

DISABILITY INCLUSION IN HUMANITARIAN ACTION

Promoting Disability Inclusion in Crisis Situations



According to the World Health Organisation¹, one billion people, or 15% of the world's population, experience some form of disability. In humanitarian settings, people with disabilities are too often neglected in the planning, assessment, design, and delivery of humanitarian aid. Sexual and reproductive healthcare (SRH) services and information should be made accessible to people with disabilities in humanitarian outreach. It is also important to address gender-based violence (GBV), as many persons and children with disabilities are more vulnerable to sexual harassment and abuse. Ensuring inclusion of people with disabilities during an emergency response should be considered a core component of principled and effective humanitarian action.

IPPF: A global humanitarian organisation

IPPF is a world-leading sexual and reproductive service provider and advocate. Our humanitarian work is anchored in the Minimum Initial Service Package (MISP), a set of globally agreed upon standards which must be provided in an emergency.

We recognise that sexual and reproductive healthcare and information must be tailored to the needs of persons with disabilities, especially women and girls. Our work includes providing capacity-building to Member Associations (MAs), and leveraging their good practice.

“
When we go to the hospital or police station, we have great difficulties in communication. The public health midwife came to my home when I was pregnant. She gave me advice; however, I do not understand what she is telling me.” – A woman with a hearing disability, Sri Lanka
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Preparedness Work

In 2018, funds from the Australian Government were made available to the Women’s Refugee Commission to pilot a component of the the Inter-Agency Standing Committee (IASC) Task Team on the Inclusion of Persons with Disabilities in Humanitarian Action Guidelines. The pilot aimed to demonstrate and document how GBV guidance can be practically applied to support the protection and empowerment of women and girls with disabilities in humanitarian action. IPPF’s Member Association in Sri Lanka, the Family Planning Association of Sri Lanka (FPA-SL) was chosen to pilot these guidelines.

FPA-SL, together with the Disability Organisations Joint Front (DOJF), selected participants in pilot activities with consideration for age, gender, and different types of disabilities. Based on an analysis of these results, pilot partners adapted their strategies accordingly by inviting caregivers, paying transport allowance, using sign language interpreters, and adapting sensitization messages to ensure they were reaching persons with intellectual disabilities, girls with disabilities, and persons with hearing impairments.

FPA-SL have also developed a sexual and reproductive health manual in Braille for people with visual impairments, and a disability accessible MISP video with sign language captions.



Urmila Maharana, 19, is a student with a disability. She received a dignity kit from FPAI after her community was hit by Cyclone Fani.

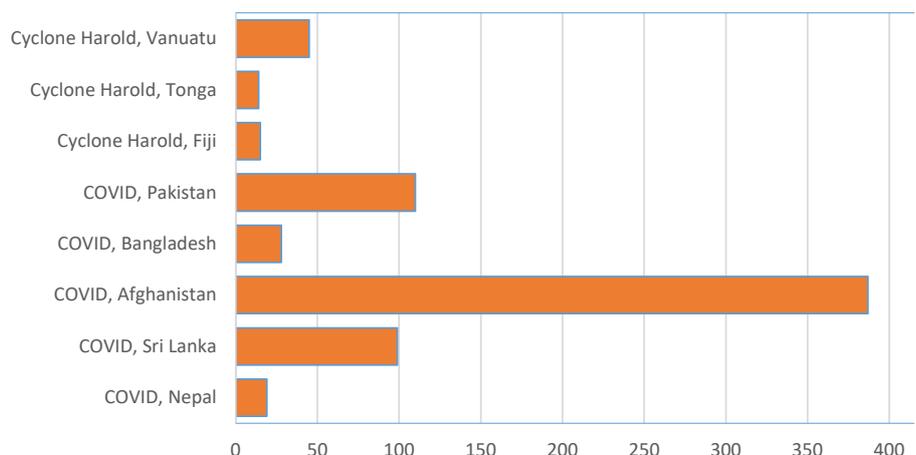
Disability Outreach during Cyclone Fani

In 2019, the Family Planning Association of India (FPAI), with funding from the Australian Government, launched a humanitarian response following Cyclone Fani. They conducted mobile outreach clinics in Red Cross Cyclone Shelters in villages in the Puri district of Odisha. In total, 49 health camps were organized, and a total of 3,062 people were reached with health services.

Around 248 (8.10%) of these clients had physical disabilities². Those who were identified were then mobilized by local volunteers to attend the FPAI outreach clinics.

SPRINT: Disability Outreach during Responses

In 2020, the SPRINT initiative provided funding to several IPPF Member Associations, including to respond to the COVID-19 pandemic and Tropical Cyclone Harold in the Pacific. During these responses, outreach to People with Disabilities was prioritised and the following numbers of beneficiaries reached:



Local and inclusive: action planning for Pacific gender-based violence in emergencies (GBViE) programming

The Pacific experiences rates of gender-based violence up to twice the global average, and these rates are two to three times higher for women with disabilities³. Increased vulnerability to GBV during emergencies and lack of disability inclusion in Pacific humanitarian preparedness and response efforts places women with disabilities in a position of extreme vulnerability. IPPF, UNFPA, and the Pacific Disability Forum have created a unique partnership to support creation of local alliances. A regional workshop held in September 2019 brought together local IPPF Member Associations, Disabled People's Organisations (DPOs) and UNFPA staff. There, they developed National Action Plans (NAPs) between the organisations to support ongoing actions as well as an understanding of the available resources during emergencies. Simultaneous to the development of NAPs to which local partners committed, was the creation of a region-wide community of practice to support these efforts.

Providing services for refugees and migrants with disabilities in Venezuela

The political and socio-economic conditions in Venezuela have forced thousands of people to leave in search of opportunities and safety. Being a neighbouring country, Colombia has an important role in the reception, transit and shelter for incoming migrants and refugees.

Women with disabilities in the migration context are subject to severe forms of discrimination and violence in the exercise of their sexual and reproductive rights. Women with intellectual and psychosocial disabilities suffer different kinds of sexual violence and are usually excluded from sexual and reproductive healthcare and comprehensive sexuality education.

IPPF Member Association in Colombia, Profamilia, has developed an evidence-based advocacy initiative that aims to transform legal standards and the realisation of the sexual and reproductive rights of people with disabilities. This initiative has included research and data collection of the current situation of sexual and reproductive rights of people with intellectual and psychosocial disabilities.

Based on this evidence, Profamilia has been developing the first sexual and reproductive rights decision-making model for people with disabilities. This in-house design includes different assessment tools and accommodations for people with disabilities. This model aims to have more people with intellectual and psychosocial disabilities access contraception, prevention services, and receive accessible information about their sexuality and rights.



About IPPF Humanitarian

During a crisis, our teams on the ground deliver life-saving sexual and reproductive healthcare to affected populations. Our Member Associations work in acute, protracted, natural and man-made disasters all around the world, and have done so for decades. In emergencies, our Member Associations provide services such as STI and HIV diagnosis and treatment, short and long-acting contraception, emergency obstetric and neonatal care, safe abortion care, and gender-based violence prevention and response interventions. Our humanitarian model is based on localisation through connecting key elements of humanitarian action with long-term development. Our localised approach ensures we work across the entire disaster management cycle, mitigation, preparedness, response, and recovery. Our global Humanitarian Hub provides high level leadership and technical capacities connected to humanitarian networks, preparedness and response mechanisms.

1. World Health Organisation, *World Report on disability*, 2011
2. They were identified using the *The Washington Group Short Set of Questions on Disability*
3. UNFPA. (March 2013) *A Deeper Silence: The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga*. [Online] Available from Website: <http://pacific.unfpa.org>