



Disability Inclusion in Drought and Food Crisis Emergency Response

Purpose: This factsheet provides base level information to practitioners for awareness raising, training, advocacy, project design and proposal writing. The information may be used and sent out widely, with reference to the Kenya Red Cross, The Association of the Physically Disabled of Kenya, CBM and Handicap International.

The overall information in this factsheet is also applicable to older persons and other vulnerable groups.

Background

Persons with disabilities are among the most vulnerable groups in times of food insecurity and other emergencies. Children with disabilities may be particularly vulnerable to neglect or being abandoned, especially in mobile, hungry populations.

Given that persons with disabilities make up 20% of the world's poorest people, emergency relief efforts need to be inclusive of disability if they are to effectively respond to food crises and adhere to the principles of the 'Humanitarian Charter' (1).

Why is it so important to include persons with disabilities?

Disability inclusion is essential for effective and good quality humanitarian practice. The 'Sphere Standards' identify that persons with disabilities experience many of the socio-economic factors and barriers which contribute to vulnerability in disasters. These include poverty, discrimination and social isolation (1).

Persons with disabilities and their families may not be able to access emergency response services due to difficulties in mobility, hearing, seeing and understanding.

During the food crisis, some persons with disabilities may have higher or specific needs, which if not met can be life threatening. These include protection, access to information, dietary, health, hygiene or transport needs, or higher risk of some diseases.

Children and Women with disabilities are very vulnerable to abuse and exploitation, particularly when displaced or separated from their families, carers and communities. They may also be neglected as families make difficult decisions on the use of scarce food resources (2) (3).

The 90% of children with disabilities who are not in school will miss out on school nutrition programs. Some children with disabilities need supplementary feeding due to their difficulties in swallowing or their higher energy needs for warmth or movement.

(1) The Sphere Standards, 2011, available at : <http://www.sphereproject.org/>

(2) Women's Commission for Refugee Women and Children, (2008) *Disabilities among refugees and conflict-affected populations*, New York: Women's Refugee Commission.

(3) UNICEF. (2009) *Facts on children: Child protection from violence, exploitation and abuse*. Available from: http://www.unicef.org/eapro/child_protection.pdf.

(4) UN Convention on the Rights of Persons with Disabilities, especially article 11. Available from: <http://www.un.org/disabilities/>

How should persons with disabilities be included?

Persons with disabilities have a right to inclusion in emergency relief operations with their specific support requirements taken into account (4). All emergency relief operations should ideally promote a 'twin track' approach; which includes 'specialist' actions addressing the specific needs of persons with disabilities (i.e. mobility aids, counselling, etc.), while also ensuring that they have equal access to basic needs via 'mainstream' operations.

Disability Inclusive Action Plans

- Amend 'Rapid Assessment' forms to ensure pro-active registration of persons with disabilities, for all relief, recovery and preparedness activities.
- Set indicators which identify approximately 15% of the target group as persons with disabilities and older persons. Disaggregate data to monitor how effectively the program is reaching this group.
- Prioritise vulnerable groups including persons with disabilities and older persons through separate distribution queues. Ensure children access Vitamin A and vaccination campaigns.
- Where possible, involve persons with disabilities and 'Disabled People's Organisations' in planning and operations in order to benefit from their expertise.
- Identify service providers who can assist in providing outreach and follow up with persons with disabilities who are unable to attend distribution points.
- Ensure linkages with existing community based services to build up a support network.
- In camps, locate persons with disabilities close to water, sanitation, health posts, food and fuel distribution points, and to well lit, secure areas.
- Prioritise persons with disabilities for reunification with family, carers or community members, who know their individual requirements.
- Prioritise children with disabilities for routine protection monitoring and ensure they are able to access and do access 'child friendly spaces'.
- Ensure that Gender Based Violence protection activities are including women with disabilities.
- Meet the specific needs persons with disabilities and older persons may have, including for nutrient dense foods, sunlight exposure for Vitamin D, feeding spoons or straws, access to essential medications and mobility devices (1).
- Provide information about the availability of food and services through various formats accessible to persons with vision, hearing or intellectual impairments.
- Ensure distribution points, water, sanitation and other facilities are physically accessible, through the provision of ramps, rails, appropriate seating and adapted water and food storage containers.
- Ensure all persons have the means to carry supplies to their homes or shelters.
- Be patient and respectful to people with psychosocial or intellectual impairments, or ask if they would like to bring someone to represent them.



- Ensure inclusion of persons with disabilities in all longer term food security and community development initiatives, including in livelihood (e.g. micro-finance, agriculture, gardening, livestock keeping, paid employment), education, health, social inclusion and empowerment (Community Based Rehabilitation approaches).
- Advocate strongly to governments, donors and NGOs for disability inclusion in all emergency, disaster preparedness and development activities.

Further information: Handicap International have prepared a comprehensive 'Disability Checklist for Emergency Response' which can be accessed at http://www.handicap-international.de/fileadmin/redaktion/pdf/disability_checklist_booklet_01.pdf

Contacts

- 1) CBM Regional Office in Kenya is supporting its partners in the East Africa Region to implement emergency responses to food crisis. A partnership with the Kenya Red Cross and The Association of the Physically Disabled of Kenya is currently developed to ensure equal access of persons with disabilities to relief operation in North and North Eastern Kenya. Please contact: Valerie Scherrer, Senior Manager of the Emergency Unit of CBM (Valerie.Scherrer@cbm.org) or CBM East Africa Emergency Program Manager (emergencypm@cbmi-nbo.org)
- 2) CBM Australia, including the CBM-Nossal Partnership is available to provide technical input and capacity development in disability inclusion for emergency response and development programmes. Please contact: Dr Kirsty Thompson, Director Inclusive Development, (kthompson@cbm.org.au) or David Lewis, Director Strategic Programmes (dlewis@cbm.org.au).
- 3) Handicap International in Kenya is currently working to upscale responses for enhancing the access to basic and specific needs of new refugees with disabilities from Somalia in the Dadaab Refugee Camps. It is further available to advise other agencies for mainstreaming disability into their emergency response. Contact Details: Alphonse Kananura, Director Kenya and Somali, dphikenya@handicap-international.or.ke; or Ulrike Last, Regional Disability Technical Coordinator, ULast@handicap-international.or.ke