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DISABILITY CHECKLIST FOR EMERGENCY RESPONSE



- ① General Guidelines
- ② Health and Nutrition
- ③ Water and Sanitation
- ④ Protection
- ⑤ Psychosocial Support
- ⑥ Reconstruction and Shelter
- ⑦ Livelihoods
- ⑧ Education

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

Produced through the support of:



General Guidelines

General Guidelines for the protection and inclusion of persons with disabilities

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

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

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

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



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

* **Recognise** that person with disabilities are **not a homogeneous group** and that persons with different disabilities as well as **women, men, boys and girls** may have different needs and skills. Adapt your approach accordingly.

* **Ensure** that **information** you provide is **accessible**. For example, information booklets will be of no use to a person with

visual impairment, and information broadcasted on loud speakers will not reach those who cannot hear. **Use at least 2 forms of communication** (written, auditory) **and simple language/pictures** to be sure to reach everyone.

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

* **Consider recruiting persons with disabilities** to implement activities, as a person with disability will best understand the needs of other persons with disabilities.

* Use **common sense** and aim for **practical, concrete and immediate results**.

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GENERAL GUIDELINES

HEALTH & NUTRITION

WATER & SANITATION

PROTECTION

PSYCHOSOCIAL
SUPPORTRECONSTRUCTION &
SHELTER

LIVELIHOODS

EDUCATION

BRIEF SUGGESTIONS FOR ADDRESSING SPECIFIC NEEDS

Disability / Impairment	Risk / Problem	What to do
Physical Impairment (difficulty moving)	<ul style="list-style-type: none"> ▪ Decrease in body temperature ▪ Bedsores ▪ Difficulty escaping unsafe situation ▪ Difficulty accessing relief 	<ul style="list-style-type: none"> ▪ Blanket/warm clothing ▪ Mattress, cotton sheet, dry place, hygienic kit, etc. ▪ Personnel support ▪ Assistive devices ▪ Adapted physical environment (ramps, handrails, etc) ▪ Separate queues for rations/latrines/water
Visual Impairment	<ul style="list-style-type: none"> ▪ Difficulty escaping unsafe situation ▪ Difficulty accessing relief 	<ul style="list-style-type: none"> ▪ Use landmarks ▪ Install hand rails ▪ Personnel support ▪ Good lighting ▪ Separate queues for rations/latrines/water
Hearing Impairment	<ul style="list-style-type: none"> ▪ Difficulty in expressing themselves/understanding ▪ Difficulty hearing instructions 	<ul style="list-style-type: none"> ▪ Visual aids ▪ Picture exchange communication ▪ Separate queues for rations/latrines/water
Intellectual Impairment	<ul style="list-style-type: none"> ▪ Difficulty understanding/following instructions or seriousness of situation 	<ul style="list-style-type: none"> ▪ Speak slowly ▪ Use simple language ▪ Personnel support ▪ Separate queues for rations/latrines/water
Mental Illness	<ul style="list-style-type: none"> ▪ Difficulty escaping unsafe situation ▪ De Difficulty in expressing themselves/understanding ▪ Deterioration of condition if medication lost 	<ul style="list-style-type: none"> ▪ Speak slowly ▪ Use simple language ▪ Personnel support

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Health and Nutrition

The ability to get appropriate and timely medical attention with proper follow-up is of primary concern, especially to ensure that people injured during a crisis can heal properly and do not sustain permanent impairments because of their temporary injuries. Crisis victims including persons with disabilities may not be able to access medical help due to many reasons such as lack of awareness of available health services and infrastructures, inability to transport themselves, or lack of financial resources, etc.

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

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



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* Provide supportive/assistive devices and training on how to use these (e.g. crutches, wheelchairs, hearing aids, prosthetics, eyeglasses).

Many people with disabilities may have lost their devices in the crisis exposing them to additional risks. And for those newly disabled, early intervention can minimize the severity of the functional impairment and maximize their independence.

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

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

- 1 **Ensure prevention of disability or deterioration of impairment** by providing appropriate medication (for diabetes, hypertension, epilepsy, mental illness, etc).
- 2 **Refer** the individual to rehabilitation services when appropriate/possible in order to reduce the impact of the impairment or injury.
- 3 **Train** staff on appropriate responses for persons with injuries/disabilities to avoid complications/deterioration.
- 4 **Provide** the individuals with specific equipment (e.g. catheter for spinal cord injury) on a sustainable basis. When you cannot sustain the supply, ensure that the person is referred for these services.
- 5 **Provide** means of transportation for people with low mobility so they can access health services and can return home safely.

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Health and Nutrition

Persons with disabilities/injuries may not have access to the same health services, food distributions, etc. even though they have the same, if not additional needs as others. This can be due to various reasons including lack of mobility to reach food distribution sites or that communication messages did not reach them. For example if a person has a visual impairment they will not be able to read a pamphlet informing them of where or when they can get medical assistance or access to food distributions. Persons with disabilities and injuries may also have special or additional nutritional requirements.

**Consider the nutritional risks for persons with disabilities/injuries through including them in supplementary feeding programs and/or provide additional rations*

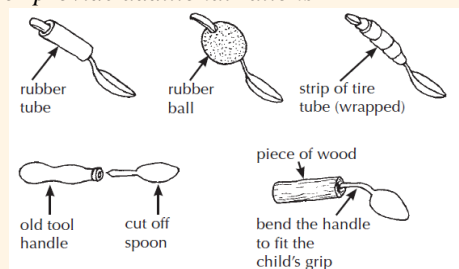
**Essential health, prevention or other messages may not be understood by all.*

Food and Utensil distribution and privacy

① Persons who have injuries or disabilities may not be able to come to food/water/utensil distribution sites. Monitor the rate at which persons with disabilities/injuries are receiving these supplies and **take additional measures** to reach injured/disabled individuals in their homes or temporary shelters (e.g. separate line-ups, transportation, door-to-door delivery, etc.).

② Some persons with disabilities may have difficulties using usual utensils to eat and may need **spoons, straws, or other adapted utensils** to ensure **proper intake of food**.

③ When possible **ensure space to eat in privacy** for people who need assistance or eat with difficulties.



Examples of adapted eating utensils

© David Werner

Specific diets

① Persons with injuries/disabilities may need **specific diets** to ensure their well-being, promote healing, and prevent complications. For example some people may not be able to swallow solid foods and may need special liquid-based supplements or blenders. Some individuals may also require **additional high energy food**.



③ **Make sure** that persons with injuries/disabilities have family members or **extra assistance** to help them in eating when it is necessary.

④ **Monitor** the nutritional status of persons with injuries/disabilities.

Communication accessibility

① **Ensure** all documentation related with preventive/promotive health is **accessible** to people with visual and/or hearing impairment, and mental illness, using appropriate communication means (e.g. large print, Braille, using loudspeakers / radio announcements, picture signs, interpreters etc.).

② **Be aware** that people with disabilities/injuries may not be able to move from their houses and may miss your service messages if you are using a “blanket coverage” method. Find other ways to make sure everybody has access to your message (home delivery, linking of support persons, etc.).

③ **Ensure** that the existing health services are well publicized so persons with injuries/disabilities and their families know where to find support.

④ **Orient/Sensitize** your staff so that they have a basic level of understanding about disability.

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Water & Sanitation

Access to water and sanitation facilities is a basic need of all persons with injuries and disabilities. Equal access to these facilities should be promoted through physical accessibility, appropriate communication, and a positive attitude towards encouraging persons with injuries/disabilities to use these accessible facilities.

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

Accessibility of water points/water distribution

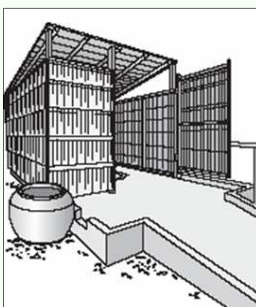
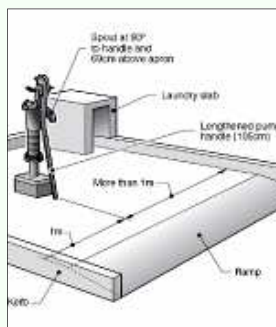
- ❶ **Ensure** that some water points/distribution places, toilets, showers, and laundry areas are safe and accessible for people with low mobility/vision or using mobility aids (ideally 10%).
- ❷ **Prioritize** persons with injuries/disabilities through a special queue to avoid long waiting times.
- ❸ Water distribution system should be **accessible** and **safe** for people with injury/disabilities

Communication

- ❶ **Ensure** that people with injury/disability know where and when water will be distributed using different means of information (posters, loudspeakers etc.).
- ❷ **Ensure** that people with injury/disability understand prevention messages or information related to water through **using appropriate communication channels**; e.g. verbal communication or Braille for those with visual impairments; written materials, symbols, or sign language for those with hearing impairments; simple language and drawings for those with intellectual impairments.

Water pumps

- ❶ **Extend** the handle of the water pump.
- ❷ **Non-slippery** platform and **good evacuation system**.
- ❸ Build in a **safe location** near disabled persons homes/shelters.



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Water containers

- ❶ **Specific** water containers should be designed to suit the ability of a person with injury/disability (people who use wheelchairs or mobility aids, children, etc.).
- ❷ **Develop** a social network to support persons with injuries/disabilities to access water, including **providing** assistance for them to carry empty and full water containers to their homes if they cannot do so themselves.
- ❸ **Monitor** the access to water for persons with injuries/disabilities.
- ❹ **Make** sure that your staff and the community are aware of the specific needs of persons with injuries/disabilities.

Hygiene

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



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

Have a percentage of latrines accessible and safely located.

- ❶ Ramp at the entrance (1:10 slope, with handrails).
- ❷ Latrine seats are 0.45 to 0.50m from the finished floor level.
- ❸ Handrails on either side at an appropriate height.
- ❹ Enough space to turn a wheelchair (circle of 90cm diameter).
- ❺ Wide doors to allow a wheelchair or crutch-user to enter (90cm width).

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Protection

Persons with injuries/disabilities are especially vulnerable to physical, sexual and emotional abuse and other protection threats, and may require additional protection considerations. In some cases this is because they cannot run or call for help or cannot understand (read, hear, comprehend) important messages.

**Target persons with disabilities, injuries or serious medical condition in all protection monitoring initiatives.*

Proximity and accessibility to existing facilities

- ❶ Location of household of persons with injuries/disabilities should be **close to the existing facilities**.
- ❷ Some “safe” areas should be considered with extra staff to free family members/caregivers to access relief activities.
- ❸ Volunteers from the local community should be **identified and trained** to assist persons with injuries/and their families.
- ❹ **Appropriate communication** means should be developed to ensure that people with injuries/ disabilities have access to all information.



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disabilities

Assist people to fill the forms if they face difficulties or communication barriers. Include information about disability policies (if they exist and are in practice).

- ❸ **Provide accompaniment** to access legal structures (for physical access and communication).

Legal Rights, Information, Reunification

- ❶ Loss of or separation from a caregiver can severely affect a person with disability's psychosocial well-being and independence, particularly if the person was reliant on the caregiver for basic daily activities – **prioritize in reunification** efforts.
- ❷ When disseminating information about the entitlements/legal rights, simplify the language and use at least 2 forms of communication.

**Establish complaints investigation mechanisms to redress violations of the rights of persons with disabilities.*

Monitoring access to relief activities

- ❶ **Register** persons with injuries/disabilities and identification through a special ID card.
- ❷ **Record** of assistance received.

Protection against emotional abuses

- ❶ **Peer counseling** (note that persons with injuries/disabilities may feel more comfortable sharing with someone who has experienced injury or lives with a disability).
- ❷ (Re)establishment of **support networks**.
- ❸ **Awareness** of staff and local community about persons with injuries/disabilities and their special needs and situation.
- ❹ **Women with disabilities are doubly vulnerable**. In many cases women with disabilities have even fewer opportunities to access relief and support than men with disabilities. This may be due to over-protectiveness of families, low self-confidence, lack of mobility aids and appliances and many other obstacles. **Ensure** that women with injuries/disabilities are part of the community

support network and are included in vulnerability assessments. **Encourage their participation** in the relief/reconstruction decision-making process.

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



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Psychosocial Support

Persons with disabilities (including severe mental disorders) may not seek psychosocial help due to stigma or poor access. Their disability, combined with a loss of social support and changes in their physical environment due to the crisis, makes them extremely vulnerable to psychosocial distress. Special efforts should be made to reach them as they may not leave their homes or try to access services.

Inclusion in existing initiatives

➊ **Include specific questions** on disability in your assessments. This might flag critical issues that you can address in your interventions (i.e. where the emergency has resulted in new injuries, special interventions may be necessary to assist these persons to cope with their new disability).

➋ **Including persons with disabilities in assessments**, implementation and monitoring not only ensures their needs are being met, but also promotes psychosocial well-being.

➌ **Train your staff** on including persons with disabilities in your interventions (an inclusive approach, accessible location for activities, organize transportation, etc.).

➍ **Vary your activities** and use different forms of communication such that children/adults with different disabilities can participate. Adapt activities to the group

(i.e. seated activities where there are children that cannot walk, written instructions for adults who cannot hear).

➎ **Use at least 2 forms of communication** when disseminating information on the emergency and on coping skills.

➏ **Ensure persons with disabilities are involved** in mainstream psychosocial activities; at the same time, provide support for the set up of self-help groups and/or other specific initiatives, this includes providing time and space for persons with disabilities and/or caregivers to gather together.



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Special initiatives

➐ **Special initiatives** directed at **caregivers** should be organized as they often face as much, if not more, psychosocial distress than persons with disabilities.

➑ Always consider the person in a **holistic way**. Find out if basic needs are met and if there are other specific needs and organize additional support or onward referral.

➒ See if there is an existing **CBR** (community-based rehabilitation) **system** in place. Mental health for persons with disabilities is often a component of CBR activities.

➓ **Prioritize continued access to medicines** for persons with existing mental illness (including epilepsy) who were already on medications before.

➔ **Promote community integration** and avoid institutionalization of persons with severe mental disorders where possible.

➕ Where there are persons with **severe disabling mental disorders** living in institutions, include these persons and institutions in your activities.

➖ **Train** persons with disabilities to provide psychosocial support to other persons with disabilities.

Also remember that persons with injuries may need particular support **to help them cope with their new injury** and possible disability.



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Reconstruction & Shelter

Include persons with disabilities in reconstruction plans to ensure shelters, schools, community health centres and other public buildings are accessible. By including persons with disabilities in Barrier-Free reconstruction plans, disabilities can be prevented and the impact of impairments minimised.

**Depending on the type of building, the cost of providing accessibility for persons with disabilities can be as low as 0.5% to 2% of the total cost of a project.*

Involvement of persons with disabilities

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

❷ **Ensure** people with disabilities participate in decision making for the reconstruction planning

❷ **Use the expertise** of persons with disabilities for planning and implementing accessible reconstruction—this includes for developing construction designs and including persons with disabilities in construction teams.



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Reconstruction norms

❶ **Use universal design** or country-specific accessibility codes (where they exist) to ensure minimum standards of accessibility of private and public buildings. For temporary/emergency construction, if this is not possible, simple practical adaptations can make a major impact (ask the input of persons with disabilities as they are the best experts in identifying solutions to make their lives easier).

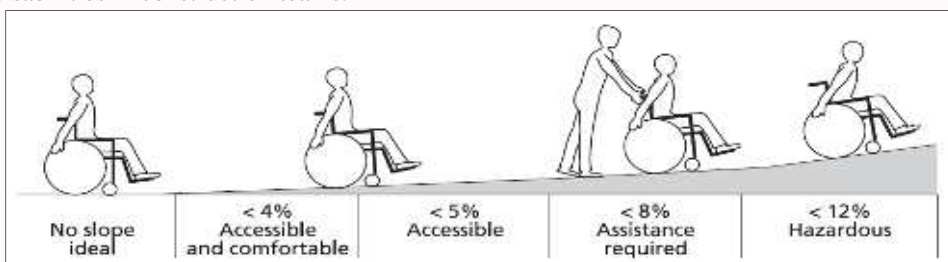
❷ **Temporary shelter** (and its environment): avoid obstacles (i.e. tent ropes, open holes); ensure pathways are flat, not slippery and at least 90cm wide; avoid steps where possible at shelter entrance; install handrails or ropes where terrain is uneven or near stairs/ramps.

❸ **Construct all houses with basic norms** such as 90cm doors, standard window and step heights in order to permit further adaptations in the future.

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

❺ **Construct all public buildings using accessibility codes:** includes physical access (paint to signal change in elevation, ramps, doors/steps/windows according to standards, lighting, toilets...) and communication access (pictures, language, size/colour of signage).

Don't forget about **WASH** areas and the **external environment** (no obstacles, level ground, etc.).



© CBM 2006, Promoting universal access to the built the environment

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Livelihoods

Persons with injuries/disabilities have the same livelihood needs as everyone else and may face more difficulty to restart income-generating activities following a disaster due to lack of resources, accessibility, stigma or other barriers.

** With the appropriate tools and training, many persons with disabilities can engage in income-generating activities. Besides promoting self-reliance, this also helps reduce the perception that persons with disabilities are a burden.*



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- ❶ **Include** persons with disabilities/injuries and their families in livelihood assessments.
- ❷ **Provide** persons with disabilities/injuries with the means (tools, equipment, etc.) to recover their livelihoods
- ❸ **Ensure** that vocational training, micro-credit schemes and other livelihood opportunities include persons with disabilities.
- ❹ **Adapt**, if necessary, livelihood tools and equipment to suit the needs of the individual. (The individuals will often be able to tell you how the equipment can be adapted so that they can use it fully). For persons with a new injury, Try to **modify** the tools or equipment so a person with new injury can re-start his/her previous activity instead of having to learn a new trade.



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** By contributing to the family income, persons with disabilities can reduce their economic reliance on their family, and the family can begin recovering from the economic effects of the disaster as soon as possible.*

- ❺ **Ensure** that people with injuries/disabilities understand and are receiving information on vocational training opportunities/tool and equipment distribution, etc. by **using appropriate communication channels** for example for visual impairments (verbal communication or Braille), hearing impairments (written material, symbols or sign language), people with low literacy/language difficulties (simple language and drawings).



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- ❻ Sometimes it may not be possible for a person with disability to participate in standard **cash or food for work schemes**. Identify the most suitable task, consider modifying activities or providing an **alternative** to ensure the person can still access the food or cash benefits.

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Education

Efforts should be made to ensure that ‘all’ children in every village can start, re-start, or continue going to school. Each child with disability has the capacity to learn, and has the right to a good quality, appropriate education.

* During the re/construction of school premises keep the following in mind:

The school buildings, including toilets

- ❶ **Ensure** that the **steps** are of low height (preferably 10.2cm) and are wide, deep and not steep so that as to allow a child with mobility aids to safely use them.
- ❷ **Install handrails** on either side at an appropriate height for the children.
- ❸ **Build a ramp** to help children who have difficulty using stairs, particularly those who use a wheelchair (max. inclination 1:10).
- ❹ **Doors** must be wide enough to allow entry of children using mobility appliances such as wheelchairs or crutches (at least 80 cm).
- ❺ **Floors** are non-slippery and without obstacles or barriers.
- ❻ **Toilets** should be **big enough to move around** with mobility aids (circle of 90m diameter).



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Drinking water and water facilities

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

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



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Inclusion of children with disabilities

- ❶ **Identify** (with children, parents, teachers, etc.) who is and is not participating in your education activity, and why.
- ❷ **Suggest solutions** and **give specific support** to children with disabilities. Regularly monitor progress. Involve the community.
- ❸ **Ensure the participation** of children with disabilities by making them feel welcome and encouraging them constantly.
- ❹ **Improve the physical environment** so that it is safer and more accessible.

Supporting the teachers

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

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