



Disability Inclusion Policy Brief

Gap analysis on
disability-inclusive
humanitarian action
in the Pacific

2017

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Gap analysis on disability-inclusive humanitarian action in the Pacific.

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Background

Introduction

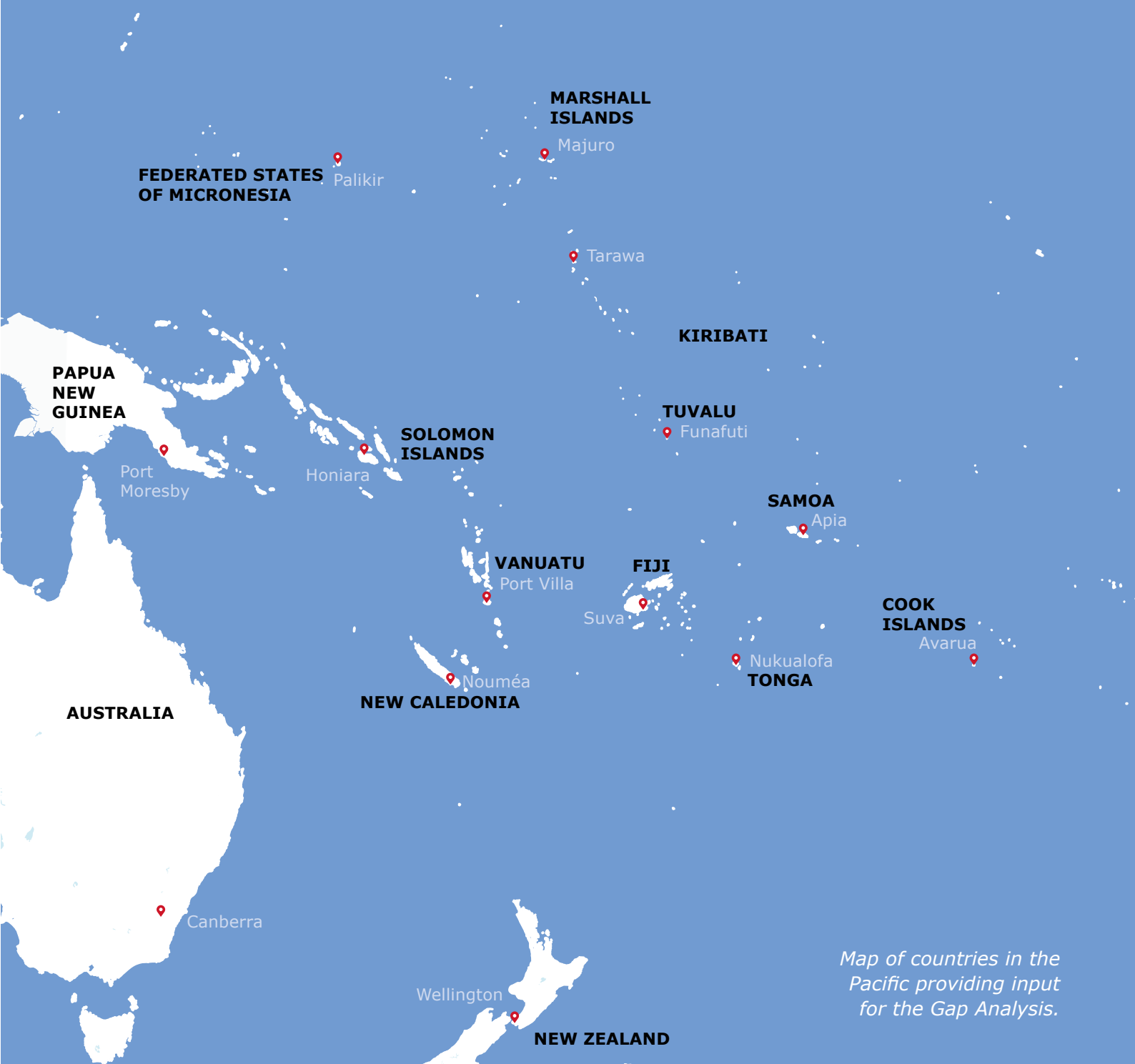
It is estimated that one billion people with disabilities¹ are disproportionately affected by humanitarian crises. Worldwide, 85% of humanitarian actors consider persons with disabilities to be more vulnerable in times of crisis, yet 92% estimate that persons with disabilities are not properly accounted for during current humanitarian responses.² Article 11 of the United Nations Convention on the Rights of Persons with Disabilities 2006 (UNCRPD) makes specific reference to addressing the needs, safety and protection of persons with disabilities in situations of risk and humanitarian emergency. Article 32 of the Convention requires that international cooperation including disaster relief, emergency response and disaster risk reduction (DRR) programmes, are inclusive and accessible to persons with disabilities. The Sendai Framework for Disaster Risk Reduction 2015-30 and the Paris Climate Change Agreement adopted in 2015 both identify persons with disabilities as key stakeholders that must be included and empowered to participate and take leadership in DRR and climate change adaptation (CCA) strategies. The Sendai Framework promotes disability inclusive DRR as a key element to support sustainable and inclusive development.

While considerable and commendable progress has been made in the United Nations 2030 Agenda for Sustainable Development³ to include persons with disabilities in the development and humanitarian agenda, there is still important work to be done to ensure these global frameworks are translated into action. Governments who have made commitments to address the rights of persons with disabilities in humanitarian situations are in the process of reviewing policies and developing strategies, plans and programmes that are fully disability inclusive. Ensuring inclusion of persons with disabilities during emergency response must be considered a

core component of principled and effective humanitarian action. It is based not only on the humanitarian principles of humanity and impartiality, but also on the human rights principles of equity and non-discrimination.

Most recently, the Charter on Inclusion of Persons with Disabilities in Humanitarian Action has been endorsed at the World Humanitarian Summit in 2016. The Charter is a commitment to render humanitarian action inclusive of persons with disabilities by: removing barriers persons with disabilities face to accessing relief, protection and recovery support; and ensuring active participation in the development, planning and implementation of humanitarian programmes.

The Pacific is experiencing increasingly frequent and more severe natural disasters more than any other region in the world. A Category 5 cyclone, Tropical Cyclone Pam, hit Vanuatu in 2015 – it was the largest in the Pacific in 30 years. The following year Fiji was struck by Tropical Cyclone Winston (also Category 5) - the strongest to make landfall in Fiji and the South Pacific Basin in recorded history. A number of humanitarian agencies from New Zealand responded to these two emergency events. Most aimed to include children, girls, women and persons with disabilities. However, few were able to put in place the necessary interventions to effectively reach and include persons with disabilities in their programmes. Persons with disabilities and their family are disproportionately affected by disasters, hence facing higher consequent risks. Not considering those risks in emergency preparedness strains community, society and government capacities to cope with the impacts of such extreme circumstances and challenges the development agenda. Persons with disabilities experience increased risks due to separation from family, loss of assistive and mobility devices, and difficulties accessing information among others.



Map of countries in the Pacific providing input for the Gap Analysis.

In the face of climate change, and in times of environmental and humanitarian disaster, the relative poverty of persons with disabilities combined with multiple discrimination (including low prioritisation) and lack of access to relief services place persons with disabilities at greater risk of exclusion, isolation, abuse, illness and death.

The Pacific Framework for the Rights of Persons with Disabilities 2016-25 (PFRPD) was developed to support Pacific governments to promote, protect and

fulfil the rights of persons with disabilities, as well as provide a regional modality for strengthening coordination and collaboration in support of national initiatives. Goal four of the PFRPD focuses on disaster risk management and acknowledges that the remoteness of many Pacific Island communities makes persons with disabilities living in such communities particularly vulnerable. This highlights the importance of an inclusive approach to disaster management.

Background

Purpose

The New Zealand Ministry of Foreign Affairs and Trade (MFAT) has commissioned the Pacific Disability Forum (PDF) and CBM New Zealand to conduct this independent gap analysis to review the level of disability inclusion in humanitarian practice from New Zealand agencies responding to disaster events in the Pacific region. Although MFAT's 2012-2015 Humanitarian Policy did not specifically prioritise disability inclusion⁴, this policy brief is a response to the increased attention being given to inclusion of persons with disabilities in humanitarian action after New Zealand made international commitments by endorsing the Charter for Inclusion of Persons with Disabilities in Humanitarian Action in 2016.

Within this context, this policy brief presents findings from a gap analysis of disability-inclusive emergency response in the Pacific. It seeks to:

- *improve understanding of the challenges of, and opportunities to enhance, inclusive humanitarian practice in the Pacific*
- *improve understanding from a disability-inclusive perspective of the effectiveness of recent emergency responses including Tropical Cyclones Pam and Winston, and the Ambae island evacuation; and*
- *develop priority actions needed to progress disability inclusion in Pacific emergency preparedness and response.*

This policy brief is a critical step toward developing disability-inclusive humanitarian strategies (both policy and practices) that better meet the needs and protect the rights of persons with disabilities in the Pacific region, and to fulfilling international commitments to involve the most at-risk groups in emergency relief.

Scope

The two main focuses of the gap analysis that have informed this policy brief are outlined below.

- *A review of the level that New Zealand-based non-governmental organisations (NGOs) include persons with disabilities in their emergency responses. This analysis was based on a review of the two recent significant disaster responses noted above - Tropical Cyclone Pam in Vanuatu and Tropical Cyclone Winston in Fiji.*
- *An assessment of the capacity of Organisations of Persons with Disabilities (DPOs) to engage in the humanitarian responses and capture their perception of current humanitarian practice in the region - both the challenges and good practices observed.*

The first analysis included assessing the New Zealand-based NGOs against selected indicators from the eight thematic areas of the Minimum Standards for Age and Disability Inclusion in Humanitarian Action: identification; safe and equitable access⁵; resilience; knowledge and participation; feedback; coordination; learning; and human resources.

In contrast, since the DPO capacity assessment was an initial step in strengthening DPO capacity to respond to humanitarian crises, that assessment focused primarily on preparedness and response. The areas of inquiry included: DPO skills and competencies; networks and partnerships; data and research availability; fundraising; advocacy; coordination; and resource mobilisation capacity and capability. That assessment also captured DPO perceptions of the extent to which the Charter on Inclusion of Persons with Disabilities in Humanitarian Action is being implemented in their countries; and findings from the recent experiences of persons with disabilities, including an evacuation from Ambae Island following volcanic activity in Vanuatu (2017).

Approach

The analysis focused on identifying practical lessons learned from recent humanitarian responses with a view to identifying priority actions that can improve disability inclusion within future Pacific disaster preparedness and responses. The approach involved communicating with MFAT's Humanitarian and Disaster Management team to ensure that the analysis was aligned with MFAT's expectations, and that any trade-offs and risks were effectively managed during the research.

To ensure that the policy brief is forward-looking, the resulting recommendations are formulated in the context of relevant United Nations conventions and charters, notably the UNCRPD and the Charter on Inclusion of Persons with Disabilities in Humanitarian Action.

Methodology

The gap analysis comprised a literature review, surveys, interviews and focus group discussions. As shown in *Figure 1*, there were five stages in the process, which further evolved as the process progressed to expand on learnings from the earlier stages.

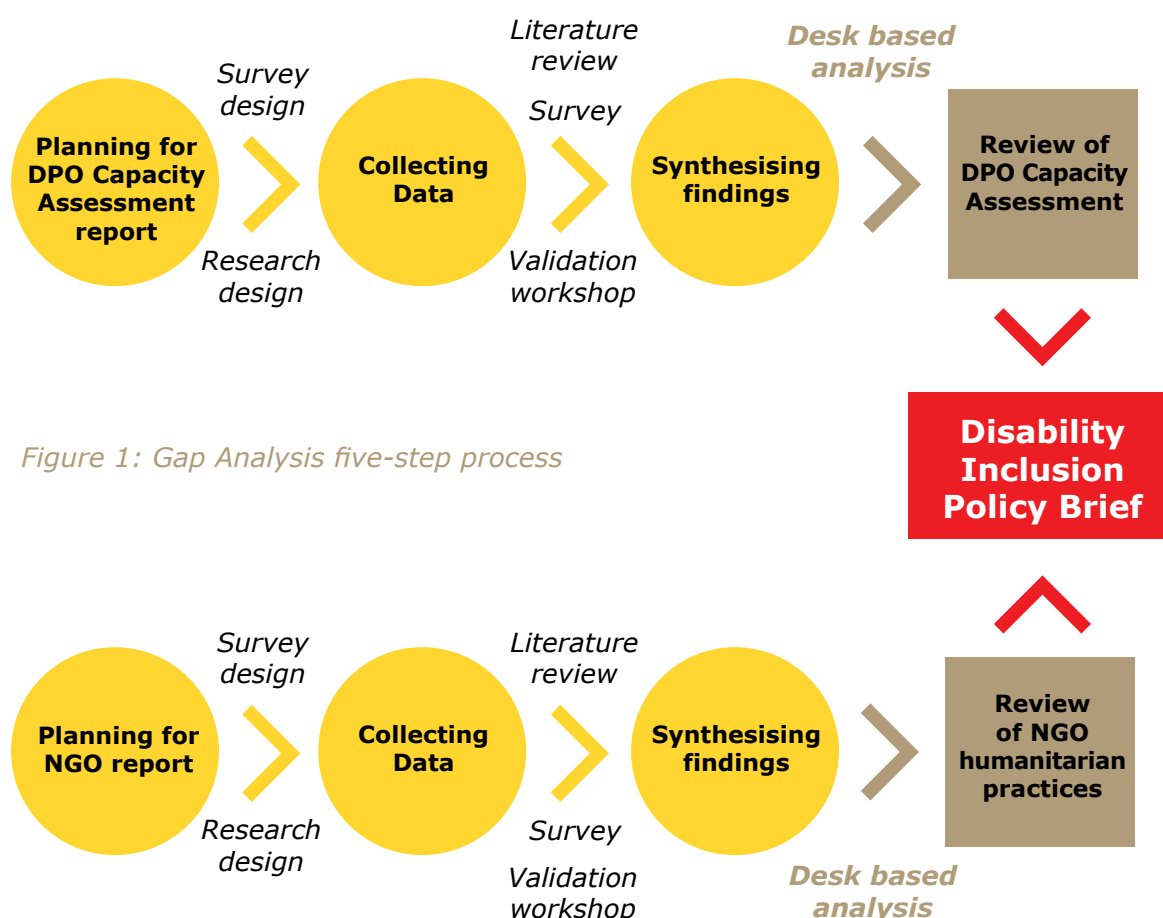
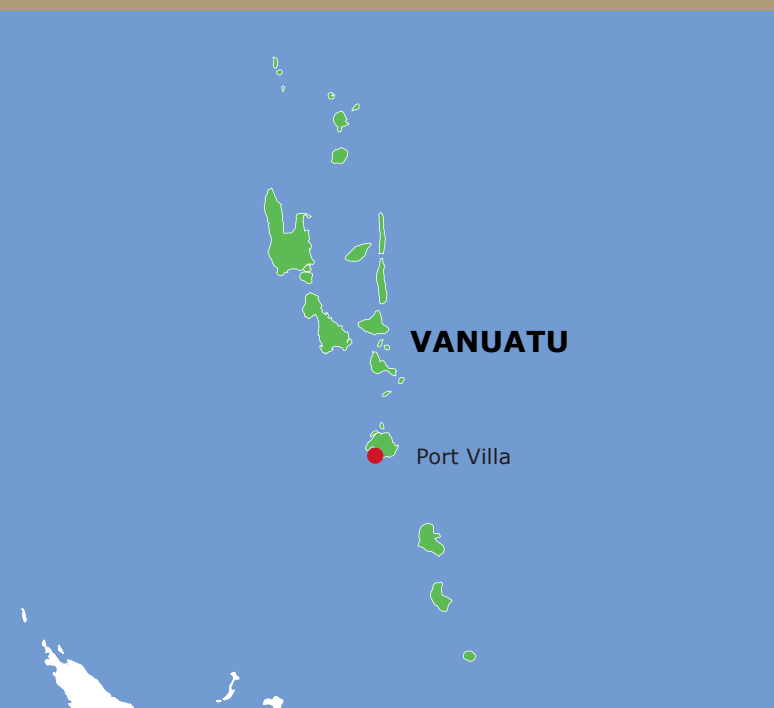


Figure 1: Gap Analysis five-step process

This section discusses findings and recommendations from research and needs assessments relating to three case studies that were developed as part of the literature review.



When TC Pam hit there was no evacuation centre nearby for Iolou to find safety. After the TC Pam, he constructed his own evacuation shelter (pictured) so he is prepared next time
Photo credit: ©Elle Spring/CBM Australia

Discussion

Case Study 1

Tropical Cyclone Pam

CBM-Nossal Institute Partnership research involving 648 households from Tanna Island affected by the 2015 Tropical Cyclone Pam in Vanuatu confirmed that disasters disproportionately affect persons with disabilities.⁶ Although the research showed that people with and without disabilities experienced lack of access to food distribution and shelter to a similar degree, those with disabilities experienced worse access to safe evacuation information and facilities. This may have contributed to the considerably higher degree of cyclone-related injuries. 5.8% people with disabilities, sustained injuries versus 2.4% of people without disabilities indicating that people living with disabilities were 2.45 times more likely to have been injured during the cyclone.

Very few people with disabilities had assistive devices such as glasses, walking sticks, crutches and wheelchairs, and seven people with disabilities reported loss of their assistive devices because of the cyclone. This can mean the difference between function and dependency, and the loss of such essential assistive devices can limit the ability of a person to get to evacuation shelters safely.

Adults with disabilities, and particularly women with disabilities, were less able to access evacuation shelters than those without disabilities (74% of women with disabilities) compared to 50% of men with disabilities (31 women; 18 men). Steps, narrow doorways, and toilets that are not large enough to accommodate a person with disability, their assistive device and their carer can prevent access to people with disabilities. Privacy, isolation of hygiene services and mobility barriers can compromise safety in evacuation centres.

Adults with disabilities had poorer access to disaster risk reduction efforts compared to adults without disabilities. Following Tropical Cyclone Pam, 60% (47) of persons with disabilities reported a lack of safety information on what to do in an emergency before the cyclone compared to 47% (14) people without disabilities; and 62% (49) of adults with disabilities did not have information on evacuation centres prior to the cyclone compared to 40% (12) of those

without disabilities. This was particularly the case for women with disabilities whose were less likely to attend school compared to men with disabilities. Although gender-based violence experiences were not explored in this study, research indicates that women with disabilities are at greater risk, particularly in disasters where official statistics show increased incidence of gender-based violence.⁷

Based on the findings of the CBM-Nossal Institute Partnership research, the following recommendations were made for disaster preparedness.

- Mainstream disability inclusion throughout DRR activities and consult with persons with disabilities at all levels of DRR policy and programming.
- Promote the leadership of persons with disabilities, particularly women with disabilities, in community preparedness initiatives and mechanisms.
- Ensure households and communities are prepared to safely evacuate all community members - including women, children and men with disabilities - along with any assistive device they may use.
- Incorporate accessible and gender-sensitive design principles in evacuation shelters. Consulting with local people with disabilities through their Disabled People's Organisations is widely recognised as best practice to ensure evacuation shelters are an accessible, safe environment for everyone during future disasters.

Discussion

Case Study 2

Tropical Cyclone Winston

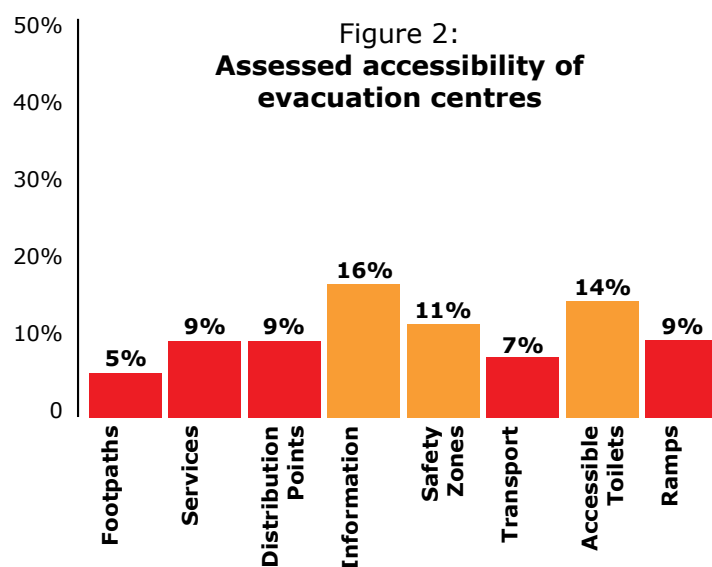
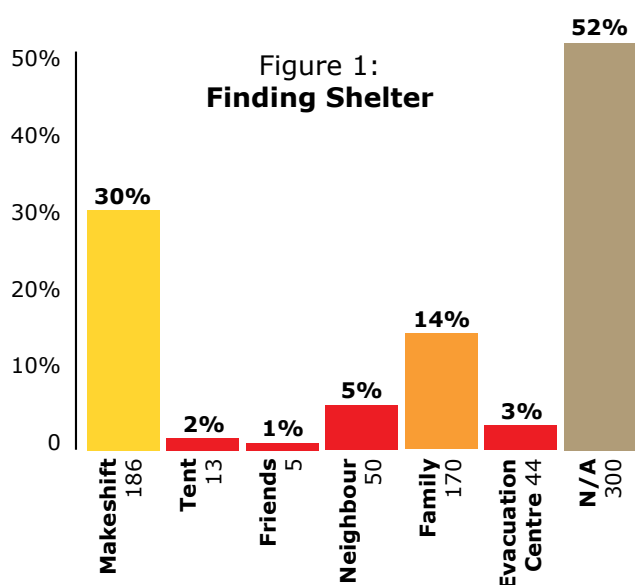
When Tropical Cyclone Winston hit Fiji in February 2016, PDF and the Fiji Disabled Persons Federation (FDPF) mobilised to advocate for disability inclusiveness in various cluster meetings. Initially held in inaccessible venues, some humanitarian clusters changed their meeting locations upon request to ensure issues concerning persons with disabilities could be voiced and addressed.

Despite having a prominent presence in the cluster meetings, the lack of disaggregated data for persons with disabilities was the most significant challenge for disability advocacy. Where data existed, it was incomplete. PDF and FDPF formed a Tropical Cyclone Winston Disability Working Committee to advocate for inclusion of person with disabilities in all recovery and rehabilitation services rendered by the Government of Fiji.

A needs assessment was conducted by the Disability Working Committee to assess the current situation of persons with disabilities and map strategies to advocate for the inclusion of persons with disabilities in all immediate and recovery and rehabilitation services in Fiji.⁸ The assessment - the first of its kind in the Pacific - identified key areas that needed to be implemented immediately to ensure person with disabilities were part of future disaster prevention and response planning.



*Eremasi, blind, is the FDPF focal point on Ovalau island. He stands on what is left of his home after TC Winston devastated the island.
Photo Credit: ©Pacific Disability Forum, Fiji*



The following recommendations came out of the Tropical Cyclone Winston Needs Assessment.

- Include persons with disabilities and their representative organisations in all DRR management processes.
- Collate disability-disaggregated data for coordination and planning.
- Share information with shelter cluster and shelter humanitarian agencies to build safe and accessible shelter for persons with disabilities.
- Share information with National Disaster Management Offices relating to evacuation centres, and provide training on access audits to ensure that ramps, accessible toilets, footpaths, safety zones, information and distribution points are available in all evacuation centres.

Discussion

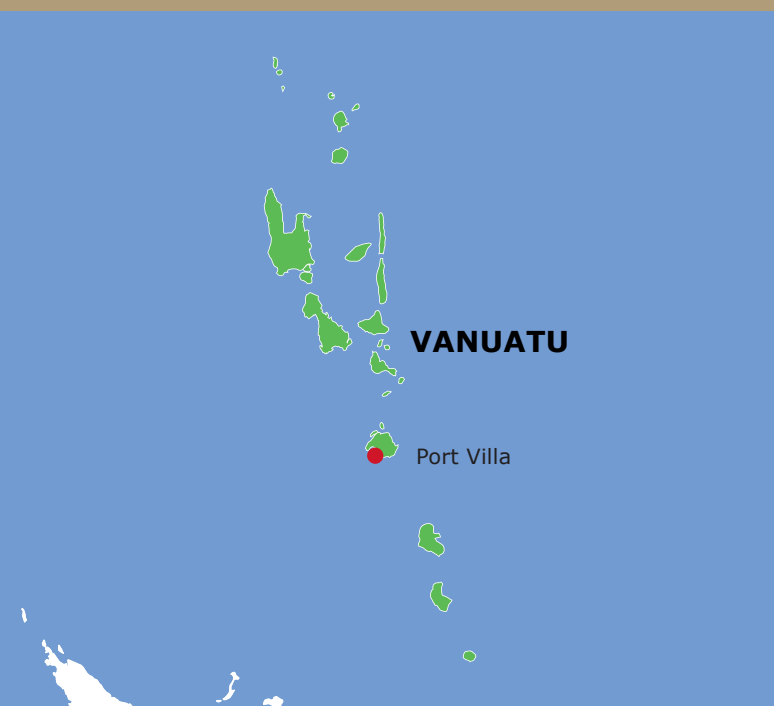
Case Study 3

Evacuation from Ambae

Following increased volcanic activity from Monaro Volcano on Ambae in October 2017, the people living on the island were evacuated to neighbouring islands. Some people with disabilities who were evacuated from Ambae by air were instructed to leave their wheelchairs and assistive devices behind. Those with severe mobility impairments struggled to access hygiene facilities and distribution points until they had received appropriate assistive equipment.

Initially no data was available on: the number of persons with disabilities evacuated from Ambae; where they were evacuated to; or whether their needs were being met. During Gender and Protection Cluster meetings on Santo Espiritu, these concerns were raised by persons with disabilities prompting a needs assessment⁹ to be conducted by Vanuatu's Disability Promotion and Advocacy Association (VDPA), PDF and CBM New Zealand.

This assessment revealed that the evacuation process was challenging for both adults with physical and visual impairments, and children with physical and intellectual impairments, some of whom had not travelled off the island before. Once relocated to evacuation sites, some persons with mobility impairments stayed in tents due to step access, narrow doorways and bags obstructing pathways to sleeping and latrine facilities. Sleeping in tents without mattresses had health risks for two elderly persons who could not find sufficient shade to rest during the day. Some people with disabilities were billeted out to families who did not have adequate knowledge or resources to provide care, risking neglect, abuse and safety concerns. Absence of cash transfer facilities meant that billets were unable to cover specific needs of persons with disabilities creating a financial burden for the host family.



Smoke and ash emanates from the Monaro Voui volcano located on one of Vanuatu's northern islands Ambae in the South Pacific. Photo credit: ©Reuters



Kodwin was evacuated with family from Ambae to Luganville by air but was told to leave his wheelchair behind. A temporary wheelchair was provided by the local Mormon church and modified for his use with a scarf to help him sit upright. The wheelchair allowed Kodwin to move around the evacuation centre which had level access and an accessible washroom. Photo credit: ©Md Al Imran/CBM New Zealand

Following the needs assessment, a Disability Sub-Cluster made the following recommendations to the Gender and Protection Cluster.

- Persons with disabilities should be given priority access to board the boat/plane and positioned close to the washroom facilities.
- Persons with disabilities should be evacuated along with their personal assistants and assistive devices, and devices should be stored in a safe place on the same boat/plane during the evacuation.
- Evacuation centres should be accessible and include accessible wash room and latrine facilities.
- Host families should be informed about the repatriation plan for the families they are hosting – persons with disabilities should remain with their personal assistants when billeted.

Findings & Implications

This section summarises the consolidated findings from the gap analyses of New Zealand-based NGOs and Pacific DPOs in the context of relevant United Nations conventions and charters.

When TC Pam struck Tanna, Nasawaki did not evacuate on her own as the distance to evacuation centres, which are often inaccessible, was too far away to walk with club feet. Fortunately Nasawaki was evacuated by her brother to his own home. Photo credit: ©Elle Spring/CBM Australia



Non-discrimination

Inclusion of persons with disabilities is not only based on humanitarian principles of humanity and impartiality, but also on the human rights principles of equity and non-discrimination. At the 2016 World Humanitarian Summit, commitments in the Charter on Inclusion of Persons with Disabilities in Humanitarian Action were endorsed by more than 150 stakeholders. The Charter highlighted non-discrimination as a key area of action that would contribute towards improving protection and access to assistance for persons with disabilities.

Findings from the Pacific DPO capacity assessment highlighted discrimination as one of the leading causes of exclusion. DPOs receive a significant number of complaints during humanitarian events from their members and beneficiaries. However, complaint mechanisms are often not in place within humanitarian organisations, and when they are, they tend not to be inclusive or accessible. The gap analysis showed that DPOs are knowledgeable about the UNCRPD, however, few have a clear understanding of Article 11 on situations of risk and humanitarian emergencies, and most have little or no understanding of international and national humanitarian frameworks.

While humanitarian organisations are aware of disability issues in general, the NGO survey results showed that their humanitarian programmes often omitted persons with disabilities. Organisations randomly engaged persons with disabilities in needs assessments and only two organisations reported that they had established contact with key disability stakeholders as part of the assessment.

One of the main reasons for missing out persons with disabilities is that NGOs are not using existing disability data to inform their programming nor collecting data on disability. Instead they are relying on visual identification or self-identification of

persons with disabilities. This implies that persons with disabilities are visible within the community and are able to approach the staff conducting needs assessments. This random technique for identification is highly discriminative and has the potential to create conflict at community level based on the rationale used by NGOs to identify beneficiaries. Globally, there is a consensus to pilot and use the WGSS questions as the most reliable method to identify persons with disabilities in any community. It is recommended that NGOs and other stakeholders integrate WGSSQ into their data collection processes. After PDF and CBM NZ conducted training to New Zealand-based NGOs on disability inclusive emergency response, data collection using the WGSS was piloted at household level by NGOs within Southern Katipo 2017 (SK-17).¹⁰ NGOs identified that using WGSS questions at individual level would be time consuming and could be challenging in a Pacific context where registration is often completed at household level.

The NGO survey results highlighted a range of gaps in their practice that contribute to the exclusion and discrimination of persons with disabilities. These include:

- *failure to use or collect disability disaggregated data,*
- *not undertaking disability-specific risk assessments that would assist with considering intersectionality and heightened risks for women and girls with disabilities,*
- *a lack of consideration of accessibility (physical and communication) of their programmes, including existing complaints mechanisms; and*
- *limited training being provided to their staff and implementing partners on disability-related issues.*

The review of literature, Pacific DPOs capacity assessment and the New Zealand NGO survey all highlighted that although it is unintentional, there is still a high level of discrimination of persons with disabilities in humanitarian responses in the Pacific. This needs to be considered from both DPO and NGO perspectives.

The research demonstrates that often lack of understanding and lack of knowledge is a root cause of exclusion that could be tackled through:

- *understanding existing humanitarian and disability-related frameworks and policies to strengthen protection strategies and programmes*
- *proactive and systematic use of existing disability data and information*
- *systematically collecting disability data disaggregated by gender, age and disability*
- *continuously analysing disability-related risks, including consideration of intersectionality with gender, ethnicity and age characteristics*
- *considering hard-to-reach persons with disabilities in programming*
- *committing to ensure universal accessibility of humanitarian assistance*
- *inclusive-budgeting that addresses universal accessibility, reasonable accommodation and social protection.*

Participation

Participation is one of the underpinning principles of the UNCRPD and a key element to enable persons with disabilities to enjoy and achieve all human rights. The Charter on Inclusion of Persons with Disabilities in Humanitarian Action calls for participation of persons with disabilities in all phases and actions related to humanitarian assistance and protection.

Representative Pacific DPOs view participation as the area where most progress has been made. Some report being invited and able to voice their concerns within humanitarian cluster coordination meetings or as part of national disaster committees. However, they also highlight that concrete outcomes are limited to individual issues and that there is no evidence of systematic inclusive programming.

The NGO survey clearly demonstrated a limited level of participation, mainly in consulting with persons with disabilities. NGOs were less likely to promote or use full and effective participation or leadership of persons with disabilities. Only a few organisations reported contact with local DPOs – they tended to address disability issues based on incidental findings. The lack of active steps to include persons with disabilities in needs assessments, programme design and implementation,

monitoring, learning or transition/exit strategies revealed the need to further work on shifting the perception of persons with disabilities from passive victims to additional resources who can improve humanitarian assistance.

Although participation was viewed by DPOs as an area of great progress where much more could be done, the NGO survey highlights that very little action is being undertaken to include and use the skills, knowledge and expertise of persons with disabilities in their humanitarian assistance programmes.

A range of actions can be taken to improve the situation, including:

- *developing relationships between humanitarian NGOs and representative organisations of persons with disabilities and disability-specialist organisations*
- *ensuring that DPOs are considered as key stakeholders in humanitarian assistance*
- *developing a culture to systematically approach DPOs at times of emergency to seek advice and knowledge on disability inclusion within national to community level programmes; and*
- *changing perceptions or attitudes that persons with disabilities are passive victims, to seeing persons with disabilities as active and valuable contributors and recognising their leadership and expertise regarding disability issues (in particular, identifying barriers to participation and accessibility).*



*Mareca walks through her village on Koro island, Fiji, surveying damage from TC Winston.
Photo credit: ©Pacific Disability Forum*

Inclusive Policy

The issue of including persons with disabilities in humanitarian action has moved forward dramatically in recent years and a number of international frameworks have recognised the importance of “leaving no one behind” and to ensure persons with disabilities are not only included but have the capacity to lead and contribute to programmes and decisions that concern them. The Charter on Inclusion of Persons with Disabilities in Humanitarian Action identifies the development and implementation of inclusive policy as a way to ensure protection of persons with disabilities as required by international laws.

The DPO capacity assessment reviewed inclusion of persons with disabilities in humanitarian action in the Pacific region. The review highlighted that some of the governments in the region have developed inclusive humanitarian policies, however more details are not available on what is included and how it is implemented. As mentioned earlier, DPOs lack understanding and knowledge on existing international, regional and national policies related to humanitarian action that negatively impact their capacity to advocate for their rights but also to link up those policies with the CRPD obligations.

The NGO survey did not address policy issues in detail, however Standard 8 of the Minimum Standards for Age and Disabilities inclusion in Humanitarian Action calls for organisational commitments to inclusion of persons with disabilities via appointment of staff to support cross-organisation implementation of inclusion.

The NGO survey highlighted a number of gaps in including persons with disabilities that could be addressed by:

- *developing organisational policies on the inclusion of persons with disabilities in humanitarian assistance, and for DPOs to strengthen their advocacy messages on humanitarian action to influence the development and revision of humanitarian policies*
- *endorsing the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, and contributing to the development of innovative approaches to inclusion*
- *engaging persons with disabilities and DPOs to jointly develop processes and tools that “enforce” inclusive programming, implementation, monitoring and learning*
- *strengthening internal policies, processes and tools that will safeguard the implementation of inclusive and accessible humanitarian assistance; and*
- *actively seeking the views of persons with disabilities to inform programming.*

*Disability inclusive preparedness for response workshop on Tanna as part of the Building Evidence and Capacity project.
Photo credit: ©Oxfam, Vanuatu*



Inclusive Response and Services

Evidence from the literature review, the DPO capacity assessment and the NGO survey shows that there is a need for emergency response and preparedness in the Pacific to take better account of the rights and needs of persons with disabilities. For example, research from the CBM-Nossal Institute following Tropical Cyclone Pam identified that 62% of adults with disabilities did not have information about evacuation centres prior to the cyclone. The needs assessment by PDF-UNICEF on TC Winston showed that 80% of evacuation centres assessed were not accessible for persons with disabilities.

The challenges identified by DPOs related to:

- *inadequate communication and access to information*
- *physically inaccessible services; and*
- *psychosocial challenges.*

Daniel Willie, 67, is pictured inside his damaged church building with his wife Margaret and their two grandchildren surveying the damage from TC Pam. As the Pastor, he hopes that the church which was built 27 years ago can be repaired. Local partners provided humanitarian aid to Daniel and his family with repairs to his home and food distribution.

Photo credit: ©Helen Manson, Tearfund NZ



A challenge highlighted by NGOs was the existing operating environment; for example, evacuation centres or distribution points are often located in existing facilities (churches, community centres and schools) that are not accessible. A few NGOs took steps to ensure their services were accessible for persons with mobility impairments, however, they also identified that funding to accommodate specific needs or accessibility is an issue. Some organisations supported transportation of persons with disabilities and others included disability in beneficiary selection criteria. Clear gaps relate to accessible communication; for instance, using different means of communication to ensure the messages reaches all, including persons with visual, hearing and intellectual impairments. Beyond accessibility, inclusive responses and services require that all activities consider persons with disabilities and systematically set up measures to identify and promote participation of persons with disabilities.

A range of actions can be taken to improve inclusion such as:

- *using existing information on disabilities and collecting data disaggregated by gender, age and disability*
- *including disability indicators or markers in programme/projects/budget*
- *involving persons with disabilities in all phases of humanitarian responses and at all levels, to identify their needs, barriers to inclusion and existing resources*
- *inclusive-budgeting - including a budget line that addresses accessibility issues (physical and communication) and reasonable accommodation*
- *creating a working group between NGOs and DPOs to discuss issues and find solutions before, during and after emergencies; and*
- *training staff on disability and barriers to inclusion, and adjusting tools and processes accordingly.*

Cooperation and Coordination

The NGO survey results revealed that the participating organisations were more likely to have trained their staff on disability inclusion, than promoted such training amongst in-country partners that implement the response programmes. In terms of capturing learnings, the NGOs recognised that they seldom included disability issues in their evaluations and learning processes, and although disability is more likely to be mentioned within completion reports, this is not intentional. Furthermore, any disability-related learnings are rarely incorporated into subsequent responses.

The NGO survey results suggested that cluster coordination meetings did not systematically address disability issues and none of the participating NGOs raised disability-related issues themselves during such meetings. Furthermore, the gap analysis in its entirety demonstrates limited cooperation between DPOs and NGOs - this restricts the knowledge and participation of persons with disabilities in humanitarian programming and implementation. Designing a disability inclusive exit strategy is not common practice within the NGO humanitarian sector to link needs of persons with disabilities into development programmes.

The DPO capacity assessment showcased some good practices of cooperation between national government and some organisations in preparedness and response that should be further investigated and documented. Some DPOs have been able to participate in coordination meetings and raise their concerns, however, in general DPOs considered that such participation only assists in resolving individual issues and not towards better systematic inclusion at all levels. In humanitarian emergencies, DPOs tend to receive a significant level of information from their members, but do not know the avenues available to share them and/or which mechanisms are available to address protection and assistance access issues.

Humanitarian actor cooperation and coordination commitments in the Charter include: technical cooperation, stronger cooperation between development and humanitarian actors to promote inclusive reconstruction and training of staff.

The gap analyses revealed that other strategies may include:

- *ensuring mutual capacity development between DPOs and NGOs that addresses disability rights and humanitarian frameworks and systems*
- *recognising the complementarities of expertise between DPOs and NGOs and leveraging both to improve the effectiveness of humanitarian responses*
- *forming strong relationships between DPOs and NGOs, and working together to develop innovative solutions to remove barriers to accessing humanitarian assistance*
- *disseminating joint advocacy messages that include concerns of all (DPOs/NGOs); and*
- *ensuring joint learning exercises and exchange of knowledge after a response.*



Evacuation can be difficult for people with disabilities due to inaccessible information and lack of accessible shelter. When TC Pam hit, Nipopo, who is partially blind, and her daughters Lani and Nancy, who have intellectual disabilities, remained at home ©Elle Spring/CBM Australia

Priority Actions

The findings and detailed recommendations from the gap analysis were presented and discussed during the Round Table on Inclusive Humanitarian Policy and Practice in the Pacific hosted by MFAT on 12 December 2017. The following priority actions were identified by the Round Table participants.¹¹

Overarching priorities

- **Articulate disability inclusion within the Sustainable Development Goals framework** - *emphasise the role of disability-inclusive humanitarian policy and practice as a key element contributing to the achievement of the Sustainable Development Goals adopted by United Nations members in 2015.*
- **Support PDF strategy** - *partners should support PDF's strategy for disability-inclusive preparedness for emergency and response. Currently in draft, PDF will elaborate and finalise the strategy with priority actions identified through this gap analysis.*
- **Encourage synergies between DFAT and MFAT leading to the implementation of the Priority Actions** – *increasingly include persons with disabilities in discussions, and their issues on agendas related to government/NGO dialogue (for example, during the Ambae evacuation debrief meetings, disability-related lessons learnt were discussed within all meetings); include disability inclusion within other existing collaborations between MFAT and DFAT humanitarian teams, such as DFAT/MFAT joint monitoring and evaluation processes.*
- **Promote partnerships between humanitarian agencies** - *encourage engagement on disability inclusion among CID, ACFID and PIANGO members.*
- **Communicate Priority Actions** - *ensure the Priority Actions are well communicated in an accessible and inclusive manner to a wide range of stakeholders.*

Disaster readiness

- **Develop DPO capacity** - *build mutual understanding and relationships between DPOs and humanitarian stakeholders (and other actors), including funding and resourcing DPOs in a long-term and sustainable manner to increase their participation in disaster readiness activities.*
- **Develop and implement inclusive humanitarian policy** - *review and develop disability-inclusive humanitarian policy and tools both within governments and NGOs.*
- **Train staff and partners** - *raise awareness and provide training to staff and partners of New Zealand-based humanitarian responders on approaches and tools for disability-inclusive humanitarian action.*
- **Identify existing data** - *identify, compile and analyse existing and up-to-date data on populations living with disabilities, ensuring it is readily and publicly available for planning and programming purposes (pre-disaster and needs assessments). Continue advocating for disability-disaggregated data within national census and National Disaster Management Offices.*
- **Connect Regional approaches with Global processes** - *link priorities for action with ongoing international initiatives to strengthen inclusion of persons with disabilities in humanitarian action (e.g. Inter-Agency Standing Committee¹² guideline development in the Pacific).*
- **Promote a Regional approach to address existing Pacific infrastructure** - *for example, improve the accessibility of buildings used for evacuation centres and approaches for social inclusion in humanitarian assistance. Special attention should be paid to the protection of the rights of persons with disabilities and other at risk groups such as older people, women and children among others.*

Humanitarian and Disaster Response

- **Practice inclusive budgeting** - *develop and encourage inclusive budgeting amongst humanitarian responders to include costs for accessible services according to the needs of persons with disabilities. Follow best practices and lessons learnt in the Pacific (using existing PDF knowledge and training on inclusive budgets, as well as experiences of humanitarian stakeholders).*
- **Improve collection of disability-disaggregated data** - *identify existing and effective systems and methods to collect disability data (disaggregated by age and gender) used by local or international organisations such as the International Organisation for Migration. Continue discussions with the United Nations Office for the Coordination of Humanitarian Action on the use of Washington Group¹³ questions in the Pacific.*
- **Identify disability focal points** - *identify a focal point for disability cross-organisational and partner awareness to deliver disability-inclusive responses, and/or establish inter-agency disability focal points to ensure inclusion within humanitarian response plans and implementation (both at organisational and inter-agency levels). Insert disability inclusion in humanitarian action into existing disability focal points in the Pacific.*
- **Measure progress** - *include indicators to measure disability inclusion in humanitarian action aligned to regional/international level reporting requirements. Acknowledge and articulate indicators that DPOs have developed to track progress of the Sendai Framework. Promote and support participation of DPOs in the global consultation for developing guidelines for the Charter on Inclusion of Persons with Disabilities in Humanitarian Action.*

Recovery

- **Clearly outline disability-inclusive practices in recovery programmes** - *address the development and humanitarian divide through linking recovery planning with existing disability inclusive development initiatives.*

End Notes

- 1** World Health Organisation (2011). World Report on Disability. Switzerland.
- 2** Handicap International (2015). Disability in humanitarian context. Views from affected people and field organisations. Lyon, France: Handicap International Federation.
- 3** Adopted at the United Nations Sustainable Development Summit on 25 September 2015.
- 4** Based on a review of the requirements of the New Zealand Disaster Response Partnership and a self-assessment survey of MFAT implementation of the Minimum Standards for Age and Disability Inclusion in Humanitarian Action in TC Pam and Winston response.
- 5** HelpAge International on behalf of the Age and Disability Consortium. First published in 2015. Reprinted with minor revisions in 2016. A survey based on the Minimum Standards for Age and Disability Inclusion in Humanitarian Action was circulated to NGOs for initial self-assessment. A 1:1 validation meeting with participant NGOs and a group validation followed (during SK-17 where introductory disability inclusive training was provided by CBM-PDF)
- 6** CBM-Nossal Institute Partnership for Disability Inclusive Development, Oxfam, VSPD, DPA, et al. (2017). Disability Inclusion in Disaster Risk Reduction.
- 7** Vanuatu National Statistics Office and Statistics for Development Programme of the Secretariat of the Pacific Community (2009). National Population and Housing Census: Analytical Report Volume 2. Port Vila in CBM-Nossal et al, (2017); IFRC (2015). Unseen, unheard: Gender-based violence in disasters. Geneva: International Federation of Red Cross and Red Crescent Societies.
- 8** Pacific Disability Forum & Pacific UNICEF Report (2016). TC Winston Disability Needs Assessment Fiji Islands.
- 9** CBM, VDPA & PDF (2017). Needs assessment of persons with disabilities: Evacuation from Ambae following volcanic activity. New Zealand.
- 10** Southern Katipo (SK-17) - a human conflict disaster simulation exercise run by the New Zealand Defence Force and the Ministry of Foreign Affairs and Trade which included NZ based humanitarian responders and a coalition of military forces. During SK-17 the WGSS questions were entered into KoBo Toolbox registration for use in the internally displaced camp with support of UNOCHA.
- 11** The Round Table was attended by representatives from the Pacific Disability Forum, the MFAT Humanitarian and Disaster Management unit, the Humanitarian Partnerships Section of the Australian Department of Foreign Affairs and Trade, CBM New Zealand, CBM Australia, a CBM International consultant from the Community Inclusive Development and Humanitarian Action division, and the New Zealand Council for International Development – NGO Disaster Relief Forum.
- 12** The Inter-Agency Standing Committee is a mechanism for inter-agency coordination of humanitarian assistance involving the key United Nations and non-United Nations humanitarian partners.
- 13** The Washington Group questions provide best international practice for identifying people with a disability in population censuses and seek to standardise definitions of what constitute a disability.

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