

**Including Disability in Development Cooperation: Experiences
of collaboration between Governments, NGOs and DPOs
Rome, 18 November 2015**



Protection of people with disabilities in emergencies

**The inclusion of disability evaluation into emergency
projects: the experience of disability survey in the
survivors of the mega typhoon Haiyan in the Philippines**

Matilde Leonardi

MD, Neurologist , Pediatrician
Istituto Neurologico Carlo Besta, Milan
former President CTS
National Observatory on Disability
WHO Expert on Disability

Silvia Schiavolin, Alberto Raggi

Istituto Neurologico Carlo Besta, Milan



On Friday the 13th of November 2015

In one day

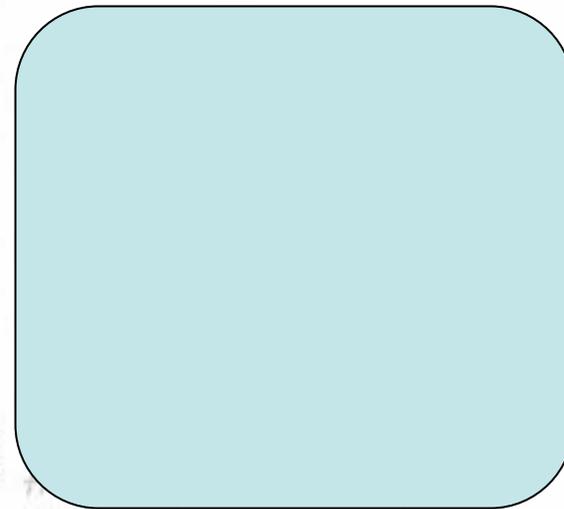
Paris- Terrorist Attacks

Japan- Earthquake

Baghdad- Funeral Bombed

Beirut- Suicide Bombing

Mexico- Earthquake



24 hours and we lost 115,200 heartbeats.

115.200 died in one day but....

- How many survived?
- How many will have health consequences?
- How many PwD had/have consequences?
- How many will develop permanent disability?

Open-ended questions

ref. Disaster, disability and rehabilitation



What are the consequences of a disaster?

What responses should be taken after a disaster?

What kind of rehabilitation services should be developed in the long-term?

Also in response to art 4. of CRPD how to INVOLVE PwD in developing responses to disasters?

Disaster, disability and rehabilitation



For survivors with **existing disabilities**, the following issues may be of particular concern.

- In comparison to their non-disabled peer, persons with disabilities can be more at risk during disasters.
- Many persons with disabilities lose their assistive devices during disasters, including artificial limbs, crutches, hearing aids and spectacles.
- Persons with disabilities can have greater difficulty in accessing basic needs, including food, water, shelter, latrines and health care services.
- Rehabilitation infrastructure is destroyed and rehabilitation personnel, including the caregivers of persons with disabilities, may be killed or injured or diverted to other tasks.

Disaster, disability and rehabilitation



For survivors with injuries and/or **newly acquired disabilities**, the following issues may be of particular concern.

- **Untreated or inadequately treated fractures and infected wounds may lead to severe and long lasting disabilities.**
- **Referral of these survivors to appropriate health facilities often become difficult.**
- **There is a scarcity of rehabilitation personnel and infrastructure poised to handle a new generation of persons with disabilities**
- **Many survivors with newly acquired disabilities will struggle with the loss of their livelihood, an additional consideration for them and their families.**

Survivors and other persons with disabilities in emergencies and conflict situations

During natural disasters, humanitarian emergencies, and times of armed conflict or occupation, survivors and other persons with disabilities **face increased barriers to accessing adequate and appropriate services.**

In such situations persons with disabilities are often not consulted or involved in the design of emergency risk programs, which results in **their needs not being addressed.**

The WHO reported that actively engaging persons with disabilities in emergency risk management **«can significantly reduce their vulnerability and enhance the effectiveness of policies and practices».**



CONVENTION on the RIGHTS of PERSONS with DISABILITIES

Article 11 - Situations of risk and humanitarian emergencies

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to **ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.**

European strategy on disability (2015-2020)

Point 8 – External action

(...) raise awareness of the UN Convention and the needs of people with disabilities, **including accessibility, in the area of emergency and humanitarian aid;**

consolidate the network of disability correspondents, increasing awareness of disability issues in EU delegations; ensure that candidate and potential candidate countries make progress in promoting the rights of people with disabilities and ensure that the financial instruments for pre-accession assistance are used to improve their situation.

Key actions for point 8

Ensure that the specific needs of persons with disabilities, including those who are disabled as a consequence of natural and man-made disasters, are **properly assessed and addressed** in the area of emergency and humanitarian aid outside the EU

Framework Italy



The Italian National Observatory on the Condition of Persons with Disabilities developed in 3 years of work:

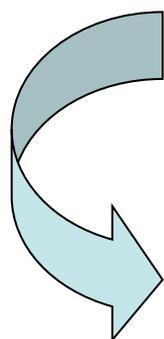
The Italian Disability Action Plan **approved and ratified by the Parliament in 2013**. Six working groups (each of them 'chaired' by a DPO member) produced **7 action lines**

- 1. Right to life, health and care***
- 2. Disability eligibility***
- 3. Independent living and empowerment of the people with disability***
- 4. School inclusion***
- 5. Work for people with disability and social security***
- 6. Accessibility and universal design***

+

+ Cooperation (Action 7)

Italian Disability Action Plan – Action 7



Italian Development Cooperation Disability Action Plan



Italian DAP Line 7: Actions planned 1/2

Disability awareness of the MFA personnel

Raising awareness of the rights of persons with disabilities as per art. 8 (awareness-raising) of the CRPD is the leitmotiv and one of the top priorities of the Action Plan

DAP Line 7 Actions planned 2/2

Setting up a monitoring system

The implementation of the National Action Plan is monitored.

The goal is to develop a set of procedures permitting to incorporate disability concerns **into all the projects funded by the Italian Cooperation (including those not targeted at disabilities) and assess their implementation, as well as their impact on their final recipients.**

Sendai Framework for Disaster Risk Reduction 2015-2030



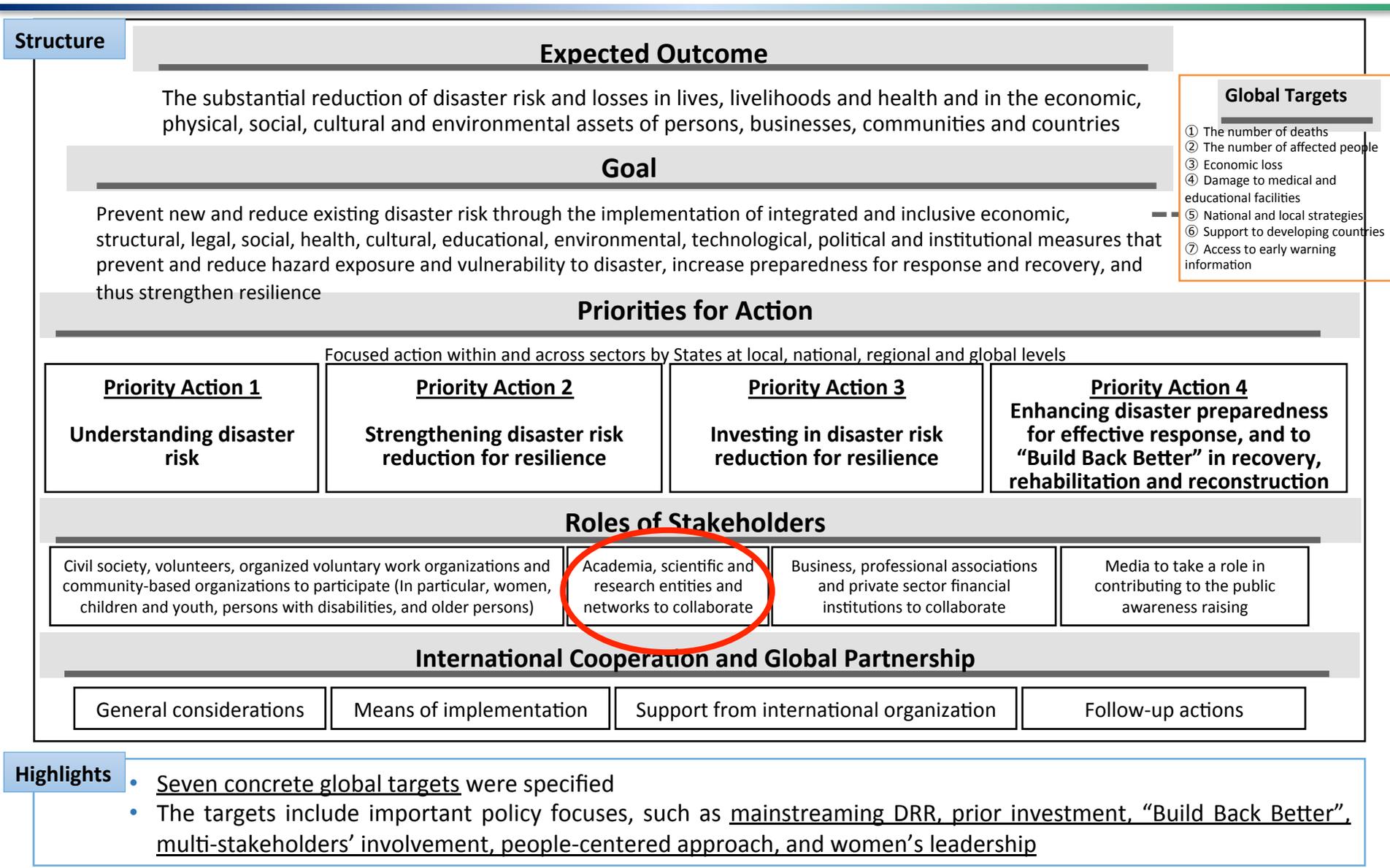
Adopted by UN Member States on March 18, 2015 it focuses on the need to switch emphasis

from disaster management to risk management.

Disaster risk reduction DRR, is not just about survival in the face of calamities, it is about **building resilience in the fullest sense of the term.**

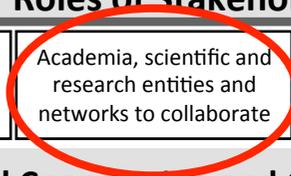
This means developing resources and coping capacities of communities to manage the specific risks connected to the environment in which they live, so to keep them safe from harm and improve their quality of life.

Sendai Framework for Disaster Risk Reduction 2015-2030



Global Targets

- ① The number of deaths
- ② The number of affected people
- ③ Economic loss
- ④ Damage to medical and educational facilities
- ⑤ National and local strategies
- ⑥ Support to developing countries
- ⑦ Access to early warning information



**Just one note:
Armed conflicts: a GAP in the framework:**

The final document **omitted references to armed conflict** due to perceived sensitivities about the term.

This was seen by some observers as a major gap in the framework.

Conflict is not mentioned anywhere in the agreement. Its conclusion was always going to cause tension, particularly because the draft text coupled it with ‘foreign occupation situations’.

Disasters and conflict are often correlated, so the notable absence of conflict (in the text) was clearly more political than technical.

WHO Framework

WHO Guidance Note on Disability and Emergency Risk Management for Health 2013

Assessments across all phases of emergency risk management should consider disability issues. Despite progress in risk and needs assessments, there **remains a serious deficit in data collection and analysis for both the health emergency risk management and the disability fields.**

Coordination of assessments on disability is needed to:

- determine first what assessments have already been done on health and disability,
- compile information from existing assessments and carry out further field assessments on disability to fill key information gaps;
- **plan what kind of information on disability should be collected, when, where, how and by whom;**
- **provide a common understanding of disability to make data comparable (ICF based)**
- compile data on different aspects of disability, which is typically collected by different organizations in a range of geographical areas;
- **share analyses and outputs to provide a common basis for planning of actions by all organizations.**



DISABILITY as an indicator in emergencies



Measuring Disability and Health in Emergencies: implementing a disability survey using WHODAS 2.0 in the Typhoon Yolanda affected areas of the Philippines

Typhoon Yolanda struck the Philippines on November 8, 2013 with strong winds of over 300 km/h. It was one of the strongest tropical cyclones ever recorded. The death toll has reached 6.300 and many provinces were affected.

In response to this massive devastation, the WHO Regional Office for the Western Pacific, in consultation with the UN Humanitarian Inter-Cluster Coordination Group decided **to conduct a survey on post-typhoon disability and health profiles of people affected.**



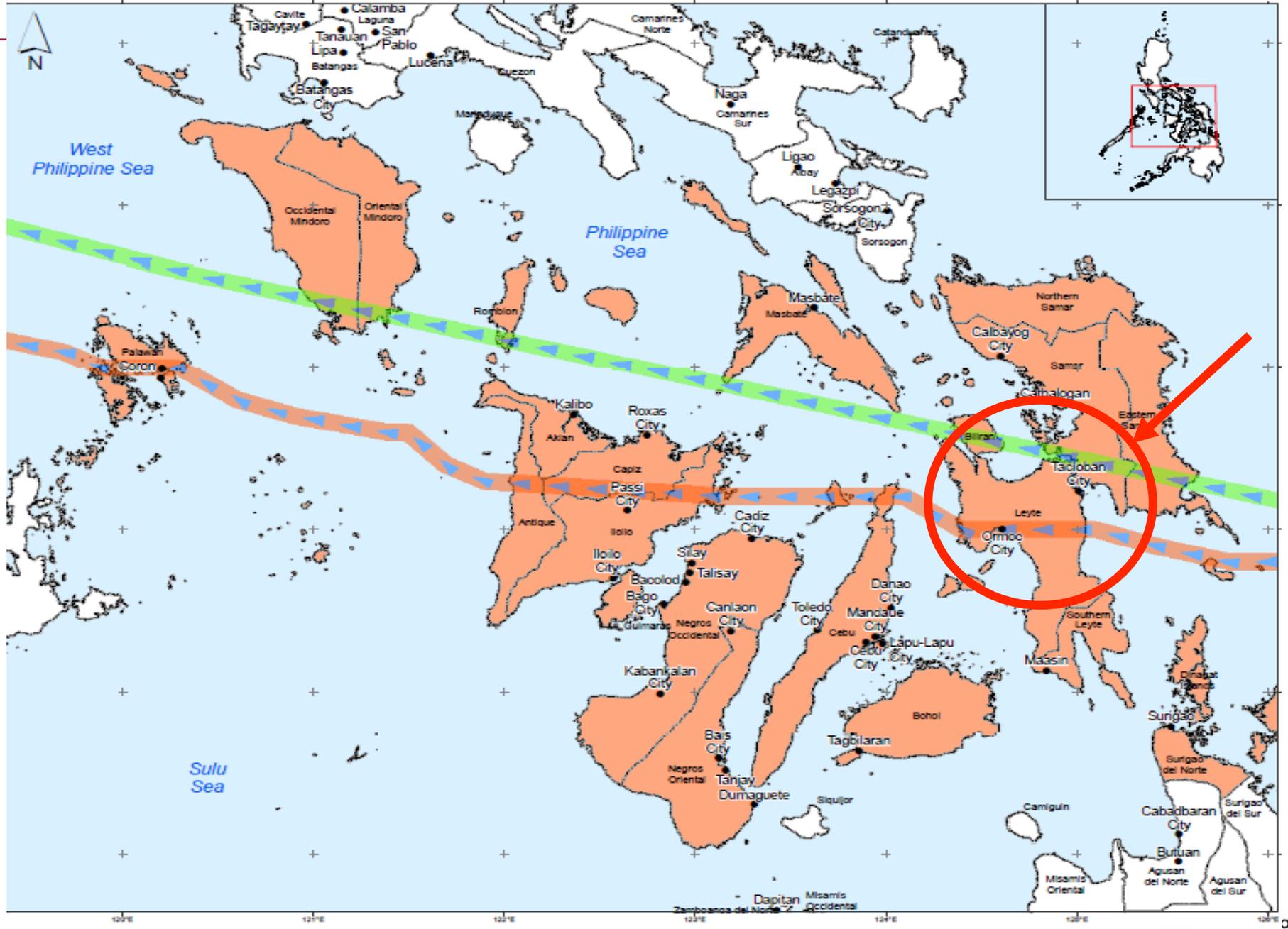
Measuring Disability and Health in Emergencies: implementing a disability survey using WHODAS 2.0 in the Typhoon Yolanda affected areas of the Philippines



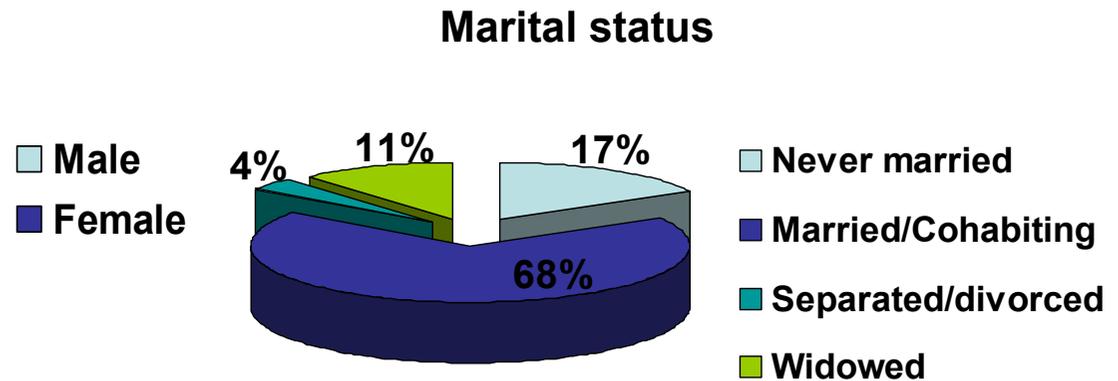
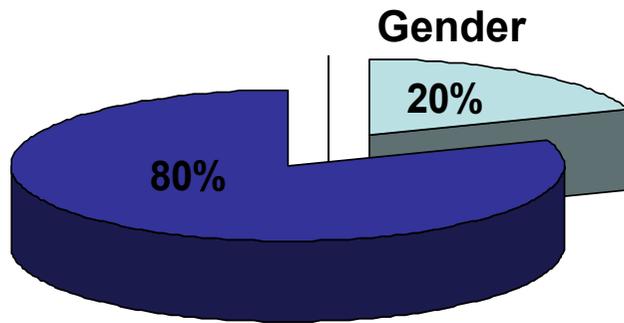
The main aim of this survey is to provide detailed information on affected populations' ongoing health and disability problems as well as to provide a broader base for humanitarian support to people affected.

The Survey Protocol includes socio-demographic questionnaire, household questionnaire and WHODAS 2.0 Disability Assessment Schedule.

WHODAS 2.0 was provided by WHO HQ, and modified for field application by the Social Development Research Center, WHO Regional Office, (SDRC) of De La Salle University, Inclusive Development and Empowerment Agenda (IDEA) and Neurological Institute Besta of Milan.



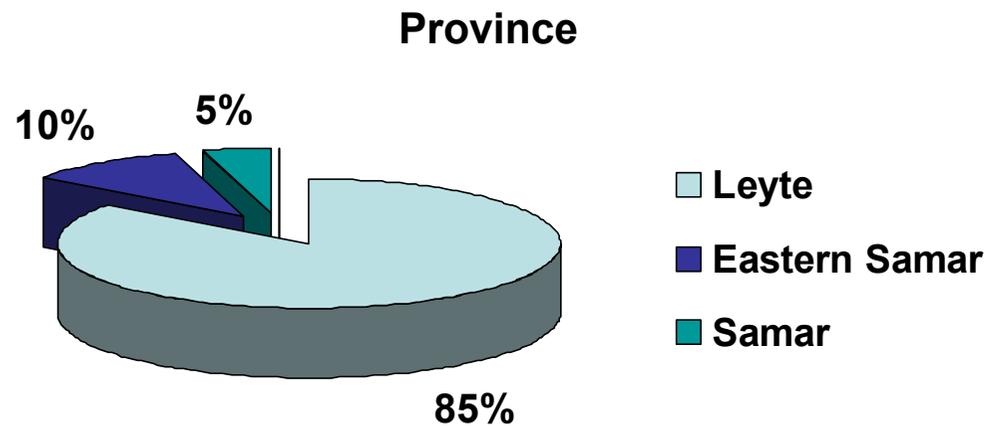
Socio-demographic characteristics (N=1.982 people)



Age (years)

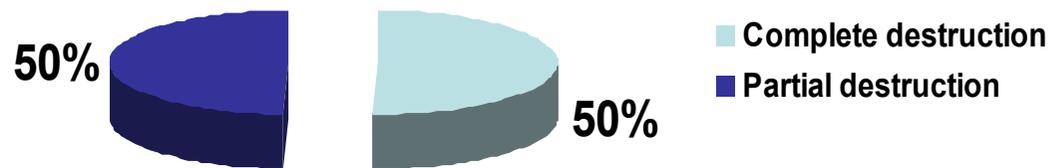
Mean (sd) = 42.89 (\pm 17.2)

Range = 18-96

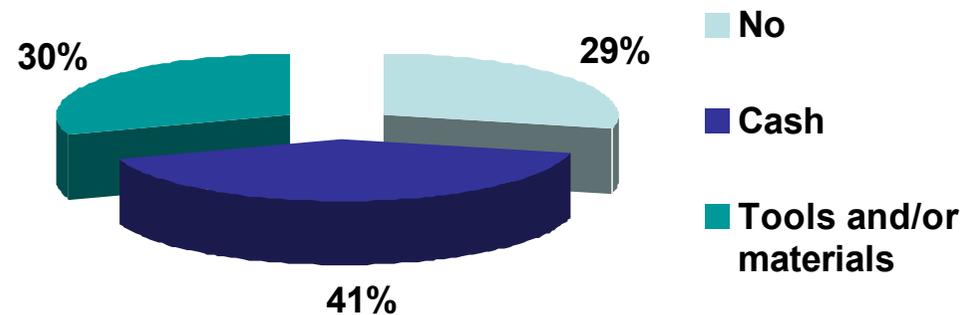


Household questionnaire (1)

What type of damage had your house?

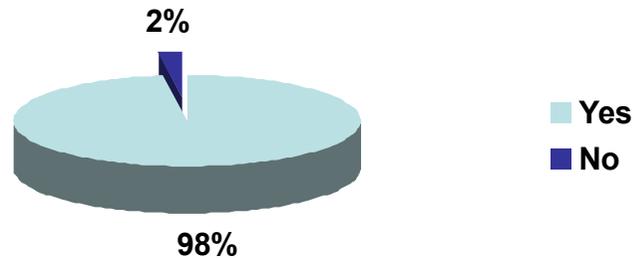


Did you receive any assistance to repair your house?

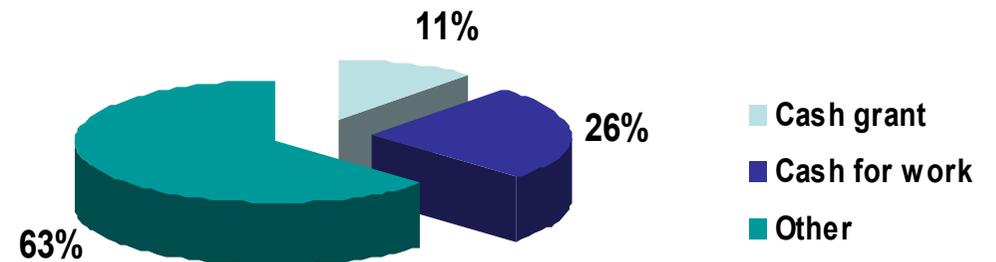


Household questionnaire (2)

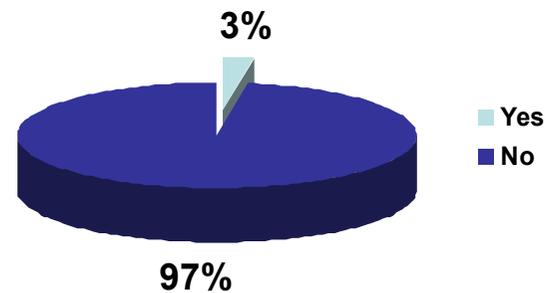
Has Yolanda affected the livelihoods of your household?



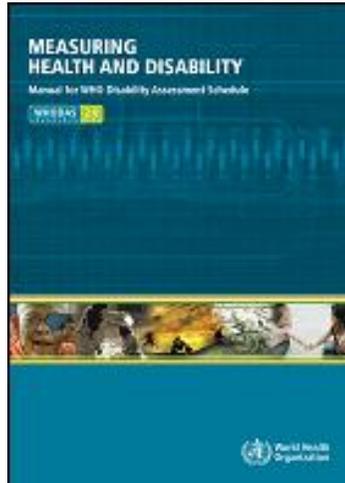
Did you receive any assistance to improve your household's livelihood?



Was there any loss of life (s) among your first degree members?



WHODAS 2.0 normative & after Yolanda



WHODAS 2.0 is composed of 36 item and assesses disability taking into account person's difficulties in performing different activities caused by health condition. WHODAS 2.0 covers six domains: **cognition, mobility, self-care, getting along, life activities and participation.**

Items are based on a scale 1–5 and the overall score ranges from 0–100 with higher scores indicating higher disability levels

Disability Overall score

Population norms:

Mean value: 6

Median value: 2



Survivors of Yolanda Typhoon after 6 months show much higher disability levels than norm

Mean value: 17

Median value: 14



% of People reporting difficulties by WHO-DAS II domains:

Understanding & Communicating - 84,6%



Mobility- Getting around - 78,8%



Self-care - 27,5%

Getting along with people - 41,7%

Household activities - 65,2%

Work activities - 37,7%

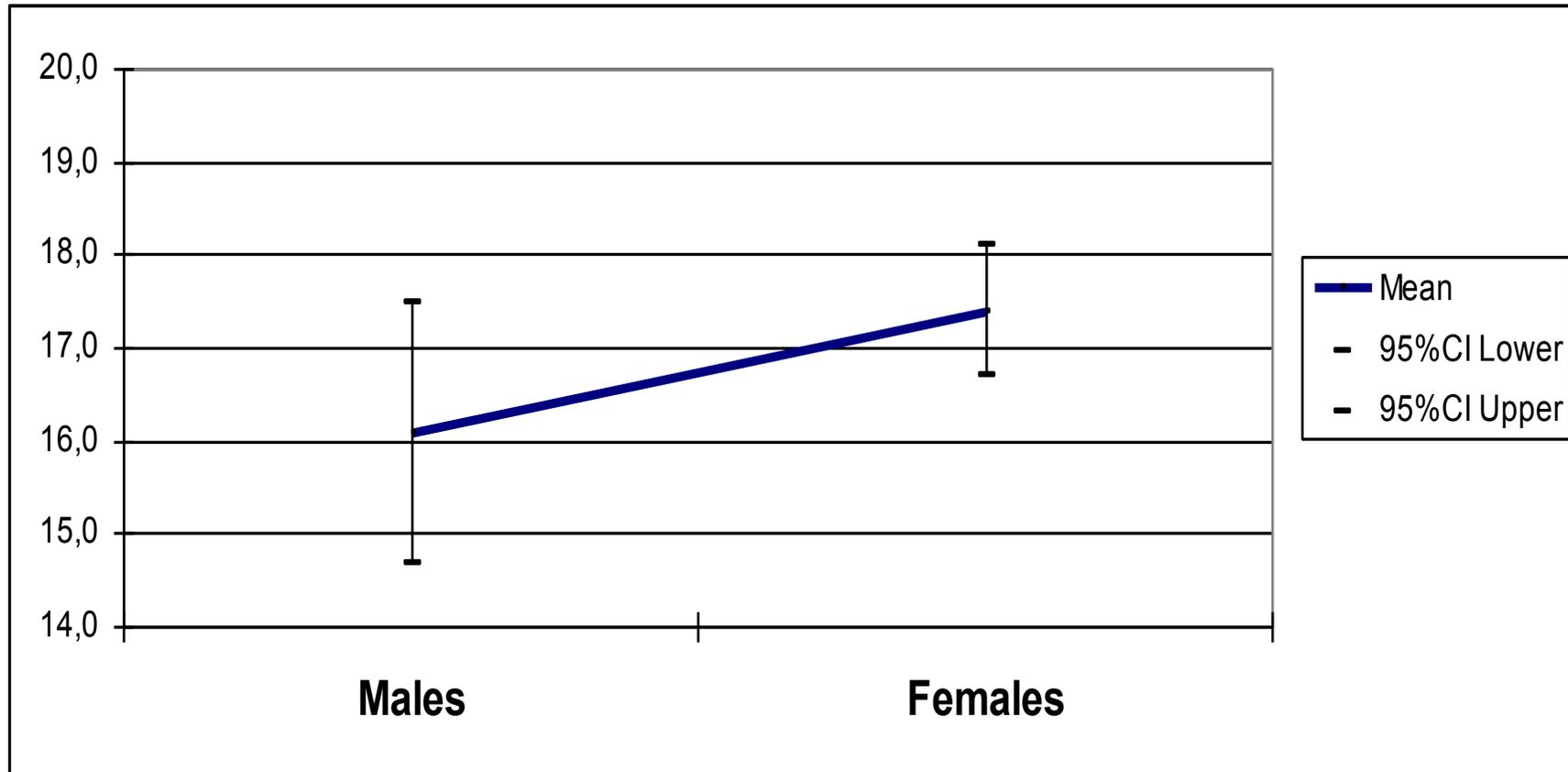
Participation in society - 83,1%



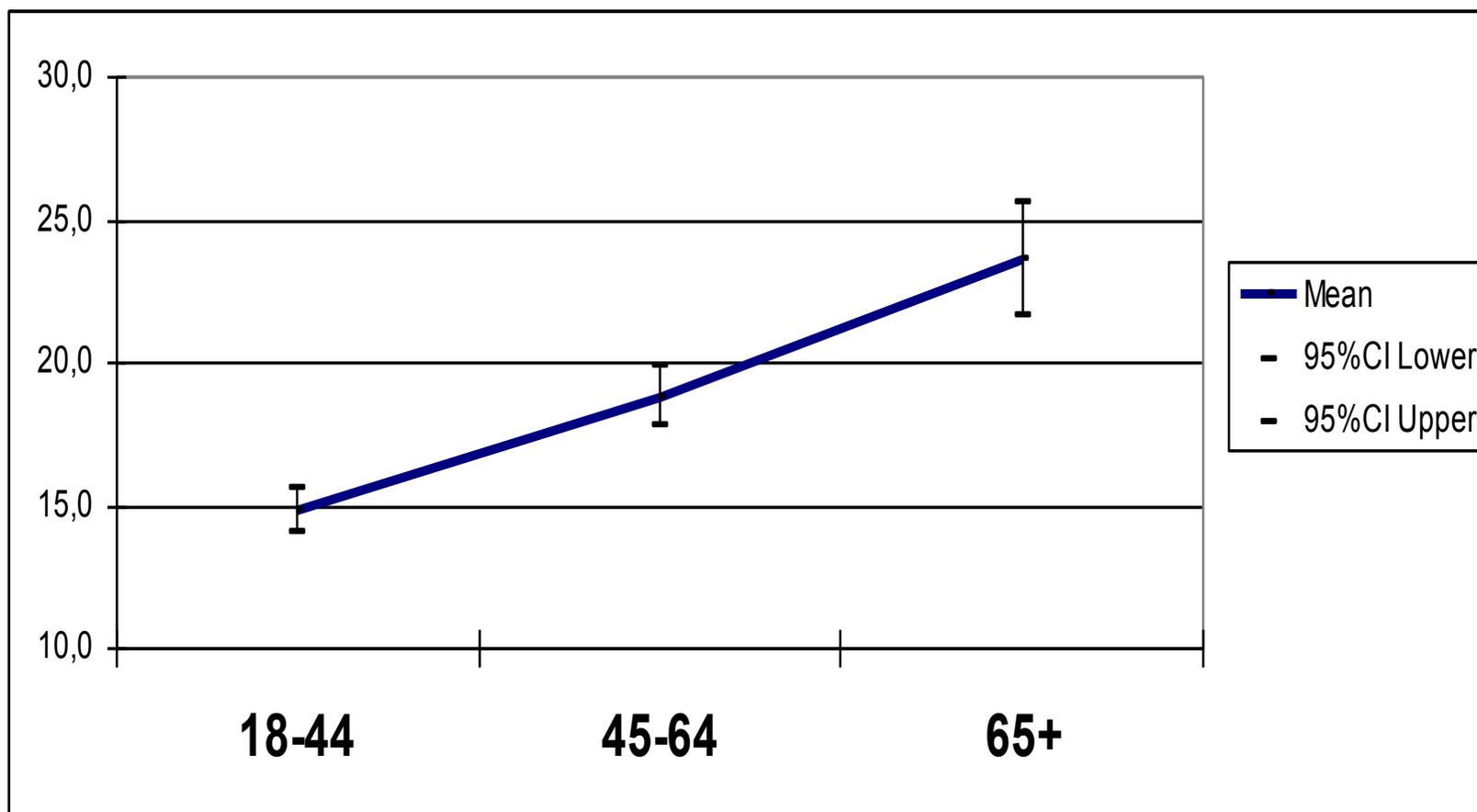
Differences in WHODAS2 total score

based on gender:

disability in females is higher than in men



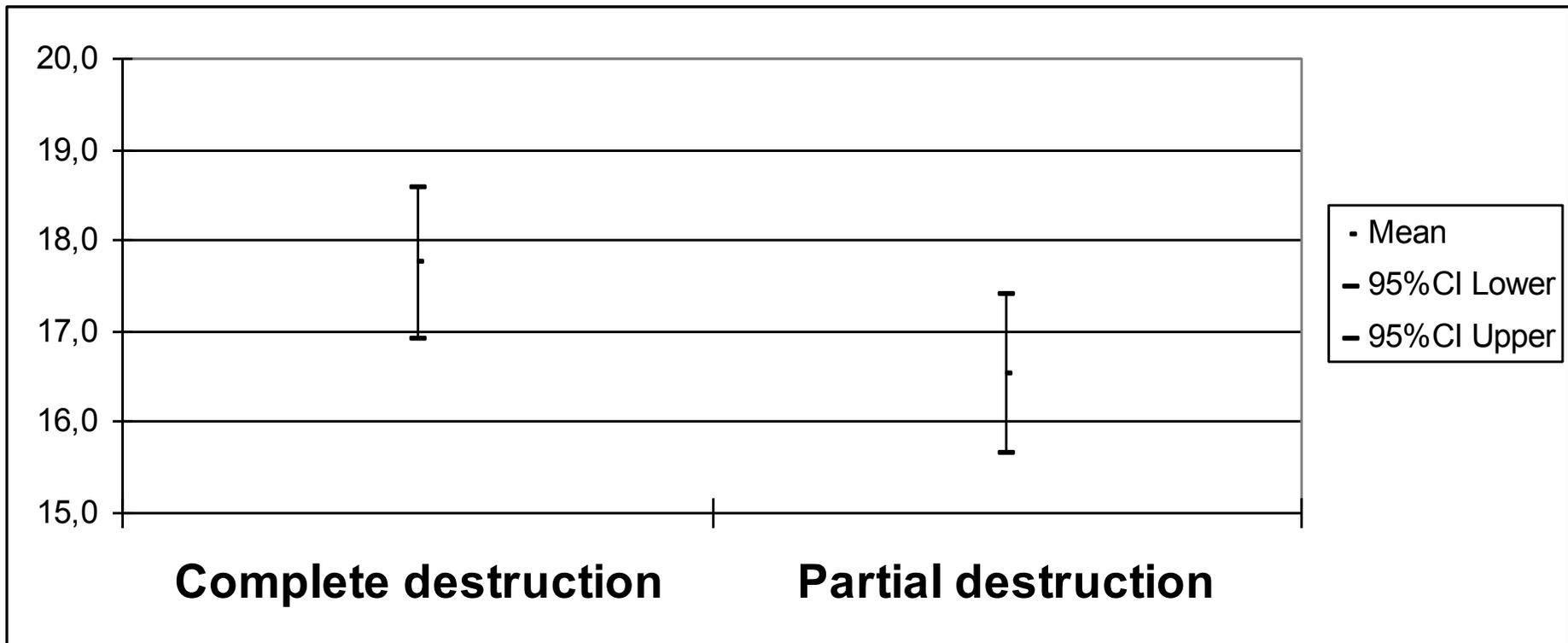
Differences in WHODAS2 total score based on age: the **oldest** have higher levels of disability



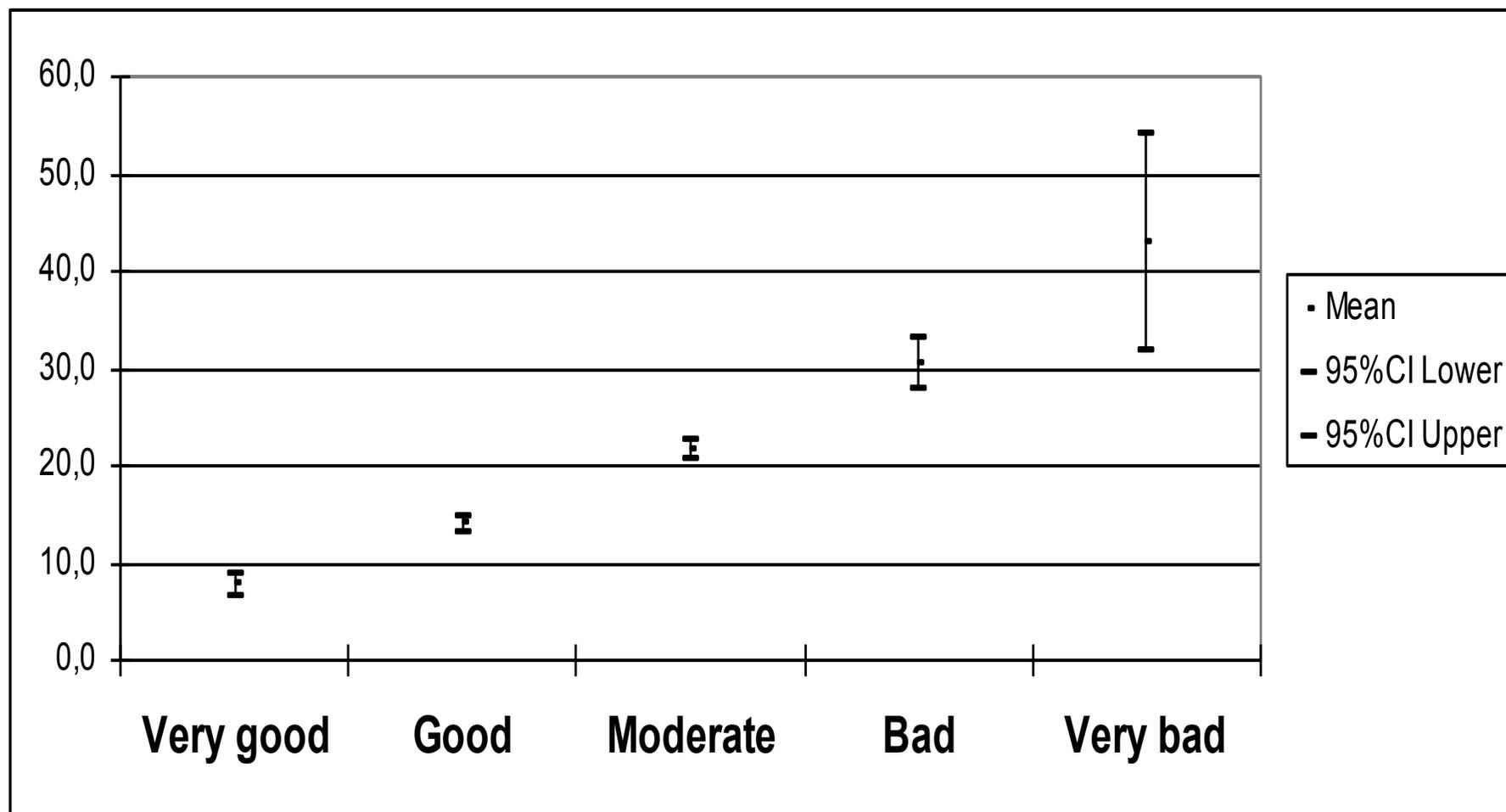
Differences in WHODAS2 total score based on

type of damage of their home:

**those with complete destruction of the house
are more disabled than those with partial
destruction**



Differences in WHODAS2 total score based on self-perceived health: **people that value their health as very bad are those that report more difficulties and more disability**





After six months from the typhoon: who to target first to reduce population's disability levels according to survey data

- „ people living in the community still have health and functioning problems, that the WHODAS 2.0 enabled to evaluate.
- Results provide indications on **what part of the population has greater need of support to improve health and reduce disability:**
- **those aged 65 or more, those that live in urban context, those that do not evaluate their health as good and that report the presence of health conditions, those with no home.**
- Actions that are tailored for these group of persons are likely to improve the overall health or Filipino citizens living in the areas struck by Haiyan/Yolanda.

Lessons learned



DISABILITY can and should enter as an indicator in emergency monitoring and relief planning.

The innovative approach used in the Philippines, that considers functioning and disability profiles together with tailored socio demographic information, **allows better and faster public health planning and improvement in policies and interventions.**

It is necessary that countries share good practices and adopt common lines of action in humanitarian interventions using common and shareable indicators of effectiveness.

All stakeholders should participate in this exercise:
Governments, DPOs, experts, Universities ..

2 actions that all countries and stakeholders can do



- 1. implement and do WHO MODEL DISABILITY SURVEY**
general population survey that provides detailed and nuanced information on the lives of PwD. Standardized instrument for data collection on disability
- 2. Support WHO with access to health and rehabilitation services**



Common actions will bring also

Towards an international emergency plan



Council regulations, UNCRPD, EU Disability strategy, WHO instruments, Sendai framework, the post 2015 Sustainable Agenda and national Disability Action plans

Combined with GOOD DATA collected within MDS

should provide an international framework with common humanitarian aid principles.

Towards an international emergency plan



It is necessary that following the sharing of good praxis, like the Italian one, and in line with CRPD principles, a **common** strategy for PwD during Humanitarian interventions in emergencies is developed.

This could be done starting from data, and functioning and disability data CAN be collected, and from technical consultations, involving all stakeholders, like today's meeting

leonardi@istituto-besta.it