turkana, northern Kenya, has led to food shortages among pastoral and agricultural communities. Older people, children and people with disabilities are especially at risk.

HelpAge International has been distributing cash grants to 3,000 households with people aged over 60 in nine areas, so that they can replace lost livestock, start small businesses and buy essentials.

HelpAge established a “help desk committee” in each area to enable people to comment or complain about the project. Each committee is made up of two men and two women (to encourage women, who do not normally have the opportunity to speak out, to come forward). Committee members include older and younger adults to benefit from a mix of knowledge and skills.

HelpAge introduced the idea of the help desks to community leaders in each area. The leaders called open meetings at which HelpAge staff explained the roles and responsibilities of the help desk committees and committee members were elected.

The help desks are publicised through community meetings and during cash distributions. Most enquiries and complaints are handled by the volunteers, such as questions about who is eligible, and lack of identification to prove eligibility.

The help desks have led to improvements in the project, such as ensuring that the right people are receiving grants, and changing from regular, smaller cash transfers to larger, lump sums in response to requests by recipients.

Source: Njuguna, I. 'Help desks in Kenya' *Ageways. Practical issues in ageing and development,* Issue 82, March 2014, p16 (edited), http://bit.ly/2yRU69J

Key inclusion standard 6: Coordination

Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.

Key actions

6.1: Make sure that inter-agency coordination mechanisms are representative of older people and people with disabilities, and are accessible to them.

6.2: Routinely address the inclusion of older people and people with disabilities in inter-agency coordination mechanisms.

Guidance notes

Guidance for key action 6.1: Make sure that inter-agency coordination mechanisms are representative of older people and people with disabilities, and are accessible to them.

Support older people, people with disabilities and their representative organisations to participate meaningfully in inter-agency coordination mechanisms, including meetings and working groups. For example:

- hold preparatory meetings with groups of older people, people with disabilities and their representative organisations; in these meetings, explain how the coordination mechanisms work, how they can participate and what will be expected of them;
- support these groups to plan how they will input into the coordination meetings; and
- involve women and men equally. Involve people with different types of disabilities, including people with psychosocial or intellectual disabilities. For example, set up gender-balanced support groups to make sure all groups are represented.

Raise the awareness of people responsible for developing coordination mechanisms about the right of older people and people with disabilities to be involved in their development.

When arranging meetings:

- choose an accessible venue;
- provide information in accessible formats (see Key inclusion standard 4, Key action 4.1, **Guidance notes on providing accessible information**); and
- provide reasonable accommodation to allow everyone to participate fully – for example, provide certified sign language interpretation and/or a live captioning service.

Monitor the participation of older people and people with disabilities in coordination mechanisms. This includes reviewing the gender balance and how well people with different types of disabilities are represented.

Guidance for key action 6.2: Routinely address the inclusion of older people and people with disabilities in inter-agency coordination mechanisms.

Define how issues related to the inclusion of older people and people with disabilities will be addressed and identify roles and responsibilities.

Focal points and working groups

Identify a focal point or set up a working group to coordinate measures to include older people and people with disabilities in the strategies and workplans of coordination mechanisms.

If a focal point or working group already exists, make sure they are prepared to play a role in coordination mechanisms. If there is no focal point or working group,

help to set them up. Support focal points or working groups to obtain resources to build their knowledge and skills on inclusion.

Put the focal point or working group in touch with focal points or working groups working on other cross-cutting issues, such as gender or protection mainstreaming. This way, they can complement each other's work.

You can allocate the following tasks to a focal point or working group:

- systematically address issues related to older people and people with disabilities as part of the agenda of coordination mechanisms – a possible entry point could be to integrate these into the protection mainstreaming agenda;[12]
- include components on inclusion in all terms of reference, concept notes and funding proposals, needs assessments and plans, such as budgets for reasonable accommodation and accessible services;
- provide technical support or links to guidance on how to collect and analyse data disaggregated by sex, age and disability;
- support the focal point or working group to map and assess resources and expertise in inclusion of older people and people with disabilities; and
- contribute to monitoring and evaluation activities to assess how inclusion of older people and people with disabilities is being addressed.

Remember: focal points or working groups are not solely responsible for including older people and people with disabilities in coordination mechanisms. Everyone involved in humanitarian action shares this responsibility.

Referral mechanisms

Establish systems for referring issues related to the inclusion of older people and people with disabilities to the appropriate humanitarian actors, service providers, DPOs and OPAs.

When you map humanitarian services:

- include organisations with expertise in the inclusion of older people and people with disabilities, or that provide services to them – for example, include government departments, DPOs, OPAs, specialist organisations, or education or health service providers;
- assess how accessible and coordinated these services are – if necessary, sensitise service providers to make services more accessible and inclusive; and
- share your mapping information with all relevant organisations, including those responsible for coordination mechanisms.

Identify services that are not accessible to older people or people with disabilities. Recommend how to make them accessible.[13]

Advise coordination bodies on how to disaggregate data by sex, age and disability. Explain how information on the barriers that older people and people with disabilities may face to accessing services can be used to plan a coordinated response.

Sensitise staff working on coordination and referral mechanisms on gender issues and inclusion of older people and people with disabilities (see Key inclusion standard 8, **Guidance notes on building capacity of staff**, section on sensitisation).

Make sure the referral mechanism can be used by older people and people with disabilities. For example, provide information about it in different formats, or provide allowances to pay for transport from one service to another if needed.

Case study

Ageing and Disability Task Force during the response to Typhoon Haiyan

Typhoon Haiyan (Yolanda) struck the Philippines in November 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 reflected issues related to 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 was to build the capacity of mainstream organisations to include disability and ageing issues in their response. This includes training and technical support.

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.*

*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

Source: International Federation of Red Cross and Red Crescent Societies, *All Under One Roof, Disability-inclusive shelter and settlements in emergencies,* Geneva, IFRC, 2015, http://bit.ly/2Bt4FCZ

Key inclusion standard 7: Learning

Organisations collect and apply learning to deliver more inclusive assistance.

Key actions

7.1: Identify and document learning, challenges and opportunities for including older people and people with disabilities in humanitarian action.

7.2: Use the learning to improve the way you provide inclusive humanitarian assistance.

7.3: Share learning, good practice and innovation, both within your organisation and with other organisations, such as project partners, national organisations and authorities.

Guidance notes

Guidance for key action 7.1: Identify and document learning, challenges and opportunities for including older people and people with disabilities in humanitarian action.

Document not only successes, but also any challenges and failures, as you will learn valuable lessons from these. Involve older people and people with disabilities in collecting learning. Draw on their experience and often innovative ways of overcoming barriers to accessing services and participating in the response.

Ensure that criteria for participation in monitoring and evaluation teams includes expertise in inclusion, particularly relating to age and disability.

Use accessible tools and methodologies to document learning.

Ask older people and people with disabilities to review your reports, to make sure their experience is reflected.

Guidance for key action 7.2: Use the learning to improve the way you provide inclusive humanitarian assistance.

Use the learning to make recommendations for current and future projects.

Regularly update your organisation's tools (including training tools) and policies in response to what you have learnt.

Discuss with older people and people with disabilities how to overcome challenges and failures, and build on good practice.

Guidance for key action 7.3: Share learning, good practice and innovation, both within your organisation and with other organisations, such as project partners, national organisations and authorities.

Share lessons learnt and good practice with colleagues in your organisation. Advocate for further changes to organisational systems or processes that support the inclusion of older people and people with disabilities.

Use global data exchange platforms to share lessons learnt. For example, consider the Humanitarian Data Exchange, an open platform to share data promoted by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

Share lessons learnt and good practice with the crisis-affected community, including older people and people with disabilities, to make sure your findings reflect their views.

Also share lessons with project partners and agencies coordinating response mechanisms, to contribute to wider learning.

Tools and resources

Collecting learning

Women's Refugee Commission and International Rescue Committee, *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: Tool 12: Documenting "Stories of Change",* Women's Refugee Commission, http://bit.ly/2BsUEpq

Sharing learning

Humanitarian Data Exchange, https://data.humdata.org

Case study

Applying learning to deliver a more inclusive response

An agreement in 2009 between Concern Worldwide and USAID's Office of Foreign Disaster Assistance established a funding mechanism called Responding to Pakistan's Internally Displaced (RAPID). Concern Worldwide Pakistan has been applying practices that help include older people and people with disabilities, as they respond to small-scale emergencies in Pakistan through RAPID funds.

During the initial RAPID response in 2015, the opportunity was taken to collect data disaggregated by sex, age and disability. However, villagers voiced concerns about sharing information on disabilities, due to taboos and a sense of shame around the subject.

During the second RAPID response, the community participated in discussions around the data collection process and what it would be used for. The team also reviewed the beneficiary selection criteria, to be sure that the groups most at risk of exclusion were being prioritised during assessments. The community now reported feeling assured that Concern and its partners were genuinely interested in identifying barriers to accessing services.

By the third response, significant changes towards inclusion were being reported. For example, RAPID changed its approach to installing hand pumps.

Starting in this project area, all hand pumps would be built in an accessible manner, and this would be taken forward in other project areas.

A review of the RAPID fund noted that what started with the collection of disaggregated data led to a comprehensive delivery of a response designed with the whole community in mind. The inclusive nature of this response is reflected in the engagement of the community throughout, as they provided input and feedback, and directly influenced the project to improve the relevance to those most at risk.

Documentation from the response team highlighted the importance of planning and resourcing for the sensitisation of both staff and the community on inclusion.

Source: Concern Worldwide, Pakistan

Key inclusion standard 8: Human resources

Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.

Key actions

8.1: Build the capacity of staff and volunteers by raising awareness of the rights of older people and people with disabilities and training them to include older people and people with disabilities in humanitarian action.

8.2: Implement inclusive human resources policies.

Guidance notes

Guidance for key action 8.1: Build the capacity of staff and volunteers by raising awareness of the rights of older people and people with disabilities and training them to include older people and people with disabilities in humanitarian action.

Sensitisation

Carry out awareness-raising sessions with staff and volunteers at all levels to encourage them to change their attitudes and take an interest in inclusion.

Include sessions on the rights of older people and people with disabilities, and the barriers they face to participating in humanitarian action.

Collaborate with older people, people with disabilities and their representative organisations to design and deliver these sessions.

Training

Design training for staff and volunteers to improve their skills in including older people and people with disabilities.

Practical skills could either relate to cross-cutting issues, such as disaggregating data by sex, age and disability, or sector-specific issues. For example, staff working on shelter programmes could be trained to prevent and manage risks of violence and abuse that older people and people with disabilities may face when offered shelter.

Integrate modules on inclusion of older people and people with disabilities into your organisation's staff training programmes.

Draw on others' expertise where necessary. Identify experts locally, nationally or internationally who can help you develop and deliver training. These may be DPOs, OPAs, government ministries, national or international NGOs working on the inclusion of older people and people with disabilities, or individual consultants.

Identify further training opportunities for staff and volunteers and provide additional guidance documents (see **Tools and resources**).

Guidance for key action 8.2: Implement inclusive human resources policies.

Implement organisational policies that consider:

- measures to ensure equal remuneration and equal opportunities for work of equal value (such as adapting job application procedures and allowing flexible work schedules);
- measures to protect older staff and volunteers, and staff and volunteers with disabilities, from being discriminated against or harassed because of their gender, age or disability; and
- accessibility of the workplace and reasonable accommodation (see Key inclusion standard 2, **Guidance note on addressing barriers**).

If your organisation does not have adequate policies in place, use relevant international and national policies on the inclusion of older people and people with disabilities in the workplace (see **Tools and resources**).

Tools and resources

Age and Disability Capacity Programme (ADCAP), *Basic Principles of Disability Inclusion in Humanitarian Response,* Cornerstone OnDemand Foundation, 2015 (available in English and Arabic at www.disasterready.org)

Age and Disability Capacity Programme (ADCAP), *Comprehensive Accessible Humanitarian Assistance for Older People and People with Disabilities,* Cornerstone OnDemand Foundation, 2017 (available in English and Arabic at www.disasterready.org)

Age and Disability Capacity Programme (ADCAP), *Inclusion of age and disability in humanitarian action: a two-day training course:*

- *Learner's Workbook,* RedR, on behalf of the Age and Disability Consortium, 2017, http://bit.ly/2AQGVrm
- *Training Handbook,* RedR, on behalf of the Age and Disability Consortium, 2017, http://bit.ly/2B7VcUO
- *Training Slideshow,* RedR, on behalf of the Age and Disability Consortium, http://bit.ly/2BGD7wF

Age and Disability Capacity Programme (ADCAP), *Understanding Older People and Their Needs in a Humanitarian Context,* Cornerstone OnDemand Foundation, www.disasterready.org, 2015 (available in English and Arabic)

CBM, *Disability-Inclusive Development Toolkit,* Bensheim, CBM, 2017, http://bit.ly/2lVei5A

UN General Assembly, *Convention on the Rights of Persons with Disabilities* (A/RES/61/106), Article 27 – Work and employment, http://bit.ly/2jUp5in

Case study

Reasonable accommodation in the workplace

CBM is committed not only to delivering accessible and inclusive development programmes and projects but also to recruiting, retaining and developing professional staff with disabilities. This organisation advertises jobs as inclusive for people with disabilities and makes efforts to ensure that staff with disabilities receive the reasonable accommodations they need in order to do their jobs. Reasonable accommodation is not about fulfilling the personal preferences of people with disabilities, it is about providing what is required to ensure that people with a disability can participate on an equal basis with others.

The director of the International Advocacy and Alliances team comments: “CBM was aware of what was possible and what needed to be done. I had to give them a bit of information on how to acquire funding in Belgium to cover costs related to reasonable accommodation. But they were aware of the technology. I need screen-reader software and a device which translates the content of the screen into Braille.”

Another CBM staff member has received additional training and support to enable her to take up an important administrative role in the European Union Liaison Office. She comments: “In Belgium, there is a lack of interpreters for people who are deaf. At CBM, they understand my situation, and are there to help

me and give additional training with additional support. This develops my ability to work."

Another staff member, who works as an EU policy officer, adds: "It is critical that inclusive policies and practices are first established in-house to be able to set the example. Employing competent people with disabilities is crucial for this. The inclusion of people with disabilities, including women, at all levels of the organisation is fundamental to raise awareness in CBM's staff and management team about inclusion, to break down the internal barriers which still challenge the participation of people with disabilities, and to reinforce the diversity and richness of the CBM's workforce."

Source: CBM, *Disability Inclusive Development Toolkit,* 2014

In 2017, CBM put the commitment to promoting an inclusive workplace into practice, by adopting an inclusive recruitment policy. To find out more, see: https://www.cbm.org/article/downloads/54741/CBM_Inclusion_Policy_Framework.pdf

Key inclusion standard 9: Resources management

Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.

Key actions

9.1: Manage resources in a way that allows older people and people with disabilities to have access to services and participate in humanitarian action.

9.2: Share information on your use of resources with older people and people with disabilities and provide opportunities for their feedback.

Guidance notes

Guidance for key action 9.1: Manage resources in a way that allows older people and people with disabilities to have access to services and participate in humanitarian action.

Financial resources

Include a line for reasonable accommodation and accessibility in all your budgets, starting from the design phase.

Track expenditure on measures to include older people and people with disabilities. This will help you see if enough funding has been allocated and whether it has been used appropriately.

Procuring supplies

Make it a priority to procure goods, equipment and facilities that follow the principles of universal design, both for your own premises and for those of your partners. Apply the same principles to the procurement of food and non-food items.

When procuring assistive technology, consider coordinating with other organisations, such as community-based organisations, DPOs, OPAs or local service providers. This could help you manage resources more effectively.[14]

Whenever possible, obtain equipment locally.

Implementing and monitoring policies

Develop inclusive resource management policies. Adapt existing policies, or develop new policies if necessary.

Carry out an audit of your organisation's performance in terms of inclusion. Develop an action plan to improve implementation of policies and use of resources.[15]

Adapt programme tools, for example, for data collection, needs assessments or selection criteria, to enable you to disaggregate data by sex, age and disability and identify barriers to access and participation.

Develop specific indicators and targets on inclusion (gender, age and disability) to measure how well resources have been used to reach the affected population. For example, develop indicators on the percentage of accessible shelters, or the number of older people and people with disabilities (women, men, girls and boys) accessing food distribution schemes.

Adopt a twin-track approach to including older people and people with disabilities in your work. This means both organising specific interventions targeted at older people and people with disabilities, to support their inclusion, and integrating age- and disability-sensitive measures into all policies and programmes, at all stages.

Assign a member of staff to advocate for older people and people with disabilities to be included in your organisation's work, for example, in programme funding submissions and budgets for office renovations.

Put strategies in place to provide funding or cost-sharing to DPOs, OPAs and other community-based organisations,

including organisations representing groups that are most at risk of exclusion.

Guidance for key action 9.2: Share information on your use of resources with older people and people with disabilities and provide opportunities for their feedback.

Provide information in different formats about how your organisation is using its resources to enable older people and people with disabilities to access services and take part in decision-making. Also provide information about your organisation's performance against indicators and targets (see Key inclusion standard 2, **Guidance notes on information barriers**).

Support older people and people with disabilities to share their feedback on how your organisation is using its resources:

- let them know how to submit feedback and how you will follow up the issues they have raised;
- plan accessible communication channels for older people and people with disabilities to submit their feedback, and budget for these;
- act on the feedback you receive; and
- ask those who have submitted feedback to comment on how your organisation has responded.

For more guidance, see Key inclusion standard 5, **Guidance notes on designing feedback and complaints mechanisms**.

Case study

Cross-organisational working to promote inclusion

Through its humanitarian programming, Islamic Relief Worldwide specifically reaches out to groups that are most at risk.

An organisational assessment in 2015, however, highlighted gaps in the inclusion of older people and people with disabilities in their organisational practices. A review of programme tools that followed found specific areas where inclusive practices could be strengthened. For example, the needs assessment tool used by the organisation did not require age-related data to be disaggregated beyond fifty years of age, and had no scope to collect information on people with disabilities.

Taking the assessment and review as an opportunity to improve, an inclusivity and sensitivity working group was formed. This group brought together technical advisors from country teams to identify and address practices that were not inclusive.

The working group helped to enact many successful changes in the organisation. For example, needs assessment guidelines and rapid response assessment formats were revised to ensure that data collected was disaggregated by age, sex and disability. Organisational guidance, such as proposal formats, proposal writing guidelines and a results-based management manual,

were also revised. Technical support was provided to field staff, and a training package on protection and inclusion was customised for staff.

The newly revised programme design tools have already helped to develop new projects with dedicated budget lines for inclusive practices. Working together to capture and share information across the organisation has helped Islamic Relief Worldwide to take tangible steps to embed inclusive practices in all aspects of their work.

Source: Islamic Relief Worldwide

Protection inclusion standards

Previous page: © Ben Small/ HelpAge International

Protection inclusion standards

1: Identification of protection concerns

Older people and people with disabilities have their protection concerns and capacities identified and monitored.

2: Addressing concerns and barriers

Older people and people with disabilities with protection concerns have access to protection services, and are protected from risks of physical and psychological harm.

3: Participation and empowerment

Older people and people with disabilities are included in prevention of violence, exploitation and abuse, and in empowerment activities.

The Protection inclusion standards complement existing standards and guidance on protection. They should be read in conjunction with the Key inclusion standards, Sphere Protection Principles, Minimum Standards for Child Protection in Humanitarian Action and other relevant guidance, such as the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.[16]

Protection inclusion standard 1: Identification of protection concerns

Older people and people with disabilities have their protection concerns and capacities identified and monitored.

Key actions

1.1: Adapt protection assessment and monitoring tools to collect information on the protection concerns and capacities of older people and people with disabilities.

1.2: Include older people and people with disabilities in age- and gender-appropriate protection assessments.

Guidance notes

Guidance for key action 1.1: Adapt protection assessment and monitoring tools to collect information on the protection concerns and capacities of older people and people with disabilities.

Data disaggregation

Adapt protection assessment and monitoring tools to collect and analyse data disaggregated by sex, age and disability (see Key inclusion standard 1, **Key action 1.1**).

Protection assessments

In protection assessments, include questions on:

- how protection risks may be different for older women and men, and for women, men, girls and boys with different types of disability, compared with those for other people;
- how older people and people with disabilities may face protection risks due to factors other than age and disability – for example, in some contexts they may face additional protection risks because of their ethnic background, sexual orientation or gender identity;
- what barriers and enablers exist to accessing protection services (see **Key inclusion standard 2**); and
- what positive and negative coping strategies older people and people with disabilities use to address these protection risks.

Monitoring registration rates

Monitor registration and identification rates against known or estimated population data on older people and people with disabilities, to detect under-registration among certain groups.

Monitoring access

Monitor how many people of different age groups and with disabilities are accessing services. For example, compare data on access to services with census data in your area to see if older people and people with disabilities are under-represented.

Monitoring protection risks

Set up systems to monitor protection risks that are specific to older people and people with disabilities. These may include mechanisms to allow the crisis-affected population to comment on how adequate an intervention has been, and to address their concerns. For example, they may point out that children in residential care are being neglected, or that adults and children are living on the street, or that older people and people with disabilities are at risk of isolation or being separated from their family or caregiver.

Keep in mind that household members and/or caregivers may themselves perpetrate violence, neglect or abuse towards older people and people with disabilities.

Adapting reporting mechanisms

Adapt monitoring and reporting mechanisms, such as the Monitoring and Reporting Mechanism on Grave Violations (MRM) for children with disabilities, and the Gender-Based

Violence Information Management System (GBVIMS), to report violence and abuse experienced by older people and people with disabilities. This could include widening the focus from physical violence to other types of violence, such as psychological violence, neglect, financial abuse and others. Use the data from these reporting mechanisms to monitor the age, gender and disability of survivors of violence accessing services and assistance.

Remember: these systems only record data that have been actively reported and that people have consented to be collected.

Guidance for key action 1.2: Include older people and people with disabilities in age- and gender-appropriate protection assessments.

Inclusion measures

Include older people and people with disabilities in any assessments, including specific protection assessments, to ensure that you identify the protection risks they face:

- make sure that older people and people with disabilities are proportionally represented in all age- and gender-appropriate group discussions;
- conduct individual interviews with people who prefer to be seen separately or face barriers to leaving their home; and
- include older people and people with disabilities in assessment teams and routine monitoring activities, and as community focal points for assessment teams.

Settings for assessments

Conduct assessments in a secure, accessible setting where everyone feels they can contribute safely to the discussion. Consider holding separate consultations with men and women, or with adolescent girls and boys, or conduct individual interviews, if these will prevent people from being excluded.

Some people with disabilities may choose to have a caregiver or support person to assist them with communication. They should decide who this person will be.

Consultation

Consult diverse groups of older people and people with disabilities to identify barriers and enablers to their access to protection services. These may include attitudinal, environmental, communication and institutional barriers.

Sharing information

Share information about the concerns and risks you have identified with relevant coordination bodies, such as Protection Clusters and Protection Working Groups, and with others working on protection.

Protection inclusion standard 2: Addressing concerns and barriers

Older people and people with disabilities with protection concerns have access to protection services, and are protected from risks of physical and psychological harm.

Key actions

2.1: Build awareness among staff, partners and communities of the increased risks faced by older people and people with disabilities.

2.2: Strengthen case management and referral mechanisms to ensure that older people and people with disabilities at risk of protection concerns are identified and referred.

2.3: Provide appropriate services and support to older people and people with disabilities at risk of protection concerns.

2.4: Address and monitor barriers to accessing protection response services.

Guidance notes

Guidance for key action 2.1: Build awareness among staff, partners and communities of the increased risks faced by older people and people with disabilities.

Types of messages

To mitigate attitudinal barriers, build awareness with staff, partner organisations, and communities about the risks faced by older people and people with disabilities in emergencies (see Protection inclusion standard 3, Box 6 **'Physical and psychological harm'**). Discuss risks, consequences and support services, including:

- the heightened risks of abuse (not only physical, verbal and emotional, but also sexual, financial and neglect), for example, of people who are not mobile, who have communication difficulties or are isolated, and of children and adolescents with disabilities;
- the risk of concealment of older people or people with disabilities, for example, physical concealment (such as being left behind in a tent or at home), or verbal concealment (such as being spoken for by a family member);
- the increased risk of abandonment during evacuations and displacement;
- the higher risk that children with disabilities may not have been registered at birth, and the protection risks associated with this, including statelessness;

- the high risk of abuse of people in institutions, and the risk that these institutions will be abandoned during emergencies;
- the increased risks where gender, age and disability intersect, such as the heightened risk of gender-based violence against women and girls with disabilities, or older women with disabilities, who could be seen as "easy targets";
- exclusion of older people and people with disabilities from protective networks, due to discriminatory practices that may be caused inadvertently, for example, by lack of understanding, or fear of getting things wrong and causing harm; and
- the importance of registration for all family members, bearing in mind that some might have difficulty finding the necessary documentation, or be reluctant to register.

Demonstrating skills and capacities

Highlight the capacities of older people and people with disabilities and the contribution they can make to the community. Older people and people with disabilities can demonstrate these capacities themselves.

Communicating with children with disabilities

Train staff, caregivers and family members to communicate with children with disabilities. Train them to promote an inclusive environment for all children, for example, by preventing bullying, and planning activities that can be enjoyed by any child.

Guidance for key action 2.2: Strengthen case management and referral mechanisms to ensure that older people and people with disabilities at risk of protection concerns are identified and referred.

Service mapping

Map existing services and programmes that are accessed by older people and people with disabilities, such as health facilities, social services, or child-friendly spaces. Note the capacity of these services to safely identify and refer people with protection concerns.

Outreach training

Train case managers, service providers, organisations of people with disabilities (DPOs) and older people's associations (OPAs) to reach older people and people with disabilities and their families with information on the protection services that are available, including legal protection, case management, and services for survivors of violence.

Integrating into standard operating procedures

Incorporate strategies for the safe identification and referral of older people and people with disabilities in standard operating procedures on gender-based violence, child protection and legal assistance services. Include the roles and responsibilities of different people involved in implementing these strategies.

Case management and referral mechanisms

Strengthen existing protection case management and referral mechanisms (including child protection and gender-based violence (GBV) case management) to ensure that survivors receive appropriate support. Train community volunteers, case managers, and GBV and child protection workers to:

- recognise and respond to risks based on age, gender and disability;
- apply survivor-centred approaches to different cases;
- communicate clearly;
- work with caregivers when an older person or a person with a disability requires their support; and
- identify the skills and capacities of older people and people with disabilities and draw on these to help plan their case management.

Confidentiality and privacy

Pay particular attention to confidentiality and privacy when you interview older people and people with disabilities. This may mean privacy from the person's family or caregiver. Support the person's right to make their own informed choices. For example, use augmentative or alternative communication (see **Glossary**) or sign language interpretation.[17] Consider other options if a person with a disability is facing additional barriers to providing informed consent, such as making a decision based on their best interest.

Using trained communicators

Establish a pool of male and female sign language interpreters and/or people trained in augmentative/alternative communication, who have been trained to work with survivors of violence and use appropriate confidentiality processes.

Coordinating with local actors

Coordinate with local actors, sharing information on the protection risks and concerns affecting older people and people with disabilities.

Guidance for key action 2.3: Provide appropriate services and support to older people and people with disabilities at risk of protection concerns.

Programme and registration sites

Arrange for dedicated teams to accompany older people and people with disabilities for screening at registration or programme sites, if they have arrived alone or with children.

Personal documentation

Identify older people and people with disabilities who have lost important documents such as a birth certificate, death certificate, passport, land title or other property document. Assist them to find or replace the missing documents.

Avoiding separation

Prevent older people and people with disabilities from becoming separated from family members who pose no

protection risk to them. Prevent them from becoming separated from any assistive devices, aids or medication they may have. For example, they may become separated from these while receiving services in a camp. Being without essential assistive devices or medication may lead to stigmatisation and risk of abuse. It can lead to the loss of a protective environment, such as the person's family.

Reporting cases of concern

Make sure mechanisms for identifying and responding to cases of sexual exploitation and abuse are safe and accessible for older people and people with disabilities. These mechanisms should enable sensitive issues to be raised safely and confidentially, and cases of physical and physiological harm to be reported.

Provide support and reasonable accommodation (see **Glossary**) for older people and people with disabilities to report their concerns. For example, when relevant in interviews, provide sign language interpreters or people trained in augmentative/alternative communication.

Residential facilities or institutions

If residential facilities or institutions, such as psychiatric hospitals or orphanages, have been abandoned by their staff, arrange for professionals from the local community and staff of local healthcare facilities to re-establish essential services, coordinating with staff in the health, nutrition, food security and water, sanitation and hygiene sectors. Where appropriate, arrange for local professionals to lead interventions on protection and re-establishment of basic care services.

Family tracing and reunification

Prioritise displaced older people and people with disabilities who want to be reunited with their family in family tracing and reunification programmes. Include caregivers too, if their support is required by the displaced older person or person with disability, and if the caregiver does not pose protection risks. If it is not possible to reunite people with their families or support networks, support them to live independently, or identify alternative suitable placements, in accordance with their preferences.

Guidance for key action 2.4: Address and monitor barriers to accessing protection response services.

Mental health and psychosocial support

Make sure that mental health and psychosocial support services, provided as part of the response, both community-level and specialist services, are accessible to everyone who needs them, including older people and people with disabilities. For example, invite families to visit the centre or volunteer there, being mindful of the stigma often attached to mental health services. Cover transportation costs for people who have difficulty reaching services and the person accompanying them.

Ensure that people with psychosocial disabilities have access to therapeutic support provided as part of the mental health and psychosocial support service, if they need this.

Safety of centres

Make places such as reception centres and community centres safe and accessible to displaced older people and people with disabilities. If necessary, ask other people to help you do this (see **Key inclusion standard 2**). For example, provide lighting and, if possible, partition and separate sleeping areas to increase privacy and reduce the risk of gender-based violence, particularly for women and girls.

Accessible registration sites

Make registration sites and systems accessible to all, using principles of universal design (see **Key inclusion standard 2**). Arrange reasonable accommodation for people with intellectual disabilities, or who face communication barriers, or barriers to reaching registration sites. For example, set up mobile or proxy registration systems, or organise transport. Prioritise older people and people with disabilities in queues or, if they prefer, organise dedicated queues and distribution times for them. Provide seating, food, shade, safe drinking water, and toilets at the distribution site.

Outreach services

Put in place measures to reach older people and people with disabilities who cannot access registration or programme sites. For example, ask local DPOs and OPAs to ask their members about people who may be excluded. This is particularly important for identifying isolated or less visible people who would not be identified through regular channels. Provide safe, suitable and accessible transport

to these people if appropriate, and cover the costs where possible. Where populations are geographically dispersed, take care that older people and people with disabilities are not missed during evacuations.

Child-friendly and safe spaces

Review the accessibility of safe spaces, such as child-friendly spaces and community centres. Choose accessible locations for protection facilities. Consider rebuilding or repairing structures that are not accessible (see **Key inclusion standard 2**).

Train staff to communicate with children with disabilities and promote an inclusive environment for all children. For example, train them to prevent bullying and organise activities that all children can enjoy.

Allocate enough staff for the number of children.

Arrange for professionals such as sign language interpreters and occupational therapists to support children with disabilities. Consider including volunteers from local DPOs, OPAs, other community groups or families.

Protection inclusion standard 3: Participation and empowerment

Older people and people with disabilities are included in prevention of violence, exploitation and abuse, and in empowerment activities.

Key actions

3.1: Use a range of communication channels and methods to ensure that older people and people with disabilities have access to information about prevention and empowerment activities.

3.2: Include older people and people with disabilities in community-based protection activities.

Guidance notes

Guidance for key action 3.1: Use a range of communication channels and methods to ensure that older people and people with disabilities have access to information about prevention and empowerment activities.

Training on communicating

Train staff of identification and assessment teams on how to ensure communications are accessible and on how to communicate clearly with everyone in the community, including older people and people with disabilities (see **Key inclusion standard 4**). In particular, train staff to make communications about the following issues accessible:

- preventing or mitigating violence or abuse, including gender-based violence, hazards in the immediate environment and risks of violence or abuse associated with particular activities or places;
- promoting local protection services, for example, by providing information about child protection services to older caregivers and caregivers with disabilities;
- reporting and seeking help about protection concerns, following up a protection incident, and knowing what services are available;
- understanding rights and entitlements, and targeting criteria and mechanisms; and
- providing feedback on prevention and empowerment activities, and knowing how feedback will be handled (see **Key inclusion standard 5**).

Methods of communication

Information about evacuations must reach everyone, including older people and people with disabilities, whether at home or in institutions such as hospitals and care homes. Consider different methods of reaching people, such as TV, radio and text messaging. Do not just rely on community messaging, such as word of mouth.

Information on how to disclose abuse must also be available to the whole community, including older people and people with disabilities. It must reach survivors or witnesses to abuse, including gender-based violence.

Adaptations

Adapt communications about prevention and empowerment activities to make them accessible to everybody. For example, identify local sign language interpreters and budget for sign language interpretation. If this is not available, develop methods such as communication boards and train staff on how to use them.

Guidance for key action 3.2: Include older people and people with disabilities in community-based protection activities.

Participation in protection activities

Include and/or represent older people and people with disabilities, including children, in protection activities. For example, ask them to sit on protection committees or recruit them as volunteers.

Include older people and people with disabilities, including children, in programmes to prevent and respond to gender-based violence.

Access to empowerment activities

Include older people and people with disabilities at risk of gender-based violence in activities aimed at empowering them, such as livelihood skills training.

Set targets for the number of older women, and women and girls with disabilities of all ages, participating in empowerment programmes, including formal and non-formal education, adolescent girls' activities, economic strengthening and community leadership. Monitor inclusion rates against these targets.

Reasonable accommodation

Make adaptations to prevention and empowerment activities to facilitate participation of older people and people with disabilities. For example:

- arrange for professional assistance such as sign language interpreters, and consider recruiting volunteers from DPOs, OPAs, the local community, or families; and
- provide accessible transportation for participants.

Recruitment

Recruit women and girls with disabilities as staff and volunteers in gender-based violence programmes. Advocate for them to be included in community associations.

Tools and resources

Allaire, A. *Protection interventions for older people in emergencies,* HelpAge International, 2013, http://bit.ly/2yTx824

Child Protection Working Group, *Minimum standards for child protection in humanitarian action,* Child Protection Working Group, 2012, http://bit.ly/2zjApLe

Global Protection Cluster, Protection Mainstreaming App (ProM), http://bit.ly/2ozLkgs (Google Play), http://apple.co/2oBCyPf (iTunes)

Inter-Agency Standing Committee, Global Protection Cluster, http://bit.ly/2kfaA78

Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery,* IASC, 2015, http://bit.ly/2oEcqmT

United Nations Children's Fund (UNICEF), *Including Children with Disabilities in Humanitarian Action: Child Protection',* UNICEF, 2017, http://bit.ly/2DM9Rm4

Women's Refugee Commission and International Rescue Committee *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners* New York, Women's Refugee Commission, 2015, http://bit.ly/2yRsuSd

Box 6

Physical and psychological harm

Violence includes physical and psychological harm. It can take different forms, including torture, punishment, rape and other forms of sexual violence. It can also take less obvious forms, including neglect, concealment and preying on people perceived as vulnerable to take advantage of them, such as by stealing their money.

Violence against older people and people with disabilities may also be motivated by hatred or prejudice. It can range from discrimination, verbal or emotional abuse and harassment to physical assault or extreme violence (which may be termed “disability hate crimes”). Such behaviour has legal implications. Refer to national legislation and follow the appropriate national procedures to address these crimes.

Violence and abuse against older people and people with disabilities may be perpetrated in their own home by other members of their household or by caregivers. Take an individual-centred approach. Do not assume that older people and people with disabilities are always safe in their homes.

Case study

Increasing participation in empowerment programmes

In Nepal, UNHCR has adopted a twin-track approach to promote access and inclusion in GBV prevention and response activities. Following consultations with people with disabilities about their GBV-related needs and capacities, UNHCR adapted existing GBV prevention and response activities by:

- Raising awareness with GBV stakeholders on environmental, communication, attitudinal and policy barriers to access for people with disabilities.
- Including examples of people with disabilities in GBV community awareness-raising tools.
- Developing an annex to the Inter-Agency Standard Operating Procedures (SOP) on consent, confidentiality and non-discrimination for people with disabilities.
- Identifying and training sign language interpreters on confidentiality and consent processes for GBV survivors.

At the same time, UNHCR started supporting disability-specific actions to increase participation of people with disabilities and promote empowerment in GBV programmes, including partnering with a local deaf people's organisation to deliver sign language training in camps to deaf people and their family members,

as well as community-based organisations and NGO staff, and supporting a local disabled women's organisation to facilitate the formation of self-help groups of women with disabilities to provide an additional social support system and forum for preventing and responding to GBV.

Source: Women's Refugee Commission, *Disability Inclusion: Translating Policy into Practice in Humanitarian Action,* New York, Women's Refugee Commission, 2014, p.16, http://bit.ly/2kIePrB

Water, sanitation and hygiene inclusion standards

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Water, sanitation and hygiene inclusion standards

1: Collection of information
Older people and people with disabilities have their WASH-related capacities and needs identified and monitored.

2: Addressing barriers
Older people and people with disabilities have safe and dignified access to water supplies, sanitation facilities, and hygiene promotion activities.

3: Participation and resilience
Older people and people with disabilities participate in WASH activities.

The Water, Sanitation and Hygiene (WASH) inclusion standards complement existing standards and guidance on WASH. They should be read in conjunction with the Key inclusion standards and the Sphere Minimum Standards in Water Supply, Sanitation and Hygiene Promotion.

Water, sanitation and hygiene inclusion standard 1: Collection of information

Older people and people with disabilities have their WASH-related capacities and needs identified and monitored.

Key actions

1.1: Adapt WASH assessment and monitoring tools to collect information on the capacities and needs of older people and people with disabilities.

1.2: Include older people and people with disabilities in WASH assessments and monitoring activities.

Guidance notes

Guidance for key action 1.1: Adapt WASH assessment and monitoring tools to collect information on the capacities and needs of older people and people with disabilities.

Disaggregation

Adapt WASH assessment and monitoring tools to collect data disaggregated by sex, age and disability (see Key inclusion standard 1, **Key action 1.1**).

Disaggregated data will show how many people from different population groups are affected, and what their needs are. For example, some older people and people with disabilities may be more at risk of dehydration, showing that you need to provide more clean water. You may find that there are people with incontinence who need extra water, materials for incontinence and safe waste disposal, or that there are women with disabilities who need menstrual hygiene products.

Collecting information on barriers and enablers

During WASH needs assessments, gather information on barriers and enablers to WASH activities (see **Key inclusion standard 1**). For example, ask people whether they can access water and hygiene item distributions, water points, information on hygiene management, and sanitation facilities, such as toilets and showers.

Carry out accessibility audits of WASH facilities (see Key inclusion standard 1, Key action 1.1, **Guidance note on data on barriers and enablers**).

Identify and regularly monitor WASH facilities provided by local services such as primary healthcare clinics or schools to see if they present any barriers and whether they protect the safety and dignity of users. Arrange visits to institutions such as care homes, psychiatric hospitals, orphanages, detention centres and prisons, to assess how well their WASH facilities meet the needs of older users and users with disabilities.

Monitoring

Monitor barriers and enablers to accessing WASH facilities, water points, WASH distributions and hygiene promotion sessions, to make sure that the barriers are being addressed.

Routinely monitor the WASH-related needs, capacities and practices of older people and people with disabilities. Adjust your response accordingly.

Sharing information

Share the information you have gathered both within your organisation and with people working in other sectors to encourage them to make their WASH facilities accessible. For example, share information on hygiene practices of older people and people with disabilities with people working in the health sector, to prevent the spread of communicable diseases.

Guidance for key action 1.2: Include older people and people with disabilities in WASH assessments and monitoring activities.

Consult older people (women and men) and people with disabilities (women, men, girls and boys) in WASH assessments. This will enable you to plan suitable interventions, such as solid waste management, and identify potential safety risks and ways to minimise these. Pay particular attention to the hygiene needs of older women, and women and girls with disabilities.

Ask older women and men, and people with disabilities of different ages and genders, about what types of WASH facility they prefer. Ask them what physical, environmental and attitudinal barriers may prevent them from using WASH facilities. Involve older people and people with disabilities in accessibility audits, to identify positive and negative elements of WASH facilities (see Key inclusion standard 1, **Key action 1.2**).

Ask organisations of people with disabilities (DPOs) and older people's associations (OPAs) to be involved. Where they exist, they are often well connected with the local community. For example, they may be able to tell you about cultural preferences for WASH facilities or put you in touch with isolated older people or people with disabilities.

Water, sanitation and hygiene inclusion standard 2: Addressing barriers

Older people and people with disabilities have safe and dignified access to water supplies, sanitation facilities, and hygiene promotion activities.

Key actions

2.1: Design, construct and adapt accessible water supply and sanitation facilities.

2.2: Review and adapt distribution methods and supplies to provide safe and equitable access for older people and people with disabilities.

2.3: Sensitise the community, staff and partners on the right of older people and people with disabilities to access to WASH activities and services.

2.4: Build the capacities of staff and partners to make WASH services, facilities and programmes inclusive of older people and people with disabilities.

Guidance notes

Guidance for key action 2.1: Design, construct and adapt accessible water supply and sanitation facilities.

Designing and constructing new facilities

Follow national standards on accessibility to design new water supply facilities (such as hand pumps and taps, showers and clothes-washing areas) and sanitation facilities (such as public and household latrines). If there are no national accessibility standards or if they contain gaps, refer to international standards on accessibility and the principle of universal design (see **Glossary**). For more guidance on accessibility, see Key inclusion standard 2, **Guidance note on environmental barriers**, and Box 3 **'What is accessibility?'**.

Make sure that the new facilities can be used by everyone, regardless of age or disability. For example:

- install ramps, handrails and markers such as tactile bands or string to mark out the pathway for people with visual impairments;
- make doorways wide enough for wheelchairs to go through;
- make cubicles big enough to accommodate a wheelchair when the door is closed;
- design access routes to be free of obstacles;

- ensure that at least 15 per cent of all toilets have toilet seats and handrails. Raise awareness that they may be easier to use for older people and people with disabilities;
- provide low-level, easy-to-use taps for hand-washing;
- locate WASH facilities at a reasonable distance from each other and from people's homes – for example, locate hand-washing facilities close to latrines, and place communal waste disposal areas at some distance from residences (See guidance from the Sphere Water Supply Standard 1: Access and water quantity);[18] and
- install drainage systems to prevent surfaces from becoming slippery.

Ask older people and people with disabilities, and their representative organisations, how to make WASH facilities accessible.

Adapting existing facilities

When you review existing WASH facilities (both public and private), aim to make at least 15 per cent of facilities accessible (based on the World Health Organization's global estimate of the percentage of people with disabilities).[19]

Privacy and safety

To make WASH facilities private and safe, install locks and good lighting, and position the facilities in a place that is acceptable to older people and people with disabilities.

Pay particular attention to the privacy and safety of people who may require assistance with personal hygiene, whether in a public facility or at home.

Accessible information

Use different formats and communication channels to provide information on hygiene practices and sanitation facilities and make it accessible to everyone (see Key inclusion standard 2, Key action 2.1, **Guidance note on information barriers**).

Budgeting for accessibility

Include the cost of providing accessible WASH facilities in your budget. For physical accessibility, consider budgeting at least an additional 0.5-1 per cent. For non-food items and assistive devices, consider budgeting at least an additional 3-4 per cent (see **Guidance note on budgeting to address barriers**).

Guidance for key action 2.2: Review and adapt distribution methods and supplies to provide safe and equitable access for older people and people with disabilities.

Accessible distribution

Distribute water, sanitation and hygiene supplies so that older people and people with disabilities can access them safely. For example:

- choose a distribution site that is not too far from the crisis-affected population; make it accessible to older people and people with disabilities – for example, install ramps, rails and guide ropes at water points;
- provide information about the distribution in different formats;

- whenever possible, prioritise older people and people with disabilities in queues for distribution, or, if they prefer, organise dedicated queues or distribution times for them;
- provide seating, food, shade, safe drinking water, and toilets at distribution points; and
- distribute supplies in a gender-sensitive way that protect people's dignity. For example, distribute intimate hygiene products such as sanitary towels and incontinence pads directly to the people who need them.

To avoid causing harm, raise awareness within the community of the reasons for prioritising certain groups.

Water, sanitation and hygiene supplies

Ask older people and people with disabilities about their water usage and hygiene practices, and how supplies need to be adapted for them.

Consider specific adaptations or alternatives to standard supplies, such as smaller water containers that would be easier to carry, portable partitions to allow privacy during personal care, and adapted hygiene items such as catheters.

If necessary, team up with other organisations to provide assistive devices – such as shower chairs, commodes or toilet chairs – or materials for hygiene promotion.

Whenever possible, prioritise local service providers.

Accessible information

Use a range of communication channels and different formats to provide information about hygiene promotion and WASH facilities, using simple language, to make it accessible to everyone (see Key inclusion standard 2, Key action 2.1, **Guidance notes on information barriers**).

Outreach

Use outreach strategies such as home delivery or volunteers to deliver supplies to older people and people with disabilities who may face barriers to reaching distribution points, despite efforts to make them accessible.

Hygiene promotion

Support all distributions with relevant, accessible and clear hygiene promotion messages, tailored to the needs, capacities and practices of older people and people with disabilities.

Guidance for key action 2.3: Sensitise the community, staff and partners on the right of older people and people with disabilities to access to WASH activities and services.

Sensitise staff, partners and the community on:

- the right of older people and people with disabilities to have safe and dignified access to water, sanitation and hygiene services and activities on an equal basis with others;
- the barriers that might prevent older people and people with disabilities from accessing and participating in WASH facilities;
- the capacities and needs of older people and people with disabilities in using WASH facilities, stressing how these vary according to gender, age and type of disability;
- the importance of targeted interventions when necessary, and the reason why these should not be perceived as a privilege but as a right; and
- the risks that older people and people with disabilities may face if they cannot access WASH facilities – for example, inaccessible WASH facilities may lead to a situation where they may have to defecate outside or in a place that is poorly lit or unsafe, putting them at risk of injury, violence and abuse.

If there are any organisations representing older people and people with disabilities, collaborate with them to design and deliver these messages.

Guidance for key action 2.4: Build the capacities of staff and partners to make WASH services, facilities and programmes inclusive of older people and people with disabilities.

Provide professional training to staff working on WASH programmes on how to include older people and people with disabilities. This may include:

- how to design, construct or adapt accessible WASH facilities and services;
- how to adapt hygiene kits and items, and produce accessible communication materials, to take into account the requirements of older people and people with disabilities;
- how to provide services in a gender-sensitive way that protects people's dignity – for example, how to support inclusive menstrual hygiene management by older women, girls and women with disabilities, and how to ensure privacy for people with incontinence; and
- how to minimise the risk of gender-based violence and other forms of abuse faced by many older people and people with disabilities when using WASH facilities.

Support WASH staff to collaborate with colleagues in other sectors. For example, encourage them to team up with education staff to provide guidance on designing WASH facilities in learning spaces.

Water, sanitation and hygiene inclusion standard 3: Participation and resilience

Older people and people with disabilities participate in WASH activities.

Key actions

3.1: Strengthen the WASH-related capacities of older people and people with disabilities.

3.2: Support the participation of older people and people with disabilities in WASH programmes and related decision-making.

Guidance notes

Guidance for key action 3.1: Strengthen the WASH-related capacities of older people and people with disabilities.

Strengthening good practice

Ask older people and people with disabilities to identify their capacities and describe their practices related to water, sanitation and hygiene. For example, ask people with incontinence how they use water and what hygiene practices they follow.

Support older people, people with disabilities, and the communities they live in, to strengthen and replicate good practices so that they become more resilient.

Provide opportunities for older people and people with disabilities to develop their skills. For example, strengthen their capacities on how to construct, repair or adapt water points and sanitation facilities to make them accessible.

Guidance for key action 3.2: Support the participation of older people and people with disabilities in WASH programmes and related decision-making.

Participation in programmes

Put in place measures for older people and people with disabilities to participate in WASH-related activities. For example, involve them in organising distributions, hygiene promotion campaigns, and construction or reconstruction of water points and sanitation facilities.

Participation in decision-making

Strengthen the capacities of organisations representing older people and people with disabilities to manage WASH interventions in emergencies and participate in decision-making mechanisms.

Support the meaningful participation of representatives of DPOs and OPAs in WASH-related coordination and decision-making mechanisms, such as WASH clusters or water management committees. Advocate for both women and men to be represented in these decision-making mechanisms (see Key inclusion standard 4, Key action 4.2, **Guidance notes on promoting meaningful participation in decision-making**).

Tools and resources

CBM, *Humanitarian Hands-on Tool (HHoT),* WASH task cards, CBM, http://bit.ly/2oEmbS3 (18 December 2017)

Global Protection Cluster, Protection Mainstreaming App (ProM), http://bit.ly/2ozLkgs (Google Play), http://apple.co/2oBCyPf (iTunes)

Jones, H. and Wilbur, J., Compendium of accessible WASH technologies, London, WaterAid, WEDC, Share, 2014, http://bit.ly/2BEJDnr

United Nations Children's Fund (UNICEF), *Guidance: Including children with disabilities in humanitarian action: WASH,* UNICEF, (forthcoming), http://bit.ly/2Buv3MC

WaterAid, *Inclusive WASH: A free learning portal for WASH practitioners and researchers,* http://bit.ly/2yRzuye (18 December 2017)

Case study

Inclusive water and sanitation response in Khyber Agency, Pakistan

Following a long-term situation of internal displacement, Islamic Relief, in collaboration with UNICEF, began an inclusive water and sanitation response in Khyber Agency, Pakistan, to support returnees in 2016.

Their initial data had suggested that people with disabilities were being disproportionately affected.

Two key problems were identified by the response team during consultation with the community, which were compromising the safety and dignity of older people and people with disabilities. Firstly, the community water source was located a 30-minute walk away from the village. This journey was being made on foot by the older women of the community, since it was not culturally acceptable for younger women to travel alone. Secondly, open defecation was a widespread issue, with consequences both for people's dignity and their health, due to the risk of communicable diseases. This was predominantly affecting older people and people with disabilities, as it was resulting from a lack of accessible latrines.

To address the issue of the water source, discussions were held with the community to find a solution, resulting in a water tank being installed in the village. Following data collection and monitoring to capture the numbers needed, the response team constructed over 1,000 accessible household latrines.

Two things contributed to the success of this intervention: the availability of data from inclusive assessments, and having a budget allocation for inclusion. This provided the resources and remit to strengthen the programme by addressing accessibility issues, strengthening links with services providers, and sensitising policymakers on people's rights.

Source: Islamic Relief Pakistan

Food security and livelihoods inclusion standards

Previous page: © Ben Small/ HelpAge International

Food security and livelihoods inclusion standards

1: Collection of information

Older people and people with disabilities have their food security and livelihoods capacities and needs identified and monitored.

2: Addressing barriers

Older people and people with disabilities have access to food security and livelihoods activities.

3: Participation and resilience

Older people and people with disabilities participate in food security and livelihoods activities and their capacities are strengthened.

The Food security and livelihoods inclusion standards complement existing standards and guidance on food security and livelihoods. They should be read in conjunction with the Key inclusion standards, Sphere Minimum Standards in Food Security and Nutrition, Livestock Emergency Guidelines and Standards (LEGS), Minimum Economic Recovery Standards (MERS), and Minimum Standard for Market Analysis (MISMA).

Food security and livelihoods inclusion standard 1: Collection of information

Older people and people with disabilities have their food security and livelihoods capacities and needs identified and monitored.

Key actions

1.1: Adapt food security and livelihood assessment and monitoring tools and processes to collect information on the capacities and needs of older people and people with disabilities.

1.2: Include older people and people with disabilities in food security and livelihood assessments and monitoring activities.

Guidance notes

Guidance for key action 1.1: Adapt food security and livelihood assessment and monitoring tools and processes to collect information on the capacities and needs of older people and people with disabilities.

Data disaggregation

Adapt assessment and monitoring tools to collect and analyse data disaggregated by sex, age and disability (See Key inclusion standard 1, **Key action 1.1**).

Identification of barriers and enablers

Include questions that enable you to identify the barriers faced by older people and people with disabilities to accessing and participating in food security and livelihoods interventions, and the factors that enable their participation.

Barriers may be:

- inaccessible food distribution locations (physical barriers) and information available only in one format (information barriers);
- food that is difficult to chew or swallow (physical barrier);
- inaccessible or inadequate information on how to make food easier to eat (information barrier);
- information about cash-based assistance that is hard for people with limited financial literacy to understand (information barrier);

- community members having negative attitudes about the right of older people and people with disabilities to access food and participate in livelihoods activities on an equal basis with others (attitudinal barriers); or
- inaccessible shops or vendors (environmental barrier).

Enablers may be:

- accessible food distribution mechanisms, including outreach schemes;
- mechanisms for collecting cash-based assistance that are accessible to older people or people with disabilities; or
- organisations with experience of hiring or involving older people and people with disabilities in livelihoods activities.

Monitor the barriers and enablers you have identified on a regular basis.

Use of data from other sectors

Use data from other sectors, such as nutrition or health sectors, to identify older people or children and adults with disabilities at risk of malnutrition, who may not be targeted by nutrition programmes.

Coordinate with nutrition staff to reduce the risk of malnutrition in these groups. For example, provide complementary foods for children with disabilities, and provide supplementary food for malnourished older people, and children and adults with disabilities, including pregnant women with disabilities.

Identification of risks

Ask older people and people with disabilities what risks the emergency is posing to their food security and livelihoods strategies. Also take into account any risks that may arise from the humanitarian response. For example:

- for some older people or some people with disabilities, isolation, dependence on their local market, or reliance on certain foods may increase their risk of food insecurity;
- interventions that target older people and people with disabilities could be perceived by the local community as a privilege, leading to the risk of stigma and discrimination; and
- women and girls with disabilities may face additional risks when engaging in income-generation activities. Discuss potential risks with them, and plan how to reduce these risks.

Monitoring

Routinely monitor the proportion of older women and men, and of women and men with disabilities of all ages who access and participate in food security and livelihoods activities.

Regularly collect feedback from older people and people with disabilities about the barriers and risks they face to accessing food or cash-based assistance, and engaging in livelihoods activities.

Work closely with people from other sectors, such as health and nutrition sectors, to monitor the nutritional status of older people and people with disabilities.

Data sharing

Share the data you have collected with all relevant partners involved in food security and livelihoods programmes, both in the food security and livelihoods sector and in other sectors, such as nutrition.

Guidance for key action 1.2: Include older people and people with disabilities in food security and livelihood assessments and monitoring activities.

Arrange consultations with older people and people with disabilities to assess their capacities and needs in relation to food security and livelihoods. Ask older people and people with disabilities what might prevent them from accessing food or cash-based assistance, or engaging in livelihoods activities, or what might put them at risk. Keep in mind that women and girls may face different risks and barriers to men and boys.

Ask older people and people with disabilities about their eating habits and their livelihoods strategies, before, during and after the humanitarian crisis.

Involve organisations of people with disabilities (DPOs) and older people's associations (OPAs) in designing data collection tools and carrying out assessment and monitoring activities.

Collect and monitor information on the food security and livelihoods capacities and needs of people who may be less visible, such as those who are isolated or unable to leave their shelter.

Food security and livelihoods inclusion standard 2: Addressing barriers

Older people and people with disabilities have access to food security and livelihoods activities.

Key actions

2.1: Design facilities and services for food security and livelihoods so that they are safe and accessible for older people and people with disabilities.

2.2: Sensitise the community, staff and partners on the right of older people and people with disabilities to access food assistance and participate in livelihoods activities.

2.3: Build the capacity of staff to make food security and livelihoods activities safe and accessible for older people and people with disabilities.

Guidance notes

Guidance for key action 2.1: Design facilities and services for food security and livelihoods, so that they are safe and accessible for older people and people with disabilities.

Targeting criteria

Adapt criteria for targeting the distribution of food, cash, vouchers and livelihoods assets to ensure safe access for older people and people with disabilities.

Distribution

Consult older people and people with disabilities to choose the most appropriate location and frequency for distributing food, cash or vouchers.

Choose distribution sites that are safe and accessible for older people and people with disabilities and not too far for the crisis-affected population to reach. For example, organise distributions during daylight hours, in places that older people and people with disabilities can travel to and from safely. Especially consider the safety of those most at risk of discrimination and gender-based violence.

Whenever possible, prioritise older people and people with disabilities in queues for distribution, or, if they prefer, organise dedicated queues or distribution times. To avoid causing harm, raise awareness within the community of the reasons for prioritising certain groups.

Provide seating, food, shade, safe drinking water, and toilets at distribution sites.

Take every possible step to allow older people and people with disabilities to collect assistance themselves. Ask those who cannot or prefer not to come to a distribution point how they want to receive assistance, and make the necessary arrangements. For example, arrange for a trusted "proxy" to collect it for them, or deliver it through outreach services or trusted community members.

Food and food-related items

Choose food and items for preparing and eating that take into account the requirements of older people and people with disabilities. For example:

- ask older people and people with disabilities about their eating habits, including what food they eat and what they use to prepare and eat it with;
- advise older people and people with disabilities who may have difficulty eating, and their households, on how to make food easier to chew and swallow;
- design food rations that are small and light enough to be carried easily, and packaging that is easy to open;
- provide food that helps older people and people with disabilities to increase their micronutrient intake, since they may be more at risk of micronutrient deficiencies than other adults, especially during emergencies;

- take into account the heightened risk of dehydration for some groups of people, such as older people or people who have difficulty swallowing; provide additional safe drinking water to older people and people with disabilities (see **WASH inclusion standards**); and
- provide items for preparing and eating food that make it easier for older people and people with disabilities to eat and drink – for example, provide drinking straws, adapted cooking and eating utensils and manual blenders.

Accessible information

Use different formats and communication channels to provide information about food security and livelihoods activities to make it accessible to everyone (see Key inclusion standard 2, Key action 2.1, **Guidance note on information barriers**). This may include information about entitlements, targeting mechanisms, distributions of food, cash or vouchers, food storage and preparation, and livelihood support.

Access to livelihoods opportunities

Provide information about livelihoods opportunities in different formats and make working environments accessible, so that older people and people with disabilities can participate.

Guidance for key action 2.2: Sensitise the community, staff and partners on the right of older people and people with disabilities to access food assistance and participate in livelihoods activities.

Identify negative attitudes and areas of stigma and discrimination associated with older people and people with disabilities and their access to food security and livelihoods activities. For example:

- interventions targeting older people and people with disabilities could be perceived by the local community as a privilege; and
- staff might not believe that older people and people with disabilities are capable of developing coping strategies, or participating in livelihoods activities such as cash-for-work or skills development programmes.

Design and deliver messages to challenge preconceptions and promote a positive attitude:

- work closely with older people, people with disabilities and their representative organisations to design and carry out sensitisation activities;
- use information about the rights of older people and people with disabilities to access and participate in humanitarian action as an entry point; and
- give community leaders a full explanation of why older people and people with disabilities may be targeted in some interventions.

Guidance for key action 2.3: Build the capacity of staff to make food security and livelihoods activities safe and accessible for older people and people with disabilities.

Train staff working on food security and livelihoods activities to:

- use data on the needs and capacities of the crisis-affected population, disaggregated by sex, age and disability, to select people to receive food assistance and livelihoods support, to ensure that those most at risk of exclusion from this support have access to it;
- identify the barriers that prevent older people and people with disabilities from taking part in food security and livelihoods activities, and ways to overcome these;
- know what adaptations are needed to overcome these barriers. For example, know how to make distributions accessible, how to make rations easy to carry, and how to modify food and items for preparing and eating food that make it easier for older people and people with disabilities to eat and drink;
- understand the nutrition requirements of older people and people with disabilities, particularly those who may be at higher risk of malnutrition because they have difficulty chewing or swallowing;

- work with older people and people with disabilities, their communities and representative organisations and support them to use their capacities to maintain their livelihoods;
- understand the protection-related risks that older people and people with disabilities may face when collecting food, cash or vouchers, and how to overcome these risks; and
- design, implement and monitor cash-based support activities that are inclusive of older people and people with disabilities.

Encourage staff who have been trained on age- and disability-inclusive food security and livelihoods programming to share their knowledge with colleagues and partner organisations, and review their programme tools.

Support staff working on food security to collaborate closely with staff working in other sectors, such as nutrition and health. This will help them meet the nutrition requirements of older people and people with disabilities who may be malnourished or at risk of malnutrition.

Food security and livelihoods inclusion standard 3: Participation and resilience

Older people and people with disabilities participate in food security and livelihoods activities and their capacities are strengthened.

Key actions

3.1: Strengthen the capacities of older people and people with disabilities to develop their own strategies to address food insecurity and to preserve their livelihoods.

3.2: Support older people, people with disabilities and their representative organisations to participate in decision-making about food security and livelihoods.

Guidance notes

Guidance for key action 3.1: Strengthen the capacities of older people and people with disabilities to develop their own strategies to address food insecurity and to preserve their livelihoods.

Strengthening capacities and resilience

Work closely with older people and people with disabilities to identify the coping strategies and livelihoods activities they relied on before the emergency. In particular, identify any strategies that may increase their resilience (see **Glossary**) during and after the emergency.

Involve older people and people with disabilities in developing activities to support their capacity to cope and maintain their livelihoods. For example, plan how to support them to replace lost assets or assistive devices, or obtain grants and skills training.

Provide equal opportunities for skills training to older women and men, and women and men with disabilities of all ages.

Cash- and food-for-work programmes

Design and implement cash-for-work or food-for-work programmes with the full participation of older people and people with disabilities (see Key inclusion standard 2, Box 4 **'Equitable access to cash-based assistance'**).

Ask older people and people with disabilities what work they can do and what type of food-for-work or cash-for-work activities they prefer.

Provide opportunities for older people and people with disabilities to participate in food-for-work or cash-for-work programmes according to their capacities. For example, some may take up work in support or coordination roles.

Involve older people and people with disabilities in a meaningful way, at all stages of your food security and livelihoods programme. For example, you could include older people and people with disabilities in teams responsible for food distribution. Older people are often well placed to train or advise other people because of their experience.

Make sure cash-for-work and food-for-work activities are accessible to older people and people with disabilities. For example, provide information about these activities in different formats and choose accessible facilities.

Provide equal opportunities to everyone regardless of age and disability and provide equal remuneration for work of equal value. Do not automatically channel older people and people with disabilities into lower paid or less desirable work.

Consider providing unconditional assistance, if appropriate. For example, consider distributing cash, vouchers or food to older people and people with disabilities who still face barriers to participating in cash-for-work or food-for-work activities, despite measures to make these accessible.

Guidance for key action 3.2: Support older people, people with disabilities and their representative organisations to participate in decision-making about food security and livelihoods.

Strengthen the capacity of organisations representing older people and people with disabilities to contribute to decision-making about food security and livelihoods interventions.

Support older people and people with disabilities to participate in gender-balanced food security and livelihoods committees.

Promote a fair representation of both women and men, and of people with different types of disabilities.

Choose accessible venues and provide information in different formats.

Sensitise committee members on the rights of older people and people with disabilities.

Tools and resources

Child Protection Working Group, 'Standard 19: Economic recovery and child protection' and 'Standard 26: Distribution and child protection' in *Minimum standards for child protection in humanitarian action,* Child Protection Working Group, 2012, http://bit.ly/2zjApLe

Collodel, A. *Food security and livelihoods interventions for older people in emergencies,* London, HelpAge International, 2012, http://bit.ly/2CTTL9E

Global Protection Cluster, Protection Mainstreaming App (ProM), http://bit.ly/2ozLkgs (Google Play), http://apple.co/2oBCyPf (iTunes)

International Federation of Red Cross and Red Crescent Societies, 'Food Security' and 'Livelihoods' in *Minimum standard commitments to gender and diversity in emergency programming: Pilot Version* Geneva, IFRC, 2015, http://bit.ly/29WvLrA

Juillard, H., on behalf of The Cash Learning Partnership (CaLP) *Minimum Standard for Market Analysis (MISMA),* The Cash Learning Partnership (CALP), 2017, http://bit.ly/2oBPc0F

Leduc, M., Pla Cordero, R., Mercier, P., and Guastalla, M., *As the movement for cash transfer programming advances, how can we ensure that people with disabilities are not left behind in cash transfer programming for emergencies?* The Cash Learning Partnership (CaLP) and Handicap International, http://bit.ly/2yTJTcY

LEGS, *Livestock Emergency Guidelines and Standards (LEGS), Second edition,* Rugby, Practical Action, 2014, http://bit.ly/2keB9cQ

Sphere Project, 'Minimum Standards in Food Security and Nutrition' in *Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response, 2011,* Rugby, Practical Action, 2011, http://bit.ly/1meswO0

The SEEP Network, *Minimum Economic Recovery Standards, Third edition,* Rugby, Practical Action, 2017, http://bit.ly/2iknnU2

Case study

Including older people and people with disabilities in the livelihood response

In 2016, Concern Worldwide partnered locally with the Sukaar Foundation to deliver a food security and livelihoods response to the drought-prone district of Tharparkar in Pakistan.

One resident of the district is aged over 85, is hard of hearing and has a visual impairment. He lives with his wife and their son, who has an intellectual and psychosocial disability. The resident had not been identified in previous assessments, as younger beneficiaries or those able to work were the targeted population, therefore he had not benefited from any assistance prior to this intervention. During severe drought periods, he and his family would depend on donations from the community for food, usually consisting of bread, chilli powder and water.

The response delivered by Concern and the Sukaar Foundation was designed specifically to be inclusive of older people and people with disabilities. The project team adapted their beneficiary selection forms and criteria to collect sex, age and disability disaggregated data to identify older people and people with disabilities living in the project area.

This approach led to the identification of this particular resident. Since this point, there have been two positive outcomes. As part of the response, the resident received fodder for the first time, to help maintain his livestock. And for the first time, he and other older people and people with disabilities were given space on the village selection committee, the project body that helped to select the beneficiaries. This direct participation helped to ensure that others in these at-risk groups would continue to be identified.

Source: Concern Worldwide, 2016

Nutrition inclusion standards

Previous page: © Johanna de Tessières/ Handicap International

Nutrition inclusion standards

1: Collection of information
Older people and people with disabilities have their nutritional needs identified and monitored.

2: Addressing barriers
Older people and people with disabilities have access to nutrition services and facilities.

3: Participation and resilience
Older people and people with disabilities participate in nutrition programmes and their capacities are strengthened.

The Nutrition inclusion standards complement existing standards and guidance on nutrition. They should be read in conjunction with the Key inclusion standards and Sphere Minimum Standards in Food Security and Nutrition.

Nutrition inclusion standard 1: Collection of information

Older people and people with disabilities have their nutritional needs identified and monitored.

Key actions

1.1: Adapt nutrition assessment and monitoring tools and processes to collect data on the nutritional status of older people and people with disabilities.

1.2: Include older people and people with disabilities in nutrition assessments and monitoring activities.

Guidance notes

Guidance for key action 1.1: Adapt nutrition assessment and monitoring tools and processes to collect data on the nutritional status of older people and people with disabilities.

Data disaggregation

Adapt nutrition assessment and monitoring tools to collect and analyse data disaggregated by sex, age and disability (see Key inclusion standard 1, **Key action 1.1**).

For children with disabilities aged 2 to 17, you can incorporate the UNICEF/Washington Group child functioning module into nutritional surveys to disaggregate data by disability.

Existing sources of data

Data collected by national authorities, such as the Ministry of Health or national nutrition departments, can be useful for assessing the nutritional status of children, pregnant women and breastfeeding women with disabilities in emergencies. Health ministries, in particular, are a good source of data on newborn and maternal care.

Keep in mind that data on the nutritional status of older people, and people with disabilities above the age of five, may have been collected by other sectors, such as food security and health. Make sure that your nutrition assessments are also informed by assessments carried out by other sectors.

Identification of barriers and enablers

Assess barriers that could prevent older people and people with disabilities from accessing and participating in nutrition programmes. Ask questions about barriers and enablers in needs assessments and nutrition surveys, or when conducting accessibility audits (see **Key inclusion standard 1**).

Barriers could be:

- inaccessible facilities providing nutrition services (physical barriers);
- information on topics such as breastfeeding practices that is not available in different formats (information barriers);
- staff working in nutrition services having a negative attitude towards older people and people with disabilities and lacking skills for working with them (organisational and attitudinal barriers);
- household members are prejudiced against older people and children and adults with disabilities, and do not understand why they should be prioritised in food distributions (attitudinal barriers); or
- people in the local community have negative attitudes to bringing up children with disabilities (attitudinal barriers).

Enablers could be:

- nutrition programmes already exist for older people, and for children with disabilities, pregnant and breastfeeding women with disabilities, and adults with disabilities; or
- staff are skilled in breastfeeding counselling for women with disabilities, and in nutrition of older people and children and adults with disabilities.

Identification of risks associated with nutrition

When identifying the risks to older people and people with disabilities associated with nutrition, take the following into consideration:

- some older people, and children and adults with disabilities, may have been undernourished before the humanitarian crisis because of difficulty swallowing, chewing or eating, and the risk of undernourishment can increase in a humanitarian crisis – for example, if a child with a disability were to become separated from their family or support network, and could not access enough nutritious food;
- food that can be eaten easily or modified might be in short supply;
- older people and people with disabilities who have difficulty eating or accessing food may be more at risk of micronutrient deficiencies; this can have severe consequences for their mental and physical health, their immune system and their functional abilities, and this risk can be exacerbated in emergencies, when food rich in micronutrients becomes less available; and

- older people, children and adults with disabilities who need support to eat and drink may become separated from their families or caregivers.

Include questions about the nutrition practices and needs of infants and young children with disabilities, as well as pregnant and breastfeeding mothers with disabilities. Information and skills on feeding and care practices for children with disabilities can allow better programming and overcome barriers and risks caused by lack of information.

Monitoring

Routinely monitor the proportion of older people and people with disabilities accessing and participating in nutrition activities.

Regularly collect feedback from older people and people with disabilities about the barriers that prevent them from accessing and participating in nutrition activities, and the risks they face.

Work closely with people from other sectors, such as health and food security, to monitor the nutritional status of older people and people with disabilities.

Data sharing

Share the data you have collected with all relevant partners involved in nutrition programmes and with partners working in other sectors, such as food security, health and education.

Box 7

Assessing the nutritional status of older people, children and adults with disabilities

There is currently a lack of evidence and guidance on the most appropriate method of measuring the nutritional status of older people and people with disabilities. These are some points to consider, based on existing guidance.

Further research and evidence-based guidance on malnutrition and undernutrition of older people and children and adults with disabilities in emergencies is strongly recommended.

Older people

There is currently no agreed definition of malnutrition in older people, despite the fact that older people may be at a higher risk of malnutrition in emergencies.

The World Health Organization suggests that the body mass index (BMI) thresholds for adults may be appropriate for people aged 60 and above. However, it may be difficult to measure the BMI of an older person accurately if they have spinal curvature (stooping) or compression of the vertebrae. Arm span or demi-span can be used instead of height, but the multiplication factor to calculate height varies according to the population. A visual assessment is necessary.

Measuring mid-upper arm circumference (MUAC) may be useful for malnutrition in older people. However, research to identify appropriate cut-off points is still in progress.

People with disabilities

No guidelines currently exist for measuring the nutritional status of people with physical disabilities. As a result, people with physical disabilities are often excluded from anthropometric surveys. BMI can be used, but a visual assessment is also necessary.

MUAC and skinfold measurement may be used for some people. However, these methods may be misleading if people have built up upper-arm muscle to aid mobility.

There are alternatives to standard measures of height, including measures of length or arm span. It is necessary to consult the latest research to determine the most appropriate way of measuring children and adults with disabilities of all ages (including older people with disabilities) for whom standard weight, height and MUAC measurement are not appropriate.

Children with disabilities

MUAC may be misleading for measuring malnutrition in children with disabilities who use assistive devices to aid their mobility without the help of another person, such as crutches or a manual wheelchair that they operate themselves.

Consider alternative ways to measure malnutrition, such as visual assessment, skin fold, length or arm span measurements.

Source: Sphere Project, *Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response,* 2011, Rugby, Practical Action, 2011, http://bit.ly/1oK3Gnb

Guidance for key action 1.2: Include older people and people with disabilities in nutrition assessments and monitoring activities.

Use outreach to assess and monitor the nutritional status of older people and people with disabilities who are less visible. For example, some households may hide children with disabilities from other community members.

Collect information about the nutritional needs of people living in institutions such as psychiatric hospitals or care homes.

Support older people and people with disabilities, including pregnant and breastfeeding women with disabilities, to participate meaningfully in consultations about nutrition needs. Ask them to identify the factors that facilitate or prevent their access to information on feeding practices, nutrition programmes and safe and nutritious food (see **Food security and livelihoods inclusion standards**).

Collaborate with organisations of people with disabilities (DPOs), older people's associations (OPAs) and other community-based organisations representing older people and people with disabilities, including organisations of women with disabilities, to identify and monitor nutrition needs and barriers to accessing nutrition services.

Nutrition inclusion standard 2: Addressing barriers

Older people and people with disabilities have access to nutrition services and facilities.

Key actions

2.1: Design nutrition activities and facilities so that they are accessible to older people and people with disabilities.

2.2: Sensitise the community and nutrition staff on the right of older people and people with disabilities of all ages and genders to access and participate in nutrition programmes.

2.3: Build the capacity of nutrition staff to address the nutritional needs of older people and people with disabilities in emergencies, including infants and young children with disabilities, and women with disabilities who are pregnant or breastfeeding.

Guidance notes

Guidance for key action 2.1: Design nutrition activities and facilities so that they are accessible to older people and people with disabilities.

Accessible facilities

Choose a safe location, close to the affected population. Consider how long it will take older people and people with disabilities to reach the facilities. They may need longer than the rest of the affected population.

Make accessibility one of the criteria for selecting and designing all facilities dedicated to providing nutrition services, such as health centres, baby-friendly spaces, therapeutic feeding centres and outpatient therapeutic programmes.

Follow national standards on accessibility to design new nutrition facilities. If there are no national accessibility standards or if they contain gaps, refer to international standards on accessibility and the principle of universal design (see **Glossary**). For more guidance on accessibility, see Key inclusion standard 2, **Guidance note on environmental barriers** and Box 3 **'What is accessibility?'**.

Accessible information

Use different formats and communication channels to provide information about nutrition services, such as supplementary feeding programmes, advice on feeding practices and breastfeeding support, to make it accessible to everyone (see Key inclusion standard 2, Key action 1, **Guidance note on information barriers**).

Distribution

In therapeutic feeding centres, prioritise older people and people with disabilities in queues or, if they prefer, organise dedicated queues or distribution times for them. Provide seating, food, shade, safe drinking water, and toilets at distribution sites.

Provide inclusive cash-based support for people to buy complementary food or utensils to modify food. For example, provide information in different formats about how to use PIN cards and where to find accessible shops and vendors.

Take into account the specific concerns for older people and people with disabilities about nutrition. For example:

- people who cannot leave their shelter may be at more risk of becoming undernourished; they may require extra vitamins and minerals, such as vitamin D, vitamin A, iodine and iron; and
- people who have difficulty swallowing may be more at risk of dehydration; it is therefore particularly important for them to have access to safe drinking water, and information on how to modify fluids to make them easier to swallow.

Guidance for key action 2.2: Sensitise the community and nutrition staff on the right of older people and people with disabilities of all ages and genders to access and participate in nutrition programmes.

Assess the perceptions of staff and the local community about the nutritional needs of older people and people with disabilities at all stages of life (including infants, young children, children over the age of 5, pregnant and breastfeeding women, and older people).

Identify areas of discrimination and stigma associated with older age or disability. For example:

- people in the local community might discourage a woman with disabilities from breastfeeding, assuming that she will not be able to do it correctly, or care for her child;
- people in the local community might perceive targeted nutrition interventions for older people and people with disabilities as a privilege; or
- nutrition staff might adopt different behaviours for children with disabilities and children without disabilities.

Guidance for key action 2.3: Build the capacity of nutrition staff to address the nutritional needs of older people and people with disabilities in emergencies, including infants and young children with disabilities, and women with disabilities who are pregnant or breastfeeding.

Infants, young children, pregnant and breastfeeding women with disabilities

Train staff of nutrition services to:

- communicate with children and women with disabilities;
- detect any difficulties that women with disabilities may have with breastfeeding as soon as possible and refer them to skilled breastfeeding support;
- advise parents of children with disabilities on childcare and feeding practices for children who have difficulty eating or drinking, such as difficulty swallowing, and provide information on rehabilitation services;
- provide support and information on childcare and feeding practices for pregnant and breastfeeding women with disabilities, including support and information on breastfeeding techniques; and
- facilitate access and use of assistive devices, implements and utensils that make eating easier.

Complementary food for children with disabilities

Train nutrition staff on the needs of children with disabilities. For example, train them to:

- detect difficulties with swallowing, eating and drinking, and modify food and fluids accordingly;
- ask families and caregivers of children with disabilities about feeding practices and the types of adaptations needed; and
- provide information about the most appropriate ways of feeding children with disabilities and preparing or modifying food for them.

Nutrition of older people, children with disabilities over five years, and adults with disabilities

Nutrition programmes may not address the nutrition needs of older people, children with disabilities over five years, and adults with disabilities. The nutritional needs of these groups are usually addressed by food security programmes. However, older people and people with disabilities may be more at risk of malnutrition because of the barriers they face in accessing food.

Train staff involved in nutrition, health and food security programmes on the nutritional needs of these groups. For example, train them to:

- adapt criteria for supplementary feeding programmes to take into account the needs of older people and people with disabilities;
- provide information on how to modify food to make it easy to chew and swallow by people who may have eating difficulties;
- detect mineral and vitamin requirements of older people and people with disabilities who are more at risk of micronutrient deficiencies, and provide food or supplements to help them increase their micronutrient intake; and
- systematically monitor the coverage and acceptability of food rations among older people and people with disabilities.

Nutrition inclusion standard 3: Participation and resilience

Older people and people with disabilities participate in nutrition programmes and their capacities are strengthened.

Key actions

3.1: Strengthen the capacity of older people and people with disabilities to support good nutrition practices.

3.2: Support the meaningful participation of older people and people with disabilities in decision-making about nutrition.

Guidance notes

Guidance for key action 3.1: Strengthen the capacity of older people and people with disabilities to support good nutrition practices.

Work with older people, children and adults with disabilities, and their families and/or support networks to find out about their feeding practices.

Strengthening capacity in households

Strengthen the capacity of people in the household to access food in an emergency and make better use of what food is available. For example, explain how to modify food to make it easier to chew or swallow, how to obtain and use suitable alternative food in case of food shortages, and how to share food fairly within the family, based on need and not on distribution of power, for example, providing access to food for girls with disabilities on an equal basis with their siblings.

Inform the whole household, including older people and people with disabilities of all ages, on the nutrient content of food and how to follow a balanced, nutrient-rich diet.

Women with disabilities and breastfeeding

Encourage women with disabilities to breastfeed and support them to do so. Challenge the assumption that women with disabilities are unable to breastfeed or care for their children.

Cash-based support

Support cash-based approaches for nutrition, to strengthen household resilience. For example, cash can be used to pay for complementary food, utensils to modify food, or transportation costs to obtain other types of nutrition support.

Guidance for key action 3.2: Support the meaningful participation of older people and people with disabilities in decision-making about nutrition.

Strengthen the capacity of organisations representing older people and people with disabilities on nutrition in emergencies, and on the nutrition-related risks and barriers faced by older people and people with disabilities.

Involve older people, people with disabilities and their representative organisations in planning and coordinating nutrition programmes. Support their meaningful participation, for example, in Nutrition Cluster meetings and local committees (see Key inclusion standard 4, Key action 4.2, **Guidance note on promoting meaningful participation in decision-making**).

Tools and resources

Child Protection Working Group, 'Standard 22: Nutrition and child protection' and 'Standard 26: Distribution and child protection' in *Minimum standards for child protection in humanitarian action,* Child Protection Working Group, 2012, http://bit.ly/2zjApLe

Fritsch, Dr. P., *Nutrition interventions for older people in emergencies,* London, HelpAge International, 2013, p.32, http://bit.ly/2kIcs82

Sphere Project, 'Minimum Standards in Food Security and Nutrition, 1 Food security and nutrition assessment' in *Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response, 2011,* Rugby, Practical Action, 2011, http://bit.ly/2FqUIr9

UNICEF and Washington Group on Disability Statistics, *Child Functioning Question Sets,* http://bit.ly/2hDVZOR (15 December 2017)

United Nations Children's Fund (UNICEF), *Including children with disabilities in humanitarian action: Nutrition guidance,* UNICEF, (forthcoming), http://bit.ly/2zkXZaz

World Health Organization, *Guidance note on disability and emergency risk management for health,* Malta, WHO, 2013, http://bit.ly/2yR9WBf

Case study

Treatment of severe acute malnutrition in older people in refugee camps in South Sudan

Refugees fleeing the conflict in Blue Nile arrived in Maban County in South Sudan in November 2012, where Médecins Sans Frontières Belgium had a nutrition and health programme in two camps. A large number of adults as well as children were suffering from malnutrition after having travelled in the bush for a long period without access to proper food.

It was decided to include adults in a therapeutic feeding programme. Criteria for admission were based on middle upper arm circumference and presence of oedema, and clinical condition decided whether they would be admitted as outpatients or inpatients.

Very rapidly, many older people were admitted, particularly as inpatients. At the beginning of their treatment, older people complained about the therapeutic milk, which was difficult to digest and caused diarrhoea. This improved after a few days, with the transition to the rehabilitation phase and the introduction of solid food (ready-to-use therapeutic food).

While ready-to-use therapeutic food was generally well accepted, it appeared that being transferred to outpatient care was a problem for a number of older people who were isolated and without community

support. Others improved their nutrition status but still had medical conditions. After discharge from inpatient care, they continued to be monitored by home visitors who were sent to provide the ready-to-use therapeutic food and who organised a system of donkey carts to pick them up for a monthly visit to the ambulatory feeding centre.

This project showed that older people can be successfully treated in a therapeutic programme, and highlighted the importance of social support and home visiting.

Source: MSF Belgium, 2012; cited in Fritsch, Dr. P., *Nutrition interventions for older people in emergencies,* London, HelpAge International, 2013, p.32, http://bit.ly/2kIcs82

Shelter, settlements and household items inclusion standards

Previous page:
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Shelter, settlements and household items inclusion standards

1: Collecting information
Older people and people with disabilities have their shelter and settlements capacities and needs identified and monitored.

2: Addressing barriers
Older people and people with disabilities have safe and dignified access to emergency shelters, settlements and household items.

3: Participation and resilience
Older people and people with disabilities participate in shelter activities.

The Shelter, settlements and household items inclusion standards complement existing standards and guidance on shelter, settlements and household items. They should be read in conjunction with the Key inclusion standards and Sphere Minimum Standards in Shelter, Settlement and Non-Food Items.

Shelter, settlements and household items inclusion standard 1: Collecting information

Older people and people with disabilities have their shelter and settlements capacities and needs identified and monitored.

Key actions

1.1: Adapt shelter and settlement assessment and monitoring tools to collect information on the capacities and needs of older people and people with disabilities.

1.2: Include older people and people with disabilities in shelter and settlement assessments and monitoring activities.

Guidance notes

Guidance for key action 1.1: Adapt shelter and settlement assessment and monitoring tools to collect information on the capacities and needs of older people and people with disabilities.

Data disaggregation

Adapt shelter and settlement assessment and monitoring tools to collect and analyse data disaggregated by sex, age and disability (see Key inclusion standard 1, **Key action 1.1**).

Disaggregating data will show how many people of different population groups have been affected by the crisis, the risks they face, and their capacities and needs. Risks for older people and people with disabilities may include isolation and separation from their family, community or support network. Other risks are lack of privacy, and abuse by staff, landlords, host families or members of the community. Risks may also include forced eviction, and denial of rights to housing, land and property.

Women and girls, separated or unaccompanied children, and female-headed households may face particular risks.

Assessing barriers

Map barriers and enablers to accessing shelters and settlements affecting older people and people with disabilities. For example, consider accessibility of shelters, public buildings and services, national policies on housing, land and property rights, location of settlements, and access and evacuation routes.

Carry out accessibility audits of shelters, settlements, public buildings and services (see Key inclusion standard 2, Key action 2.1, **Guidance notes on addressing barriers** and Box 3 **'What is accessibility?'**).

Data analysis and use

Analyse the data you have collected on risks, barriers and enablers to access. Share this information with other sectors. For example, share information on access to WASH services in settlements with people working on WASH, and information about protection risks identified in shelters, settlements or services with people working on protection.

Monitoring barriers, needs and risks

Routinely monitor barriers and enablers to accessing shelter, settlements, and household supplies affecting older people and people with disabilities.

Monitor the risks faced by older people and people with disabilities and their shelter-related needs.

Guidance for key action 1.2: Include older people and people with disabilities in shelter and settlement assessments and monitoring activities.

Participation in assessments

Include older people and people with disabilities in shelter needs assessments. Ask them what their priorities are for shelter and settlement support, to enable you to identify suitable forms of shelter, potential safety risks and ways to minimise these.

Include older people and people with disabilities in assessment teams and routine monitoring activities, to identify their shelter preferences, and the barriers they may face to accessing shelter.

Ask older people and people with disabilities what shelter-related and household items are most suitable for them.

Accessibility audits

Identify positive factors and barriers that older people and people with disabilities face to accessing household items distributions (see Key inclusion standard 1, **Key action 1.1**).

Involve older men and women, people with different types of disabilities and their representative organisations in accessibility audits.

Shelter, settlements and household items inclusion standard 2: Addressing barriers

Older people and people with disabilities have safe and dignified access to emergency shelters, settlements and household items.

Key actions

2.1: Design, construct and adapt shelters and settlements to be accessible.

2.2: Provide household and shelter-related items that are suitable, safe and accessible for use by older people and people with disabilities.

2.3: Review and adapt distribution methods to provide safe and equitable access for older people and people with disabilities.

2.4: Build the capacities of staff, partners and communities to support the inclusion of older people and people with disabilities in shelter, settlements and household items activities.

Guidance notes

Guidance for key action 2.1: Design, construct and adapt shelters and settlements to be accessible.

Design and construction

Follow national standards on accessibility to design new shelters (including temporary accommodation) and settlements. If there are no national accessibility standards, or if they contain gaps, refer to international standards on accessibility and the principle of universal design (see **Glossary**). For more guidance on accessibility, see Key inclusion standard 2, **Guidance note on environmental barriers** and Box 3 **'What is accessibility?'**.

Protect the dignity and safety of older people and people with disabilities. For example:

- for shelters, provide partitioned or separate sleeping areas, accessible latrines and washing areas; and
- for settlements, design site layout and signage that is easy for older people and people with disabilities to navigate. Locate services and shelters at a reasonable distance from each other. For example, locate shelters within reach of facilities for providing employment and livelihoods opportunities, facilities being used as evacuation centres, facilities for cultural, religious and social activities, and local markets. Plan pathways to be accessible, clear and well lit.

If you sub-contract the construction of shelters or settlements to local companies, regularly monitor plans, sites and progress to ensure they follow the accessibility standards.

Remember: the estimated cost of making a building accessible from the outset is generally less than one per cent of the total construction cost, but the cost of adapting a building after it has been completed is far greater.[20]

Adapting existing shelters

If you have to adapt existing shelters, adapt a minimum of 15 per cent (based on World Health Organization global estimates on people with disabilities).[21]

Accessible information

Use different formats and communication channels to provide information about shelter-related activities and services to make it accessible to everyone (see Key inclusion standard 2, Key action 2.1, **Guidance note on information barriers**). This may include information about services such as layout plans and maps, rental support and eligibility criteria, distributions, grants for shelter, housing opportunities, drills for emergency evacuations, and healthcare and other humanitarian services in temporary settlements.

Guidance for key action 2.2: Provide household and shelter-related items that are suitable, safe and accessible for use by older people and people with disabilities.

Selecting household and shelter items

Select household and shelter items according to their ease of use. The items you distribute should be accessible to everyone, without needing any adaptations, following the

principle of universal design. For example, select items that are small and light enough to be carried easily, in packaging that is easy to open.

Additional items

If necessary, select additional items to make shelters accessible to older people and people with disabilities. These might include portable ramps and hand rails, extra partitions to protect the privacy of people using the shelter for personal hygiene, extra blankets and clothing for people with reduced mobility to keep them warm, and lighting for people with visual impairments.

Guidance for key action 2.3: Review and adapt distribution methods to provide safe and equitable access for older people and people with disabilities.

Consult older people and people with disabilities to choose the most appropriate location and frequency for distributing household and shelter items.

Analyse the barriers and enablers to safe and equitable distribution through the method chosen. For example, older people and people with disabilities may be prevented from receiving distributions if distribution points are too far from shelters, information is not provided in accessible formats, or items are too heavy for them to carry.

Adaptations

If necessary, adapt distribution methods to make them accessible to older people and people with disabilities (this is known as reasonable accommodation, see **Glossary**). For example, prioritise older people and people with disabilities in queues or, if they prefer, organise dedicated queues for older people and people with disabilities. Provide assistance to transporting items, including aids such as wheel barrels. Provide seating, food, shade, a safe drinking water supply, and toilets at distribution sites. To avoid causing harm, raise awareness within the community of the reasons for prioritising certain groups.

Take every possible step to allow older people and people with disabilities to collect items themselves. Ask those who cannot or prefer not to come to a distribution point how they want to receive the items and make the necessary arrangements. For example, arrange for a trusted "proxy" to collect them, or deliver them through outreach services or trusted community members.

Guidance for key action 2.4: Build the capacities of staff, partners and communities to support the inclusion of older people and people with disabilities in shelter, settlements and household items activities.

Sensitisation

Sensitise staff, partners and communities on the right of older people and people with disabilities to be included in shelter and settlement activities and their

capacity to contribute. Their participation in activities such as construction, maintenance or reconstruction is often overlooked because it is assumed that they lack the capacity. Older people and people with disabilities themselves may make this assumption.

Conduct awareness-raising sessions with staff, partners and service providers on the capacities of older people and people with disabilities to participate in shelter and settlement activities. Help them to recognise that older people and people with disabilities may, for example, be recruited as members of construction and maintenance teams, facilitators for accessibility trainings, or administrators in cash-for-work activities.

Training

Provide professional training to staff and partners involved in shelter, settlements and household items programmes on how to include older people and people with disabilities. This may include:

- how to meet accessibility requirements for shelters and settlements;
- how to provide universally designed household items and how to adapt items to make them easier to use; and
- how to identify and reduce the protection risks that older people and people with disabilities may face when they access and participate in shelter-related activities.

Shelter, settlements and household items inclusion standard 3: Participation and resilience

Older people and people with disabilities participate in shelter activities.

Key actions

3.1: Strengthen the shelter-related capacities of older people and people with disabilities.

3.2: Support the participation of older people and people with disabilities in shelter-related activities and decision-making.

Guidance notes

Guidance for key action 3.1: Strengthen the shelter-related capacities of older people and people with disabilities.

Capacities

Understand the capacity of older people and people with disabilities to maintain their shelters, and how they do this. For example, find out how they build, reconstruct or maintain their shelters and repair household items.

Cash for work

Provide opportunities for older people and people with disabilities to participate in cash-for-work programmes on construction, reconstruction or adaptation of buildings. Provide these to men and women equally.

Provide equal remuneration for work of equal value in cash-for-work activities. Provide reasonable accommodation if needed, such as transportation allowances, including allowances for caregivers or personal assistants.

Training

Provide equal training opportunities for older people and people with disabilities to develop their skills in areas such as construction, maintenance and adaptation of buildings. Make sure training facilities and information on training opportunities are accessible.

Guidance for key action 3.2: Support the participation of older people and people with disabilities in shelter-related activities and decision-making.

Participation in activities

Support older people and people with disabilities, and their representative organisations, to participate in shelter-related activities, for example in the distribution of household items.

Participation in coordination and decision-making

Support the meaningful participation of representatives of organisations of people with disabilities (DPOs) and older people's associations (OPAs) in shelter-related coordination and decision-making mechanisms, such as the Shelter Cluster, community shelter committees and other decision-making mechanisms (see Key inclusion standard 4, Key action 2, **Guidance note on promoting meaningful participation in decision-making**).

Tools and resources

CBM, *Humanitarian Hands-on Tool (HHoT),* Shelter task card, CBM, http://bit.ly/2BGzwhK (18 December 2017)

Child Protection Working Group, 'Standard 24: Shelter and child protection,' 'Standard 25: Camp management and child protection' and 'Standard 26: Distribution and child protection' in *Minimum standards for child protection in humanitarian action,* Child Protection Working Group, 2012, http://bit.ly/2zjApLe

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Global Protection Cluster, Protection Mainstreaming App (ProM), http://bit.ly/2ozLkgs (Google Play), http://apple.co/2oBCyPf (iTunes)

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Case study

Delivering a door-to-door response

In 2015, the Khyber Pakhtunkhwa province in Pakistan experienced flash flooding. This caused substantial further damage to an area of Pakistan only recently affected by a 7.5 magnitude earthquake. The district of Chitral was one of those worst affected, with almost 20,000 homes recorded as completely or partially destroyed, leaving thousands of families without shelter.

A rapid needs assessment of the area identified 10 per cent of households headed by a person with a disability and 38 per cent headed by an older person.

Islamic Relief launched a response in Chitral district. Working in a consortium, and knowing that local social networks and forums were already in place, they were able to identify focal points to assist with data collection. By going door to door with locally elected representatives to conduct a more detailed assessment, the field team could ensure the inclusion of older people and people with disabilities, making certain the representatives understood any additional needs. The teams also conducted sensitisation meetings with the community, to help the community understand the rights of those most at risk, and the criteria for receiving assistance, aiding the transparency of the response. They also contacted the district social welfare officer and the union council chairman

to provide existing data of older people and people with disabilities in the area; data from government departments based on previous assistance helped to cross-check the findings of the response teams.

One of the individuals identified by Islamic Relief to receive shelter materials and cash grants was a man living with a chronic disease, who had a daughter with a disability. His family had been left destitute by the earthquake, but he had not previously been registered to receive assistance until the assessment team had come to his door.

In places where access is challenging for many people, the door-to-door assessments, together with a budget for transportation, helped to overcome limitations that had previously prevented people reaching distribution points. By working jointly in a consortium, it also helped in avoiding duplication at the community and local level.

Source: Islamic Relief

Health inclusion standards

Previous page: © Erika Pineros/ Handicap International

Health inclusion standards

1: Collecting information
Older people and people with disabilities have their health-related capacities and needs identified and monitored.

2: Addressing barriers
Older people and people with disabilities have safe and dignified access to health facilities, services and supplies.

3: Participation and resilience
Older people and people with disabilities participate in health activities and their capacities are strengthened.

The Health inclusion standards complement existing standards and guidance on health. They should be read in conjunction with the Key inclusion standards and Sphere Minimum Standards in Health Action.

Health inclusion standard 1: Collecting information

Older people and people with disabilities have their health-related capacities and needs identified and monitored.

Key actions

1.1: Adapt assessment and monitoring tools to collect information on the health needs and capacities of older people and people with disabilities.

1.2: Include older people and people with disabilities in health assessments and monitoring activities.

Guidance notes

Guidance for key action 1.1: Adapt assessment and monitoring tools to collect information on the health needs and capacities of older people and people with disabilities.

Data disaggregation

Adapt health assessment and monitoring tools, such as tools to measure morbidity and mortality rates, health needs and health risks, to collect and analyse data disaggregated by sex, age and disability (see Key inclusion standard 1, **Key action 1.1**).

Find out if health information systems at national, regional or local level collect and report data disaggregated by sex, age and disability. If not, explore possibilities for the Ministry of Health to make provision for this.

Adapt community-level registers held by community health workers to identify older people and people with disabilities, and determine their health needs.

Data sources

Use different sources of data to identify barriers and enablers to use of the health system by older people and people with disabilities. For example:

- national, regional and local levels of the Ministry of Health;
- national and international NGOs;

- organisations of people with disabilities (DPOs) and older people's associations (OPAs), including organisations of women with disabilities;
- health services providers, including community health workers; and
- the national body for assigning identification cards to older people and people with disabilities.

Mapping

Map the location of health facilities, and visit them to identify barriers to access affecting older people and people with disabilities (see Key inclusion standard 1, Key action 1, **Guidance note on collecting information on barriers and enablers**).

People who are hard to reach

Organise consultations with the community to identify older people and people with disabilities who may be hard to reach, such as those who stay at home or in their shelter, and people who have difficulty reaching health facilities.

Institutional care

Visit institutions housing older people and people with disabilities, such as psychiatric hospitals and care homes, to assess how the health needs of residents are being addressed. If these institutions are inadequately staffed (for example, if staff have abandoned them during the emergency) arrange for professionals from other facilities and members of the local community to provide healthcare and other services to residents.

Monitoring access

Monitor the number of older people and people with disabilities using health services. Compare these figures against population data, to ensure that older people and people with disabilities are accessing services.

Guidance for key action 1.2: Include older people and people with disabilities in health assessments and monitoring activities.

Include older people (women and men) and people with disabilities (women, men, girls and boys) and their representative organisations in consultations and assessments to identify the health-related needs, capacities and risks of the crisis-affected community. Ensure they are also involved in monitoring activities.

Ask older people and people with disabilities to tell you what are the essential treatments, follow-up services, drugs, and medical equipment, including assistive devices on which they rely.

Barriers and enablers

Ask older people and people with disabilities what factors prevent them from accessing health services (barriers), and what factors enable them to access services (enablers) (see **Key inclusion standard 1**). For example, health facilities might be inaccessible, staff might be unable to communicate with people with sensory or intellectual disabilities or with dementia, essential drugs for chronic diseases might be in short supply, or there might be no accessible sexual and reproductive health services.

Capacities

When you collect information on the capacity of the local community in relation to health, make sure you include older people and people with disabilities. In some communities, older people play key roles. For example, older women are often employed as birth attendants. Therefore it is essential to include the opinions of older people and people with disabilities as key informants in consultations on the health system, access to healthcare, and community-level services.

Involvement in assessment and monitoring

Include older people and people with disabilities in assessment teams and routine monitoring activities. This will help you identify their health needs and capacities, and the physical, environmental and attitudinal barriers they may face to accessing services.

Health inclusion standard 2: Addressing barriers

Older people and people with disabilities have safe and dignified access to health facilities, services and supplies.

Key actions

2.1: Design, construct or adapt health facilities to be accessible.

2.2: Adapt health services to make them accessible to older people and people with disabilities.

2.3: Raise awareness and train health staff and communities on the health-related needs and capacities of older people and people with disabilities.

Guidance notes

Guidance for key action 2.1: Design, construct or adapt health facilities to be accessible.

Accessibility of health facilities

Follow national standards on accessibility to design new health facilities. If there are no national standards, or if they contain gaps, refer to international standards and the principle of universal design (see **Glossary**). For more guidance on accessibility, see Key inclusion standard 2, **Guidance note on environmental barriers** and Box 3 **'What is Accessibility?'**.

Make sure that all areas of health facilities are accessible, including, for example, services for survivors of sexual and gender-based violence, emergency obstetric care, post-abortion care and newborn care for women with disabilities, sites for isolation and treatment of infectious diseases and palliative care services.

Carry out accessibility audits of health facilities with older people and people with disabilities (Key inclusion standard 2, Key action 1, **Guidance notes on addressing barriers** and Box 3 **'What is accessibility?'**).

Accessible information

Use different formats and communication channels to provide information on health services and make it accessible to everyone. For example, provide information on prevention, health promotion, health services, use of health kits and medical supplies and use and maintenance

of assistive devices in Braille, audio format, sign language and easy-to-read print (see Key inclusion standard 4, **Key action 1**).

Health education messages must reach children and families, including older people and children and adults with disabilities.

Guidance for key action 2.2: Adapt health services to make them accessible to older people and people with disabilities.

Reasonable accommodation

If necessary, adapt services to make them all accessible to older people and people with disabilities. For example, arrange dedicated visiting times for older people and people with disabilities, assign sign language interpreters for people who are deaf or hard of hearing, or organise dedicated schedules for older people and people with disabilities to attend medical or nursing consultations.

Consider that a lack of staff training and stigma makes it more difficult for people with psychosocial disabilities to access health services.

Outreach measures

Allocate resources for outreach activities to provide for older people and people with disabilities who are unable to reach health facilities. For example, organise mobile medical units, use available telecommunications to follow up remotely, establish a roster of community health workers to provide care and referral as required and engage community volunteers to provide support.

Referrals

Work with health services to establish referral pathways between services, to maintain a continuum of care for older people and people with disabilities. Monitor the progress of older people and people with disabilities between the different referrals.

Support health services to link with community-based rehabilitation programmes and DPOs, OPAs and other community-based organisations to provide peer support.

Collaborate with emergency response teams that include rehabilitation professionals.

Informed consent

Review the system for obtaining informed consent for medical examinations. Make sure it is accessible to people who may use augmentative or alternative communication (see **Glossary** and Key inclusion standard 4, Key action 1, **Guidance note on informed consent**).

Guidance for key action 2.3: Raise awareness and train health staff and communities on the health-related needs and capacities of older people and people with disabilities.

Sensitisation

Identify knowledge, attitudes and practices of health staff and the local community in relation to the rights of older people and people with disabilities. This includes health-related rights such as the right to sexual and reproductive health.

Use the information you have collected to engage directly with older people and people with disabilities to develop key messages and resources for awareness-raising sessions.

Conduct awareness-raising sessions with health staff and community members on the potential health risks and barriers faced by older people, and children and adults with disabilities, that may be overlooked, such as:

- the implications of higher prevalence of non-communicable diseases for older people and people with disabilities;
- the higher risk of malnutrition, and death caused by malnutrition, among children with disabilities (see **Nutrition inclusion standards**);
- health conditions that may create complications for pregnant women with disabilities, or require additional support to be provided in childbirth;

- the increased risk of sexual and gender-based violence against older people and people with disabilities (see **Protection inclusion standards**); and
- sexual and reproductive health education for adolescent girls and boys with disabilities, particularly those with intellectual disabilities, and for women and men who have recently acquired a disability.

Training

Find out if there are gaps in health staff training relating to provision of services for older people and people with disabilities.

Involve older people and people with disabilities in developing training modules to fill these gaps.

Provide training to mental health and psychosocial support staff on the rights of people with psychosocial disabilities.

Health inclusion standard 3: Participation and resilience

Older people and people with disabilities participate in health activities and their capacities are strengthened.

Key actions

3.1: Strengthen the health-related capacities of older people and people with disabilities.

3.2: Support the participation of older people and people with disabilities in health programmes and related decision-making.

Guidance notes

Guidance for key action 3.1: Strengthen the health-related capacities of older people and people with disabilities.

Capacity strengthening

Engage with older people and people with disabilities to strengthen their capacity to protect their health.

For example, collaborate with women with disabilities to develop accessible information to promote sexual and reproductive health.

Training

Provide equal training opportunities for older people and people with disabilities to develop skills for roles, such as health volunteers and community health workers.

Make sure training facilities and information on training opportunities are accessible (see **Key inclusion standard 2** for guidance related to accessibility).

Guidance for key action 3.2: Support the participation of older people and people with disabilities in health programmes and related decision-making.

Participation in activities

Put in place measures for older people and people with disabilities to participate in health-related activities.

Involve men and women equally in developing materials for community awareness-raising and training of health workers. Involve older people and people with disabilities in community sensitisation campaigns, for example, as speakers on health issues and access to services.

Collaborate with community health volunteers and healthcare providers to involve older people and people with disabilities in planning how to make health services accessible.

Support older people and people with disabilities to participate when planning to provide health information and health services. For example, support them to take part in accessibility audits of facilities and information.

Participation in decision-making

Strengthen the capacity of organisations representing older people and people with disabilities to participate in health programmes in emergencies and decision-making mechanisms.

Support the meaningful participation of older people and people with disabilities in coordination mechanisms and decision-making bodies, such as community health committees and the Health Cluster (see Key inclusion standard 4, Key action 2, **Guidance note on promoting meaningful participation in decision-making**).

Tools and resources

Child Protection Working Group, 'Standard 21: Health and child protection' in *Minimum standards for child protection in humanitarian action,* Child Protection Working Group, 2012, http://bit.ly/2zjApLe

Global Protection Cluster, Protection Mainstreaming App (ProM), http://bit.ly/2ozLkgs (Google Play), http://apple.co/2oBCyPf (iTunes)

Inter-Agency Standing Committee (IASC), *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings,* Geneva, IASC, 2007, http://bit.ly/2zl0No7

United Nations Children's Fund (UNICEF), *Including children with disabilities in humanitarian action: Health and HIV/AIDS guidance,* UNICEF, (forthcoming), http://bit.ly/2ySGuuC

United Nations Development Programme (UNDP) *Reaching out to People Living with Disabilities in Sierra Leone* (video), http://bit.ly/1oQs08P (English), http://bit.ly/2kfyYFI (French)

World Health Organization, *Emergency Medical Teams: Minimum Technical Standards and Recommendations for Rehabilitation: Emergency Medical Teams,* Geneva, WHO, 2016, http://bit.ly/2kfO3XS

World Health Organization, *Mental Health: WHO QualityRights initiative – improving quality, promoting human rights,* http://bit.ly/1iZaP1o (18 December 2017)

Case study

Improving access to post-disaster psychosocial support in Nepal

KOSHISH is a Nepalese mental health self-help organisation run by persons having direct experience of mental illness who are committed to advocating for the inclusion and dignity of people with psychosocial disabilities.

Following the earthquake that struck Nepal in 2015, CBM supported KOSHISH to run an Emergency Psychosocial Response project in Bhaktapur, which was one of the most-affected districts. KOSHISH ensured that treatment, home visit support and medication provision was re-established for their existing clients, including those relocated in emergency shelters. In addition, the rapid needs assessment run by KOSHISH highlighted that not many of the humanitarian organisations that were beginning to be active in relief work were including activities that would address psychosocial needs.

KOSHISH already had an active network with multiple groups in Bhaktapur, and used these links to recruit psychologists, counsellors and volunteers working through four Trauma Management and Psychosocial Counselling Centres.

By the end of 2015, KOSHISH had provided psychosocial counselling and trauma care for 333 people, including 140 people with disabilities, at four centres. 2,029 people also received tailored Psychological First Aid; 109 of these were people with disabilities. 464 staff had received training or refresher training on Psychological First Aid.

KOSHISH participated in health and protection cluster and coordination meetings, and psychosocial working group meetings, which were organised by the District Public Health Office of Bhaktapur. They also took a lead role in coordination of bi-weekly meetings of a psychosocial working group at the Division of Women and Children. At these events, they advocated for appropriate mechanisms of inclusion of persons with psychosocial disability in all relief measures, including health, shelter, WASH and nutrition.

Source: CBM, One year report: Nepal earthquake 2015, Bensheim, CBM, 2016, www.cbm.org/nepal-earthquake-one-year

Education inclusion standards

Previous page: © Molly Feltner/ Handicap International

Education inclusion standards

1: Collecting information
Older people and people with disabilities have their education capacities and needs identified and monitored.

2: Addressing barriers
Older people and people with disabilities have access to educational opportunities, with curricula and materials suitable for a range of learners.

3: Participation and decision-making
Older people and people with disabilities participate in education activities and decision-making.

The Education inclusion standards complement existing standards and guidance on education in emergencies. They should be read in conjunction with Key inclusion standards, INEE Minimum Standards for Education, and Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response.

Education inclusion standard 1: Collecting information

Older people and people with disabilities have their education capacities and needs identified and monitored.

Key actions

1.1: Adapt assessment and monitoring tools for formal and non-formal education to collect information on the needs and capacities of older people and people with disabilities.

1.2: Include older people and people with disabilities in formal and non-formal education assessments and monitoring activities.

Guidance notes

Guidance for key action 1.1: Adapt assessment and monitoring tools for formal and non-formal education to collect information on the needs and capacities of older people and people with disabilities.

Data disaggregation

Adapt formal and non-formal education assessment and monitoring tools – such as the education management information system (EMIS), questionnaires, reporting templates and education surveys – to collect and analyse data disaggregated by sex, age and disability (see Key inclusion standard 1, **Key action 1.1**).

Existing sources of data

Use existing sources of data to identify, among the population of older people and people with disabilities, who is accessing or not accessing formal and informal education.

These sources could be national authorities (such as the Ministry of Education, other ministries or national censuses), special schools, the education management information system (EMIS), other humanitarian agencies, organisations of people with disabilities (DPOs), older people's associations (OPAs), and community-based organisations.

Adapting tools

Adapt assessment and monitoring tools to identify whether older people and people with disabilities are being excluded from educational opportunities when, for example, assessing the capacities of local schools or temporary learning spaces.

Identification of barriers and capacities

Identify the barriers that prevent older people and people with disabilities from having access to education, and capacities to overcome these barriers. Barriers might be a lack of accessible transportation to the learning facility, negative attitudes of staff, pupils and parents, or a lack of teachers or teaching support staff. In addition to professional staff, it is also helpful to identify informal support for children and adults with disabilities, and older people, to access education, such as volunteers, siblings, buddy systems, and peer support.

Map national standards for the accessibility and safety of education facilities. Work with DPOs, OPAs and accessibility experts to identify where existing emergency education facilities may be failing to meet these standards.

Map mechanisms for decision-making about education, such as community education committees, parent-teacher associations, school management committees, the Education Cluster, and other coordination mechanisms. Involve DPOs and OPAs in identifying barriers that could prevent older people and people with disabilities from participating in these mechanisms.

Monitoring

Regularly monitor:

- the proportion of older people and people with disabilities who do not have access to educational activities; monitor the participation of older people (women and men) and people with disabilities (women, men, girls and boys) in education committees, decision-making bodies and other groups that manage educational activities;
- how the content of learning activities, teaching methods, and methods used to assess the education level of older people and children and adults with disabilities is adapted for people with diverse capacities and needs; collect feedback from education staff, older people, and children and adults with disabilities on how accessible and appropriate the educational activities and teaching methods are, and whether they face any continuing barriers to taking part in educational activities; and
- the attitudes of staff, teachers and others working in education towards older people and people with disabilities; use this information to adapt awareness-raising messages and training content.

Guidance for key action 1.2: Include older people and people with disabilities in formal and non-formal education assessments and monitoring activities.

Participation in identifying barriers

Ask a diverse group of older people, and adults and children with disabilities, what barriers they face to participating in educational activities. Include representatives of older people and people with disabilities in group discussions. Consult adolescent girls and boys to identify the different barriers and enablers affecting them.

Involve older people and people with disabilities in audits and assessments of educational facilities, to identify potential shortfalls in safety and accessibility (see Key inclusion standard 2, Key action 2.1, **Guidance notes on addressing barriers**).

Participation in assessments

Involve older people, and adults and children with disabilities, as key informants in educational needs assessments. Ask them which methods they prefer be used for these needs assessments.

Identification of learning facilities

Consult older people (women and men) and people with disabilities (women, men, girls and boys) to identify appropriate sites for learning facilities. Work with them to identify potential risks relating to educational activities and plan how to reduce these.

Education inclusion standard 2: Addressing barriers to education

Older people and people with disabilities have access to educational opportunities, with curricula and materials suitable for a range of learners.

Key actions

2.1: Adapt learning facilities to be safe and accessible for older people and people with disabilities.

2.2: Use a diverse range of teaching methods, curricula and learning materials suitable for different groups of learners.

2.3: Build the capacity of teachers, communities and others working in education to promote inclusive education in emergencies.

Guidance notes

Guidance for key action 2.1: Adapt learning facilities to be safe and accessible for older people and people with disabilities.

Design and construction

Design and construct all types of learning facilities to be accessible, including non-formal education spaces, mobile training units, and home-based education (see Key inclusion standard 2, Box 3 **'What is accessibility?'**).

Consider:

- the location of the learning facilities, close to the shelters of older people, people with disabilities and their support networks;
- accessible and safe access routes (see **Shelter, settlements and household items inclusion standards**);
- clear pathways and an entrance that is easy for everyone to reach and enter;
- enough space in classrooms for wheelchairs;
- appropriate lighting for people with visual impairments; and
- toilets that allow privacy and separate facilities for males and females (see **Water, sanitation and hygiene inclusion standards**).

Safety of the learning environment

Make the learning environment a safe space where everyone knows that their feedback will be welcomed. Make essential information about safety and protection accessible to everyone, such as information about evacuation and safety plans, and information on how to report any abuse or exploitation.

Working with special schools

Work with special schools to promote inclusive education. If special schools or classes exist, in which people with disabilities are separated from mainstream education, draw on their expertise to promote the inclusion of people with disabilities in mainstream learning spaces.

Linking with mainstream services

If children with disabilities are attending special schools or alternative education models, encourage these providers to link with mainstream services to promote opportunities for children with and without disabilities to play and learn together.

Sharing lessons learnt

Share lessons learnt and good practices in making education facilities accessible with national authorities. Encourage national authorities to integrate good practices into school construction and maintenance policies.

Guidance for key action 2.2: Use a diverse range of teaching methods, curricula and learning materials suitable for different groups of learners.

Adapting materials

Provide teaching and learning materials in different formats and languages, including sign language.

Ensure that textbooks and other learning materials represent diversity and gender balance. For example, make sure that older people and people with disabilities of different genders are represented in a positive way in the examples and stories in these materials.

If older people and people with disabilities need any additional assistive devices, ask them what they prefer to use and purchase these items locally whenever possible.

Adapting methods

Make it possible to adapt the curriculum or content of educational activities to suit individuals, in both formal and non-formal education. For example, create an individual education plan, setting learning objectives according to the capacity and interests of the older person or person with disability.

Adapt learning activities to make them more accessible to people with disabilities. For example, arrange alternative times for tests, set alternative learning goals for children who may need more time or support to learn, and offer additional teaching support.

Make formal and non-formal educational activities flexible to suit diverse learners. For example, adapt technical and vocational education and training programmes (TVET) and early childhood development programmes and interventions, to be flexible to suit a diverse range of learners.

Promote peer-support among learners, such as buddy system, circle of friends, child-to-child support, and small group learning activities.

Guidance for key action 2.3: Build the capacity of teachers, communities and others working in education to promote inclusive education in emergencies.

Awareness-raising

Carry out awareness-raising activities with the local community, including older people, people with disabilities, and education staff, on the right of older people and people with disabilities to inclusive education in emergencies. Base your messages on an analysis of the knowledge, attitudes and practices of the local community in relation to the right to education in emergencies.

Involve DPOs and OPAs in raising awareness of education bodies, such as education committees, on the right of older people and people with disabilities to participate in decision-making about education.

Training

Train headteachers, teachers, and other education staff to:

- prevent discrimination in education, and promote the right of older people and people with disabilities to inclusive education in emergencies;
- recognise and address diverse needs, for example, if a learner needs someone to support them with a written assignment or additional time to complete the assignment;
- recognise and address the different types of barriers that may prevent older people and people with disabilities from participating in educational activities – these may include stigma based on false assumptions, such as that the inclusion of older people and people with disabilities in the classroom will slow down the learning pace of others;
- adapt teaching methods to suit a range of learners, including using tools such as individualised education plans; and
- challenge the perception that it is difficult and expensive to provide inclusive education.

Support for teachers

Put in place a system for providing regular support to teachers. For example, put teachers in touch with DPOs and OPAs that have the skills to provide support for teaching, and/or with other education professionals.

If additional staff will be required to support older people or people with disabilities to participate in education, include the extra cost in your budget, or lobby for this cost to be included in the overall education budget.

Map any existing resources that can be used to support inclusive teaching methods, and share these with teachers.

Sharing experiences

Encourage teachers and others with experience of inclusive teaching methods (such as other professionals, family members, and support networks of older people and people with disabilities) to share their experience and examples of good practice. For example, support exchange visits between special education facilities and mainstream schools or temporary learning spaces.

Education inclusion standard 3: Participation and decision-making

Older people and people with disabilities participate in education activities and decision-making.

Key actions

3.1: Adapt educational activities and decision-making mechanisms to support the participation of older people and people with disabilities, including children.

3.2: Ensure that there are equal opportunities for older people and people with disabilities to develop their skills and to be employed as teachers or education personnel.

Guidance notes

Guidance for key action 3.1: Adapt educational activities and decision-making mechanisms to support the participation of older people and people with disabilities, including children.

Participation in education programmes

Involve older people, people with disabilities and their representative organisations in awareness-raising sessions about the right of older people and people with disabilities to education in emergencies. Work with them to develop messages for the local community, people working in education, older people, and children and adults with disabilities.

Involve older people and people with disabilities in analysing existing educational activities, to identify any factors that limit their accessibility, and what can be done to make them more accessible. Ask older people and people with disabilities what teaching methods and learning materials they need and prefer.

Participation in decision-making

Support the meaningful participation of older people and people with disabilities (including girls and boys) in education-related decision-making mechanisms, such as education committees, so that they contribute to planning education in emergency responses.

Ensure that the information produced by education committees is available in different formats (see Key inclusion standard 4, Key action 2, **Guidance note on promoting meaningful participation in decision-making**).

Guidance for key action 3.2: Ensure that there are equal opportunities for older people and people with disabilities to develop their skills and to be employed as teachers or education personnel.

Recruitment

Include diversity of gender, age and disability in the selection criteria for recruiting teachers and other education staff.

Implement inclusive human resources policies for education-related activities (see **Key inclusion standard 8**).

Share job descriptions and recruitment requests with organisations representing older people and people with disabilities, and ask them to share these with their networks.

Adapt educational workplaces to suit older people and people with disabilities who have been hired as staff, based on their individual needs (see **'reasonable accommodation'** in the Glossary).

Vocational training

Provide equal opportunities for older people and people with disabilities to receive training to develop their technical and vocational skills, and support their livelihoods. Consider having a quota for older people and people with disabilities in vocational training centres, and adapting awareness-raising and skills development training sessions to be accessible.

Tools and resources

Child Protection Working Group, 'Standard 20: Education and child protection' in *Minimum standards for child protection in humanitarian action,* Child Protection Working Group, 2012, http://bit.ly/2zjApLe

Global Protection Cluster, Protection Mainstreaming App (ProM), http://bit.ly/2ozLkgs (Google Play), http://apple.co/2oBCyPf (iTunes)

Inter-Agency Network for Education in Emergencies (INEE), *Education in Emergencies: Including Everyone: INEE pocket guide to inclusive education,* Geneva, INEE c/o UNHCR, 2009, http://bit.ly/1KAkItY

Inter-Agency Network for Education in Emergencies (INEE), *INEE Minimum Standards for Education: Preparedness, response, recovery, 2nd edition,* New York, INEE, 2010, http://bit.ly/2BE5fjM

Inter-Agency Network for Education in Emergencies (INEE), *INEE Pocket Guide to Supporting Learners with Disabilities,* Geneva, INEE c/o UNHCR, 2010, http://bit.ly/1P0LMJ8

United Nations Children's Fund (UNICEF), *Including children with disabilities in humanitarian action: Education guidance,* UNICEF, (forthcoming), http://bit.ly/2oAqNIE

United Nations Children's Fund (UNICEF) and The Washington Group on Disability Statistics, *Module on Inclusive Education,* (forthcoming), http://bit.ly/2yS5mD5

Case study

Setting up inclusive education and classes in Jordan

Mercy Corps has been implementing inclusive education projects in Jordan, to improve access to public schools for children with disabilities who live in Syrian refugee camps and with host communities. Through a comprehensive approach that tackles multiple barriers to inclusion, the project teams have been able to support the inclusion of children with disabilities into mainstream schools.

Resource rooms – dedicated learning spaces where children with disabilities receive specialised instruction – are upgraded and refurbished, to ensure they are accessible and equipped with the materials required.

Alongside the infrastructure support, Mercy Corps supports schools by providing assistant teachers. Regular classroom teachers are trained and coached. School staff are trained on inclusive education techniques, and sensitisation sessions are provided on the right of children with disabilities to education, and on identifying and removing barriers to education.

Children with disabilities are included in regular classrooms, and receive small group or individual support in resource rooms as needed. This includes academic support and rehabilitative services, such as physical, occupational, and speech therapy sessions.

Mercy Corps empowers community members to advocate for inclusive education at national level, and helps schools and teachers to support and include children with disabilities into their classrooms and schools.

Source: Mercy Corps

Glossary

Where a reference is given, these definitions are taken in whole from the source document.

For the purpose of these standards, some definitions given in the context of either older people or people with disabilities may also apply to other groups who face barriers to access and participation.

Accessibility. Accessibility means ensuring that people with disabilities are able to have access to the physical environment around them, to transportation, to information such as reading material, to communication technology and systems on an equal basis with others. Accessibility requires forward thinking by those responsible for delivery of private and public services to ensure that people with disabilities can access services without barriers. (CBM 2017)[22]

Assistive devices. Assistive devices and technologies are those whose primary purpose is to maintain or improve an individual's functioning and independence to facilitate participation and to enhance overall well-being. They can also help prevent impairments and secondary health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearings aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication capacities. In many low-income and middle-income countries, only 5-15 per cent of people who require assistive devices and technologies have access to them. (WHO 2017)[23]

Augmentative and Alternative Communication (AAC). AAC is a set of tools and strategies that an individual uses to solve everyday communicative challenges. Communication can take many forms such as: speech, a shared glance, text, gestures, facial expressions, touch, sign language, symbols, pictures, speech-generating devices, etc. Everyone uses multiple forms of communication, based upon the context and our communication partner. Effective communication occurs when the intent and meaning of one individual is understood by another person. The form is less important than the successful understanding of the message. (ISAAC 2017)[24]

Barriers. For the purpose of these standards, barriers are defined as factors that prevent a person from having full and equal access and participation in society. These can be environmental, including physical barriers (such as the presence of stairs and the absence of a ramp or an elevator) and communication barriers (such as only one format being used to provide information), attitudinal barriers (such as negative perceptions of older people or people with disabilities) and institutional barriers (such as policies that can lead to discrimination against certain groups). Some barriers exist prior to the conflict or natural disaster; others may be created by the humanitarian response.

Capacity. The combination of all the strengths, attributes and resources available within an organization, community or society to manage and reduce disaster risks and strengthen resilience. Capacity may include infrastructure, institutions, human knowledge and skills, and collective attributes such as social relationships, leadership and management. (UNISDR 2017)[25]

Caregivers. These are adults and children of all genders who provide support to a person requiring it, and their support is often unpaid. (See the definition of **Personal Assistance** for more information).

Cash Transfer Programming (CTP). CTP refers to all programs where cash (or vouchers for goods or services) is directly provided to beneficiaries. In the context of humanitarian assistance the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CTP covers all modalities of cash-based assistance, including vouchers. This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash). The term can be used interchangeably with Cash-based Interventions and Cash-based Transfers. (CaLP)[26]

Community-based rehabilitation (CBR). CBR is a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services. (WHO 2004)[27]

Enablers. For the purpose of these standards, enablers are the factors that facilitate access and participation in society for older people and people with disabilities.

Impairment. A significant deviation or loss in body functioning or structure (WHO, 2002). Impairments may be either temporary or permanent, and people may have multiple impairments. (UNICEF 2017)[28]

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. (IFRC 2015)[29]

Information management. The term 'information management' covers the various stages of information processing from production to storage and retrieval to dissemination towards the better working of an organization; information can be from internal and external sources and in any format. (OCHA)[30]

Intersectionality. This means the interaction of multiple factors, such as disability, age and gender, which can create multiple layers of discrimination, and, depending on the context, entail greater legal, social or cultural barriers. These can further hinder a person's access to and participation in humanitarian action, and more generally, in society.

Older people. Older people are a fast-growing proportion of the population in most countries, but are often neglected in humanitarian action. In many countries and cultures, being considered old is not necessarily a matter of age, but is linked to circumstances, such as being a grandparent or showing physical signs of ageing, such as white hair. While many sources use the age of 60 and above as a definition of old age, 50 years and over may be more appropriate in many of the contexts where humanitarian crises occur.

Older people's associations (OPAs). OPAs are innovative community-based organisations of older people, aimed at improving the living conditions for older people and for developing their communities. OPAs utilise the unique resources and skills older people have, to provide effective social support, to facilitate activities and deliver services. (HelpAge 2009)[31]

Organisations of people with disabilities, or disabled people's organisations (DPOs). DPOs are usually self-organised organisations where the majority of control at board level and at membership level is with people with disabilities. The role of a DPO is to provide a voice of their own, on all matters related to the lives of people with disabilities. (CBM 2017)[32]

People with disabilities. 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 CPRD)[33]

Personal assistance. Some people with disabilities may require personal assistance to facilitate their full inclusion and participation in the family and community. Personal assistance may be necessary because of environmental factors (e.g. when the environment is inaccessible), and because people with disabilities may have impairments and functional difficulties that prevent them from carrying out activities and tasks on their own.

Personal assistance may enable a person with disability to get up and go to bed when he/she wants, eat what and when he/she wants, complete household tasks, attend social events outside the home, access education, earn an income, and care for the family.

Personal assistance can be provided through informal means, such as family members and friends, or through formal means, such as private employees or social services. (WHO 2010)[34]

Protection mainstreaming. Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. (GPC 2017)[35]

Reasonable accommodation. "Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. (UN CPRD)[36]

Resilience. This refers to the ability of individuals, communities or countries to anticipate, withstand and recover from adversity – be it a natural disaster or crisis. Resilience depends on the diversity of livelihoods, coping mechanisms and life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness. (Sphere 2017)[37]

Special education system. Special education system means children with disabilities receiving an education in a segregated learning environment such as a special school that is often isolated from the community, from other children, or from the mainstream education schools. (HI 2012)[38]

Universal design. "Universal design" means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed. (UN CPRD)[39]

Vulnerability. The conditions determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards. (UNISDR 2017)[40]

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Humanitarian principles require that humanitarian assistance and protection are provided on the basis of need, without discrimination.

The Humanitarian inclusion standards for older people and people with disabilities are designed to help address the gap in understanding the needs, capacities and rights of older people and people with disabilities, and promote their inclusion in humanitarian action.

Each chapter presents a set of standards with key actions to meet the standard, guidance notes to support delivery of the actions, tools and resources, and case studies illustrating how older people and people with disabilities access and participate in humanitarian response.

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