

Ageing & Disability in Humanitarian Response

A Resource Book of Inclusive Practices



Ageing & Disability in Humanitarian Response

Edited by: Waqas Ashfaq Qureshi

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Ageing and Disability Task Force (ADTF) take immense pleasure to thank all the members¹ for their generous contributions in preparing this comprehensive report. It would not be possible to develop such a widespread report without your support and valuable comments. Thanks a lot!

We would like to appreciate the efforts of CBM and HelpAge International with whom the initial documentation was conceptualized and pleased to highlight the efforts of these organizations who have led the process of developing this successful report.

We cannot forget the efforts and support of Heads of all member organizations. There is no doubt that without their leadership and guidance this activity would not be possible. We extend our thanks to Handicap International for their continuous support to sustain ADTF secretariat office. We also recognized the contribution of disabled people's organizations.

And last but not least we must acknowledge and appreciate the hard work and efforts of ADTF secretariat team. We are very much thankful to them for their valuable assistance in bringing out this publication.











We hope that this publication will serve as a valuable resource for all organizations, agencies and individuals, who intend to address Ageing and Disability in situations of emergencies as well as in development processes.

ABBREVIATIONS

ADTF	Ageing and Disability Task Force	IRCD	Information Resource Center on Disability
AJK	Azad Jammu Kashmir	JICA	Japan International Cooperation Agency
APCD	Asia Pacific Center on Disability	KM	Khud Mukhtar
APCDF	Asia Pacific Development Center on Disabilities Foundation	KPK	Khyber Pakhtounkhwa
APNIL	Asia Pacific Network of Independent Living	LCDDP	Leonard Cheshire Disability and Development Program
APDF	Asia Pacific Disability Forum	LCDRC	Leonard Cheshire Disability resource Centre
ASHA	All Sanghar Handicaps' Association	LRC	Livelihood Resource Centre
ATU	Accessibility Technical Unit	MIPA	Madrid International Plan of Action
BHU	Basic Health Unit	NFIs	Non Food Items
CDA	Capital Development Authority	NGO	Non Government Organization
CHEF	Comprehensive Health and Education Forum	NIHD	National Institute of Handicaped
CHIP	Civil Society Human and Institutional Development Program	PICO	Pakistan Institute of Community Ophthalmology
CBSHOD	Capacity Building of Self-Help Organization of Disabled	PNCA	Pakistan National Centre on Ageing
CBOs	Community Based Organization	PPAF	Pakistan Poverty Alleviation Fund
CBR	Community Based Rehabilitation	PRCS	Pakistan Red Crescent Society
CDPF	Commonwealth Disabled Peoples' Forum	PWIs	Person with Injuries
CFISs	Child Friendly Inclusive Spaces	PWDs	Person With Disabilities
CSOs	Civil Society Organizations	SRSO	Sindh Rural Support Orgnization
CWD	Children with Disability	SRSP	Sarhad Rural Support Program
DPI	Disabled People's International	STEP	Special Talent Exchange Program
DPO	Disabled People's Organization	TCCP	Tamir Cheshire Community Programme
DVFP	Disability and Vulnerability Focal Points	UC	Union Council
ERRA	Earthquake Reconstruction and Rehabilitation Authority	UK	United Kingdom
FATA	Federally administrated tribal area	UN	United Nations
GB	Gilgit Baltistan	UNCRRPD	United Nation Convention on the Rights of persons with Disabilities
HRDS	Human Resource Development Society	UNESCAP	United Nations Economic and Social Cooperation Asia Pacific
IEC	Information Education and Communcation	USAID	United States Agency for International Development
IL	Independent Living	VP	Vulnerable Person
ILCs	Independent Living Centers	WASH	Water Sanitation and Hygiene
INGO	International Non Government Organization	WHO	World Health Organization



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PREFACE

Older Persons 7%² (of the total population) and persons with disabilities 10%³ (of the total population) equaling at least 3 million persons affected by the floods. Due to the massive extent of the floods and ensuing crisis, and relying on repeated past experience of such crises, persons with disabilities and older persons are forgotten in the humanitarian response and reconstruction phase. Response by the main agencies is designed uniformly and therefore does not take into account the particular vulnerabilities and contributions of different groups within the population such as persons with hearing, visual, physical and intellectual disabilities, (man, women and children) older persons (man, women). If particular attention is not paid towards their inclusion and participation in the humanitarian response, these persons will remain largely “invisible” and will not be in a position to access properly and equally relief and early recovery response initiatives.

To ensure that older persons and persons with disabilities are included in the emergency and early recovery response in Pakistan via mainstreaming Aging and Disability Task Force was formulated in September 2010.

Publication of this report comes at a time when the Government of Pakistan has further demonstrated its commitment to improve the lives of Persons with Disabilities through ratifying the UN Convention on the Rights of Persons with Disabilities⁴. It aims to secure for the estimated 650 million persons with disabilities (including women with disabilities) across the world the same human rights as so called “non-disabled persons” have - and on an equal basis with them.

Pakistan is a signatory to the 2002 Madrid International Plan of Action on Ageing, which calls for each older person to have a secure income, access to health care, a safe place to live, an opportunity to participate in the community, opportunities for continuous learning and personal growth, protection from harm from those he/she should be able to trust, and the right to make decisions for him/herself.

This report brings together the available evidence to review how International NGOs, NGOs, Disabled People Organizations and other stakeholders contributing in disability and ageing sector with mainstreaming of disability and/or ageing issues in their mandate.

In producing this report we became aware that there was a lot of useful data collected by ADTF member organizations which have helped ADTF to review the areas for further progress. However it has also become apparent that more needs to be done to ensure consistent data collection disaggregated by impairment type, gender and age is still to be initiated throughout the humanitarian response.

This report outlines the ADTF Member’s organizations commitment towards mainstreaming Aging and Disability in humanitarian response, with the support of Protection Thematic Working Group and future endeavors of ADTF. This report concludes by acknowledging the steady progress ADTF have made to date whilst recognizing the continued need for focused action and developing technical guidelines initially for Health, WASH and Shelter.

The ADTF has concluded that progress needs to be accelerated on establishing a new social model, which draws a system where:

- Emergency relief stakeholders (donors and implementing partners) have improved knowledge and understanding on ageing and disability issues in Pakistan
- Actors of the emergency response (International and local NGOs, Agencies, Gov bodies and funding organizations) have increased capacity to include Older Persons and Persons with Disabilities into their activities
- The concerns and voices of all types of disabilities and older persons (gender sensitive) are more comprehensively represented in the design and implementation of the ADTF activities

This process needs to be based on integration, where people participate fully and are supported to individually access the full range of opportunities that are open to everyone else.

The success of implementing the Ageing and Disability Task Force mandate depends on the contribution of many stakeholders, but most of all Government, UN Humanitarian Actors, Disabled People's Organizations, NGOs and INGOs, who must give a lead on implementing the process of change.

We fully recognize the resource implications and urge all stakeholders to begin the necessary process of reform their policies and strategies for the inclusion of Persons with Disabilities and Older Persons.

ADTF is committed to advocate for the rights of Persons with disabilities and older persons and their inclusion in emergency and development initiatives.



Abia Akram (Ms.)

Coordinator Ageing and Disability Task Force



ALL SANGHAR HANDICAPS' ASSOCIATION (ASHA)

All Sanghar Handicaps' Association (ASHA) was established in 1985 at a rural and remote area of southern Pakistan by some young persons with disabilities. Person with Disabilities (PWDs) in Pakistan are facing barriers and discrimination in all aspects of their lives, because of the conservative society, illiteracy, non-availability of laws for Person with Disabilities and especially being a developing country. The employment options for Person with Disabilities are restricted to 2% quota in Government jobs, or otherwise pushed towards indecent employment. Higher education choices are also limited for Persons with disabilities and they mostly end up receiving special education.

Since its inception ASHA worked as self help group of persons with cross disabilities and developed over the years as a self help organization of persons with disabilities. ASHA started its work at local level and in 1994 ASHA was introduced with Disabled Peoples' International (DPI) Pakistan and got membership of DPI in 2000. After becoming member of DPI Pakistan ASHA as an organization become an advocate of rights of Persons with disabilities both at national and international level. Internationally contributed at different forums active for the promotion and mainstreaming of disability like DPI, Commonwealth Disabled Peoples' Forum (CDPF), Asia Pacific Disability Forum (APDF), Community Based Rehabilitation Network Asia Pacific (CBR NET AP), Foundation of Asia Pacific Development Center on Disabilities (APCDF), Asia Pacific Network of Independent Living (APNIL), United Nations Economic and social Cooperation Asia Pacific (UNESCAP) and other International organizations and agencies.



Case Study

ASHA conducted a survey in May 2010 to assess numbers of persons with disabilities at district Sanghar. The Survey team of ASHA was led by persons with disabilities themselves, two Union Councils of Sanghar namely UC-01 and UC-02 Sanghar Town were selected for this survey. 2000 households were surveyed to identify person with disabilities in the two unions. The survey was designed to cover information on different disabilities. The team faced lot of hardships during the survey due to inaccessible environment and non availability of transport. Different modes of transportation like auto rickshaws were used to complete the survey.

Being a remote and rural district the misconceptions and stigma related with disabilities proved to be the major obstacle in gathering information. Families having disabled torn off survey forms and hide their disabled family members especially females; mostly women with disabilities were remain unaccounted. Hence the numbers compiled do not gave an exact number of persons having different disabilities in the two selected unions but at least the results proved that there is a need to rehabilitate these persons and to ensure that they have access to basic services like health, education, employment, etc.



Lesson Learnt

- Stigma associated with disability proved to be the major obstacle in communities, to overcome this; promotion of rights of persons with disabilities is very important at each level. (community, stakeholders, policy)
- Community Based Rehabilitation programmes/networks can play an important role in creating awareness on disability but also help in identification and rehabilitation of persons having disabilities.

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CBM

CBM is a Christian Development and disability organisation whose main objective is to improve quality of life of persons with disabilities in the poorest countries of the world. To reach that objective CBM is supporting local partner organisation to develop inclusive development projects as well as to set up disability specific services through comprehensive approach. Comprehensive Health and Education Forum International (CHEF) is a CBM partner since 2007. CHEF is a non-profit organization which is established to provide affordable, accessible and sustainable health care and education with emphasis on persons with disability. CHEF mainly focuses on Health, Education and Disability-Related programs, the organization has vast experience in managing projects focusing on service delivery but it also engages in advocacy for mainstreaming disability on district, provincial, national and regional level.

Mapping of Hearing Impairment Resources in Pakistan

According⁵ to WHO estimation in 2005, about 278 million people had moderate to profound hearing impairment. 80% of them live in low-and middle-income countries. Data on hearing impairment and deafness is very scanty in Pakistan. CHEF-International with support of CBM in year 2010 undertook a mapping study; the study was designed to find out possible Medical, educational, rehabilitative, and trained⁶ human resources across Pakistan.

Sindh		Punjab		Baluchistan		Khyberpakhtonkhawa (KPK)	
Total Centers (71)		Total Centers (176)		Total Centers (28)		Total Centers (47)	
Educational institutes	Hospitals/ Clinics	Educational institutes	Hospitals/ Clinics	Educational institutes	Hospitals/ Clinics	Educational institutes	Hospitals/ Clinics
30	41	150	26	13	15	25	22

Service delivery	Sindh	Punjab	Baluchistan	KPK
Audiology	23	28	02	11
Speech therapy	25	68	8	18
Vocational Centers	38	69	06	17
Ear mould Casting	08	06	02	00
Sign Language	36	151	07	17

Inclusive Emergency Response

CBM through its implementing partners has been providing emergency relief to vulnerable population especially Person with Disabilities provision of health care services, accessible water points, livelihood opportunities, Cash for work, Psychosocial support especially to the most vulnerable like women, girl children, older persons etc, accessible reconstruction for inclusion of person with disabilities in to society.

Assessment of Person with Disabilities

Rapid assessment undertaken by CHEF International with support of CBM at Selected villages of district Cahrsadda identified 88 Persons with disabilities. Need assessment plan for their

rehabilitation was designed after conducting individual assessment of each person. Assistive devices (crutches, wheel chairs, cains) were provided to identified persons.



Accessible Reconstruction:

To mainstream disability CHEF-International with support of CBM is working on making the villages and services accessible for Persons with Disabilities it includes physical environment(common places, BHUs, Schools, Water Points, houses) by following accessibility code.

Case Study

Persons with Disabilities have equal rights enshrined in the convention for the protection of Rights of person with disabilities i.e UNCRPD similar human needs and potentials as others living in a community. But Person with Disabilities has continued to be marginalized because of their disempowerment, invisibility and lack of wider participation into mainstream development and decision making process. Person with Disabilities are most appropriate and equipped for the fulfillment of their rights, development needs and decision making. The UN' Standard Rules, articulated, 'States should recognize the rights of organizations of persons with disabilities to represent persons with disabilities at national, regional and local levels. States should also recognize the advisory role of organizations of persons with disabilities in decision-making on disability matters'. Disabled People Organizations (DPOs) have some organizational and managerial structure in Pakistan, they are also alive to the particular issues for which they were established and are doing remarkable work, however inadequate resources both financial and material have a negative impact on the effectiveness and cohesion of these structures negatively affecting mandate execution and their participation. Realizing the importance of empowerment of Disabled People organizations (DPOs) and their collaboration for promotion and mainstreaming of disability in to development and decision making CHEF International with support of CBM organized a National DPO consultative workshop where unheard voices from across Pakistan participated for a single cause that's to promote inclusion and to create awareness among the very potential contributors for their rights and equal opportunities. Members⁹ of DPOs from across Pakistan joined and travelled together in buses from their cities towards Karachi, 90 DPOs representatives participated in the national workshop. The Workshop emphasized strongly on inclusion of DPOs in development planning and interventions across Pakistan, political empowerment of DPOs in decision making, inclusion of DPOs in planning inclusive development initiatives.

Lesson Learnt

- This workshop has set an example and demonstrates the importance of continuous formal engagement of disability organizations in order to give a voice to persons with disabilities and to create a forum where their concerns can be heard and decisions can be made.
- Empowerment and inclusion of DPOs is essential for disability inclusive interventions and policies in Pakistan.

HANDICAP INTERNATIONAL

Handicap International is an independent and impartial international aid organisation working in situations of poverty and exclusion, conflict and disaster. Working alongside persons with disabilities and vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights. Handicap International is a non-profit organization with no religious or political affiliation. It operates as a federation made up of a network of associations that provide human and financial resources, manage its projects and implement its sections and social mission.

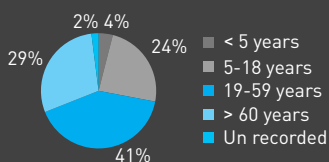
Handicap International has been working in Pakistan since 2005, in response to the earthquake. Since 2009, to address the increasing needs of internally displaced persons in Khyber Pakhtunkhwa (KPK), Handicap International has been providing direct response to the basic and specific needs of vulnerable persons through mobile units called Disability and Vulnerability Focal Points (DVFP). Right after the floods in August 2010, Handicap International has been working both in KPK and Sindh to restore the access of affected population to safe water and sanitation facilities including repairs, reconstruction or cleaning/disinfection of drainage system, water supply schemes, accessible hand-pumps and dewatering, construction of latrine facilities, transitional shelter construction and repairs, etc. Once more, Disability and Vulnerability Focal Point (DVFP) make sure that inclusion and participation of most vulnerable populations are fully ensured and their needs are addressed. Since 2009 more than 19,000 vulnerable persons have participated through this project (43% being female, 57% being male).

12 Child Friendly Inclusive Spaces have been set up, providing psychosocial support and recreational activities for conflict and flood-affected children in host communities, including children with disabilities. In order to improve accessible services and suit the specific needs of persons with disabilities, an Accessibility Technical Unit (ATU) supports stakeholders through on-site technical advices and technical inputs on structure designs, accessibility rehabilitations in displacement areas, schools and other public places, training session to improve capacity to build a barrier-free environment. At last, a community-based inclusive disaster preparedness is about to be launched in KPK (Swat) and AJK (Muzaffarabad).

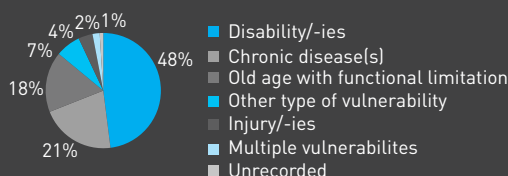
Data from Conflict and/or flood-affected areas of KPK

DVFP approach August 2009 - Jan 2010

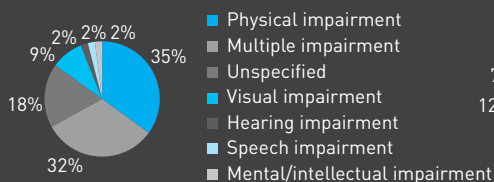
Age range of vulnerable persons



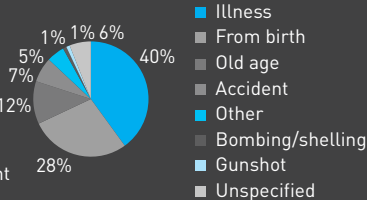
Type of vulnerability



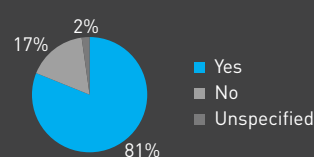
Type of impairment



Type of disability



Presence of a caregiver



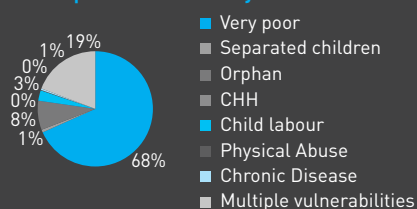


CFIS

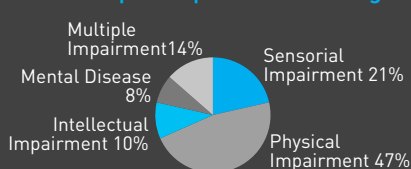
April 29th 2010-January 31st 2011

Among the 3,862 children registered and regularly coming to CFISs, 53% were vulnerable children (i.e. following criteria: very poor, separated, orphan, child head of household, child labour, physical abuse, chronic disease). And 5% were living with disabilities.

Enrolment per vulnerability



Enrolment per impairment among CWDs



Case Study

The Disability and Vulnerability Focal Points (DVFPs) ensure the identification vulnerable persons including persons with disabilities in community following this methodology: Union Council-level assessments, then community-level assessment (village/mohalla being the most appropriate scale generally), door-to-door household assessment and individual screening (including caregivers). Vulnerable persons in emergency context usually include: persons with permanent or temporary disabilities, older persons with functional limitations, persons with injuries, persons with chronic diseases and functional limitations, orphan without family support, women single head of household without support, pregnant women.

Mobile and fix units are two complementary ways to make sure that all persons with disabilities and other vulnerable persons are properly included in the identification process and therefore overcome the "invisibility" they are faced with. Such units are multidisciplinary, consisting of social mobilizers, community rehabilitation workers and psychosocial mobilizers.

In accordance with the identified needs, such activities then follow: distribution of assistive devices, non food items (NFIs), specific and protection items in accordance with the identified needs, together with a systematic training of the use of those devices/items so as to ensure quality control; basic rehabilitation exercises with trained staff to prevent occurrence or worsening of disabilities and improve the mobility, psychosocial support such as recreational activities for children including children with disabilities, focus group discussions for adults to facilitate the expression of traumatic experiences, personal situation..., resource mapping, referral system both internally (for provision of safe and accessible water and sanitation (WASH) facilities, modification of the existing facilities and building of new facilities, etc.) and externally; follow-up of the participants.

HELPAge INTERNATIONAL

HelpAge International is a UK based non-governmental organization HelpAge International has worked with partners in Pakistan for over 10 years, particularly on an ophthalmic project with PMI (Karachi) and more recently with Merlin on Emergencies work. In December 2009 we commissioned a Desk Study on Policy and Programs for Older Persons in Pakistan by the Pakistan National Centre on Ageing.

HelpAge International worked in three provinces that are Punjab (Muzzafargarh), Sindh (Jacobabad, Shikarpur, Dadu, Thatta) and Khyber PakhtoonKhwa (Nowshera, Swat, Buner, Charsadda). In Sindh, we are working with SRSO and Merlin and in KPK, We are working with SRSP and Merlin.

In response to the October 2005 earthquake in Kashmir, situation analysis was conducted in February 2006. This resulted in DEC funded project for Provision of Health Services through partnership with Merlin International. After the 2010 floods, DEC Emergency response project was granted to HelpAge International Pakistan for six months (Aug 2010 – Jan 2011). This project was implemented in the flood affected areas of KPK (Nowshera, Swat and Buner) and Sindh (Jacobabad and Shikarpur). The activities included door-to-door distribution of personal kits, winterization kits, hygiene kits, and nutrition packs in the flood affected areas. Cash assistance for rebuilding the livelihood of the older persons was also carried out under this project. The emergency response followed the formation of Older Personss' Associations in the project areas.

Sector	Achievement in Phase I	Number of beneficiaries
Health	Exceeded total of older persons who have accessed health services and disability aids by over 1000	4685
	Identification of need of older persons with disabilities (PWD)	82877
	Carers trained in the needs of older persons	8095
	Training of Merlin staff in Age friendly public health clinics. Several older persons benefited from the services of the trained staff	16575
	Health promoters working with Merlin in their healt services unit for age friendly component. Several older persons now have access to emergency health servicesv	45767
Nutrition	Distribution of nutrition packs in Nowshera	1600
	Older persons kits including nutrition packs in Nowshera	400
	Distribution of Nutrition packs in Sinda	2000
NFI	Distribution of Winterization kits to older persons	5759
	Distribution of Personal kits to older persons	7950
	Distribution of Winterization kits in Sindh	4940
WASH	Appropriate water carrying containers provided to older persons	2595
	Distribution of commode wheel chairs to OP	130
Livelihood	20 Older Persons Associations formed. Cash grant was given to the older persons.	1200
Protection	Family members of older persons were trained on care of carers	1744

ECHO project in partnership with Merlin International mainly focuses on health interventions in districts of KPK (Swat, Buner, Charsadda, Nowshera), Punjab (Muzzafargarh) and Sindh (Thatta and Dadu).



Services	Total beneficiaries		
	Male	Female	Total
Need assessment and correct case identification above 50	8024	8651	16675
Peoples received Health education and promotion	19366	23169	42535*
Internal and external referral above	11725	15118	26843
Psychosocial support	1292	1665	2957
Primary eye care	7971	8340	16311
Cataract surgeries	123	95	218
Provision of mobility aids/assistive devices			5784
Capacity building/Trainings of primary health care worker on Age Friendly PHC tool	1977	1041	3018
Treatment of older persons with chronic diseases	27975	37068	65043
*16675 are older persons from total 42535			

Case Study

Hidayat Khaton, an older woman in the tribe of Saad ullah Napar is one amongst many villagers who are affected by the floods in Sindh. She used to do daily chores in the home for her 6 children and 7 grand children. Her 2 sons are married and her 4 daughters are married. When she was young she remembers taking care of her cows. Her life was complete as she was able to respond to the daily needs of her family but she was unaware of the disaster she had to face. Floods in August destroyed everything; the floods took everything with it leaving her nothing for her survival. Her land and house are still under flood water.

She was moved to Wazirabad for shelter. She was unable to hear properly and had problems in talking to people, she is a social woman and she used to visit her relatives daily. She said that she loves to listen to people and talk to them about their needs. She also has a difficulty in walking.

She was provided hearing aid and walking stick by HelpAge International. The hearing aid helped her to listen and respond to her family members as they don't have to speak in a loud tone. Now she can even walk without any help from others. The area is completely destroyed so her tribe members are jobless and she is worried about the future of her village. The tent in which she lives does not help the family to keep her children warm. She says that her grand children used to cry at night and they are unable to sleep while dew drops fell from their tent and they have not enough blankets to cover their body to keep them warm. She wants help so that she can save her and her family from cold weather and get back to normal life.

LCC DISABILITY AND DEVELOPMENT PROGRAM (LCDDP) PAKISTAN

LCC Disability and Development Program (LCDDP) Pakistan

LCDDP is a partner organization of Leonard Cheshire disability (LCD) International. LCD is a UK based disability focused organization operating since 1948 in more than 52 countries through 250 partner organizations world wide.

Globally we are focusing on the following thematic areas

- Education
- Health and rehabilitation
- Support for everyday living skills
- Livelihood opportunities
- Advocacy and Campaigning

LCDDP is established in 2006 to provide support to the existing partner Tamir Cheshire Community Programme (TCCP- Established in 1996) and to expand, strengthen and make LCD work in Pakistan visible at National level. TCCP is running a programme on Inclusive Education and promoting Employment Rights of PWDs at Faisalabad

After the devastating earthquake in October 2005, LCDDP established LC-CAMP Disability Resource Centre (LC-DRC) for the earthquake affected area of district Mansehra in the former North West Frontier Province (NWFP), Pakistan. DRC is a 'one stop shop' approach to providing a full range of services for persons with disabilities, either through the DRC itself or through referral mechanisms developed with other health service providers. This was the first service of its kind in Pakistan and third one in the South Asia region by LCD

In continuation to our expansion plan, LCDDP established a "Livelihood Resource Centre (LRC) at Islamabad in 2008 to enhance the livelihood opportunities for persons with disabilities in wage and self employment avenues by building their capacity and providing seed money, etc. LRC is an accessible training cum guidance facility, equipped with 08 computers with accessible software, resource library containing local, national and international resource material on disability and employment, legislation and policy documents, grants and schemes available with government, job opportunity dissemination service, and a display of assistive devices necessary for mobility and livelihood.

Another milestone is USAID funded project Khud Mukhtar (KPK) providing opportunities to grass roots organizations to improve livelihoods of PWDs, through safe grant-making. Provision of technical expertise and support for capacity building will be provided by LCDDP. The project is working with the partner organization in Dera Ismail Khan, Kohat, Abbotabad, Mansehra, Peshawar, Swat, Malakand, Lower Dir, Haripur, Swabi, and Noshera.

LCDDP have developed and co-presented a presentation at UNOCHA office Peshawar, to sensitize more than 50 NGOs on ensuring accessibility in relief and rehabilitation work in flood areas.



Case Study

Abdul Qadeer, *Assistant Communication Officer*

“I am happily doing job and confident to excel in this field. My contract is renewed and it reflects satisfaction of my superiors with my performance and potential”

Abdul Qadeer a resident of Wah Cantt with low vision due to retinopathy. He belongs to an average family background with father in Karachi to earn living. He is getting ready for his graduation exams. They are a family of 8 with 2 sisters and 3 brothers. In the beginning, he tried to receive education from mainstream school but could not read writings on black board due to his visual impairment. The school administration refused to facilitate him with this problem as a result he passed his secondary school exams as a private candidate. Till now he is pursuing his education through informal education system.

He was keen to earn to support his family and did several short courses like English Language and computer applications, etc to secure a job. After a long struggle, he passed higher secondary school exams and secured a position of Key Punching Operator (KPO) in a local bank. However, deterioration in his vision resulted in poor performance. His superiors were not very happy with this development and were reluctant to renew his one year contract.

When Bank administration refused to renew the contract, Qadeer contacted LRC for guidance and support. After carefully carrying out assessment, guidance and counseling to identify the potential. Qadeer has strong communication skills. His employer was contacted and guided in detail about the limitations and strength of Qadeer despite of visual impairment. After consistent efforts of LRC team, the HR department of bank agreed to place him in communication department as assistant communication officer, a responsible position that can be managed despite of low vision. Qadeer is not only supporting his family but at the same time continuing his education by meeting all the expense on his own. In the beginning HR department was not sure about his productivity in the new position but he provides his worth with good performance. His bosses are satisfied with his performance and contract is renewed.

“We find him the most responsible employee, who is always willing to perform assigned tasks honestly and learn new things”

LIGHT FOR THE WORLD

LIGHT FOR THE WORLD is a European confederation of national development NGOs committed to saving eyesight, improving the quality of life and advocating for the rights of person with disabilities in the underprivileged regions of our world.

LIGHT FOR THE WORLD is dedicated to ensuring the rights of persons with disabilities in developing countries, without discrimination of gender, ethnicity, social group or religion. In this cycle of poverty and disability people are deprived of their fundamental human rights and are largely excluded from development processes. In addition, poverty means that millions of people are at risk of acquiring impairments and becoming disabled. In more than 50 % of the cases impairment is avoidable.

LIGHT FOR THE WORLD provides access to treatment and therapy for affected people by supporting local partner organizations. We also commit ourselves to the task of creating new prospects for persons with disabilities, to increase mobility with the help of devices, to start initiatives that will provide education and income and to support them to exercise their rights. Another objective of LIGHT FOR THE WORLD is to raise awareness on the situation of persons with disabilities in their family and environment. This is an important basis for social inclusion and for the autonomy and self-determination of persons with disabilities.

In Pakistan, LIGHT FOR THE WORLD support its local partner organizations i.e Aid to Leprosy Patients (ALP), Comprehensive Health and Education Forum International (CHEF Intl), Civil Society Human and Institutional Development Program (CHIP), Harmony Foundation and Pakistan Institute of Community Ophthalmology (PICO). The main thematic areas are Human Resource Development in the field of Eye Care, Community Based Rehabilitation for Persons with Disabilities, Inclusive Education, Mainstreaming Disability, Advocacy for the Rights of Persons with Disabilities and inclusive emergency relief programs.

Emergency Relief Work

After the earthquake of 2005 LIGHT FOR THE WORLD along with its local and international partner developed the district field hospital in Battagram.

In 2009, establishment of an Emergency Eye care Unit in Takht Bhai, District Mardan was in response to the influx of IDPs from SWAT to District Mardan due to the conflict between the Government forces and the militant groups. A total of 730 cataract surgeries have been performed and 12,931 patients were examined along with 56 free eye camps. All the remaining IDPs and poor patients of Takthbahi were given free of charge comprehensive quality eye care services as it is the only eye care unit in Takthbahi (District Mardan).

At the end of July 2010, Pakistan was hit with one of the worst floods of its history. Heavy monsoon downpour and bloated rivers overran swathes of land in Khyber-Pakhtunkhwa, swamping the districts of Nowshera, Charsadda, Swat, Mardan and rural Peshawar. Inclusive Emergency relief and early recovery activities were initiated in the most affected villages of District Charsadda, outskirts of Peshawar, Districts Skardu and Ghanche in Gilgit-Baltistan and District Jhang in Punjab. Local partners began distributing food and hygiene articles, assistive devices (crutches, wheelchairs, and white canes), service delivery of health services in mobile clinic and camps, installing hand pumps and water filter points. In the early recovery phase as the winter was approaching soon a 'Cash for Work' program was initiated to provide shelter to the vulnerable groups. In Skardu and Ghanche, 44 houses were reconstructed before winter fell in and seeds were distributed to enable the communities



to recommence life after the catastrophe. Water buffaloes and livestock were distributed as means of nutrition and livelihood to affected people. Schools and Basic Health Units were made inclusive through renovation of the infrastructure so that persons with disabilities could also access them.

Case Study

Mainstreaming Disability in Emergency Response and Local Development

The province of Khyber Pukhtonkhwa (KPK) was one of the worst affected by the floods of 2010, with almost 3 million people displaced and a death toll almost double of the national figure. Key social services e.g. housing/shelters, health, education, water and sanitation suffered severe damages.

An emergency response to floods was immediately launched with mainstream actors ranging from government to international, national and local organizations.

According to national census 1998, 2.4% of the population has some form of disability, while World Health Organization (WHO) quotes it as 10%. Thus the expected number of PWDs in KPK, affected by floods is approximately 380,000 (according to WHO estimate of 10%). These people are dependent on others for survival.

The response activities were targeted at the whole population in general without taking into consideration the vulnerability and needs of persons with disabilities. In the absence of an inclusive emergency response, persons with disabilities and their families struggled to cope with the crisis. This was confirmed by an assessment that CHEF Intl carried out in two villages, where the persons with disabilities (despite of the relief activities going on) had no direct access to the relief work. Many other issues were brought forward e.g. lack of accessible bathrooms in camps. Many of them lost their devices and hence were unable to move around.

The present situation has brought to surface a number of important issues. Firstly effort needs to be taken to mainstream disability in the ongoing emergency response (in order to limit the negative effects of exclusion). Secondly mainstreaming should go beyond emergency response and create the basis for a campaign for the development of an inclusive society.

LIGHT FOR THE WORLD's objective is to increase the understanding and capacity of mainstream and humanitarian agencies, government bodies, civil society, NGOs and local organizations to include persons with disabilities in emergency response, early recovery and rehabilitation programs and in developmental programs through development of a inclusive model village in Khyber Pakthun Khwa and advocate for Inclusive Disaster Risk Reduction plans and policies through engaging the provincial and district governments. The pilot phase will be implemented in District Nowshera. An initial screening of 1300 persons with disabilities has already been done in which physically impaired are 42%, visually impaired 27%, Hearing impaired 15% and cross disabilities are 16 %.



MILESTONE

Milestone Society for the Special Persons was established in March 1993 by the Disabled persons to make them useful for their family as well as for the country. The society mainly focuses on Independent Living, Education, Barrier free society, Awareness Raising, capacity building, provision of basic facilities and normalizing the Disabled persons to become honorable citizens and asset of courage. Milestone provides a platform to improve the overall quality of life of the special persons regardless of their gender, creed, social and economic status.

Mission

Our mission is to make Milestone such an organization of Pakistan that should be able to excellent for serving persons with disabilities. We have committed ourselves to generate courage in our each member and polish their qualities so that they should not only be able to society as well as their families.

Services

Milestone centers are providing services to disabled persons in general and severely disabled persons in particular like Peer-counseling, Attendant service and Equipment like Wheel chair, Catheters and White canes. Attendant service means providing assistance to severely disabled persons sheepishly hidden in the corners of their homes spending their lives in hopeless conditions. These centers invite such persons and provide them services mentioned above. It creates opportunity for them to the daily skill that helps them to get maximum independence in their daily lives.



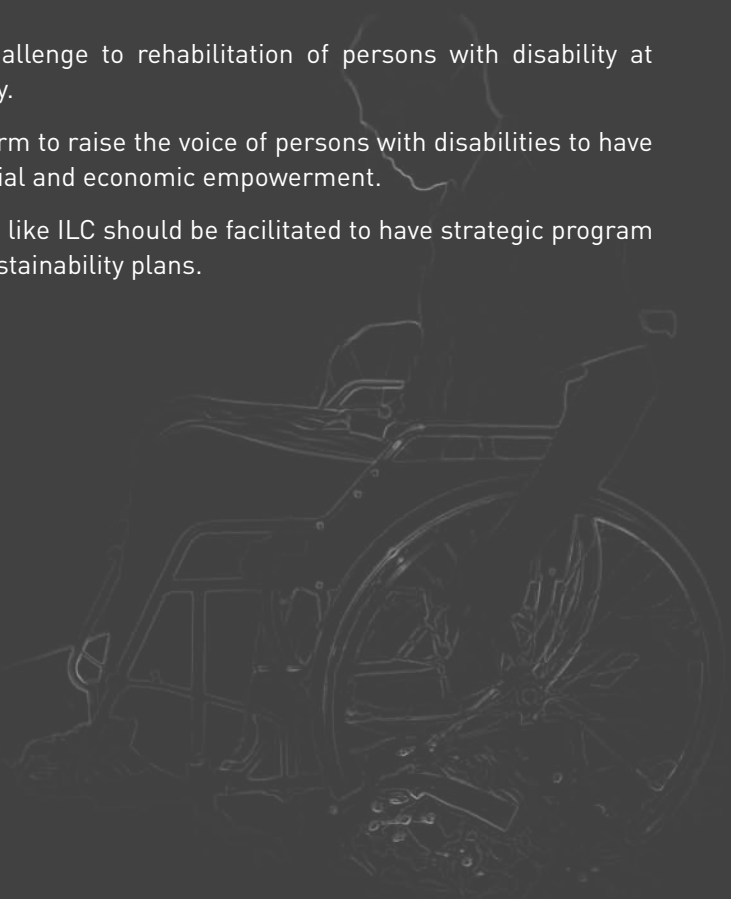


Case Study

In most countries predominantly medical view of disability contribute to negative attitudes towards Person with disabilities. Persons with disabilities are poorest and among the most vulnerable in developing countries, they face many barriers preventing them from fully participating in the society and are the most likely to face an increased risk of social exclusion, including the inability to access education and health services, the right to earn a living or participate in decision making like others in their communities. UN Convention recognizes the equal right of all Persons with Disabilities to live in the community with choices equal to others. (Article 19: UNCRPD). 2005 earthquake left thousands of people with injuries, including spinal cord injuries, trauma injuries and amputations. These lifelong conditions left people vulnerable to neglect and exploitation, and with no long term facilities for treatment and rehabilitation. Milestone Society of Pakistan implemented a project Promoting Independent Living amongst Persons with Disabilities with the support of Japan Social Development fund through World Bank. The objective of the project was to enable persons with disabilities to become service providers as well as to develop mechanisms for raising their voice. The project was primarily focused on centre based interventions addressing the overall needs of persons with disabilities in the earthquake affected areas. Independent Living Centers have been established in Mansehra, Bagh, Muzaffarabad, and Battagram. In addition to these four ILCs one ILC has also been established in Islamabad. Establishment of the ILCs has created a platform to raise the voice of persons with disabilities in the districts. Among 2,617 persons with disabilities who participated in independent living programme 732 were female and 1,885 were male. Among the persons with disabilities who participated in the ILPs majority of them were from 10-20 years age group. ILCs were established to ensure that persons with disabilities are able to maximize their physical and mental abilities, to access regular services and opportunities, to become active contributors to the community and society at large, and to activate communities to promote and protect the human rights of persons with disabilities through attitudinal, physical and practical changes within the community.

Lesson Learnt

- Peer based approach could minimize the challenge to rehabilitation of persons with disability at community level more effectively and efficiently.
- Establishment of ILCs provided a strong platform to raise the voice of persons with disabilities to have better access to equal rights and dignity in social and economic empowerment.
- Self help initiative through forming institutions like ILC should be facilitated to have strategic program with long term vision and mission including sustainability plans.





PAKISTAN NATIONAL CENTRE ON AGEING (PNCA)

PNCA is a civil society organization, registered with the Government of Pakistan. It is aimed at promoting the well-being of older persons, guided by "UN Principles for Older Persons", with specific reference to Madrid International Plan of Action (MIPA) 2002.

Functions

The main functions of PNCA being carried out in the light of above principles include: -

1. Field research to identify the problems facing the older persons in different parts of Pakistan.
2. Sharing the identified problems with Government, and other concerned agencies for corrective action.
3. Holding conferences at national as well as international level to disseminate the research-based information amongst the participants, consisting of Govt. representatives, NGOs and interested individuals, specially the older persons, both male and female.
4. Capacity-building workshops for the concerned NGOs.
5. Working with WHO on "Global Age-friendly cities" project.
6. Cooperating with Help-age International in field activities.
7. Cooperating with handicap International in capacity building activities.

Detailed Proceedings

Field research on ageing problems has been carried out in each province, over the last few years, relating the following aspects of day-to-day living of the older persons: -

- Independence
- Participation
- Care
- Self-fulfillment, and
- Dignity

It was found that although there were problems in all the above areas the areas affecting the older persons more seriously were:-

- Poverty
- Health care
- Shelter
- Loneliness
- Transportation
- Elder abuse
- Delay in resolution of legal issues

The information collected through research has at times been shared with the Ministry of Social Welfare and Special Education, to make it a basis for policy formulation on ageing, but the matter has yet to be finalized. Other stakeholders are also looking for the Government to take action on Policy formulation, in the light of research findings.

PNCA has been holding conferences annually w.e.f. 2006 which have been attended by CSOs from all the Provinces, AJK, FATA, and GB areas, as well as by foreign countries, especially from the USA. The recommendations formulated during the conferences have been brought to the notice of Government as well as other concerned agencies to take action on those.



One of the recommendations relating old age pensioners was brought to the notice of National Bank, suggesting that the pensions of older persons may be deposited in their bank accounts to be opened in each ease, so they could draw their pension through somebody else, by means of cheque rather than visiting the bank personally. The proposal has been accepted by the Bank, which is a god facility for the older persons.

Capacity-building workshops have been held at different places, like Karachi, Quetta, Islamabad, Havelian and Wah, which were attended by the representatives of different COSs. This activity still goes on, which is necessary to promote advocacy.

PNCA has been working with the WHO (Geneva) on their project “Global Age-Friendly Cites”. The project involved assessment of existing situation of one or more cities in the context of specific areas affecting the older persons like:

- | | |
|----------------------------------|--|
| 1. Outdoor spaces and buildings | 2. Transportation |
| 3. Housing | 4. Social participation |
| 5. Respect and social inclusion | 6. Civic participation and employment |
| 7. Communication and information | 8. Community support and health services |

Islamabad was chosen to undertake assessment of the existing situation in the above areas. A MoU was signed with WHO, and assessment was carried out in the light of project requirements, and forwarded to the project office in Geneva (Switzerland). The assessment was appreciated, and as a result Islamabad has been included in the WHO’s project to make efforts towards becoming on Age-friendly city. Now Islamabad is one of the total 35 cities included in the project throughout the world to make efforts towards becoming on Age friendly city. In this regard CDA has to take steps to make Islamabad an Age-friendly city so it could serve as a model for other cities to turn Age-friendly.

PNCA is also cooperating with Help-Age International, in their function. In this regard a Desk study “Laws Policies and Programmes affecting Older Persons in Pakistan” has been carried out last year, to serve them as a baseline for their welfare-based strategic actions to help the older persons in Pakistan.

PNCA is also cooperating with Handicap International in capacity building and sharing of research- based data for use in promoting aging disability services in the country.

SIGHTSAVERS

Sightsavers has started working in Pakistan in the decade of 1980s but formally established a country office in 1998. There has been a steady transition in Sightsavers' emphasis from the earlier focus on blindness as a clinical entity that evolved to blindness and visual impairment positioned in the context of disability, to its current approach to contextualize the cross-cutting function of eye health and blindness disability within the broader domain of development. The role of Sightsavers changed since 1985 when the focus was on service delivery with one partner, to expanding its presence in all the provinces, to strengthening systems and structures. Today, we stand on an exciting threshold, a precipice overlooking a new horizon as we ready ourselves to take the next leap of faith to explore the interface between systems, human development and social exclusion.

Sightsavers has played a key role in supporting the Federal Education Directorate's objectives to pilot inclusion in the child friendly schools concept and to support linkages with collaborating special education schools and institutes.

Research on disability by Sightsavers

1. Assessment of Person with Disabilities Flood Emergency Response Project: Rapid assessment undertaken by Sightsavers with support of local implementing Partners HRDS in selected villages of district Charsadda and Nowshera enabled us to identify the status of eye health problems occurred during the flood aftermath as well as the status of local health facilities. (Reference: assessment data sheet) With Sightsavers support for the flood relief activities, STEP DPO established IRCD (Information Resource Center on Disability)

2. Blind School study: A national survey of all schools for the blind was undertaken in 2003. The standard WHO childhood blindness and visual impairment questionnaire was used for this purpose. One thousand children in 46 schools were examined. 77.5% of children enrolled in these schools were in the WHO category of blindness. The remainder had low vision. The main causes of blindness included retinal disease in 51%, whole globe problems (eyeball) in 28% and corneal problems in 3.7%. The 60% of the children had a hereditary basis for the visual impairment. 11.6 % of the children were able to see better than 6/18 (20/20) visual acuity with the help of low vision devices (magnifiers and telescopes) and could be transferred to mainstream education.

Analysis of the National Census Data: The national census data of 1998 was analyzed for all children recorded as "blind disabled". The mean prevalence of children under the age of 14 yrs recorded as being blind disabled was found to be 7 per 10,000 children.

Prevalence of Refractive Errors in Children: Two population based studies were conducted, one in a rural district and one in a semi-urban district to determine the prevalence of refractive errors in school aged children. The studies revealed a mean prevalence of 3.5% which implies that for a school aged population of children 5-15 yrs of 46 million, there are about 1.6 million children with visually disabling refractive errors. Community perception studies of refractive errors revealed that cosmesis and cost were two of the leading barriers to wearing of spectacles by children. 43% of the respondents said that they could not afford to pay more than 3 US dollars for a pair of spectacles – this was significant for children because they required frequent replacement of spectacles due to breakages.

Assessment of Approaches and Practices of Disability Network Organizations in Pakistan: The three key objectives of the research study were: to develop an evidence for advocacy on



Disability Rights – particularly for local and national DPOs; to review disability related national policies, and international policy framework; and to highlight the experiences of local-level good practices that have significant potential for replication

Analytical Study of School and Teachers Education Curricula for Students with Special Education Needs in Pakistan: The study aimed at the analysis of school curriculum and teacher education curricula in respect to dealing with students with special educational needs. The descriptive study is based on structured interviews with various stakeholders, document analysis of SWSEN related guidelines, national and international policies and education curriculum.



Case Study: Inclusive Development project in District Jehlum:

The project assists Civil Society Organizations (CSO) and local government to work together to promote and strengthen the establishment of Citizen Community Boards (CCBs) and Women's Organizations (WOs) in District Jehlum, Punjab Province.

Through the project support, 29 CCBs and 29 WOs were formed with 1,058 community members mobilized to become members, including 57 persons with disabilities. 44 of these organizations have designed and implemented inclusive development projects and approximately 270 persons with disabilities participated. In total, 39 community organizations have been provided with information about HIV/AIDS as a disease, its preventive measures and information about the testing facilities available.

During the reporting period 25 of the newly formed community organizations were registered through the social welfare department, and prepared inclusive strategic plans for ensuring persons with disabilities become part of the local decision making process. In the period, inclusive development projects have benefited 18,530 community members including 272 persons with disabilities. Examples include: Inclusive household latrines built in the houses of 23 persons with physical disabilities. Dependency on others to use the latrine has reduced significantly, which has raised the confidence level and dignity of persons with disabilities. Accessible schools have been established in five villages. Ramps and inclusive latrines have been constructed and the pathways to schools have been made more accessible.

Sightsavers support to DPOs: Sightsavers support for DPOs has focused on building the institutional capacity of DPOs in advocacy and leadership development through: (i) supporting the formulation and dissemination of "Disability Framework in Pakistan"; (ii) enhancing the capacity of DPOs to advocate with the government to create a national forum for issues on disability which can work for ratification of UNCRPD; and (iii) supporting leadership development of persons with visual impairment and other disabilities. The project support has resulted in publication of Disability Framework; other initiatives have been done successfully with publication of Islamabad Declaration of Persons with Disabilities.



STEP (SPECIAL TALENT EXCHANGE PROGRAM)

STEP is a cross disability organization, with a prime objective of empowerment of persons with disabilities through capacity building and advocacy. STEP envisions a barrier free, rights based and inclusive society for all. To accomplish the envisaged mission of the shift from a charity paradigm to rights based approach in development discourse and interventions, STEP has been engaged since 1997 in leadership development, independent living and career building of persons with disabilities across the country coinciding with the sensitization of development and corporate actors through disability equality trainings, accessibility audits, lobbying and mainstreaming consultations.

A group of young 15 persons with disabilities, on personal initiative, gathered in Islamabad more than a decade ago with a mission of breaking barriers of social exclusion and develop role models for society. This group suffered a range of difficult and harsh experiences in their lives from start of education to livelihood. Thus, decided to bridge the communication divide between have sand have-nots resulting in creation of STEP (Special Talent Exchange Program) -a self help organization of disabled persons. Being the nationwide strongest voice of disabled citizens of Pakistan, dynamic team of STEP has also been contributing in mitigation of mega disasters faced by the nation in the form of earthquake 2005, IDP crises 2009 and devastating flood in 2010.

Role of STEP

STEP within its limited available resources but with unlimited spirit and unconditional support of our partners; have taken initiatives to address issues faced by persons with disabilities in disasters. Major endeavors are as under:

Disaster	Endeavors	Collaborations
Earthquake 2005	Need Assessment of persons with disabilities in EQ affected areas	Handicap International UNHAS
	Training of Humanitarian Field staff	Handicap International World Vision
	Establishment of IRCD (Information Resource Center on Disability)	Handicap International
	Representation in UN Clusters	
	Published Emergency Checklist in collaboration with HI and VSO	Handicap International Volunteer Services Overseas
	Facilitated International Seminar on Accessible Re construction	APCD Ministry of Social Welfare and Special Education
	Awareness Campaign on International Day of Disabled Persons 2005 'Let's Not Leave Them Half Way'	Handicap International
IDP Crises 2009	Capacity building of DPO Leaders in affected areas	
Flood 2010	Re-activated IRCD	Sightsavers
	Distributed cash grants, food and hygiene kits among 500 persons with disabilities	Sightsavers HRDS Scottish Government Fund
	Distributed wheelchairs among 35 persons with disabilities	APCD DPOs Royal Thai Embassy Islamabad
	Training of 90 Journalists on Reporting Disability during disasters	Internews
	Representation in UN Clusters	



Case Study

During the rescue and the rehabilitation phases, it was felt and anticipated that the marginalized groups particularly PWDs and Older Persons (OPs) are at a greater risk of neglect. The opportunity for PWDs to have their voices heard was very rare. In response to this, STEP in partnership with Sightsavers established an Information Resource Center on Disability (IRCD) in connection to develop a focal point of information sharing and dissemination for the flood affected PWDs from District Nowshera and Charsaddah. This is a computerized database which is connected to the online web portal of STEP and was linked with central Crisis Centre of Red Crescent Society of Pakistan to extract and diffuse the information of PWDs. This database incorporated the computerized national identity card number of every PWD, which can further give the detailed profile of the person and his/her family if required. The use of ICT for developing this database has been proving really helpful in providing a coordinated service to disseminate information for the PWDs and their families regarding; explaining food distribution systems, publicizing medical camps, distribution of cash and food grants, cash-for-work programs for PWDs, etc

STEP also made use of the electronic media such as conducted several radio shows by Radio Pakistan for disseminating useful information for PWDs as well as highlighting the challenges faced by them. They carried out needs assessments of local media and provided emergency assistance and coordinated the distribution of 500 health and hygiene kits donated by Sightsavers and Standard Chartered Bank. STEP has also been very significant in providing advice and materials to head of the families (having any PWD member) on information campaigns around relocation.

STEP utilizing the information received through the Information Resource Center on Disability has also played an important role for provision of technical advice to major humanitarian clusters such as WASH and shelter in terms of making their services more accessible for all (particularly PWDs and Older Persons).

The IRCD has so far gathered the data of approximately 650 PWDs residing in flood affected areas of District Nowshera and Charsaddah. This data has been proved very helpful whenever there was a need to get in touch with these PWDs for provision of any assistance during the relief and rehabilitation phase. IRCD is playing an instrumental role for enabling the marginalized and vulnerable groups who can't raise their voice during the aftermath of natural disasters and emergencies. Sightsavers also make use of the IRCD for identification of PWDs for provision of other cash and food grant schemes during the relief phase, such as support of Standard chartered bank for providing health and hygiene kits, support of Scottish government for food and cash assistance for the PWDs in the flood affected areas of district Charsaddah and Nowsherah.

STEP and Sightsavers has a way forward to utilize this IRCD as a resource center for building the capacities of these PWDs in different skills, such as getting them organized in the form of DPOs, making them aware of different career and educational opportunities and getting them connected with other relevant likeminded organization who are working for promoting the rights of PWDs.

RECOMMENDATIONS

How to ensure inclusive humanitarian response?

Basic Principles

In accordance with all Human Rights Convention including UNCRPD, persons with disabilities, older persons and other persons who may be at higher risk in terms of discrimination on the basis of gender, age, nationality, sexual orientation... have equal rights including:

Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons, Non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; Equality of opportunity; Accessibility; Gender equality
Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

Mainstreaming ageing and disability in all humanitarian activities

- Include segregated data in all assessment forms to allow proper identification of persons with disabilities and older persons (rapid assessments, identification of vulnerable persons, identification of both basic needs and specific needs, mapping of existing resources that are accessible for all... i.e. inclusive vulnerability and capacity assessments); systematically assess if persons with disability and older persons have properly been included at all stages of the emergency response.
- Ensure that all communication and documentation are accessible to persons with disabilities and older persons using appropriate communication means (e.g. large prints, Braille, loudspeakers, sign language, symbols or drawings etc). Always use at least 2 different means of communication
- Construction and reconstruction arrangements (shelter, water, sanitation and hygiene facilities, community centers, schools, etc.) should take into account standards of accessibility and protection, be they public or private.
- The loneliness and isolation of many people in these groups should be recognized and addressed through the creation of opportunities for active participation, such as in special volunteering schemes and membership of community centers.Ⓓ
- It is essential that access to basic services with adequate quality and quantity for older persons and persons with disabilities is ensured, specific and support services are available.
- So far as possible, services should be provided in a location of family with person with disabilities and older persons should be close to the existing facilities.
- Adapt mass distribution and distributed items to guarantee equal access to all; prioritize persons with disabilities and older persons through a special queue
- Set up referral mechanisms and work in close cooperation with relevant stakeholders in order to refer the identified vulnerable persons to each other

Including appropriate measures for older persons and persons with disabilities in protection activities

It is evidently important for Older Persons and Persons with Disabilities to have full and equal access to legal protection and humanitarian response services. Historically, this has

not always been the case, as all vulnerable persons including older persons and persons with disabilities are overlooked to have equal access to services to which they are entitled by law.

- Specific attention needs to be paid to the protection of older persons and persons with disabilities from violence and abuse, for example through easy and adapted access to telephone hotlines and other systems (safe areas, etc.)
- Equal rights of access to services and legal protection should be guaranteed through mentoring to access legal structures
- Information over, procedures and accessibility to get any legal document required to acquire service (disability certificate, ID card, watan card etc) should be facilitated and adapted for older persons and persons with disabilities

Empowering older persons and persons with disabilities

Older Persons and Persons with Disabilities themselves have been leaders in campaigns for change; this has resulted in a paradigm shift, as those traditionally seen as passive “clients” and “patients” have progressively taken responsibilities as an active contributor for advising appropriate services as equal citizens.

- Opportunities for active participation in all areas of life (for example, volunteer, work or political, cultural, social and professional activities) should be promoted by governments and other stakeholders involved in humanitarian activities
- Individuals’ personal potential and capabilities should always be included in holistic assessments of their needs and support requirements.
- The process of monitoring and evaluation of the projects should be easy and open for everyone. Older people and persons with disabilities should be fully and directly involved throughout the process of designing, planning, implementing, monitoring and evaluating services
- Consult NGOs working with persons with disabilities and older persons as well as organizations comprised of persons with disabilities and older persons (DPOs, peer-to-peer groups, etc.) to raise awareness and strengthen the existing capacities about the access to basic services and availability of specific and support services.

How to use those recommendations?

All humanitarian actors play a key role in promoting the inclusion of persons with disabilities and older persons in needs assessments, planning, implementation, monitoring and evaluation both as participants and equal citizens, and to this end:

- Refer to those recommendations to make sure their programs, internal policies and practice are fully inclusive and non-discriminatory
- Share such recommendations to promote their implementation by humanitarian stakeholders whenever a disaster occurs as well as in any related projects
- Involve organizations of / or representing older persons and persons with disabilities to make sure such recommendations are fully understood, adequately implemented and meeting quality standards;
- Ensure the widest possible dissemination of information regarding equal rights and opportunities for all, for example through awareness-raising campaigns and co-operation with civil society.
- Consult technical detailed guidelines on Health, Shelter and WASH (under process of finalizing) and checklist prepared by Ageing and Disability Task Force for practically incorporating points advocated in recommendations
- Contact ADTF for any further information!

ADTF AT A GLANCE



Training for humanitarian response actors-UN protection thematic working group-June 2011



ADTF Training of Trainers by UNHCR resource person – October 2010



Observance of International Day of Persons with Disabilities - 2010



ADTF secretariat Meeting

ADTF Presentation at International Workshop on Disaster Risk Reduction May 2011



ADTF members meeting with LFTW delegation April-2011



Older Persons

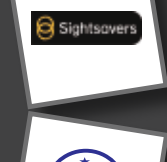
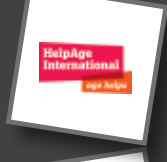
Older men and women are those aged over 60 years, according to the UN, but a definition of 'older' can vary in different contexts. Older persons are often among the poorest in developing countries and comprise a large and growing proportion of the most vulnerable in disaster- or conflict-affected populations (for example, the over-80s are the fastest-growing age group in the world) and yet they are often neglected in disaster or conflict management. Isolation and physical weakness are significant factors exacerbating vulnerability in older people in disasters or conflict, along with disruption to livelihood strategies and to family and community support structures, chronic health and mobility problems, and declining mental health. Special efforts must be made to identify and reach housebound older persons and households headed by older persons. Older persons also have key contributions to make in survival and rehabilitation. They play vital roles as caregivers of children, resource managers and income generators, have knowledge and experience of community coping strategies and help to preserve cultural and social identities.

Persons with disabilities

The World Health Organization (WHO) estimates that between 7 and 10 per cent of the world's population – including children and older persons – live with disabilities. It is also estimated that approximately 300 million women and girls around the world have a mental and/or physical disability. Globally, women make up three-fourths of disabled persons in low and middle income countries; between 65 percent and 70 percent of these women live in rural areas⁹. Disasters and conflict can cause increased incidence of impairment and subsequent disability. The UN Convention on the Rights of Persons with Disabilities (CRPD) defines disability as an evolving concept that results from the interaction between persons with impairments (which may be physical, sensory, intellectual or psychosocial) and the attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. It is, therefore, the presence of these barriers that prevent persons with disabilities from fully and meaningfully participating in, or benefiting from, mainstream humanitarian assistance programmes. The new CRPD makes specific reference to the safety and protection of persons with disabilities in conflict and emergency situations (Article 11)¹⁰

Persons with disabilities face disproportionate risks in disaster situations and are often excluded from relief and rehabilitation processes. Such exclusion makes it more difficult to effectively use and participate in standard disaster support services. Importantly, persons with disabilities are a diverse population including children and older persons, whose needs cannot be addressed in a 'one size fits all' approach. Humanitarian responses, therefore, must take into consideration the particular abilities, skills, resources and knowledge of individuals with different types and degrees of impairments. It is also important to remember that persons with disabilities have the same basic needs as everyone else in their communities. In addition, some may also have specific needs, such as replacement of aids or appliances, and access to rehabilitation services. Furthermore, any measures targeting persons with disabilities must not lead to their separation from their family and community networks. Finally, if the rights of persons with disabilities are not taken into consideration in humanitarian responses, a huge opportunity is lost to rebuild communities for all people. It is essential, therefore, to include persons with disabilities in all aspects of relief and recovery. This requires both mainstreamed and targeted responses.¹¹

JOINT STATEMENT



Persons with disabilities and older persons comprise at least 15% of the total population, equaling at least 3 million persons affected by the floods. Response is designed to be global and therefore does not take into account the particular vulnerabilities of different groups within the population such as persons with disabilities and older persons. Due to the massive extent of the floods and ensuing crisis, initial reports from the field, and relying on past experience of such crises, we anticipate that persons with disabilities and older persons will be forgotten in the humanitarian response and reconstruction phases.

The undersigned international and national civil society organizations are concerned by the impact of the current situation on persons with disabilities in Pakistan, and have formed a Disability and Ageing Task Force. This task force aims to ensure that persons with disabilities and older persons are included in the emergency and early recovery response to the floods in Pakistan via mainstreaming of ageing and disability concerns across all humanitarian agencies.

Pakistan has signed the UN Convention on the Rights of Persons with Disabilities which stipulates the inclusiveness of international cooperation and is a signatory to the Madrid Declaration, which calls for each older person to have a secure income, access to health care, a safe place to live, and an opportunity to participate in the community.

This task force commits to:

1. Promote rights of persons with disabilities and older persons and inclusion principles among all humanitarian actors.
2. Develop and disseminate IEC materials and technical guidelines to assist Clusters and mainstream organizations to better include older persons and persons with disabilities in their relief and early recovery responses
3. Build capacity of mainstream humanitarian actors to include disability/ageing issues through provision of technical support and trainings
4. Promote use of accepted international guidelines and good practices as guidance for the implementation of various activities.
5. Advocate towards humanitarian actors and the government for an inclusive reconstruction process.
6. Reaffirm the inclusion of persons with disabilities and older persons in needs assessments, implementation and monitoring both as participants and respondents, and to ensure that appropriate information is collected about these persons and their needs

We, the founding members of the Disability and Ageing Task Force commit ourselves to improving the inclusion of persons with disabilities and older persons in the relief and recovery phases, and we encourage all relevant stakeholders to endorse this.

- 27 September 2010

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