

# INCLUDING AGE AND DISABILITY IN HUMANITARIAN ACTION

Training course aimed at enabling participants to develop critical insights and understanding into age and disability inclusion issues in humanitarian action, to improve programming.

Developed by RedR and ADCAP consortia

# Course Objectives

## **By the end of the course participants will be able to:**

- Recognise cultural, attitudinal and environmental barriers that people with disabilities and older people experience during humanitarian crises and how a humanitarian crisis exacerbates them;
- Explain how discrimination based on disability and age causes exclusion and how to change these attitudes to move towards inclusion;
- Recognise intersectionality of age and disability with gender, but also of age with disability and disability with age;


## Course Objectives (cont.)

- Navigate the 'Minimum Standards' and explain how to prioritise meeting the standards and practical applications of the standards in future work;
- Identify programme changes to move towards inclusion throughout the project cycle:
  - Using inclusive data collection (SADDD) with a focus on influencing needs assessments to be more inclusive
  - Using advocacy methods on age and disability
  - Using the humanitarian architecture: coordination, clusters, referral mechanisms

# **1. Key data and information on age and disability in humanitarian contexts**

## Some basic facts on disability

An estimated one billion people or 15% of the world's population have a disability.



It is estimated there will be at least 200 million people displaced by climatic events by 2050, of which at least 30 million are likely to be people with disabilities.



Women, men, girls and boys with disabilities can be often left behind in times of emergency.



People with disabilities are not prepared for disasters: studies have shown 70% of people with disabilities said that they had no personal preparedness plan and only 17% knew about any disaster management plan in their community.

# Some basic facts on ageing

The world population is experiencing significant ageing.




Today, almost 1 in 10 people are over 60 years old.



By 2050, the number of older people in the world will exceed the number of young for the first time in history, accounting for 22% of the world's population.



By 2050, more than 80% of the world's older people – compared with 60% today – will live in developing countries, where disasters are more likely to occur.



Worldwide, more than 46% of people aged 60+ have disabilities, many of them association with sight or hearing loss.

# Some basic facts on gender

Today, more than 75% of people in humanitarian crises are women and children.



Men and boys make up 88% of casualties of Explosive Remnants of War.



Women are more at risk than their male counterparts of the same social classes, races, ethnic and age groups, during all phases of a disaster.



Men are harmed by gender-based social expectations, especially after disasters have occurred.



Men and women often feel they have their 'normal' gender roles undermined during humanitarian crises.

## **2. Key concepts on age and disability**



# Objectives

## **By the end of the session participants will be able to:**

- Identify the different aspects of exclusion and vulnerability based on how age, gender and disability can add up and intersect into increased exclusion and discrimination.
- Describe the difference between impairment and disability, gender and sex, chronological age and social age.
- Design interventions that include the important role of family members to older people and people with disabilities, or personal assistants providing support and care.
- Explain the shift from disability being viewed as a charity issue to a social and human rights issue.

# Ranking activity

## Rank various groups' level of vulnerability and risks

- Men with no disabilities
- Older women with no disabilities
- Older men with disabilities
- Older person with chronic disease (geriatric, diabetes etc.)
- Women with disabilities
- Boys and girls with disabilities

**SEX** = male or female, biological and physiological characteristics

**GENDER** = depends on your local culture, it refers to the social differences, norms and expectations. These can change over time and between cultures.

What are the gender definitions or norms in your culture?

GENDER 'norms' discriminate against both men and women, and usually limit women's opportunities MORE



# Understanding disability = understanding interaction between impairment and barriers

Disability is described as occurring at three levels:

Impairment in a body function, such as for example a cataract that prevents the passage of light and the sense of shapes and forms.

Activity limitations, such as difficulties in reading, understanding instructions, or in moving around.

Participation restrictions, such as exclusion from health services or being prevented from taking part in community meetings.

# Understanding disability

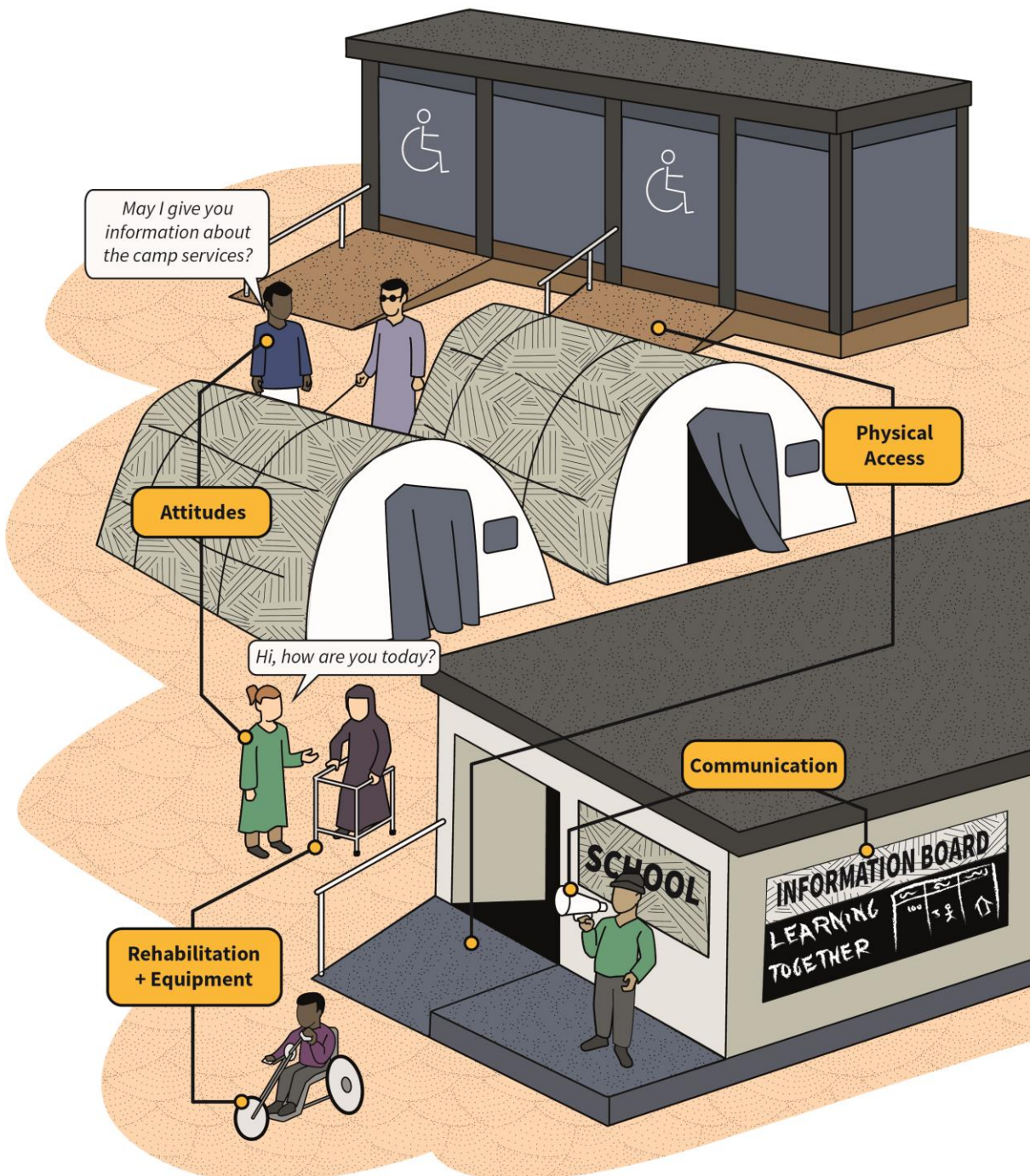
**Do you know a person with disability?**

**What do you think of when you hear the word 'disability'?**

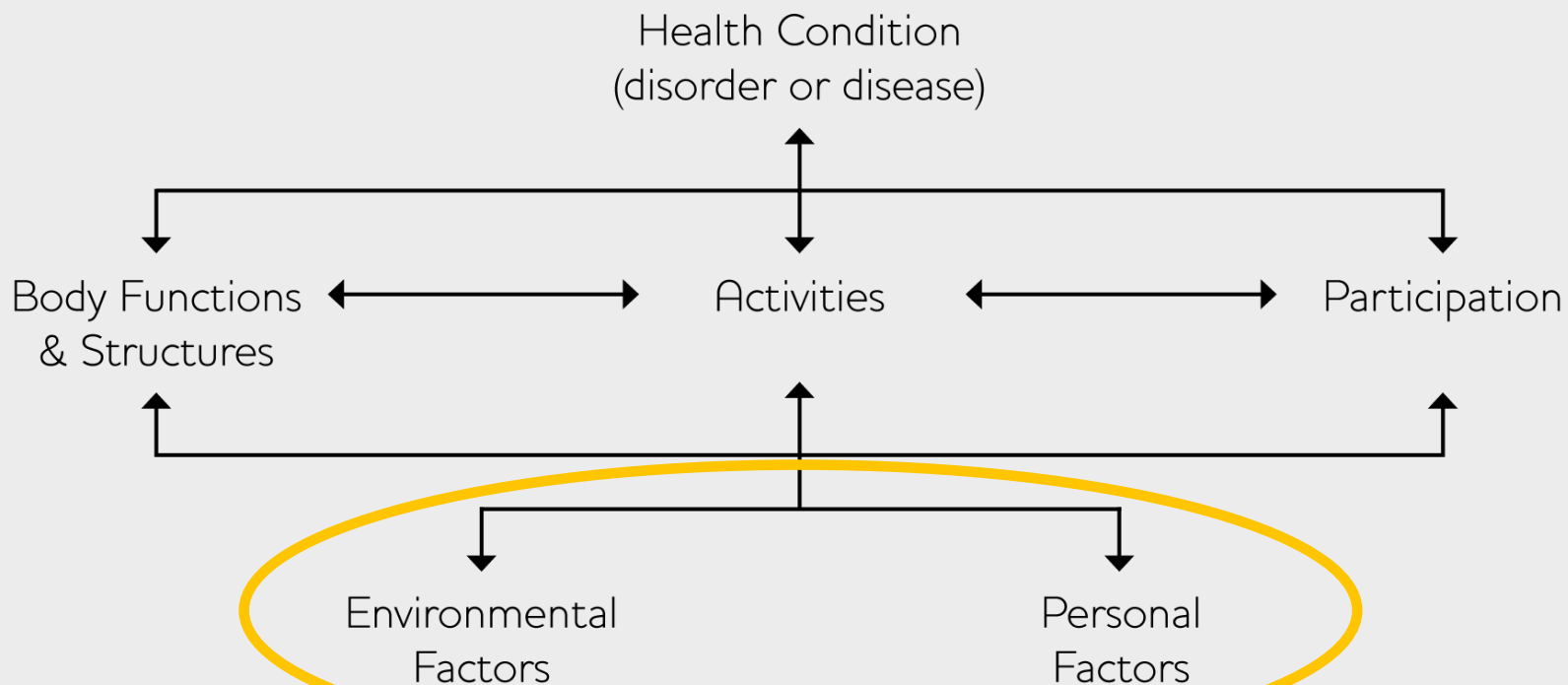
**How do you decide who has a disability?**

**What creates disability?**





# The International Classification of Functioning,



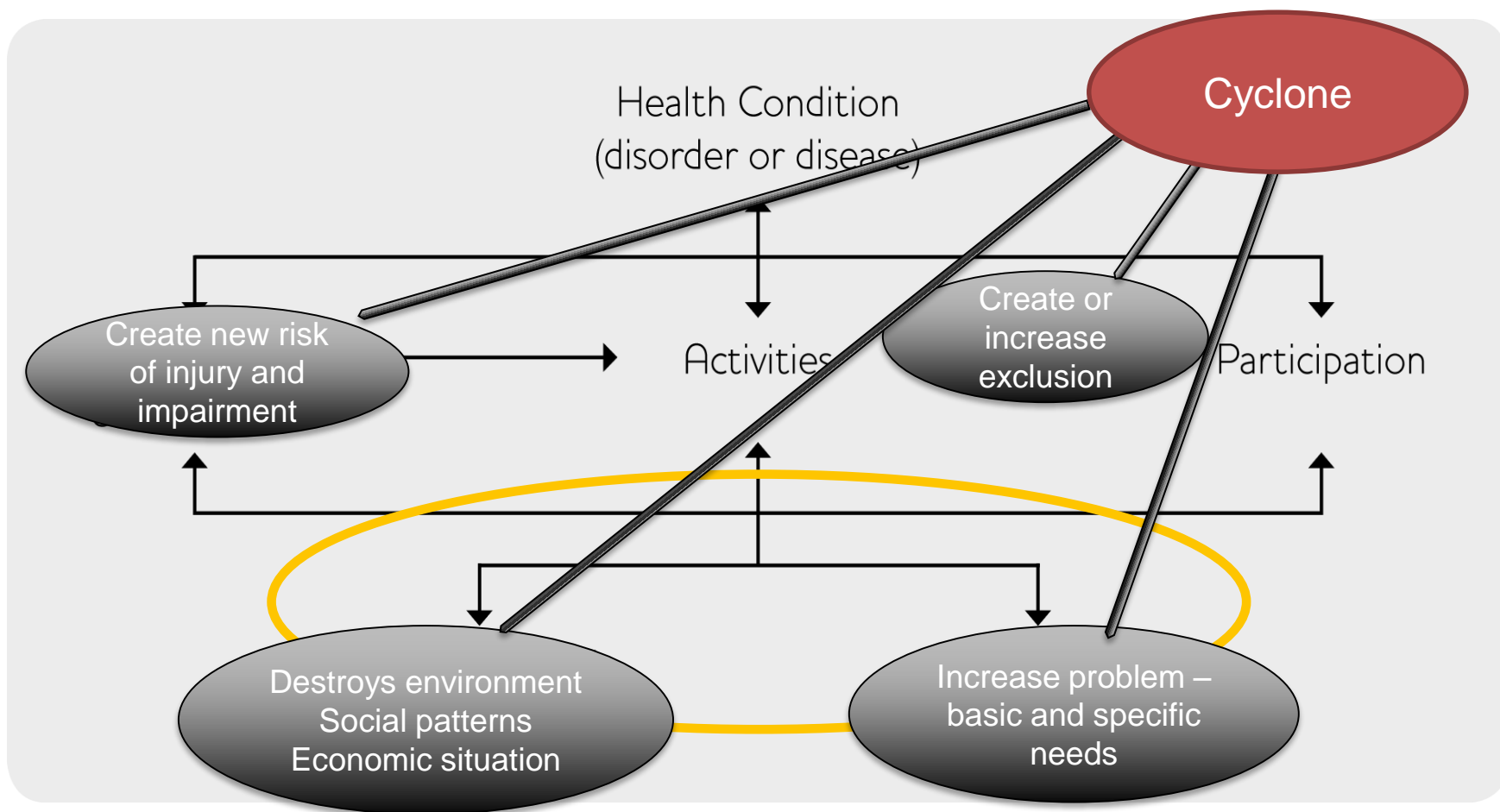
# Interpreting the ICF model

## An example

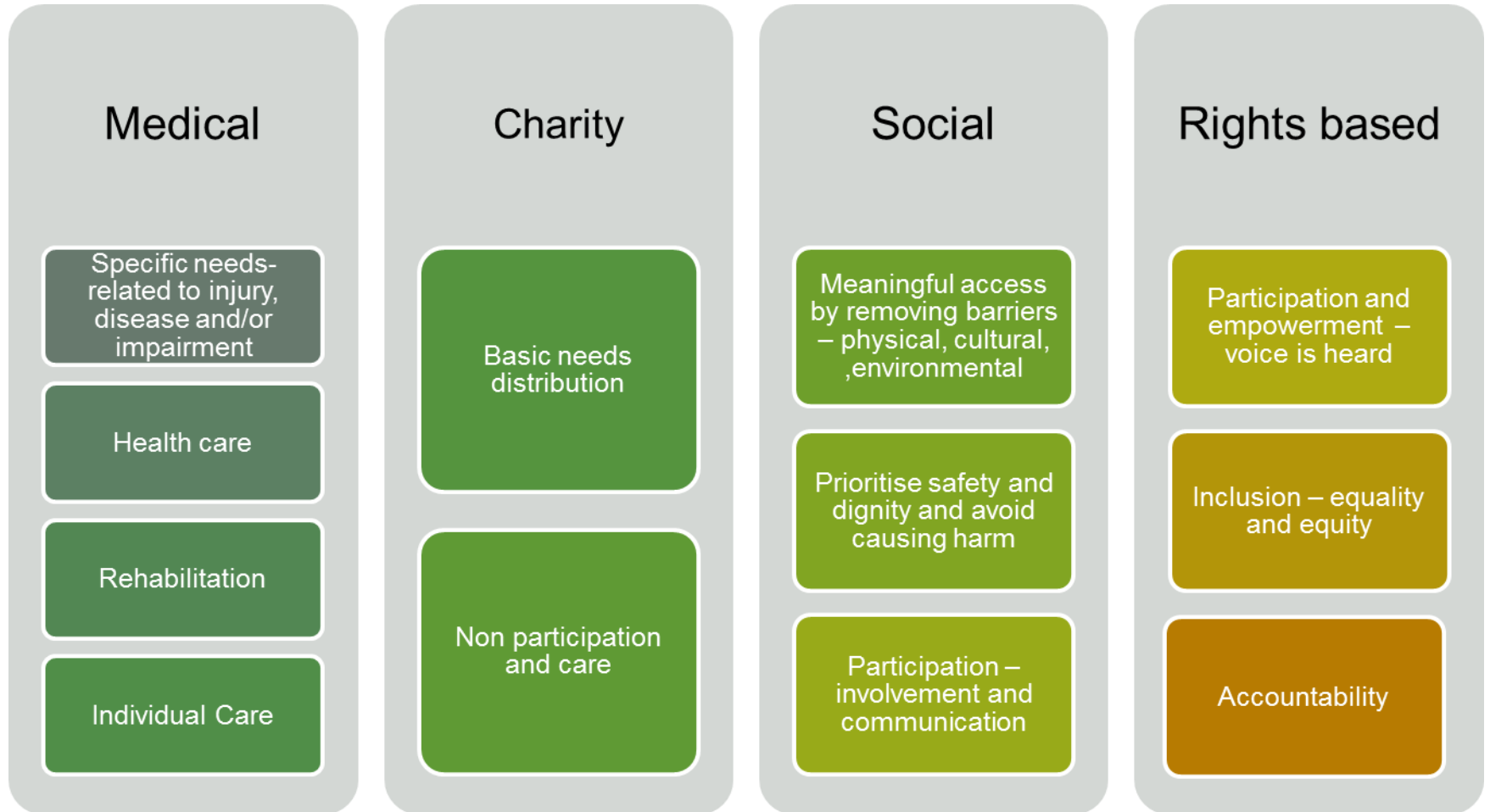
Components	Definitions	Example
Impairments in body function or structure	Impairments in physiological functioning or anatomical parts of the body	Acute muscular weakness and limb paralysis
Activity limitations	Limitations in the execution of tasks or actions by an individual	Not physically able to walk or eat independently
Participation	Restriction problems experienced in involvement in life situations	Local health centre is not accessible due to walking distance from the home, or no staff qualified to provide care programmes



# The international classification function model



# 4 Common models of disability – to review



# Understanding ageing and the life course

**A life course** – a period from birth to death, including a sequence of predictable and unpredictable life events.

- A life course approach identifies ageing in the context of these phases, as ageing is not simply a physiological process.
- The process of ageing is much more of a social phenomenon than a biological phenomenon.

Old(er) age does not always have to be equal to chronological age (number of years you have).

Often it is connected to shift in social roles and positions, which vary greatly among different cultures and societies.

# **Chronological age and social age**

**How is old age defined in your country?**

**What are the social elements and what are the chronological elements related?**

# The ageing process

## Common health conditions in older people:

- High blood pressure
- High risk of NCDs/risk of disability when unmanaged (e.g. diabetes)
- Vision/hearing impairment
- Memory loss
- Osteoporosis
- Muscle weakness (frailty)
- Loss of appetite and weight loss

# The ageing process

## Factors that may speed up the ageing process:

Exposure to health problems

Hard physical labour (often related to poverty)

Multiple pregnancies in case of women

Living through a prolonged crisis with uncertainty, high levels of stress and poor living conditions

# Ageing – Difficulties older people face in humanitarian crises

## Worsening of pre-existing vulnerabilities:

- Physical decline that comes with ageing.
- Increasing poverty levels among older people, exacerbated by a lack of livelihood opportunities.
- Worsening of pre-existing exclusion and discrimination.

## Gaps in humanitarian response and difficulties in access of assistance:

- Lack of access to basic goods and services.
- Lack of services to meet specific needs of older people.
- Age discrimination (explicitly or inadvertently) in access to services and protection.
- Difficulty in adopting coping strategies.
- Invisibility to humanitarian actors.
- Difficulty in accessing and understanding messages about assistance and protection.



What do you think we mean by family members, carers or personal assistants of older people or people with disabilities?

Anyone who supports, sometimes cares for or nurse, a relative, friend or partner requiring this support due to physical or psychosocial health, disability, older age, frailty, substance misuse or any other cause.

# Inclusion of carers in our work, and their needs

## Contributions of carers, especially in a humanitarian crisis, goes largely unrecognised

- Carers need a break from time to time, to prevent mental health problems.
- They need access to more food, hygiene and water supplies, for the person they are supporting.
- Carers may not have the same access as others to information, if they cannot leave person they are supporting unattended.
- Carers who are children might not be able to access assistance,
- Older men and older women who may have caring responsibilities, are often not considered for cash for work activities.

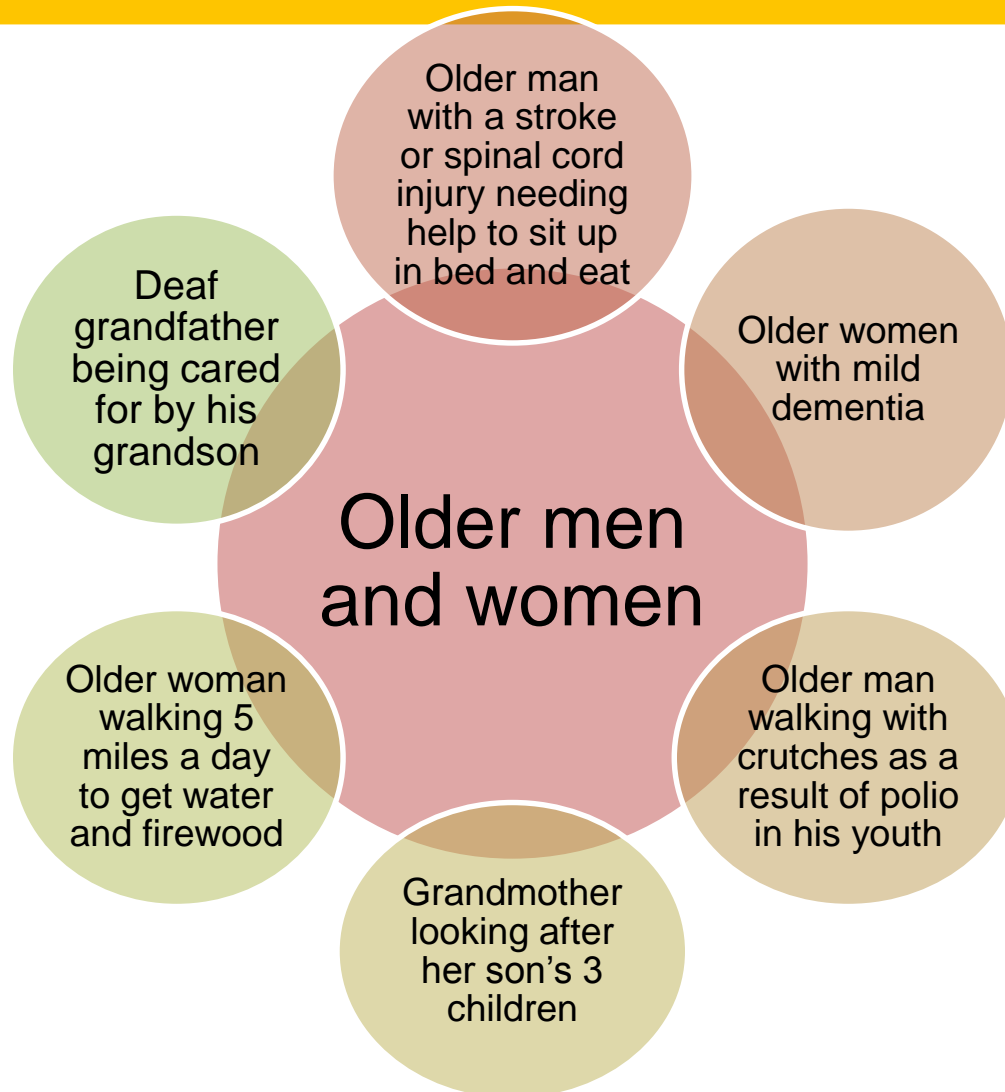
# Understanding the concepts of intersectionality of age and disability

Intersectionality is more than a concept.

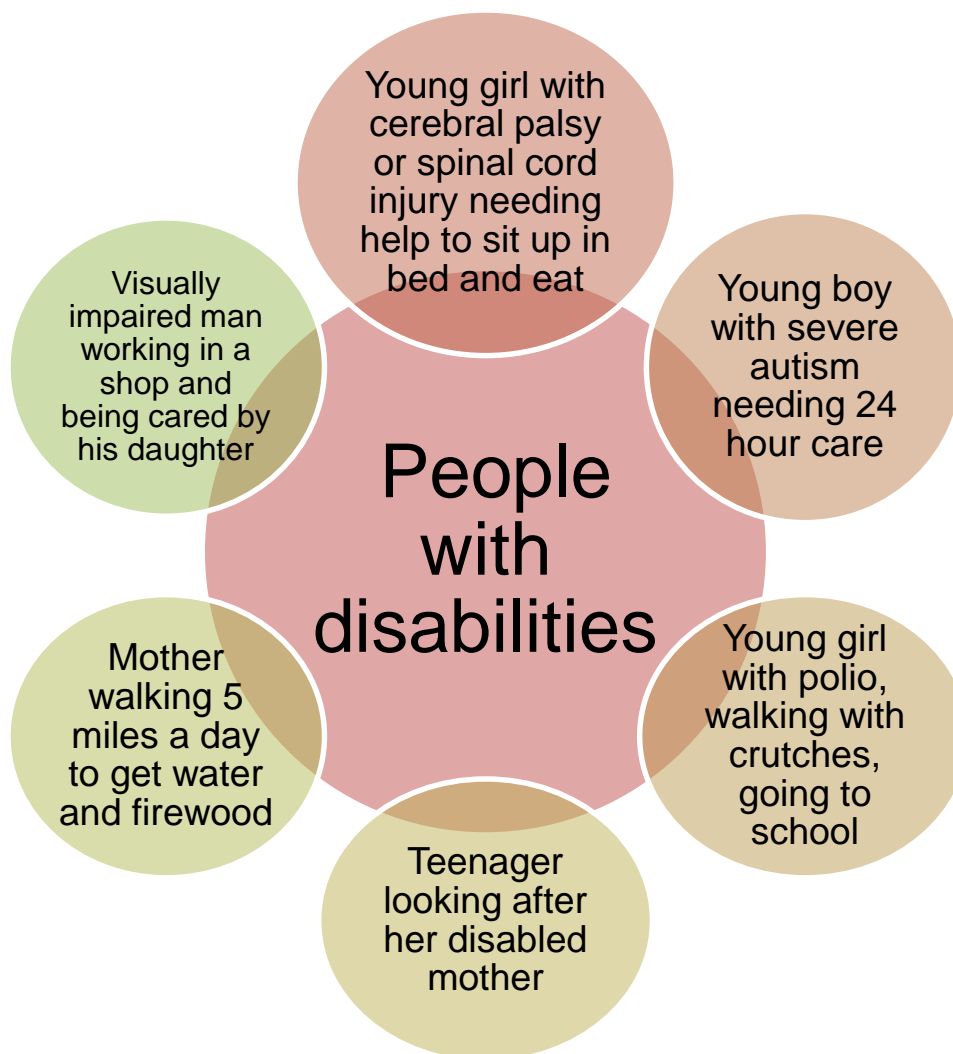
It is also a tool that contributes to the understanding of people's situation in a society that is constantly changing...

... where categories such as age, disability, gender, class and nationality interact with each other in more fluent and changeable ways.

# Intersectionality and diversity among older men and women



# Intersectionality and diversity among older men and women, boys and girls with disability



# Understanding the rights-based approach to age and disability

Human rights (including the UNCRPD)

Sendai Framework for Disaster Risk Reduction 2015-2030

Madrid International Plan of Action on Ageing, endorsed by the General Assembly in 2002

Charter on Inclusion of Persons with Disabilities in Humanitarian Action

Inclusion Charter 5 Steps

**3. Key priorities for inclusion using the minimum standards for age and disability inclusion**

# Objectives

## By the end of the session participants will:

- Be able to navigate through the key minimum standards for age and disability inclusion and list a few practical examples of each standard.
- Recognise the sector-specific standards.
- Recognise how to prioritise standards to address in their work.



# Purpose of the Minimum Standards

**To support the inclusion of older people and people with disabilities in the programmes of all humanitarian organisations.**

## MINIMUM STANDARDS FOR AGE AND DISABILITY INCLUSION IN HUMANITARIAN ACTION

Pilot Version



Currently in pilot version (first edition to be released by 2018)

# 8 Key inclusion standards – main messages

1 = Identified and needs assessed

2 = Involved in accessing what they need

3 = Included and not negatively affected

4 = Know their rights and are involved in decision-making

5 = Feel safe to share complaints

6 = Receive well-coordinated, relevant assistance

7 = Assistance is continuously monitored and improves

8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering

# Have you heard of SADDD?

1= Older people and people with disability are Identified and their needs assessed

1.1 Sex, Age and Disability Disaggregated Data (SADDD)

# Which of these 3 actions could you start with?

2 = Involved in accessing what they need

2.1 Make services accessible in communication, infrastructure and information

2.2 Adapt budgets to include costs for accessible services

2.4 Encourage and support outreach services

# Which of these 2 actions could you start with?

3 = Included and not negatively affected

3.2 Systematically monitor that older people and people with disabilities are not exposed to risks due to the humanitarian action

3.4 Be aware of the protection risks that older people and people with disabilities, and other vulnerable groups face in humanitarian contexts

# Could you achieve this action?

4 = Know their rights and are involved in decision-making

4.2 Ensure older people, people with disabilities and carers participate in needs assessment, consultations and feedback mechanisms

# Which of these 3 actions would you prioritise?

5 = Feel safe to share complaints

5.2 Ensure processes for making complaints are accessible for older people and people with disabilities

5.4 Train staff to on how to communicate respectfully with older people and people with disabilities and listen to their complaints

5.5 Ensure older people and people with disabilities with protection issues are well supported

# Which of the 2 actions would you start with?

6 = Receive well coordinated relevant assistance

6.2 Map services and organisations in your area, especially for targeted group – NCD's, rehabilitation

6.3 Develop partnerships between mainstream and specialised agencies



# Which of the 2 actions would you plan first?

7 = Assistance is continuously monitored and improves

7.2 Define and use age and disability indicators in baseline data and M&E

7.4 Ensure the voice of older people and people with disabilities is included in lessons learnt to improve accessibility, accountability, and safety of a humanitarian response

# Would you include these 3 actions?

8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering

8.1 Train staff at all levels to deliver impartial assistance that recognises gender, age and disability

8.3 Appoint staff across the organisation to deliver age and disability inclusive programming and/or establish focal points

8.5 Make provisions within organisations to ensure older people and people with disabilities have equal opportunities for employment of volunteering

# Activity

## Group work using case studies



# 7 Sector standards



# The reality of your context/work

**Choose 3 of the 8 inclusion standards that you could start addressing first**

1 = Identified and needs assessed

2 = Involved in accessing what they need

3 = Included and not negatively affected

4 = Know their rights and are involved in decision-making

5 = Feel safe to share complaints

6 = Receive well coordinated relevant assistance

7 = Assistance is continuously monitored and improves

8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering

# Choosing priorities

→ **MUST** talk to older people, people with disabilities and their carers to identify their priorities.

→ **START** where there is less resistance and partnership opportunities. to make gains and build confidence.

→ **CONSIDER** vulnerable sub-groups (where age, gender, disability intersect); how can they be reached?

# First 3 priorities in your context, do you agree?

1= Identified and needs assessed

2= Involved in accessing what they need

3 = Included and not negatively affected

4= Know their rights and are involved in decision making

5= Feel safe to share complaints

6= Receive well coordinated relevant assistance

7 = Assistance is continuously monitored and improves

8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering

# In your context, what is the most challenging to implement? Do you agree?

1= Identified and needs assessed

2= Involved in accessing what they need

3 = Included and not negatively affected

4= Know their rights and are involved in decision making

5= Feel safe to share complaints

6= Receive well coordinated relevant assistance

7 = Assistance is continuously monitored and improves

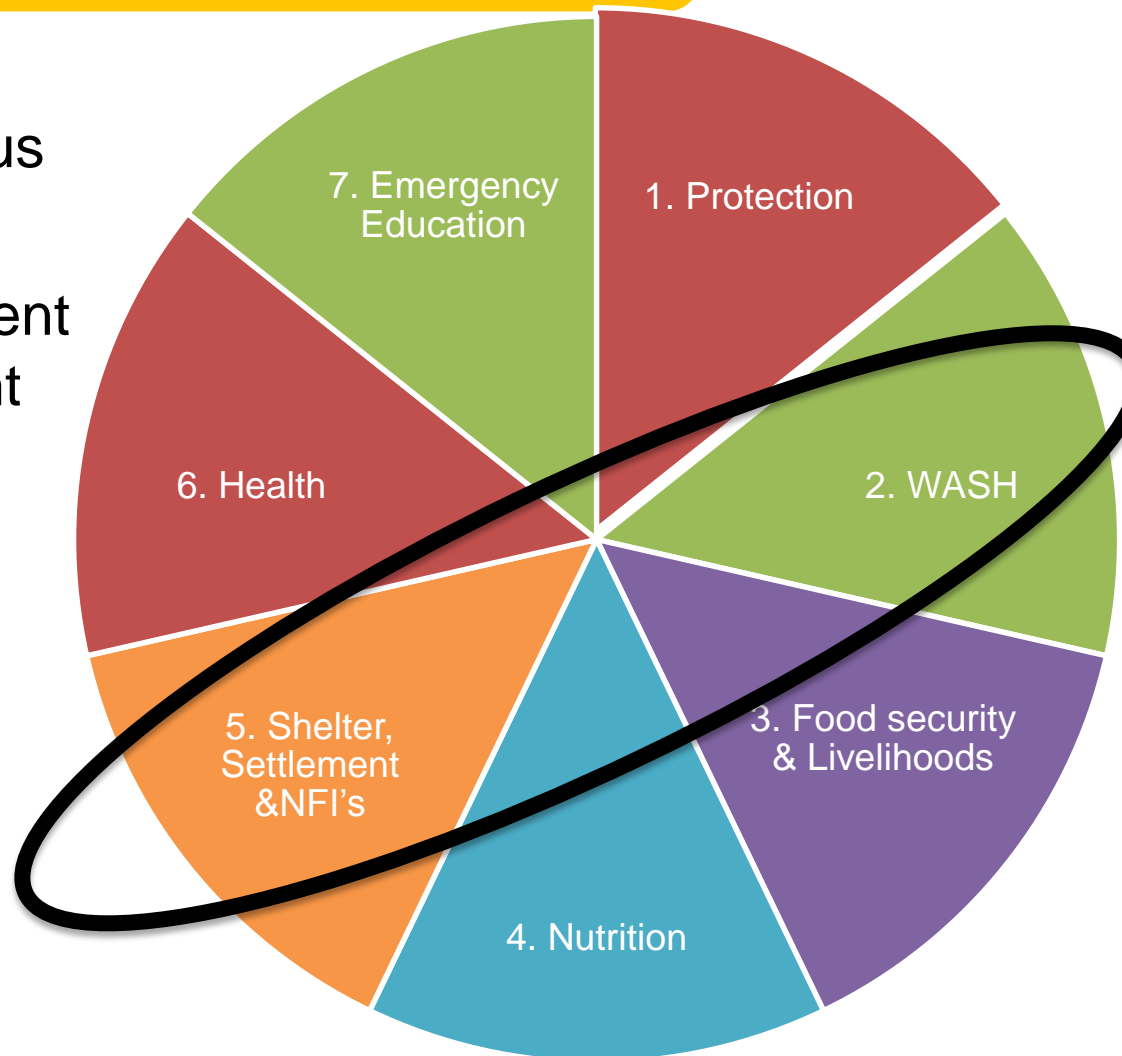
8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering



# Sector-specific standards

In your country – can you identify 2-3 sectors to focus on first?

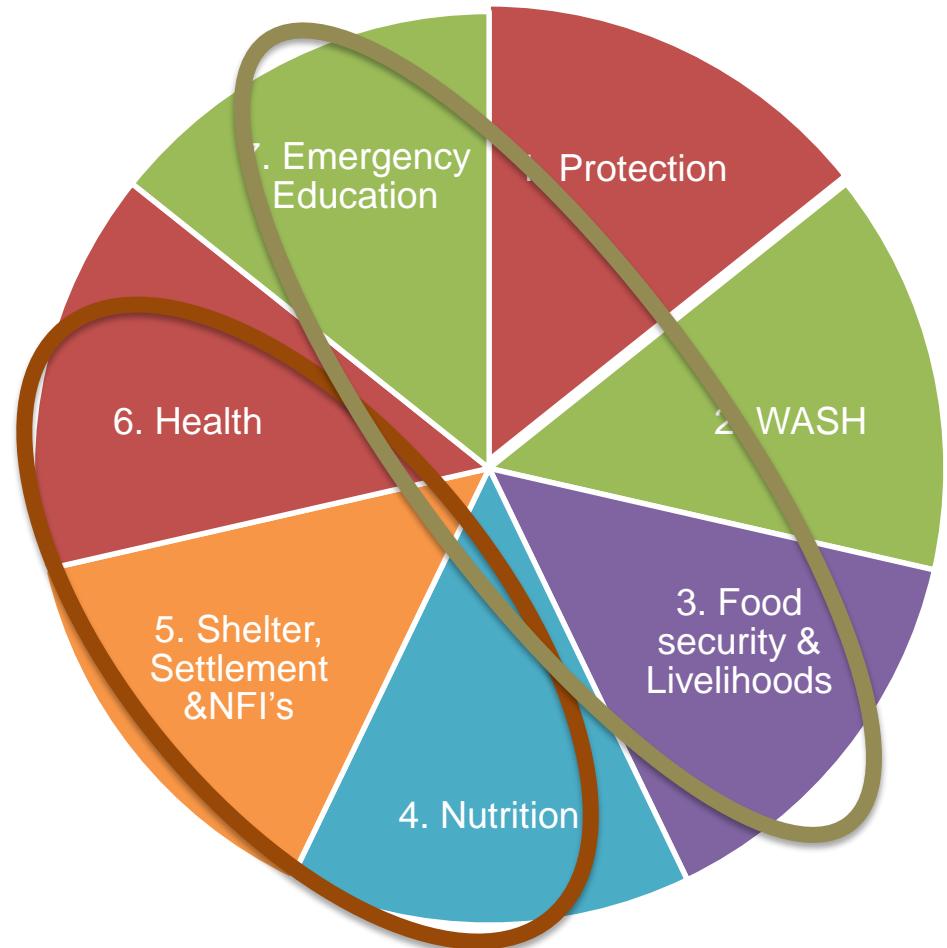
1. E.g. in Pakistan, recurrent floods and droughts, might make WASH and NFI a priority; what about your context?



# Sector-specific standards

2. In a conflict zone with 40% of the population over 50 years old, shelter, health and nutrition may be priorities.

3. In a chronic crisis where people have been living in a camp for more than 2 years, education and livelihood may be priorities.



## **4. Identifying barriers in Age and Disability Inclusion in Humanitarian Action**

# Objectives

**By the end of the session you will be able to:**

- Identify barriers that discriminate and exclude older people and people with disabilities in different contexts.

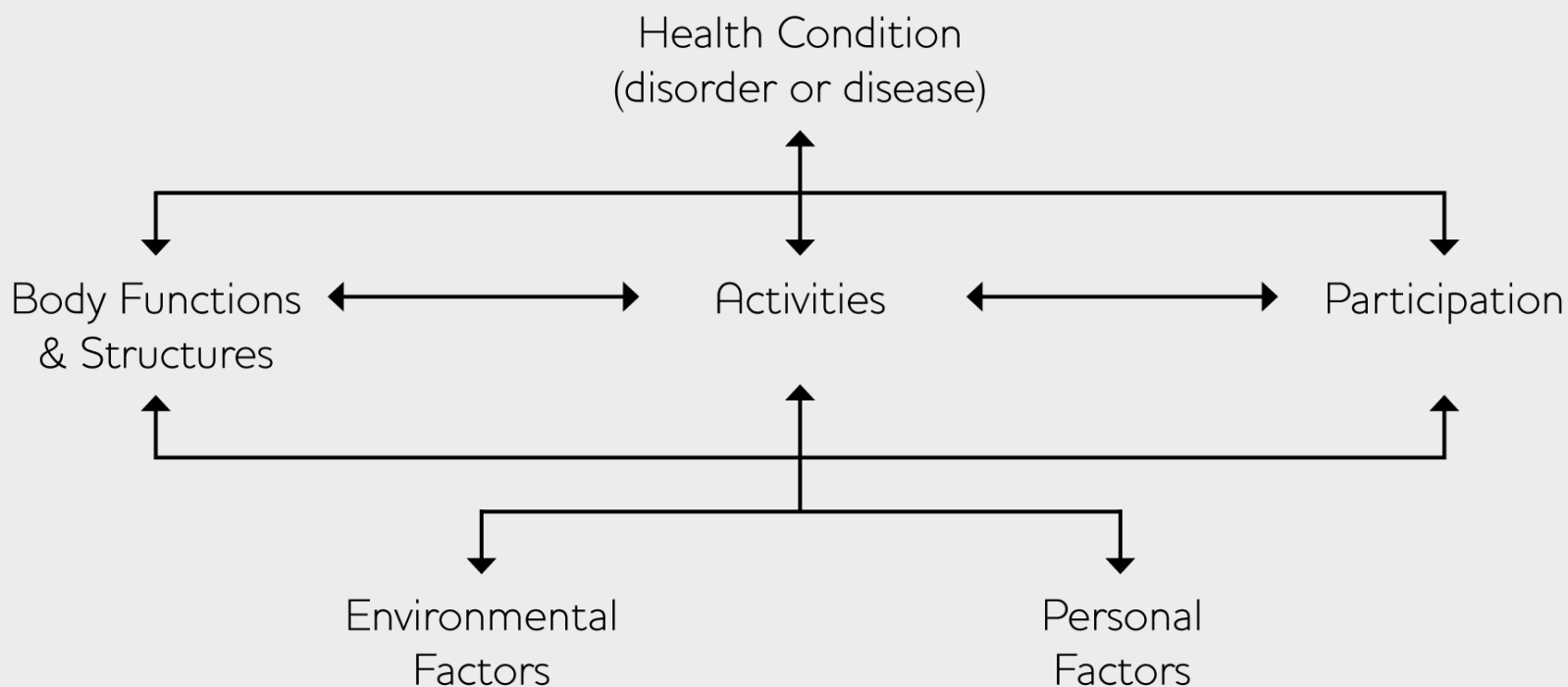
**5. Removing barriers for Age and Disability inclusion in humanitarian action**

# Objectives

**By the end of the session participants will be able to:**

- Use International Classification of Function (ICF) as a way of identifying environmental barriers to effectively reduce barriers, and increase inclusion and participation.
- Identify barriers that aggravate exclusion that older people and people with disabilities often face in humanitarian contexts.
- Explain the importance of removing barriers and improving access and participation.
- Use the Minimum Standards to build more inclusive programming and response.

# Identifying barriers using ICF



# Using the ICF

A woman who is a wheelchair user and a teacher as a profession was forced to leave her home due to violence in the neighbouring town. She used to teach in a primary school and lived quite independently with her family in small town. She now lives in a temporary camp together with some of her previous neighbours in a two-room shelter. She had to leave everything behind and lost her wheelchair during the chaos. Due to insecurity and a chaotic environment, she has become almost totally dependent on her neighbours and she has had difficulties in finding a new wheelchair, which prevents her from going out from the shelter.

## **Task:**

*Identify the main barriers faced in this example by using the ICF as an outline, circle the parts of the ICF which apply.*



# Physical barriers

RECU =

- **Reach** (road condition, transport)
- **Enter** (doorways, stairs)
- **Circulate within** (hallways/room space)
- **Use** (table height, toilet, sink, computers)

# IFRC Guidelines on barriers

## Physical

Physical barriers can be natural or man-made, and the list is infinitely long. Common man-made barriers include narrow doors and passageways, staircases, thresholds, level changes, steep slopes, inaccessible public toilets, waste and debris, etc.



## Information

Information barriers occur when information is not made available and accessible for everyone. This type of barrier can be invisible, but it is no less present and excluding for a very large number of people, particularly those with sensory disabilities.



## Attitudes

Attitudes are still, unfortunately, one of the major barriers to full and equal participation. Negative attitudes exist in all parts of society, from community members to policy-makers to programme managers in non-governmental organisations.



## Institution

Institutional barriers are procedures and policies that discriminate against persons with disabilities. This can refer to organisational practices (for example recruitment policies) that are not flexible or adapted to persons with disabilities, thus leading to exclusion.



# Looking at ways to eliminate or reduce physical and attitudinal barriers

People with intellectual impairments or learning difficulties

Persons with mental health condition or chronic health conditions associated to age

People with visual impairment

People with hearing impairment and/or communication difficulties

People with physical impairments and/or reduced mobility

# Looking at ways to eliminate or reduce physical and attitudinal barriers at sector level



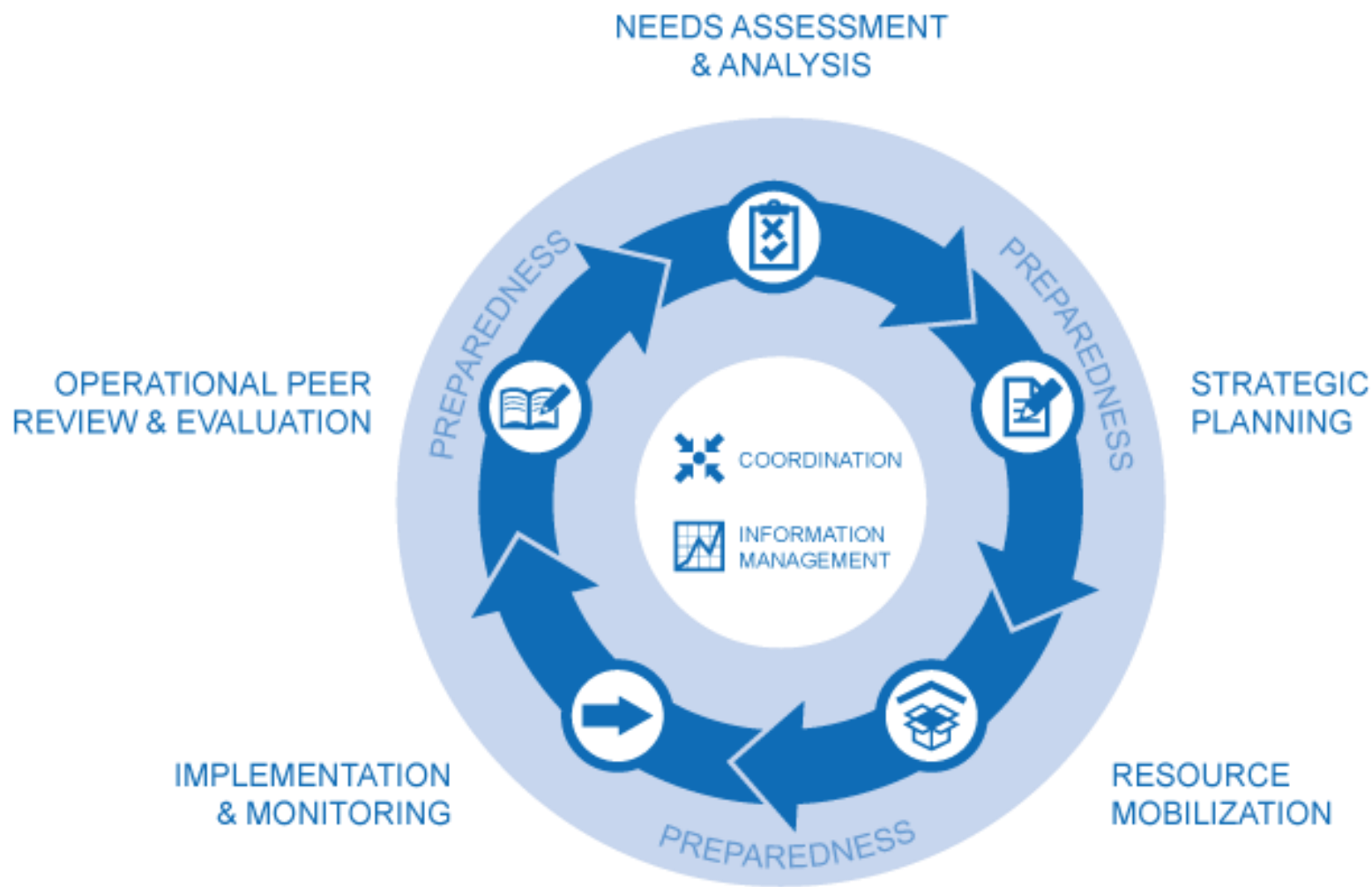
## **6. Age and Disability – inclusive project cycle management**

# Objectives

**By the end of the session participants will be able to:**

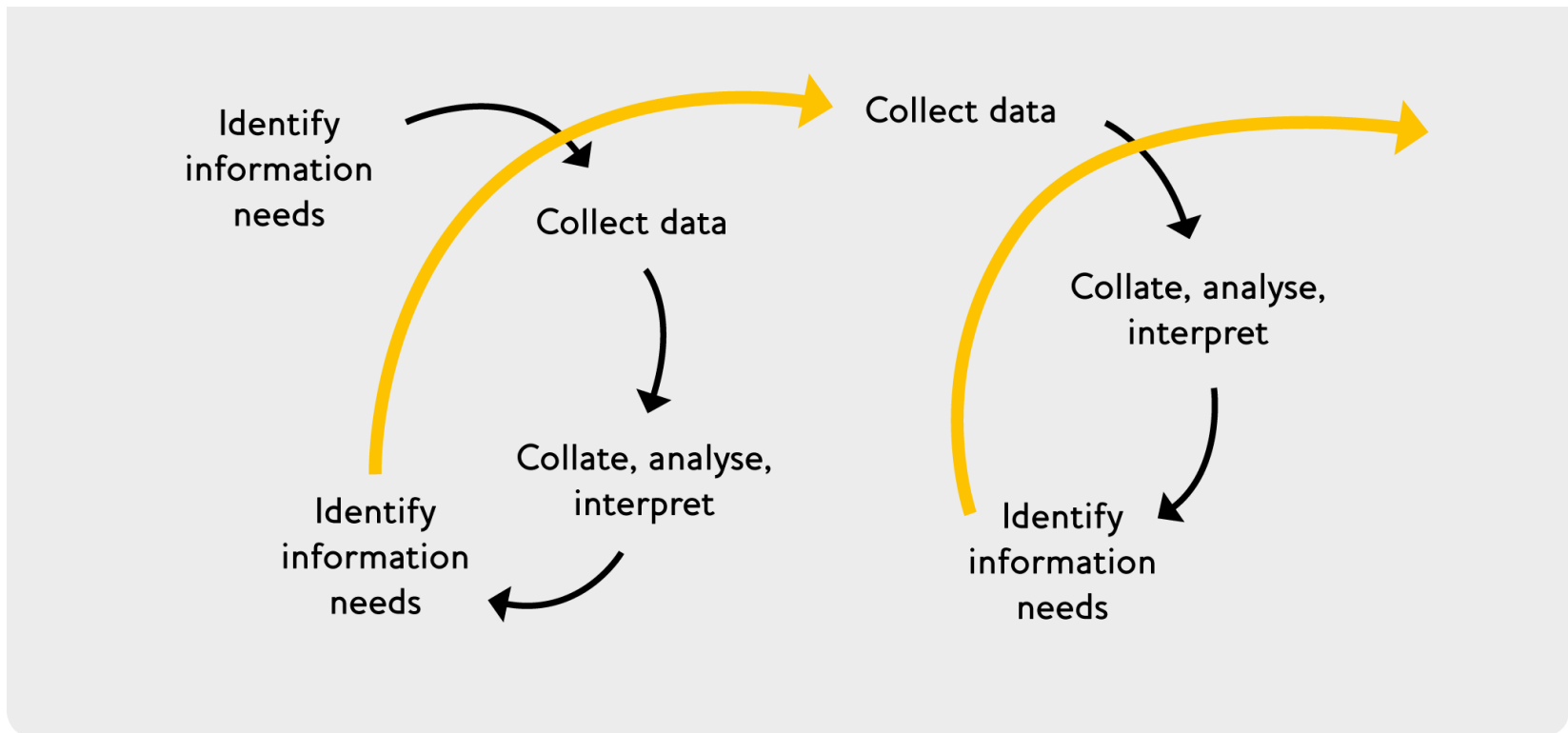
- Collect and analyse the primary data collected during a Rapid Needs Assessment;
- Review and analyse secondary data;
- Identify vulnerable and at-risk groups;
- Identify questions or checklists to collect sex, age and disability disaggregated data in a gender sensitive manner;
- Collect sex, age and disability disaggregated data (SADDD);
- Explain how proposals can be developed with more inclusive thinking;
- Evaluate reports, projects and response that targeted older people and people with disabilities in an emergency situation, and analyse the strengths and weaknesses of assessment report.

# When to be inclusive? Throughout the project cycle



# Importance of data collection

## Continuous: collection, collation and analysis





# PURPOSE OF RAPID NEEDS ASSESSMENTS (RNA)

## What has happened?

- Population affected?
- Area affected?
- Extent of damage?

## What is already there?

- Resources/capacities present

## What is needed?

- Outside interventions?
- Emerging threats?
- Key information gaps?



# SADDD Sex, Age and Disability Disaggregated Data

1. **Age and sex disaggregation** by the following age groups:

0-5	6-12	13-17	18-29	30-39	40-49	50-59	60-69	70-79	80+
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for both men and women.

2. **Washington Group Questions on disability**  
(see workbook or Minimum Standards)

# RNA – Including older people and people with disabilities

- Assess data from previous disasters, was disability and age mentioned and assessed?
- Contact and interview with Disabled People's Organisations (DPOs) and Older People's Associations (OPAs) or groups, or disability and age specialised organisations.
- Build assessment teams with disability and older age experience
- Assess damages to services used by people with disabilities and older people.
- Take pictures of water points, food distribution points, hospitals and other services in the area to analyse the level of accessibility.
- Analyse data to identify barriers, share your assessment results and use them for influencing other partners or organisations involved in the response.
- Has the disaster led to increased number of people with impairments and disabilities?

# Review RNA

## Task:

In groups review the UNHCR Rapid Needs Assessment and make adaptations so that it can be more inclusive of older people and people with Disabilities.

# Review the Washington Group Questions

## Task:

Review the Washington Group questions, try them out on each other.

Are they affective?

What is helpful?

Where are the challenges?

Are they useful and in what contexts?

# Assessment data types

## Secondary data

- Literature review
- Web-site review
- Records review

## Primary qualitative data

- Mapping
- Rich pictures
- Daily routine
- Seasonal calendar
- SSIs/FGDs
- Brainstorming
- Shadowing
- Ranking exercise

## Primary quantitative data

- Standardised observation instruments
- Anthropometric measurements
- Standardised test
- Knowledge, practice and coverage survey

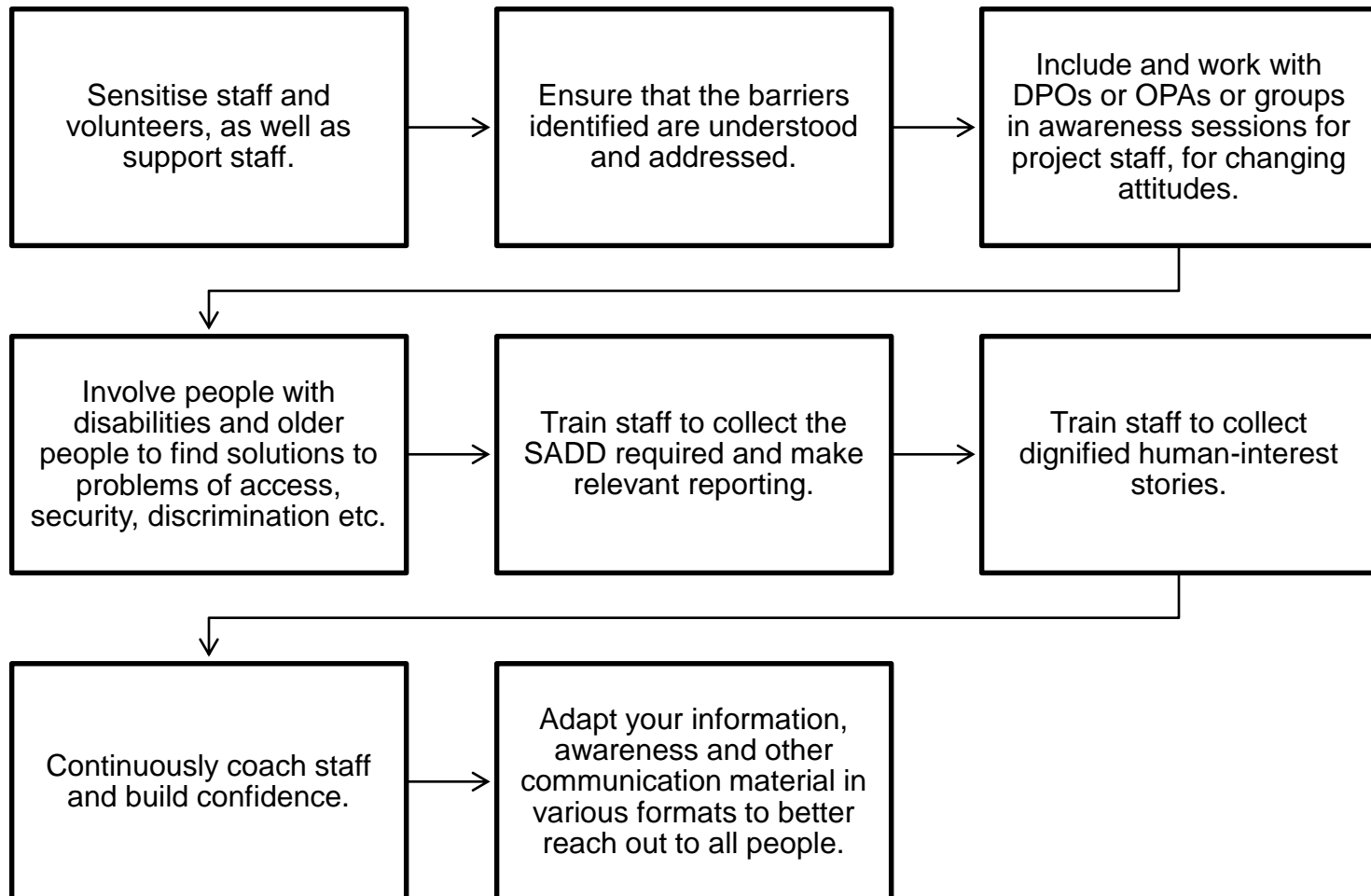
**In general, use multiple sources of data, do not rely just on one source.  
Triangulate the information**

# In-depth needs assessment and project planning

## **When designing a project proposal based on the needs assessment, for age and disability inclusion consider:**

- Are people of different gender, abilities and ages consulted during pre-project analysis?
- Are budgets set for adequate training on age and disability inclusion?
- Are budgets set for all sites and other project aspects to be fully accessible?
- Have age and disability data been collected and considered?

# Inclusive project implementation





# Inclusive monitoring

Is it measuring the intervention or if it requires some adaptation or revisions?

Is it a continuous and systematic process throughout the project implementation, including budget, to understand to what extent the relief services are?

# Inclusive evaluation and learning

Did the project achieve what was planned, what were the lessons learned?

Were the objectives and targets reached, including the disability and age indicators.

Have people with disabilities and older people had equal access to the aid and services provided?

If all objectives and targets were not reached what could we learn, how do we improve inclusion?

Involve DPOs and OPAs in the design and implementation of the final evaluation.

Did women, men, girls and boys with disabilities develop capacities for resilience?

## Practical activity – your task

A flood has devastated a wide area in Pakistan (see video)

<https://www.youtube.com/watch?v=sfbo7wTTPSc>

(stop video at 1.52)

Scenario: you have completed a needs assessment in response to this serious flooding, which is a recurring problem in the area. The situation represents a humanitarian emergency. You now have to plan and implement a six-month inclusive response programme.

## **7. Advocating for age and disability inclusion in humanitarian action**

# Objectives

**By the end of the session you will be able to:**

- Explain the factors that contribute to successful advocacy.
- Explain how advocacy can help move organisations towards the inclusion of age and disability.
- Develop and deliver a convincing and strategic communication message.

# ADVOCACY = ADD + VOICE

Public support for or recommendation of a particular cause or policy

**Advocacy** could be described as an activity by an individual or group, which aims to influence decisions within political, economic, and social systems, institutions and organisations.

Advocacy represents the series of actions taken and issues highlighted to change the 'what is' into a 'what should be'.

- Needs to include older men and women and persons with disability of all ages.
- Can happen at individual, local, national, international levels.
- Goal is to create new policy, change weak policies or implement policies.
- Not just a single action but a series of actions.

## Group work

Share examples of advocacy activities that you have been involved in.

What were the factors that contributed to or undermined the success of your advocacy?

# Advocacy for age and disability inclusion during humanitarian action

## Where to advocate, and what to do?

- Cluster meetings.
- Coordination mechanisms.
- Facilitate data on age and disability.
- Support inclusive response from other organisations.
- Facilitate participation of DPOs and OPAs.
- Establish age and disability focal points.
- Build capacity of DPOs and OPAs.



# Key inclusion standards 4 and 5 in minimum standards on age & disability

## Principles of Humanitarian Action

- Non-discrimination.
- Meaningful access.
- Respect for the inherent dignity of people with disabilities and older people.
- Active and effective participation and equality of opportunities.
- Respect for diversity, including equality between women, men, girls and boys of all ages.
- Recognition of the essential role of carers, personal assistants and families.

# Identify advocacy targets

**Primary audience:** those with the authority to make the changes you want to see.

**Secondary audience:** these are the people who may support your proposed change but cannot bring about the changes themselves

# What makes advocacy successful?

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Knowing your context

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Clearly identifying the problem

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Knowing who can make the change you want to see

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Setting clear aims and objectives

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Having a clear, evidence-based message

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Selecting appropriate activities

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Foreseeing and planning for risks and opposition

---

Identifying appropriate partners and allies

# Developing clear advocacy messages

## Your key messages should explain:

- What you want to achieve.
- Why you want to achieve it and what the current problems are (with evidence to support your case).
- How you want to achieve it.
- What you want others to do – here you should outline specific action they can take.

Your messages should be:

**Clear and concise    Evidence based    Realistic/achievable**

# Advocacy techniques – Brainstorm

What are effective advocacy techniques that you have seen others use or that you have used in your work in:

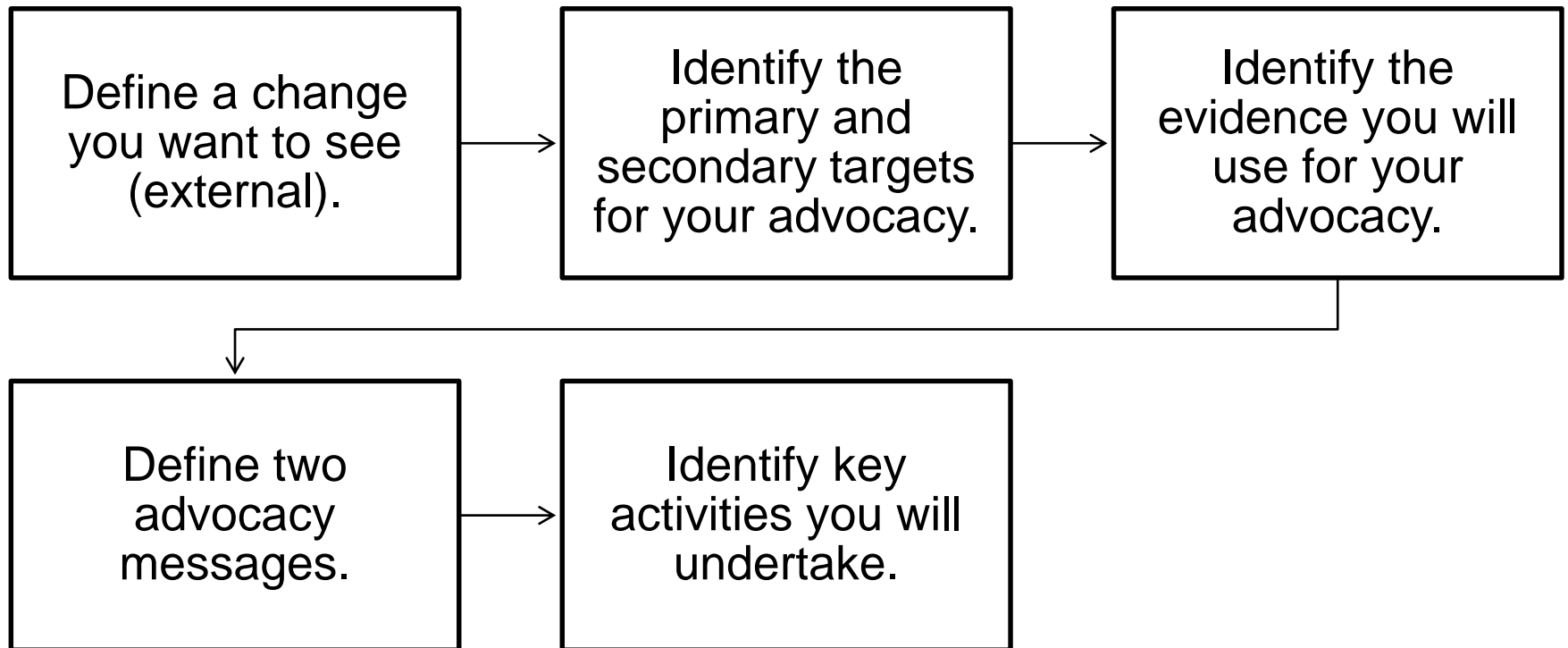
- a) gathering information
- b) convincing and strategic communication

What are different ways to work with media when doing advocacy?

# Advocacy methods

1. Writing fact sheets/posters/press releases.
2. Visits and meetings with communities and humanitarian actors.
3. Presentations to a group and public speaking, hosting events, including persons with disability and older people, considering age and gender.
4. Committee hearings and other events in the political sphere, including with people with disabilities and older people.
5. Individual meetings with authorities and other decision-makers, including persons with disability and older people.
6. Working with the media – press releases, interviews, press conferences, media kits, letters to the editor.

# In groups – select a scenario



# Importance of data and evidencing advocacy

Data and statistics must be reliable.

Data needs to describe a real situation and find ways to change this situation.

If you have detailed facts about a situation, the planning becomes easier.

Data also helps to compare situations.

Some humanitarian organisations might not also consider the gathering of disability and age data to be a priority.

Identify what it is that motivates change in your target.



## Example of an advocacy action

**Who?** An NGO that runs a health centre in refugee camp.

**When?** When the health centre plans to do new construction.

**What message?** The health centre needs to be accessible to ALL people.

**How? Ways of communication:**

- Invite representatives of the community to speak.
- Invite older people or people with disabilities to share their views.
- Present evidence: % of persons unable to access health centre and who need to, and the impact on their health from the lack of access.
- Provide solutions: drawings of ways to make entrance and all spaces of the health centre more accessible, pictogram signage.
- Offer training to health staff on how to communicate with older people and people with disabilities.

# Advocacy document for shelter allocation - example

## IMPORTANT CONSIDERATIONS for allocation of shelter to persons with disabilities within camps and spaces

Based on experience of HI and DRC in supporting persons with disabilities (PWDs), we ask you to consider the following to INCREASE ACCESS OF PWDS to essential services:

1. PWD should always be located in the line/area closest to the cluster of services (see picture below – **red arrows IS RECOMMENDED** placement of PWD within Qstapa camp) 😊



2. During construction of new camps (ex: Qstapa 2), please fill middle section of camp first (**yellow arrows**) before allocating spaces closest to services to 'first come first serve', please reserve red spots for persons with mobility issues or other disabilities (visual, intellectual who may get lost).
3. Please **DO NOT** place PWDs in area of blue arrows (farthest from services) 😞

# Disability day in Kawergosk Camp

- Invited local authorities to a disability day.
- The man with a disability talked about disability issues during the day's celebrations.

Could you also highlight older people's issues on this day? How?



# Advocacy – age demands action

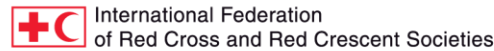
## Advocacy video on UN Convention to protect older people's rights

<https://www.youtube.com/watch?t=1&v=m6BBti0Blv0>

Are older people with disability included here?



# The ADCAP partners are:



# Contact



## **ADCAP**

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