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## DISABILITY CHECKLIST FOR EMERGENCY RESPONSE



*Adapted from the Disability Task Force*

- ① General Guidelines
- ② Health, Food and Nutrition
- ③ Water, Sanitation and Hygiene
- ④ Protection
- ⑤ Psychosocial Support
- ⑥ Reconstruction and Shelter
- ⑦ Livelihoods
- ⑧ Education



*General protection and inclusion principles  
of persons with disabilities/injuries*

## General Guidelines

### General Guidelines for the protection and inclusion of persons with disabilities

\* Ensure **non-discrimination** when providing emergency assistance, and **promote inclusion of all vulnerable groups** including women, children, **injured persons, older persons, and persons with disabilities.**

\* Make special efforts to **identify, locate, register, and follow-up** persons with disabilities and other vulnerable groups. Sometimes people from these groups are harder to find or make contact with but **they have the same needs as everyone else.**

\* **Include specific questions** about disability issues in all of your **assessments; identify specific needs** and make sure that data can be used for interventions and focuses on the **specific obstacles faced** by persons with disabilities.

\* **Consult** persons with disabilities and encourage their participation in **decision-**

*The legally binding UN Convention on the Rights of Persons with Disabilities protects and promotes the rights of persons with disabilities. In accordance with the Convention, all response programs must be inclusive of and accessible to their protection and safety.*



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**making and planning** for crisis response. They can tell us their needs much better than we can assess them.

\* **Recognise** that persons with disabilities are **not a homogeneous group** and that persons with different disabilities as well as **women, men, boys and girls** may have different needs and skills. Adapt your approach accordingly.

\* **Ensure** that **information** you provide is **accessible**. For example, information booklets will be of no use to a person with visual impairment, and information broadcasted on loud speakers will not reach those who cannot hear. **Use at least 2 forms of communication** (written, auditory) and **simple language/pictures** to be sure to reach everyone.

\* **Raise awareness** and talk about both the **specific and basic needs** of persons with injuries and disabilities and other vulnerable groups when discussing these issues with the government, law enforcement personnel, and humanitarian workers.

\* Some persons with disabilities may not be able to access service or distribution locations. **Consider special line-ups**, organizing **transportation support**, providing a **delivery service** or **involving** other members of **the community** to assist the person access the services or distributions.

\* **Consider recruiting persons with disabilities** to implement activities, as a person with disability will best understand the needs of other persons with disabilities.

\* Use **common sense** and aim for **practical, concrete and immediate results.**

## Health

**Ability to get appropriate and timely medical attention with proper follow-up is properly and do not sustain permanent impairments because of their access medical help due to many reasons such as lack of awareness of available**

\* *The following considerations should be taken into account when considering health and nutrition related responses:*

- 1 **Record** system of health services including disability & injury specific information.
- 2 **Collate** a list of services that can be provided to persons with disabilities and injuries.
- 3 **Ensure** that all health staff know the different and specialized services available.
- 4 **Build** a clear referral system to the specialized services within the institution and with other health service providers.
- 5 **Orient** health staff on how to address the specific needs of persons with injuries/disabilities.
- 6 **Follow-up** to ensure that after discharge from the health facility, they are recovering well and their health needs are continuing to be met.
- 7 **Provide** them/families with copies of medical records in case they are mobile/likely to be displaced.



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**of primary concern especially to ensure that people injured during a crisis heal injuries. Crisis victims including persons with disabilities may not be able to health services, inability to transport themselves, lack of financial resources, etc.**

\* *Provide supportive/mobility/assistive devices and training on how to use them (e.g. crutches, wheelchairs, hearing aids, prosthetics, eyeglasses). Through early intervention the severity of the functional impairment can be minimized and the independence of the person with disability or injury can be maximized.*

- 1 **Evaluate** needs for supportive devices.
- 2 **Provide** or adapt the assistive device according to the individuals' needs and situation.
- 3 **Ensure** the individual and their family knows how to use / repair the assistive device you are providing.
- 4 **Know** about specific services and referral systems that can also provide holistic support to the individual.

\* *Provide specialized health services and medical care for persons with injuries / disabilities and ensure that these services are accessible*

- 1 **Ensure prevention of disability or deterioration of impairment** by providing sustained appropriate medication (for diabetes, hypertension, epilepsy etc).
- 2 **Refer** the individual to rehabilitation services when appropriate/possible in order to reduce the impact of the impairment or injury.
- 3 **Train** staff on appropriate responses for persons with injuries/disabilities to avoid exacerbation of the impairment.
- 4 **Provide** specific equipment (e.g. catheter for spinal cord injury). When you cannot sustain they supply, ensure that the person is referred to appropriate services.

## Food and Nutrition

**Persons with disabilities/injuries may not have access to food distributions due to many reasons including lack of mobility to reach food distribution sites, or inability to hear or see communication messages. Persons with disabilities and injuries may also have special or additional nutritional requirements.**

*\*Consider the nutritional risks for persons with disabilities/injuries: include them in supplementary feeding programs and/or provide additional rations*

*\*Essential health, prevention or other messages may not be understood by all (for example, a person with visual impairment may not be able to read a pamphlet informing about major public health risks or the next food distribution)*

### Food and Utensil distribution and privacy    Specific diets

① Persons who have injuries or disabilities may not be able to access food/water/utensil **distribution sites**. Monitor the rate at which persons with disabilities/injuries are receiving these supplies and **implement additional measures** to reach injured/disabled individuals in their homes or temporary shelters (separate line-ups, transportation, door-to-door delivery, etc).

② Some children with disabilities may have difficulties using usual utensils to eat and may need **spoons, straws**, etc to ensure **proper intake of food**.

③ When possible **ensure space to eat in privacy** for people who need assistance or eat with difficulties.

① Persons with injuries/disabilities may need **additional high energy food** to ensure their well being, promote healing, and prevent complications.

② Persons with injuries/disabilities may need **specific diets**. For example some people may not be able to swallow solid foods and may need special liquid-based supplements.

③ **Make sure** that persons with injuries/disabilities have family members or **extra assistance** to help them in eating when it is necessary.

④ **Monitor** the nutritional status of persons with injuries/disabilities.



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### Communication accessibility

① **Ensure** health promotion and prevention messages are **accessible** to people with visual, hearing, intellectual impairment (large print, Braille, loudspeakers/radio, etc).

② **Find alternatives** to “blanket coverage” to reach people who cannot leave their homes (home delivery, provide radios, etc) to make sure everybody has access to your messages.

③ **Ensure** that the existing health services are well publicized so persons with injuries/disabilities and their families know where to find support.

④ **Orient/Sensitize** your staff so that they have a basic level of understanding about disability.

## Water, Sanitation & Hygiene

Access to WASH facilities is a basic need of all persons with injuries and disabilities. Promote equal access through physical accessibility, appropriate communication and a positive attitude towards encouraging persons with injuries/disabilities to use these accessible facilities.

*\*Additional measures may be needed to ensure that access to water is equitable*

### Accessibility of water points/water distribution

- 1 **Ensure** that some water points/distribution places, toilets, showers and laundry areas are safe and accessible for people with low mobility/vision or using mobility aids (ideally 10%).
- 2 **Prioritize** persons with injuries/disabilities through a special queue to avoid long waiting times.

### Communication

- 1 **Use appropriate communication channels** when disseminating prevention, hygiene or water distribution messages: verbal communication or Braille for visually impaired, written material, symbols or sign language for hearing impaired, simple language and drawings for intellectually impaired persons.

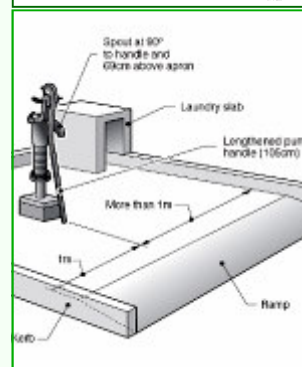
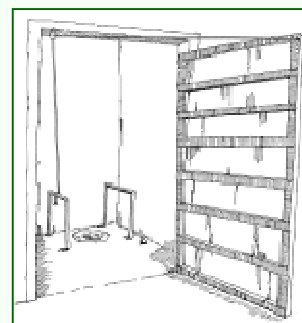
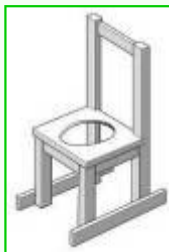
### Hygiene

- 1 Some persons with disabilities may need specific hygiene items such as adult diapers, etc.— consider distribution of these items with hygiene kits.

### Water pumps

- 1 **Extend** the handle of the water pump.
- 2 **Non-slippery platform and good evacuation system.**
- 3 Build in a **safe location** near disabled persons homes/shelters

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### Water containers

- 1 **Specific** water containers should be designed to suit the ability of a person with injury/disability (wheelchair user, mobility aids user, children, etc.).
- 2 **Develop** a social network to support persons with injuries/disabilities to access water (including carrying empty/full water containers).
- 3 **Monitor** the access to water for persons with injuries/disabilities.
- 4 **Make** sure that your staff and the community are aware of the specific needs of persons with injuries/disabilities.

*\* All toilets should be designed in such a way that they can be used by everyone, including persons with disabilities.*

### In addition, build at least 10% of latrines accessible and safely located

- 1 Ramp at the entrance (1:10 slope, handrails).
- 2 Latrine seats 0.45-0.50m from the floor .
- 3 Handrails on either side at an appropriate height.
- 4 Enough space to turn a wheelchair (circle of 90cm diameter).
- 5 Wide doors to allow a wheelchair or crutch-user to enter (80cm).

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## Protection

Persons with injuries/disabilities are especially vulnerable to physical, sexual and emotional abuse and other protection threats and may require additional protection considerations. In some cases this is because they cannot run or call for help or cannot understand (read, hear, comprehend) important messages.

*\*Target persons with disabilities, injuries or serious medical condition in all protection monitoring initiatives.*

### *Proximity and accessibility to existing facilities*

- 1 Locate injured/disabled persons **close to essential facilities**.
- 2 “**Safe**” areas should be considered with extra staff to free family members/caregivers to access relief activities.
- 3 **Train volunteers** from the local community to assist persons with injuries/disabilities and their families.

### *Legal Rights, Information, Reunification*

- 1 **Provide accompaniment** to access legal structures (for physical access and communication).
- 2 Loss of or separation from a caregiver can severely affect a person with disability’s psychosocial well-being and independence, particularly if the person was reliant on the caregiver for basic daily activities – **prioritize in reunification** efforts.

- 3 When disseminating information about the entitlements/legal rights, simplify the language and use at least 2 forms of communication. Assist people to fill the forms if they face difficulties or communication barriers. Include information about disability policies (if they exist and are in practice).



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*\*Establish complaints investigation mechanisms to redress violations of the rights of persons with disabilities.*

### *Monitoring access to relief activities*

- 1 **Register** persons with injuries/disabilities and identification through a special ID card.
- 2 **Record** of assistance received.

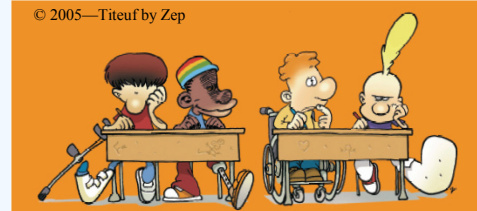
### *Protection against emotional abuses*

- 1 **Peer counseling** (persons with injuries/disabilities may feel more comfortable sharing with someone who has experienced injury/lives with a disability).
- 2 (Re)establishment of **support networks**.
- 3 **Awareness** of staff and local community about persons with injuries/disabilities’ special needs and situation.
- 4 **Women with disabilities are doubly vulnerable** and are less likely to access relief and support than men with disabilities, this may be due to over-protectiveness of families, low self-confidence, lack of mobility aids and appliances and many other obstacles. **Ensure** that women with disabilities are

part of the community support network, are included in vulnerability assessments and **encourage their participation** in the relief/reconstruction decision-making process.

- 5 **Children with disabilities are extremely vulnerable**. Like other children, they are prone to exploitation, violence and abuse but face additional obstacles such as isolation, lack of confidence and communication barriers making it more difficult for them to seek support. **Ensure** children with disabilities are included in all vulnerability assessments and **include them in** child-friendly spaces and back to school programs.

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## Psychosocial Support

Persons with disabilities (including severe mental disorders) may not seek help social supports and change in their physical environment due to the emergency made to reach them as they may not leave

### *Inclusion in existing initiatives*

- ➊ **Include specific questions** on disability in your assessments, this might flag critical issues that you can address in your interventions (i.e. where the emergency has resulted in new injuries, special interventions may be necessary to assist these persons to cope with their new disability).
- ➋ **Including persons with disabilities in assessments**, implementation and monitoring not only ensures their needs are being met, but also promotes psychosocial well-being.
- ➌ **Train your staff** on including persons with disabilities in your interventions (an inclusive approach, accessible location, organize transportation, etc).
- ➍ **Vary your activities** and use different **forms of communication** such that children/adults with different disabilities can participate. Adapt activities to the group (i.e. seated activities where there are children that cannot

walk, written instructions for adults who cannot hear).

➎ **Use at least 2 forms of communication** when disseminating information on the emergency and on coping skills.

➏ **Ensure persons with disabilities are involved** in mainstream psychosocial activities; at the same time, provide support for the set up of self-help groups and/or other specific initiatives, this includes providing time and space for persons with disabilities and/or caregivers to gather together.



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due to stigma, poor access. Their disability combined with loss of makes them extremely vulnerable to psychosocial distress. Special efforts should their homes or try and access services.



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### *Special initiatives*

- ➐ **Special initiatives** directed at **caregivers** should be organised as they often face as much, if not more, psychosocial distress than persons with disabilities.
- ➑ Always consider the person in a **holistic way**. Find out if basic needs are met and if there are other specific needs and organize additional support or onward referral.
- ➒ See if there is an existing **CBR** (community based rehabilitation) **system** in

place, mental health for persons with disabilities is often a component of CBR activities.

➓ **Prioritize** the continued **access to medicines** for persons with existing mental illness (including epilepsy) that were already on medications before.

➔ **Promote community integration** and avoid institutionalization of persons with severe mental disorders where possible.

➕ Where there are persons with **severe disabling mental disorders** living in institutions, include these persons and institutions in your activities.

➖ **Train** persons with disabilities to provide psychosocial support to other persons with disabilities.

Persons with injuries may need particular support **to help them cope with their new injury** and possible disability.

## Reconstruction & Shelter

*Include persons with disabilities in reconstruction plans to ensure shelters, schools, community health centres and other public buildings are accessible. By including persons with disabilities in Barrier-Free reconstruction plans, disabilities can be prevented and the impact of impairments minimised*

*\*Depending on the type of building, the cost of providing accessibility for persons with disabilities can be less than 2% of the total cost of a project.*

### **Involvement of persons with disabilities**

❶ **Involve** persons with disabilities in participatory reconstruction planning and monitor that they participate in decision-making for planning sessions.

❷ **Use the expertise** of persons with disabilities for implementing accessible reconstruction—this includes for developing construction designs and including persons with disabilities in construction teams.



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### **Reconstruction norms**

❶ **Use universal design** or country-specific accessibility codes (where they exist) to ensure minimum standards of accessibility of private and public buildings. For temporary/emergency construction, if this is not possible, simple practical adaptations can make a major impact (ask the input of persons with disabilities as they are the best experts in identifying solutions to make their lives easier).

❷ **Temporary shelter** (and its environment): avoid obstacles (i.e. tent ropes, open holes); ensure pathways are flat, not slippery and at least 90cm wide; avoid steps where possible at shelter entrance; install handrails or ropes where terrain is uneven or near stairs/ramps.

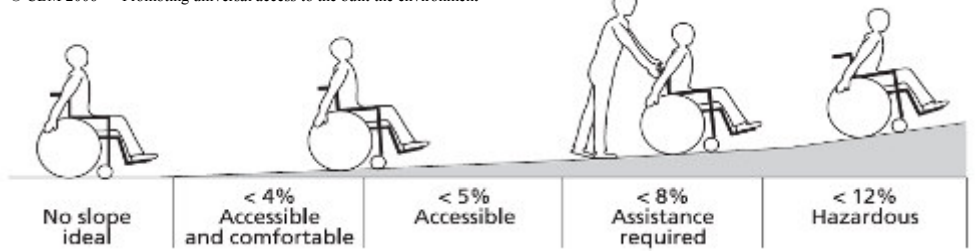
❸ Construct **all houses with basic norms** such as 90cm doors, standard window and step heights in order to permit further adaptations in the future.

❹ **Build adapted houses** for persons with disabilities in order to address their specific needs or provide assistance to persons with disabilities and their families who are building their own shelters.

❺ Construct all **public buildings using accessibility codes**: includes physical access (paint to signal change in elevation, ramps, doors/steps/windows according to standards, lighting, toilets...) and communication access (pictures, language, size/colour of signage).

Don't forget about **WASH** areas (see WASH page) and the **external environment** (no obstacles, level ground, etc).

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## Livelihoods

**Persons with injuries/disabilities have the same livelihood needs as everyone else and may face more difficulty to restart income-generating activities following a disaster due to lack of resources, accessibility, stigma or other barriers.**

*\*With the appropriate tools and training, many persons with disabilities can engage in income-generating activities. Besides promoting self-reliance, this also helps reduce the perception that persons with disabilities are a burden.*

❶ **Include** persons with disabilities/injuries and their families in livelihood assessments.

❷ **Replace** lost/damaged tools and equipment of persons with disabilities and injuries to help them recover their livelihoods.

❸ **Ensure** that vocational training, micro-credit schemes and other livelihood enhancement opportunities include persons with disabilities.

❹ **Adapt** if necessary livelihood tools and equipment to suit the needs of the individual. (Most often the individuals will be able to tell you how the equipment can be adapted so that they can use it fully).

❺ Try to **modify** the tools or equipment so a person with new injury can re-start his/her previous activity instead of having to learn a new trade.



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*\*By contributing to the family income, persons with disabilities can reduce their economic reliance on their family, and the family can begin recovering from the economic effects of the disaster as soon as possible.*

❻ **Ensure** that persons with injuries/disabilities are receiving information on vocational training opportunities / tool and equipment distribution etc by **using appropriate communication channels** for example for visually impaired (verbal communication or Braille), hearing impaired (Written material, Symbols or Sign Language), people with low literacy/language difficulties (Simple language and drawings).

❼ Sometimes it may not be possible for a person with disability to participate in standard **cash or food for work schemes**. Identify the most suitable task, consider modifying activities or providing an **alternative** to ensure the person can still access the food or cash benefits.



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## Education

Efforts should be made to ensure that 'all' children in every village start / re-start / continue going to school. Each child with disability has the capacity to learn, and has the right to a good quality, appropriate education

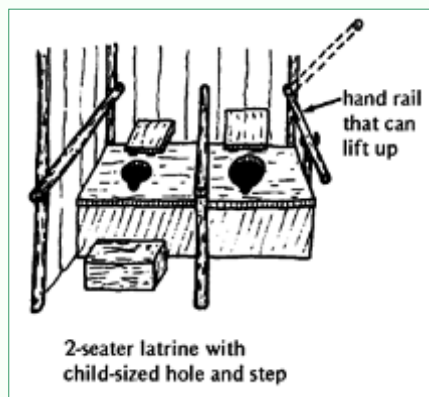
*\*During the (re)construction of school premises keep the following in mind:*

### The school buildings (incl. toilets)

- 1 Ensure that the **steps** are of low height (preferably 10cm) and are wide, deep and not steep so that as to allow a child with aids to safely use them.
- 2 **Install handrails** on either side at an appropriate height for the children.
- 3 **Build a ramp** to help children who have difficulty using stairs, particularly those who use a wheelchair (max. inclination 1:10).
- 4 **Doors** must be wide enough to allow entry of children using mobility appliances such as wheelchairs or crutches (at least 80 cm).
- 5 **Floors** should be non-slip and without obstacles.
- 6 **Toilets** should be **big enough to move around** with mobility aids (circle of 90m diameter).

### Water facility

- 1 The tank is situated within an **appropriate distance**.
- 2 The height and design of the tap is such that **ALL children** can use it.
- 4 **Install hand rails** to facilitate movements of those in need.
- 5 Non-slippery floor, no stagnation of water around.



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*\*Make education welcoming to all – adapt the system to the learner, rather than expecting the learner to adapt to the system.*

### Inclusion of children with disabilities

- 1 **Identify** (with children, parents, teachers, etc.) who is and is not participating in your education activity, and why.
- 2 **Suggest solutions and give specific support** to children with disabilities. Regularly monitor progress. Involve the community.
- 3 **Ensure the participation** of children with disabilities by making them feel welcome and encouraging them constantly.
- 4 **Improve the physical environment** so that it is safer and more accessible.

### Supporting the teachers

- 1 Make sure someone on your education team **understands inclusive education** and takes **responsibility** for monitoring inclusion.
- 2 **Support teachers** to develop understanding and confidence for working with children with various disabilities by building on what

they already know and do.

- 3 **Address language issues** by supporting teaching in sign language and other means of communication.
- 4 **Encourage peer support** – teachers can support each other in identifying learners' problems and finding solutions; children can help each other in and out of school.
- 5 **Be committed** to challenging resistance to greater inclusion – emphasise the benefits of even very small changes and achievements.



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