

INTRODUCTION

This Guidance Note provides DFID staff with an overview of how to ensure the needs of older persons and people with disabilities, including people with injuries and chronic diseases¹ are addressed in humanitarian response.



Department
for International
Development



According to WHO, roughly 15% of the world's population has a disability and as of 2012, 12% of the global population was aged 60 years or more.² Older persons and people with disabilities are disproportionately affected by armed conflict and disasters, yet less than 1% of international humanitarian aid is dedicated to older persons and people with disabilities.³

In emergencies, older persons and people with disabilities face additional barriers due to existing vulnerabilities and increased risk of protection violations. In emergencies, these individuals may be stigmatised or hidden, neither identified nor consulted. As a result, they may face significant difficulties accessing appropriate humanitarian goods and services.

Under international humanitarian law, specific protection is due to certain groups of persons in recognition of factors such as age, gender or disabilities, which make them more vulnerable in armed conflict.

Terminology

- ▼ **Disability** results from the interaction between persons with physical, mental, intellectual or sensory impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.
- ▼ An **older person** is defined by the United Nations as someone over 60 years of age. Families and communities often use additional socio-cultural referents to define age. These include family status (grandparents), physical appearance (grey hair and wrinkles), or age-related health conditions meaning the older population may be larger than those aged 60+.

Facts and Figures

- ▼ A fifth of the world's poorest people have disabilities and 80% of people with disabilities live in developing countries.⁴
- ▼ About 12% of the world's population is aged 60 years or more (895 million people). In four years' time, the number of older people will surpass 1 billion.⁵
- ▼ By 2050, there will be nearly as many people aged 60 or over than children under 15.⁶
- ▼ Currently, two-thirds of older people live in developing countries, where the impact of disasters is greater.⁷

¹ For the purpose of this Guidance note, this includes persons affected by chronic illness or injury who have functional limitation which in a particular context prevent them from full access to services and participation.

² WHO & World Bank (2011), *World Report on Disability*. http://www.who.int/disabilities/world_report/2011/en/index.html & UNDESA Population Division, *World population prospects: the 2012 revision*, DVD edition, 2013

³ HelpAge International & Handicap International (2012), *A Study of Humanitarian Financing for Older People and People with Disabilities*.

⁴ World Bank. *Disability Overview*. <http://www.worldbank.org/en/topic/disability/overview>

⁵ UNDESA Population Division, *World population prospects: the 2012 revision*, DVD edition, 2013.

⁶ Ibid.

⁷ HelpAge (2015), *Developing countries face ageing revolution*.

<http://www.helpage.org/newsroom/press-room/press-releases/developing-countries-face-ageing-revolution/>

WHY IS SUPPORT TO OLDER PERSONS AND PEOPLE WITH DISABILITIES NEEDED?

- ▼ Conflict, natural disasters, and forced displacement can negatively affect physical and mental health, exacerbate existing physical injuries and disabilities, create new injuries, and worsen social and economic inclusion.
- ▼ Older persons and people with disabilities are at heightened risk of violence and exploitation and restricted access to humanitarian assistance and protection due to neglect, discrimination, and/or isolation by family or community members.⁸
- ▼ Evidence shows that the needs of people with disabilities and older persons are consistently overlooked in humanitarian operations.⁹
- ▼ People with disabilities in emergencies have unique needs and in crises, existing barriers to accessing assistance and protection may be magnified.

PROGRAMMING TO SUPPORT OLDER PERSONS AND PEOPLE WITH DISABILITIES

DFID humanitarian programmes should be inclusive of and accessible to older persons and people with disabilities. Best practice is a 'twin-track approach' that promotes inclusion by mainstreaming age and disability in programmes and support for targeted interventions.¹⁰

- ▼ DFID has committed to ensuring people with disabilities and all other excluded groups are systematically and consistently included in our policy and programming, including specific commitments for humanitarian action.¹¹
- ▼ In addition, DFID has a responsibility to uphold human rights, including the Convention on the Rights of People with Disabilities, and oversee the UK's international commitments to those conventions and the commitments implied by the MDGs in reducing poverty amongst older people and persons with disability.
- ▼ DFID ensures that assistance is delivered according to the principles of: humanity, impartiality, neutrality, and independence and to minimum standards outlined in the SPHERE core standards.¹²

GUIDING PRINCIPLES

- ▼ **Inclusive, rights-based programming** respects the needs and capacities of all persons, including older persons and people with disabilities.
- ▼ Humanitarian aid interventions should be **fully accessible** through consultation with older persons and people with disabilities as well as through the use of universal design to ensure structures and buildings, relief items, and the overall humanitarian environment is accessible to all.¹³

⁸ UNHCR and Handicap International (2013), *Working with Persons with Disability in Forced Displacement* & HelpAge International (2012), *Older People in Emergencies: Identifying and Reducing Risks*

⁹ UNHCR and Handicap International (2013), *Working with Persons with Disability in Forced Displacement* & Feinstein International Centre (2011), *Sex and age matter*.

¹⁰ The twin-track approach is outlined in DFID's *Disability Framework, leaving no one behind*.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382338/Disability-Framework-2014.pdf

¹¹ This follows from the International Development Committee's inquiry on disability and development in June 2014 and DFID's Disability Framework.

¹² For more information on SPHERE standards, see: *The Humanitarian Charter*. <http://www.spherehandbook.org/en/the-humanitarian-charter/>

- ▼ Programming should provide opportunities for older persons and people with disabilities to **participate actively in decisions that directly affect them** through all phases of crises.
- ▼ Humanitarian interventions should acknowledge the ability of people with disabilities and older persons to **apply their skills and capacities** to benefit themselves, their families, and their communities.
- ▼ **Participation of people with disabilities and older persons** as well as local organisations that work in these areas in consultation processes is key to identifying and implementing appropriate solutions to the challenges they face.

SECTOR-SPECIFIC GUIDANCE ¹⁴

Humanitarian programming should follow a twin-tracked approach to inclusion throughout the project cycle and be designed in consultation with older persons and people with disabilities.

Shelter and sanitary facilities	Facilities, especially healthcare centres and latrines, should be safe (e.g. appropriate lighting and locks) and fully accessible for people with different abilities and needs, (i.e. facilities/shelters on levelled ground and ramps, grab rails and wider doors installed for wheelchair users ¹⁵).
Non-food items (NFIs)	NFIs should be suitable (e.g. mobility aids or adult diapers) and provided in smaller packages to make them easier to transport for those with mobility challenges. Distributions should be accessible: separate queues to reduce waiting times, assistance available for collection/transportation, use of proxies for collection or outreach so housebound persons or persons unable to access a distribution are not excluded.
Health	Partners should assess health needs to determine appropriate interventions and ensure inclusion of older people and persons with disabilities within an integrated health response, including rehabilitation services, mental health, and treatment of chronic disease. Non-communicable diseases (including hypertension, diabetes, and dementia) affect increasing numbers of people, including older persons and people with disabilities. Interruptions in treatment can be fatal or lead to long-term, new, or increased disability. Partners should ensure continuity of healthcare.
Nutrition and food	Partners should include older people and persons with disability in nutrition assessments and screening and integrated into feeding programmes where appropriate. Programmes should provide sufficient and suitable nutrition and access to appropriate food, such as low sodium food for people with diabetes, supplements for micro-nutrients and foods which are easy to chew for children with cerebral palsy or for older persons. Food

¹³ Universal Design is the design of products, environments, programmes and services to be usable by ALL people, to the greatest extent possible. The intent of universal design is to simplify life for everyone and benefit people of all ages and abilities.

<http://universaldesign.ie/Built-Environment/Building-for-Everyone/>

¹⁴ The Age and Disability Capacity Project (ADCAP) has launched sectorial minimum standards on age and disability inclusion, which can be downloaded at <http://www.helpage.org/resources/practical-guidelines/emergency-guidelines/> and present a comprehensive set of standards that humanitarian programmes should meet.

¹⁵ Use of facilities should follow the RECU principle: Reach, Enter, Circulate and Use as found in Handicap International (2009), *How to design and promote an environment accessible to all?*

	distributions should be accessible (see NFIs above).
Protection	<p>Partners should identify, document, assess, and register older persons and people with disabilities, including registration of their births and deaths.</p> <p>Older people and people with disabilities suffer discrimination and are disproportionately represented among victims from violence and exploitation, including sexual and gender based violence (SGBV), and programmes should assess and respond to these unique protection needs.</p>
Education	Formal and non-formal education, including child friendly spaces, should be accessible and appropriate for children with different abilities by adapting activities to make them inclusive to children with sensory, intellectual, mental or physical impairments.
Cash	<p>Market assessments should consider market accessibility for older people and people with disabilities.</p> <p>Cash distributions should be accessible (see NFIs above). Sensitisation and training on cash distributions mechanisms should be provided for those unfamiliar with the system. Cash-for-work programmes should provide suitable alternatives for those who are not able to take part in manual labour or public works activities.</p>
Early recovery	Partners should design early recovery activities that are appropriate and non-discriminatory, including skills training, livelihoods interventions, and micro-finance programming to support self-sufficiency.

- ▼ Partners should **disseminate information** to the affected community about available services and support and ensure that information is in accessible, appropriate formats (e.g. for those with visual or auditory impairment or those who are illiterate or have learning difficulties using pictures, videos or demonstrations) so that people can make informed decisions, decrease dependence, social exclusion, and marginalisation.
- ▼ Programmes should **bolster existing family and community structures** by providing support to carers of older people and persons with disability through training, unconditional cash transfers, or provision of specific NFIs such as diapers or bedpans. Partners should avoid supporting institutional care for older people and persons with disabilities.
- ▼ Partners should recognise the particular **risks of violence against older persons and those with disabilities**, including SGBV, bullying, or fraud and exploitation and include older people and persons with disabilities in collection of information and data related to violence and abuse.
- ▼ Systems should be put in place to link vulnerable individuals to humanitarian services through **effective referral mapping and pathways**.
- ▼ DFID humanitarian teams should **support training and opportunities** for DFID staff, implementing partners, and communities to understand concepts and issues around disability and ageing.

AGEING AND DISABILITY THROUGHOUT THE PROGRAMME CYCLE

This section highlights some of the actions that could be taken and issues to be addressed within humanitarian programmes in different phases of the programme cycle. Programmes and activities will differ depending on the phase of the response; options will be different in an acute emergency compared to a protracted crisis.

▼ Preparedness

- Awareness-raising on specific needs of older people and people with disabilities.
- Training on data collection and use of universal design.
- Identification and analysis of pre-existing data on older persons and people with disabilities to estimate their numbers.¹⁶
- ⊖ Assessment of contingency stocks for suitability for older persons and those with disabilities (see NFI guidance above).

▼ Assessment

- Adapt rapid needs assessments to collect, analyse and report population data disaggregated by sex, age, and provide information on disability to identify barriers to assistance and establish baselines.
- Ensure primary data collection is participatory, uses multiple and accessible means of communication, and ensures direct involvement by older persons and people with disabilities.
- Assessment teams should be gender balanced and include older people and people with disabilities to enable access to different groups and capture the various perspectives of men, women, boys and girls of all ages and abilities.
- Assess existing resources and capacities, including if and how organisations, working groups, and clusters are mainstreaming age and disability to determine coverage, gaps, and needs.

▼ Programme design

- Inclusion of older people and people with disabilities should be considered in all DFID-funded interventions, at a minimum through adaptation of services to ensure accessibility
- Proposals should include reference to age, sex, and disability disaggregated data and illustrate how vulnerable persons have been identified and will be targeted through the proposed intervention.
- Consultation and feedback mechanisms should be included in programmes throughout implementation.
- Theories of change for humanitarian interventions should reflect the potential to transform exclusionary structures, processes, and mechanisms.
- Logframes should include milestones and targets disaggregated where older people and people with disabilities are identified as key beneficiary groups.
- Business cases should include consideration of and measures taken to reduce the vulnerability of older persons and persons with disabilities in need.
- Monitoring plans should set out data requirements, potential data sources, and how data will be collected and analysed through the programme's life cycle. Consideration should be given both to mainstreaming actions as well as the need for specialised programming.

¹⁶ Note that disability figures may be underestimated and in the absence of national data, WHO estimates that 15% of the global population are affected by disability.

▼ Monitoring and reporting

- Interim and final reporting should disaggregate data by sex and age, including persons aged 0-5, 6-18, 19-60, 60-79, and 80+ years, as well as information on people with disabilities.
- Partners should explain how needs of vulnerable populations and individuals have been identified, how the programme ensures their needs are met, and risks they face are mitigated.
- When implementing partners are unable to provide information, DFID should encourage them to develop awareness of and capacity to monitor the needs of older persons and people with disabilities in their programming and include this data in their reporting.
- Programme evaluations should build the evidence base on the needs and the impact of emergency interventions, on older persons and people with disabilities by specifically considering the impact of programmes on these groups.

COORDINATION AND LEADERSHIP

- DFID should support mainstreaming of age and disability across the humanitarian coordination system and encourage the identification of ageing and disability focal points within Clusters/working groups.
- DFID humanitarian teams should encourage the Protection Cluster or other relevant body to ensure ageing and disability are mainstreamed throughout the response and to ensure that ageing and disability issues are highlighted and integrated across all sector/Cluster work plans and/or strategies.
- Humanitarian programmes can consider supporting specialised pilot projects that will provide lessons and build evidence on what works in ageing and disability interventions and mainstreaming.
- Ensure joint donor forums consider ageing and disability as a protection issue and consider joint advocacy if ageing and disability are not sufficiently addressed.
- Humanitarian teams can liaise, where appropriate, with relevant Government Ministries or Departments on the incorporation of ageing and disability within the humanitarian response and encourage participation from Government bodies responsible for ageing and disability to participate in the humanitarian response.

USEFUL LINKS

AGEING AND DISABILITY MINIMUM STANDARDS

- ▼ Age and Disability Consortium (2015), *Minimum Standards for Age and Disability Inclusion in Humanitarian Action* <http://www.helpage.org/resources/practical-guidelines/emergency-guidelines/>

AGEING

- ▼ HelpAge (2012), *Ensuring inclusion of older people in initial emergency needs assessments*. <http://www.helpage.org/resources/practical-guidelines/emergency-guidelines/>
- ▼ HelpAge (2012), *Food Security and livelihoods Interventions for Older People in Emergencies*. <http://www.helpage.org/resources/practical-guidelines/emergency-guidelines/>
- ▼ HelpAge (2012), *Health Interventions for Older People in Emergencies*. <http://www.helpage.org/resources/practical-guidelines/emergency-guidelines/>
- ▼ HelpAge (2012), *Older people in emergencies: identifying and reducing risks*. <http://www.helpage.org/resources/practical-guidelines/emergency-guidelines/>
- ▼ HelpAge (2013), *Nutrition Interventions for Older People in Emergencies*. <http://www.helpage.org/resources/practical-guidelines/emergency-guidelines/>
- ▼ HelpAge (2013), *Protection interventions for older people in emergencies*. <http://www.helpage.org/resources/practical-guidelines/emergency-guidelines/>
- ▼ HelpAge (2014), *Minimum Standards: Including Older People in Disaster Risk Management*. <http://www.helpage.org/resources/practical-guidelines/emergency-guidelines/>
- ▼ HelpAge and IFRC (2011), *Guidance on including older people in emergency shelter programmes*. <http://www.humanitarianresponse.info/topics/age/document/helpage-ifrc-shelter-guidance-summary>
- ▼ Humanitarian Practice Network #53 (2005). *Protecting and Assisting Older People in Emergencies*. <http://www.unhcr.org/refworld/publisher/HPN,,,43cfa4364,0.html>
- ▼ UNHCR and HelpAge International (2013), *Working with Older Persons in Forced Displacement*. <http://www.refworld.org/pdfid/4ee72aaf2.pdf>

DISABILITY

- ▼ Convention on the Rights of Persons with Disabilities (2008). <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- ▼ DFID (December 2014), *Disability Framework, leaving no one behind*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382338/Disability-Framework-2014.pdf
- ▼ Handicap International (2009), *Accessibility for All in an Emergency Context*. <http://www2.wpro.who.int/internet/files/eha/toolkit/web/Technical%20References/Disabilities/Accessibility%20for%20All%20in%20Emergency%20Context%202009.pdf>
- ▼ Handicap International (2009), *Guidelines for Creating Barrier Free Emergency Shelters*. http://www.handicap-international.org.uk/Resources/Handicap%20International/PDF%20Documents/HI%20Associations/BARRIERFreeEmergencyShelters_2009.pdf
- ▼ Handicap International (2012), *Armed Violence and Disability: the Untold Story*. http://handicap-international.ca/wp-content/uploads/2012/10/web_ArmedViolenceReport2012.pdf

- ▼ Handicap International (2014), *Send all my friends to school*. <http://www.handicap-international.org.uk/Resources/Handicap%20International/PDF%20Documents/Other%20Organisations/GCE%20UK%20Send%20ALL%20My%20Friends%20to%20School%20-%20EMBARGED%20UNTIL%2026%20JUNE%202014.pdf>
- ▼ Handicap International and Save the Children (2011), *Out from the Shadows: Sexual Violence Against Children with Disabilities*. http://www.handicap-international.org.uk/Resources/Handicap%20International/PDF%20Documents/Hi%20Associations/OutFromTheShadows_2011.pdf
- ▼ Handicap International resource library <http://www.handicap-international.org.uk/resources/library#emergencies>
- ▼ Handicap International. *Disability Checklist for Emergency Response*. http://www.handicap-international.de/fileadmin/redaktion/pdf/disability_checklist_booklet_01.pdf
- ▼ IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* http://interagencystandingcommittee.org/system/files/legacy_files/tfgender_GBVGuidelines2005.pdf
- ▼ IFRC, Handicap International, CBM (2015), *All Under One Roof. Disability-Inclusive shelter and settlements in emergencies*. http://www.cbm.org/article/downloads/54741/All_Under_One_Roof_-_Disability-inclusive_shelter_and_settlements_in_emergencies.PDF
- ▼ Inter-Agency Network for Education in Emergencies (2009), *Education in Emergencies: Including Everyone*. http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1007/INEE_Pocket_Guide_Inclusive_Education_EN.pdf
- ▼ UNHCR and Handicap International (2013), *Working with Persons with Disability in Forced Displacement*. <http://www.refworld.org/pdfid/4e6072b22.pdf>
- ▼ WHO & UNESCAP (2008), *Training Manual in Disability Statistics* <http://www.unescap.org/sites/default/files/Training-Manual-Disability-Statistics-E.pdf>
- ▼ Women's Refugee Commission (2008), *Disabilities among Refugees and Conflict-Affected Populations*. <https://womensrefugeecommission.org/component/zdocs/document/609-disabilities-among-refugees-and-conflict-affected-populations>
- ▼ WHO & World Bank (2011), *World Report on Disability*. http://www.who.int/disabilities/world_report/2011/en/index.html