Disability, Disability inclusion, Persons with disabilities?
What is Disability Inclusion?!

“Disability Inclusion” is defined as inclusion of people with disabilities into everyday activities. It involves practices, programs and policies designed to identify and remove barriers such as physical, institutional, communication, and attitudinal, that hamper the ability of individuals with disabilities to have full participation in society on an equal level to those without disabilities.

Inclusion Strategies: Centers for Disease Control and Prevention
မသန္စြမ္းသူမ်ားအားလုံးအက်ဳံးင္ဆုိသည္မွာမသန္စြမ္းသူမ်ားသည္ေနစဥ္ျပဳလုပ္တဲ့လုပ္ငန္းမ်ားတြင္ပါျခင္းျဖစ္သည္။မသန္စြမ္းသူမ်ားမရွိဖုိလူမႈအဖဲ႕အစည္းအတြင္းတန္းတူအျပည့္အ၀ပါျင္ေဆာင္ရြက္ခြင့္ရရွိရန္မသန္စြမ္းတစ္ဦးခ်င္စီး၏စြမ္းရည္ကုိထိခုိက္ေၾကာင့္ထုိကဲ့သုိ႔ရုပ္ပုိင္းဆုိင္ရာ၊လုပ္ထံုးလုပ္နည္းစည္းမ်ဥ္းစည္းကမ္းဥပေဒဆိုင္ရာ၊ဆက္သြယ္ေရးဆုိင္ရာ၊စိတ္သေဘာထားဆုိင္ရာအတားအဆီးမ်ားဖယ္ရွားရန္အေလ့အက်င္မ်ား၊အစီအစဥ္မ်ားႏွင့္မူါဒမ်ားေရးဆဲြရာတြင္ပါျခင္းျဖစ္သည္။

Inclusion Strategies: Centers for Disease Control and Prevention
What is exactly Disability?

UN Convention Related to the Rights of Persons with Disabilities, 2006:

“Disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”

Myanmar Disability Law, 2015:

“A person with disabilities refers to a person who is suffering from one or more long term physical, visual, speech, hearing, intellectual, psychological, mental, or sensory impairment, whether innate or not.

Disability refers to not being able to fully participate in the society due to physical, mental, or any other form of hindrances”.
စိန္ဒိုင်မြို့မြို့နယ်များ၏ အကြောင်းအရာများအတွက် အခြေခံ

ကြြွေးလွန်သော အရာတွဲအတွက် အနောက်တိုင်းအား အချိန်ကြားရစ်သူများ၏ အဝေးအထွက်များ

ဆွေးနွေးချက်:
"အရာတွဲများအတွက် ဦးစွာ တစ်ဦးတစ်ယောက် အခြေခံရာများ (အများအား) အသုံးပြုသော အခြေခံအတွက် အရေးအချိန်များတွင် စိတ်ဝင်စုံစေရန် ကြေညာညာ အခြေခံချက်များကို အောင်မြင်စေလိုပါက အောင်မြင်မှုနှင့် လွတ်လပ်စဉ်ကို ဆုံးဖျင်လိုပါတယ်။

မြန်မာပြည်အားလုံးသို့မဟာယုံကြည်မှုအစုများအတွက် ဖြစ်သောအခြေအနေများကို အနေဖြင့်ပါဝင်စေရန် အားလုံးအား မျှဝေသော ရာဇဝင်များအများအား

အမေရိကန်ပြည်ထောင်စု၏ မြန်မာပြည်အားလုံးသို့ ဖော်ပြထားသောအခွဲများ အစိုးရအဖွဲ့များ အစိုးရစီစဉ်အပ်ချက်များကို ဖော်ပြပါတယ်။

အရေးအနောက်များ အဆင့်မှာ ကျောင်းသားများအတွက် အခြေခံအများအား ဆောင်ရွက်နိုင်သော အခြေအနေများ ရှိရာတွင် အခြေခံအများအား ဆောင်ရွက်နိုင်သော အခြေအနေများကို ဖော်ပြပါတယ်။
How does the UN CRPD define Disability?

Person with long term physical, mental, intellectual or sensory Impairment

Interaction

Barriers (Attitudinal and environmental)

Participation in society on equal basis with others

“Participation in civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries”
Need for Twin Track Approach

Disability specific programs

Measures:
- Programs addressing specific needs of people with disabilities (physical and functional rehabilitation, MHPSS, Protection etc.) and strengthening their representative organizations
- Regular barriers & facilitators assessments
- Positive discrimination (employment- & representation quotes)

Indicators:
- # Persons with Disabilities receiving support to their specific needs, effectively and on an equal footing in coordination bodies
- % of removed barriers
- # of fulfilled quotas

Mainstreaming Disability in existing programs

Measures: Persons with Disabilities become part of all target groups
- Capacity building to non-discrimination, access, inclusive project management & M&E of all humanitarian actors
- Health relevant rehabilitation becomes essential part of health sector including outreach and adaptation of existing services

Indicators:
- % of Persons (3- 15%) with access to XYZ
- # of health SOPs which include functional rehabilitation & outreach & adaptation
- Decline of avoidable impairments

Full protection and equal participation
Measuring Disability...

Washington Group Questionnaires:

The Washington Group (WG) Short Set is a set of questions designed to identify (in a census or survey format) people with a disability.

သင့်သော စာသီးချင်း:

စာသီးချင်း (WG) သည် နိုင်ငံတကာ စီမံခန်းစိုးရိုက်သူများ (အကြင်ပညာရှိများ: သိန်း) အဖွဲ့ဝင်များ စီမံခန်းစိုးရိုက်သူများအဖွဲ့ဝင်များ အတွက် ဆောင်ရွက်ခြင်းဖြစ်သည်။

1. ပါတ်မုန်များကို ယူဆန်းသော အခက်အခဲ ရှိပါသလား?
2. ဗိုလ်ချုပ်များ ယူဆန်းသော အခက်အခဲ ရှိပါသလား?
3. သမိုင်းဝင်များ (သို့မဟုတ်) ယူဆန်းသော အခက်အခဲ ရှိပါသလား?
4. ပါတ်မုန်များကို ယူဆန်းသော အခက်အခဲ ရှိပါသလား?
5. အဆင့်အတန်းများကို ယူဆန်းသော အခက်အခဲ ရှိပါသလား?
6. အမေရိကန်ပြည်သူများကို ယူဆန်းသော အခက်အခဲ ရှိပါသလား?

Measuring Disability...

Child Functioning Questions

The Washington Group/UNICEF Module on Child Functioning, finalized in 2016, covers children between 2 and 17 years of age (2 to 4 and 5 to 17) and assesses functional difficulties in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions.

To better reflect the degree of functional difficulty, each area is assessed against a rating scale. The purpose is to identify the subpopulation of children who are at greater risk than other children of the same age or who are experiencing limited participation in an unaccommodating environment.

မိသားစုစောင်းမှုကို ပတ်ဝန်းကျင်တာပါစေ... 

မိသားစုစောင်းမှုလွဲစွဲခွင့်ရှိသော module ကို ရှာဖွေလိုက်ပါကြောင်းပြောပြီး၊ ဗိသားကို ပိုက်ကောင်းမှုအကြောင်း အမှန်တကယ်အဖြစ် အနေထိုးထားပါသည်။

ယာယီမှုတွင် မိသားစုစောင်းမှုများကို အထောက်အကူရှုံးပြီး သင်ယူလာခြင်း၊ လွဲစွဲမှုကို လုပ်ဆောင်ရာတွင်ရိွေသာအခက်အခဲများကို ဆန့်စစ်ရာစေသည်။

လွဲစွဲမှုများအကြောင်း သင်ယူထားလာပြီးမှု သင်ယူလာခြင်း၊ လွဲစွဲမှုကို အထောက်အကူရှုံးပြီး သင်ယူလာခြင်း၊ လွဲစွဲမှုကို လုပ်ဆောင်ရာတွင်ရိွေသာအခက်အခဲများကို ဆန့်စစ်ရာစေသည်။

ယာယီမှုတွင် မိသားစုစောင်းမှုကို သင်ယူလာခြင်း၊ လွဲစွဲမှုကို လုပ်ဆောင်ရာတွင်ရိွေသာအခက်အခဲများကို ဆန့်စစ်ရာစေသည်။

Why an Inclusive Humanitarian Action?
ABOUT Inclusive Humanitarian Action

Why?
To ensure protection of rights of all groups at risk before, during and beyond humanitarian emergencies and situations of risk.

Where?
Across all sectors of humanitarian intervention

When?
During all phases of crisis

How?
Promoting and ensuring humanitarian action in line with International Humanitarian & Human Rights Laws and the principles of inclusion, participation, non-discrimination.
Why is it so important to be « inclusive »?

Aggravated risks for physical and mental well-being and survival of Persons with Disabilities:

- 30% of the respondents with disabilities stated that the service was too far from where they were and/or that transportation costs to reach assistance were too high.
- 55% of respondents with disabilities highlighted as a priority the necessity of obtaining accessible information on the availability of services or during the provision of services.
- 59% of respondents with disabilities who had been internally displaced reported having been subject to abuse.
- 92% of the humanitarian actors responding to the survey estimated that persons with disabilities were not properly taken into account in humanitarian response.
  - Online survey for the preparation of the 2018 IASC guidelines

Compounding Vulnerability factors:
Gender, type and severity of impairment, number of functional limitations, etc.

Women with disabilities are 1.9 times more affected, especially girls with disabilities, by violence, exploitation and abuse, 3.7 times more affected than girls without disabilities (The Lancet ‘12)
International and national Frameworks of Disability
International and national frameworks
UN Convention related to the Rights of Persons with Disabilities

UNCRPD adopted by the UN in 2006, ratified by 174 States

Myanmar ratified the UNCRPD in 2011

viewing persons with disabilities as “subjects” with rights, who are capable of claiming these rights and making decisions for their lives based on their free and informed consent as well as being active members of society

Art 32. on International Cooperation makes specific reference to ensure that: international cooperation, including international development programs, is inclusive of and accessible to persons with disabilities
The EU party to the CRPD in 2011, only international human rights’ convention concluded by the EU as a 'regional integration organisation’

The picture is map of countries who have signed or ratified the Convention and its protocols
Sendai Framework for Disaster Risk Reduction 2015-2030

• The Sendai framework aims to reduce disaster risks and loss of lives and assets.
• Promotes an ‘all of society’ approach that includes persons with disabilities.
• The framework incorporates the ideas of inclusion, accessibility and universal design
• Recognizes that persons with disabilities and their organizations have a critical role to play at all stages of disaster risk reduction (DRR) planning.
Disability, Human Rights and 2015 Sustainable Development Goals

Persons with disabilities are referenced 11 times in the 2030 Agenda:

- **Declaration:** 1. Human rights (paragraph 19); 2. Vulnerable groups (paragraph 23); 3. Education (paragraph 25)
- **Sustainable Development Goals and targets:** Goal 4: education (2 Ref.); Goal 8: employment (1 Ref.); Goal 10: reducing inequalities (1 Ref.); Goal 11: inclusive cities (2 Ref.); Goal 17: means of implementation, data (1 Ref.)
- **Follow-up and review:** Data disaggregation (paragraph 74, g)

And 6 references related to persons in vulnerable situations
Disability and Agenda for Humanity

Goal 1: Be inclusive in Decision Making
Goal 2: Respect rules of war: protect civilians and civilian property; Speak out violation, Improve compliance and accountability
Goal 3: Empower and protect women and girls; Ensure education for all in crisis; empower young people, include the most vulnerable
Goal 4: reinforce local systems
Goal 5: invest in local capacities, invest according to the risks,

+ The Inclusion Charter

Presentation of 5 goals and its 32 cores commitments
Humanitarian Disability Charter

- IDA (International Disability Alliance), HI, CBM, HRW, WRC and a group of states led by Australia and Finland took the lead and initiated the Charter during World Humanitarian Summit 2016
- 183+ signatories (incl. 24 states, ECHO, 14 UN organizations)
- 5 actionable commitments that all humanitarian actors and stakeholders can and should aim to achieve inclusion of persons with disabilities in humanitarian action: non-discrimination; participation; inclusive policy; inclusive response and services; cooperation and coordination.

http://humanitariadisabilitycharter.org/

Picture extracts from the website of the humanitarian disability charter
Myanmar Legal Framework on Disability

- 2011 – Union of Republic of Myanmar ratified the UN Convention related to the Rights of Persons with Disabilities
- 2015 – Myanmar Disability Law (MoSWRR)
- 2016 – Myanmar strategic plan on Disability (2016 – 2025) (MoSWRR)
- 2016 – National Strategic plan on Early Detection Early Intervention (MoSWRR)
- 2017 – Myanmar Disability by – Law including Disability Certification (MoSWRR)
- Under development: Myanmar National Strategy on Rehabilitation (MoHS)
၂၀၁၁ မှ ၂၀၁၅ ဇွ့နှစ်အတွင်းမှာ မြန်မာနိုင်ငံသည် ကုလသမဂ္ဂမှ သန္စြမ္းသူမ်ားနှင့် အခြင်းအရာရှိတို့ လက်မှတ်သို့ သူ့စိတ်ကူးမှု ဆောင်ရွက်သည်။ ၂၀၁၆ မှ ၂၀၁၅ ဇွ့နှစ်အတွင်းမှာ မြန်မာနိုင်ငံသည် မသန္စြမ္းမီးရှင်းနိုင်ရာ လုပ်ငန်းစဥ်မှ မဟာဗ်ဴဟာကို ရေးဆြဲနိုင်ခဲ့သည်။ ၂၀၁၆ မှ ၂၀၁၇ ဇွ့နှစ်အတွင်းမှာ မြန်မာနိုင်ငံသည် မသန္စြမ္းနည်းရာ ကို ရေးဆြဲခဲ့သည်။ မြန်မာနိုင်ငံသည် မိသားစီးရေး မှ ဆောင်ရွက်သညှကြောင်း လုပ်ဆောင်လျက်ရှိသည်။
Myanmar Humanitarian Response Plan and Needs Overview 2019

- HRP and HNO 2019 made 47 references to disability or people with disabilities

- Recognise disability as a compounding factor of vulnerability and marginalization

- Ensure equal access to humanitarian assistance to ensure respect for international humanitarian and human rights law and for humanitarian principles (Humanity, Impartiality)

- Ensure protection to all (disability as a factor increasing exposure to risk)

- Gender equality in humanitarian action (women with disabilities, intersectionality, double discrimination)
Some examples of disability frameworks, strategies or policies among in international cooperation
DFID’s Disability Framework (2015) and Disability Inclusion Strategy (2018-2023)

- Leave no one behind / SGD’s and Nothing about us without us
- Ensuring people with disabilities benefit equitably from international development
- twin-track’ approach to disability inclusion: mainstream disability in our policies and programmes as well as supporting disability-targeted programmes
- group of 15 Internal Disability Expert Advisers (IDEA)
- The strategy covers disability inclusion both in DFID’s external programs and within the department
- 4 focus areas for achieving disability inclusion — education, social protection, economic empowerment, and humanitarian action
- 3 cross-cutting areas: tackling stigma and discrimination;
- empowering girls and women with disabilities;
- and access to appropriate assistive technology
- And mental health for all
- Promote the use of the Washington Group Questionnaire


DFID’s theory of change of disability inclusion
DFAT’s Disability Action Strategy 2017 – 2020

• Promote Disability diversity

2 major component:
1. Supporting staff with disability within DFAT as a service and employer
2. Lead disability-inclusive development within Australia's aid program

The second component includes inter alia:
• Disability inclusive clauses in aid contracts
• Disaggregated aid program data by age, gender and disability;
• Disability inclusiveness in DFAT procurement;
• Promote the inclusion of people with disability through public diplomacy opportunities;
• Mainstream disability inclusiveness across our services and the information we include in passports and consular assistance;
• Identify and address barriers faced by people with disability in accessing DFAT services;
• Measure satisfaction of our services as experienced by people with disability

Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations

- Released in January 2019

Objectives:
To foster disability inclusion i.e. the effective access and participation of persons with disabilities in humanitarian aid. To ensure mainstreaming of disability, i.e. the process of incorporating protection principles and promoting meaningful access, safety and dignity of persons with disabilities in all EU-funded humanitarian operations

- 3 main parts. Part I is an introduction; Part II presents disability mainstreaming in programming in detail and provides a series of concrete examples and illustrations. Part III is a short document for programming or monitoring.

- Promotion of the use of the Washington Group Questionnaire

Example of guidelines and standards for disability inclusion in Humanitarian Action
Global humanitarian guidelines and standards

• **Development of specific guidelines or complementary standards**
  • HelpAge, CBM, HI, IR, RedR & others: ADCAP Project, [Humanitarian Inclusion Standards for Older Persons and Persons with Disabilities](https://www.his.org) (HIS)
  • IFRC, CBM & HI: [All under one Roof](http://allunderoneroof.org)

• **Adaptation or development of disability inclusive standards** and strategies for cooperation between actors with focus on global and local level:
  • Core Humanitarian Standards adopted 2014, mentions persons with disabilities as vulnerable persons and focuses on person-related action
  • Sphere standards 2018: increase references to disability
  • Protection Mainstreaming becomes increasingly inclusive of persons with disabilities
IASC Guidelines on inclusion of persons with Disabilities in Humanitarian Action

• Agenda for Humanity Resp. 3: Leave no one behind
• Support the engagements of the Disability Humanitarian Charter
• Should be released mid-2019
• Task team co-chaired by: UNICEF, International Disability Alliance (IDA) and Humanity & Inclusion (HI)
• The guidelines assist humanitarian actors, governments and affected communities to coordinate, plan, implement, monitor and evaluate essential actions that foster the effectiveness and efficiency of humanitarian action, resulting in the full and effective participation and inclusion of persons with disabilities and changing practice across all sectors and in all phases of humanitarian action.

https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action
Key features and overview on the situation of persons with disabilities in humanitarian areas in Myanmar
Sources of information

- Needs of assessment of persons with disabilities in Rakhine State, Humanity & Inclusion - 2016
  Available on MIMU
- Situation analysis of Children with disabilities in Myanmar, UNICEF - 2016
- Disability and Access to services in IDPs camps in Rakhine, DRC - 2017
- Myanmar Census thematic Report on disability, UNFPA - 2017
  https://myanmar.unfpa.org/my/node/26802
- Situational analysis on the needs of persons with disabilities affected by conflict and displacement in Kachin State, Humanity & Inclusion - 2018
- HI’s MEAL activities
ဝန်းကျင်: အတွေ့အကြုံ

✓ အပျစ်သောဆက်ကြားမှုများ သို့မဟုတ် ကိုယ်စားလှယ်များအား အလွယ်တကူ - Humanity & Inclusion – 2016

MIMU ရဲ ကျွန်တော်မှ

✓ ဗိုလ်ဥပဒေသာ ၏ အာက်ပိုလှောင်မှုများ သို့မဟုတ် အာက်ပိုလှောင်မှုကို အလွယ်တကူ - UNICEF - 2016


✓ ကျွန်ုပ်တို့၏ လူဦးရေနှစ်ခုများ တန်းအား စစ်ဆောင်ချက်တွင် - 2017 DRC

✓ ကျွန်ုပ်တို့၏ လူဦးရေနှစ်ခုများ တန်းအား စစ်ဆောင်ချက်တွင် - UNFPA -2017

https://myanmar.unfpa.org/my/node/26802

✓ ကာကွယ်လှမ်းရေးနှင့် အာက်ပိုလှောင်မှုများ သို့မဟုတ် အာက်ပိုလှောင်မှုကို - WHO-2018

✓ ကျွန်ုပ်တို့၏ လူဦးရေနှစ်ခုများ နှစ်စဉ်အား စစ်ဆောင်ချက်တွင် - Humanity & Inclusion- 2018

✓ HI ကို အာက်ပိုလှောင်မှုများ အလွယ်တကူ - Humanity & Inclusion- 2018
Disability Prevalence in Myanmar

• Out of a total of 50.3 million persons enumerated in the 2014 Census, there were 2.3 million persons (4.6 % of the total population) who reported some degree of difficulty with either one or more of the four functional domains.
• The disability prevalence is higher among females (4.8%) than males (4.4%).
• 11% are children under 18 yrs and 45% over 60 years old
• Of this number, over 0.5 million (representing over 1% of the population as a whole) reported having a lot of difficulty (moderate disability) or could not do one or more of the four activities at all (referred to as severe disability).

2014, Myanmar National Census
မြန်မာနိုင်ငံသို့ ဗိသုကာအားချုပ်ချုပ်ခွင့်

• ပြည်သူအကြောင်းအရာများနှင့် နေနောင်များ စိတ်ပေါင်းထောင်မှု
 ဗိသုကာအားချုပ်ချုပ်ခွင့်အရာများကို အလျောက် အလွန် စိတ်ပေါင်းချုပ်ခွင့်
 တည်ခြင်းကို အားထားကြည့်ပါ။

• ပြည်သူအကြောင်းအရာများနှင့် နေနောင်များ စိတ်ပေါင်းထောင်မှု
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 တည်ခြင်းကို အားထားကြည့်ပါ။

2014 မြန်မာနိုင်ငံ ဗိသုကာအားချုပ်ချုပ်ခွင့်
The fields of malnutrition and disability are closely interrelated with a number of points of convergence. Countries with high levels of malnutrition and nutrient deficiency also often report higher rates of disability and developmental delay.

Because of a lack of resources, **25% of the respondents were not eating their preferred food or were sleeping hungry within the last month** without sex difference detected (HI, Rakhine, 2016).

Regarding severe food shortage, **15% of the respondents were 3 times a month or more not able to eat for 24 hours within the last month**. Using multivariate analysis, the risks were higher in children (under 15 years old) compared to older persons and persons with severe disabilities compared to persons with less severe disabilities (HI, Rakhine, 2016).

Even though in some camps some initiatives of **home delivery service** exist for most vulnerable people, **communication barriers** (lack of access to information, capacities of staff to communicate with people with different types of impairment and **physical barriers** (distance of the distribution points, difficulty carrying the items and crowdedness of the distribution sites) are the key barriers identified by people interviewed in Kachin State (HI, Kachin, 2018).
Health

- 64% of persons with disabilities, when asked the support needed, requested Health care and related support (HI, Kachin, 2018)

- A lack of financial resources, availability and distance, quality and languages are the main barriers for people with disabilities to access services (HI, Kachin, 2018 and DRC, Rakhine, 2017)

- Of People with disabilities, who experienced serious health issues in the past six months, 48% of people sought healthcare and 52% did not. This is considerably lower health seeking behavior than the average amongst the general Muslim camp population, of 82% (DRC, Rakhine, 2017)

The picture shows 2 women in a river boat, one is a nurse, the second one carries a baby in her arms
Health and Functional Rehabilitation

• **No service available** at community level in most areas in particular in NGCA (HI, Kachin, 2018)

• **Lack of specialists or lack of information** about the existing specialized services (DRC, Rakhine, 2017)

• Only a **few persons with disabilities used an assistive device** (17%), essentially for their mobility impairment (cane, crutches). Most of these were **homemade or purchased by the family** and almost everyone **self-repaired** the device (HI, Rakhine, 2016)

• The most frequent assistive devices or services needed to improve the functional mobility of the respondents were related to mobility. **46% of the respondents needed a cane, a wheelchair, crutches or prostheses** (HI, Rakhine, 2016)

The picture shows 2 men, one is a physiotherapist and he supports the second man, who is lying on his back to do physical exercise
Mental Health and Psychosocial Support

- No specific service addressing needs of people with disabilities
- In average women are higher access than men to MHPSS services delivered, as well as adults than youths
- Key barriers identified by interviewees to access services are distance location; communication for people with sensory difficulties; and discomfort to attend activities with their peers without disabilities
  (HI, Kachin, 2018)
- The overall proportion of persons with disabilities who felt that ‘life is harder’ compared to others or ‘felt abandoned’ or ‘hated by the community’ because they cannot do things like before the onset of disabilities (HI, Rakhine, 2016)
Protection and Gender Based Violence

• There was clear recognition that PwD are more exposed to protection and SGBV risks. Several women expressed concerns that they are unable to leave their daughters with disabilities in the house when they go to collect food rations because they fear SGBV risks. As a result, they take their daughters to distribution points which are far away and often involve waiting in long queues in the hot sun. (DRC, Rakhine, 2017)

• ‘Feel sad’ and ‘feel oppressed’ had the highest scores of psychological distress for both sexes and was overall occurring sometimes for a majority of persons with disabilities (HI, Rakhine, 2016)

• Fear of men with physical impairment to be considered as former combatant and so to be harassed by soldiers (HI, Kachin, 2018)

• Compounded risk for women with disabilities to be exposed to GBV, early marriage or human trafficking. Risk of GBV increase with the level of difficulties (HI, Kachin, 2018)

• Exposure to harassment and bullying in and outside the camps (HI, Kachin, 2018)
Shelter and WASH

• **Inaccessibility of the shelters, key physical barriers**: stairs at the entrance of the houses, slippy areas, distant location of the shelters from the entrance of the camps as well as from sanitation facilities (HI, Kachin, 2018)

• 24% of PwD defecate in their shelters or on the ground near their shelters instead of using the latrine

• 25% of those using the latrine report experiencing difficulty when doing so due to design and 4% have difficulty physically reaching the latrines

• None of the PwD interviewed felt safe and able to use the latrines at night and, for women and girls, they voiced concern that this was due to fear of SGBV incidents. 

(DRC, Rakhine, 2017)
Accountability, Feedbacks and Complaints Mechanisms

• Mostly complaints are done through camps committees members (no anonymity)

• “We don’t want to complain with them, so we mostly avoid giving any feedback or complaint”

• Feedbacks and complaints mechanisms are mostly not accessible for the different types of impairments
How to mainstream disability in the Humanitarian Action?
Participation

- **Accountability to Affected Population (AAP)** highlights that participation enables affected populations to play an active role in decision-making processes that affect them.

- **Participation of persons with disabilities** as part of the AAP requires that they can effectively and fully participate in humanitarian action on an equal basis with others, directly or through freely chosen representatives.

- Promote and effectively **include persons with disabilities in all community participatory processes to assess, plan, design, implement, monitor and evaluate humanitarian action** and **consider DPOs as humanitarian stakeholders** when they actively contribute to preparedness, response and recovery that should participate at all levels of humanitarian action management and in all phases.
Examples of actions to strengthen participation

**DRC, Rakhine 2019:**

DRC with the support of HI, involved Myanmar Independent Living Initiative (MILI) a Myanmar Disabled People’s Organisation to carry out community awareness raising activities on the Rights of People with Disabilities in Mrauk U township to increase identification of people with disabilities in their protection programme.

**HI, Kachin 2017 -2020:**

In this area, most of the inclusion focal points of the project are men and women with disabilities.

**Other examples of practices:**

Include representatives of DPOs or people with disabilities in the community participative meetings or consultation meetings.
Accessibility – addressing barriers

- Accessibility - addressing **physical, information, communication, programmes, institutional and attitudinal barriers** is one of the key enablers that promote and contribute to successful inclusion of all and in particular of persons with disabilities.

- **Review your policies and tools** and take appropriate measures to ensure access to persons with disabilities on an equal basis with others, to the **physical environment, to transportation, to information and communication**, including information and communication technologies and systems, and to **other facilities and services** open or provided in emergency preparedness, response and recovery, both in urban and in rural settings.

The picture shows a workshop place, where around a round table with participants, a man is doing sign language translation.
Examples of actions to remove barriers carried out in Myanmar

**Myanmar Red Cross supported by Australian Red Cross (Kayin 2017):**
After trainings, they ensured trainings’ venues is easy to access and physically accessible to people with disabilities.
They started to do home visits to ensure people with disabilities have information about their activities.
They organised inclusive community events with games and activities that could be played by people with and without disabilities.

**DRC (Rakhine, 2018):**
Support to ensure IEC material on hygiene promotion and protection is accessible to people with disabilities: front and front size, easy language, simplicity of the pictures used etc.

**HI, Thailand:**
Thanks to advocacy, People with disabilities were localised closer to health facilities, accessible pathways were built in the camps and community public halls and camp committee offices were made physically accessible.

**Other examples:**
Identify sign language translator or transcriptors to make your workshop/meetings accessible to people with sensory impairment. Send your presentations in advance with description of pictures for people using screen reading software, or ensure people could join with an assistant if they need.
Capacity development and empowerment

• It is only when a **mutual understanding** and knowledge exist between humanitarian stakeholders and DPOs that humanitarian assistance and protection will become inclusive of persons with disabilities through empowerment of women, men, girls and boys of all ages and backgrounds.

• Contribute to **build capacities of DPOs** in the field of humanitarian action and ensure that they are equipped with **knowledge, skills and leadership** that are necessary for them to be able **to contribute to and benefit from** humanitarian assistance and protection.

The picture shows a girl who has impairment at her arms, drawing a girl in a wheelchair on a paper glued on a wall.
Examples of actions to empowerment and capacity development

**HI, Kachin 2017 -2020:**

HI is in partnership with Myanmar Physically Handicapped Association (MHPA) for its intervention in Kachin State and contribute to its capacities building on humanitarian intervention

**HI, Thailand (since 1985):**

Train Self Help Groups of people with disabilities in the refugees camps on Disability Rights and Advocacy with the support of Thai DPOs to promote their rights and dialogue with Camps Committees members to increase accessibility as well as access of humanitarian assistance and services
Data Collection and Monitoring of Inclusion

• Together with DPOs, collect data disaggregated by sex, age and disability using a variety of tools, among them, the Washington Group Short Set of Questions (including the UNICEF-Washington Group Module on Child Functioning) as well as data related to risks and barriers.

• The analysis of this data enables the definition of indicators to monitor inclusion of persons with disabilities throughout humanitarian action.
Examples of actions on data collection

**DRC, Rakhine 2017:**
Training on Washington Group Questionnaire to carry out the study on “Disability and Access to Services in IDPs Camps in Rakhine State”

**Access to health 2019:**
Promotes its implementing partners to use WGQ for beneficiaries data collection through trainings

**HI, Kachin 2018:**
Use the WGQ for identification of people with disabilities in the areas of intervention. 184 people were initially identified by UNHCR camp profiling identifying Physical and Mental disabilities. HI identified 563 people with disabilities in the same locations.
Advocate UNHCR to use WGQ in the camp profiling

**Myanmar Humanitarian Response Plan and needs overview 2019**

**Other examples:**
Adjust your needs assessments forms and beneficiaries data base to take into consideration men, women, girls and boys with disabilities