



Pacific Humanitarian Protection Cluster

Disability Inclusion in Humanitarian Preparedness and Response Workshop

October 21st & 22nd, 2020

Grand Pacific Hotel, Suva, Fiji



Photo: UN Women Sarika Chand

Organized by:



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Introduction

Conducting a disability inclusion workshop to discuss the challenges faced by persons with disabilities in humanitarian situations was recommended as a priority area of capacity building for the Pacific Humanitarian Protection Cluster (PHPC) during the lessons learnt workshop held at the end of July 2020. The PHPC recognizes that persons with disabilities are greatly impacted during humanitarian crisis and there is very little understanding on disability inclusion in humanitarian preparedness or response.

According to WHO, 15% of the global population are persons with disabilities¹, who are particularly vulnerable in situations of natural and man-made disasters, to consequences of climate change and environmental degradation, compared to the general population. However, they are largely excluded from disaster risk reduction as well as humanitarian response programs, although disasters, humanitarian crisis and conflicts often cause and/or exacerbates the disability. Women and girls with disabilities are 'particularly vulnerable to discrimination, exploitation and violence, including gender-based violence (GBV), and may have difficulty accessing support and services that could reduce their risk and vulnerability'.² Due to their disability, children with disabilities face enormous challenges, including being victims of neglect, discrimination, and abuse; their vulnerabilities are amplified further by forced displacement. Children with disabilities also encounter disproportionately greater difficulties than other children in removing themselves from harm, in coping with the impact of a humanitarian crisis, and in adapting to the resulting changes ensuing in their lives.³

On this note, the PHPC in collaboration with the Pacific Disability Forum (PDF), a member of PHPC and an organization that advocates on the rights of persons with disabilities in the Pacific, organized a two days disability humanitarian workshop at the Grand Pacific Hotel in Suva, Fiji on the 21st – 22nd October 2020 in collaboration with UN Women as a lead agency for the PHPC.

A total of 53 individuals participated in the workshop, including 29 participants in person and 5 virtual participants representing PHPC member organizations as well as a few Fiji national partners who are members of the Fiji Safety and Protection Cluster. The total number included 19 people from various DPOs and organizers. (Please see the participants list).

The workshop was facilitated by members of PDF, UN Women and Fiji Disabled Persons Federation, as follows:

- Sainimili Tawake, PDF
- Katabwena Tawaka, PDF
- Laisa Vereti, PDF
- PDF COVID-19 Team; Maria Miller, Rosie Catherine, Ruci Senikula
- Savaira Tinai, FDPF
- FDPF Resource Team; Lanieta Tuimanu, Mere Roden, Sera Osborne, Leona Tamainai, Loreal Oliver

¹ WHO Report (2011).

https://www.who.int/disabilities/world_report/2011/report/en/#:~:text=About%2015%25%20of%20the%20world's,a%20figure%20of%20around%2010%25.

² Women's Refugee Commission (2016), "Working to Improve Our Own Futures": Inclusion of Women and Girls with Disabilities in Humanitarian Action.

³ UNCED Report (2020), Children and Adolescents with Developmental Disabilities in Humanitarian Settings

- Karishma Narayan, UN Women
- Michiyo Yamada, UN Women.

Simultaneous sign language interpretation was provided throughout the two-day workshop. Sign language interpretation was provided by Celasiga Drauna and Loraini Baledrokadroka.

OBJECTIVES

- i. Discuss the direct physical, emotional and psychosocial impact of persons with disabilities during emergencies, national disasters, and other humanitarian situations.
- ii. Discuss the intersectional challenges faced by persons with disabilities including violence and abuse.
- iii. Discuss the application of the pre-conditions to inclusion and human rights guidelines on persons with disabilities in a humanitarian crisis.
- iv. Discuss data collection – identification of person with disabilities in humanitarian crisis.

THEME

Aligning to the theme of International DRR Day for 2020, the proposed theme for the two day workshop is: **“It is all About Governance – Now is the Time (Oqo Iska Time)”** to call on all government and civil society humanitarian agencies and other key stakeholders to effectively include persons with disabilities in any humanitarian action.

Session Summary

Official Opening and Introduction

Welcome remarks by UN Women Deputy Representative Ms. Melissa Stutsel

- This area of work was identified as a gap when we discussed ways forward for the Pacific Humanitarian Protection Cluster in July.
- As the Protection Cluster, it is our role to ensure that humanitarian response is accessible to persons with disabilities and ensuring they can participate and influence disaster preparedness, response and recovery work.
- Reaching the people who are most in need of assistance is central to the humanitarian mandate and is reflected in the humanitarian principles of humanity and impartiality.
- In a humanitarian emergency, people with disabilities are often among those most in need of assistance as they are at a heightened risk of violence, exploitation or abuse.
- Persons with disabilities also face discrimination due to significant barriers in accessing needed humanitarian assistance.
- There are also a range of factors that intersects with disabilities, such as age, gender, ethnicity and economic status, which further exacerbates vulnerabilities. We tend to overlook the complexity of power dynamics among different groups in society and categorize social groups as if they were homogenous.
- This workshop is meant to provide the tools for us to advocate for inclusion of persons with disabilities.
- We are very fortunate to be joined by members of disability organizations to gain a firsthand understanding of what it is like to experience emergencies when you have disabilities. Listening to the voices of people with disabilities – ensuring they can participate, influence

and lead in disaster preparedness, response and recovery work – is crucial to make disability inclusion in humanitarian response a reality.

Remarks by Chief Executive Officer Mr. Setareki Macanawai

- The Pacific Disability Forum and its partners continue to advocate for the full, effective participation and inclusion of persons with disabilities in the humanitarian space where they are easily seen as an add on or are quick to be overlooked.
- Increasing concern when disability is not appearing prominently in consultations in the Region.
- Most Pacific Countries have adapted disability conventions however still lack financial support by Governments.
- The major challenge is not the lack of policy however it is the translation of this policy to practice.
- It is important that the Pacific continue to move forward in the shift from recognized recognition to realization of the Rights of Persons with disabilities.
- The Participants were reminded of the SDG notion of leaving no one behind and that this notion needs to be further unpacked. It is most likely that persons with disabilities are being left behind.

Introduction to Disability

This session was targeted to ensure that participants were able to understand disability through sharing key terminologies relevant to disability inclusion and disability models, with a particular emphasis on the human rights-based approach model. The session also aimed at providing information on the pre-conditions to disability inclusion and how to recognize the prevalence of the impact of natural disaster on persons with disabilities in humanitarian settings. The session was led by Sainimili Tawake, PDF.



Key learning from the session:

- According to the Convention of the Rights of Persons with Disabilities, disability is when persons with impairments which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.
 - Persons with disabilities face numerous challenges during a humanitarian situation. Key challenges include accessibility in terms of physical access, communication access and access to appropriate or relevant services.
 - Biggest challenge – perception, attitude and power imbalance.
 - Ensuring the effective participation of persons with disabilities in society is critical. People with disabilities can be active actors to humanitarian preparedness and response.
- Persons with disabilities like anyone else are rights holders and these rights needs to be fulfilled particularly when responding to humanitarian crisis.

Panel Discussion

This session provided opportunities for persons with different impairments to share their experience in past disasters in order to understand the impact of humanitarian crisis on persons with disabilities.

The session featured the following panellists moderated by Michiyo Yamada, UN Women.

- Fiji Disabled Persons Federation – Lanieta Tuimabu & Savaira Tinai.
- Fiji Association of the Deaf – Leona Tamainai.
- Spinal Injury Association – Mere Rodan.
- United Blind Persons of Fiji – Anaseini Vakaidia.
- Psychiatric Survivors Association- Sera Osborne.
- Inclusion Fiji - Lauren Oliver.

Issues that were highlighted by the panellists:

- Many persons with disabilities chose not to stay in evacuation centres due to safety, accessibility and privacy issues.
- Accessibility of information is critical and life saving. This includes: audio, easy to understand, using pictorial messaging, colour contrast etc.
- Social distancing during COVID-19 heightened isolation for some persons with disabilities.
- Having a sign language interpretation during important disaster information announcements is critical, and this is a result of continued advocacy by DPOs.
- Power of community and informal networks that persons with disabilities provide mutually is a part of important support systems.
- Early warning system is often not inclusive.
- Persons with psychosocial disabilities can be seen as invisible and tend to be overlooked. Raising awareness on this type of disabilities is critical in preparedness to avoid discrimination and stigmatization.
- Disasters can further expose persons with disabilities to risks and harms, and disasters can also exacerbate disabilities.
- There are diversities within even one type of disability (e.g. mobility), and there is no “one size fits all” approach to be inclusive to people with disabilities.

Understanding the pre-conditions to disability inclusion of persons with disabilities in humanitarian situation. This session was delivered by the PDF Covid-19 Team.

This session focused on understanding and discussing actions humanitarian actors need to consider to uphold the protection and safety of persons with disabilities in a humanitarian situation. This was done through a scenario based group discussion on disability inclusion consideration for disaster response during the COVID-19 outbreak.

Scenario

In Babu the capital of Malaika, there are about 1 million people with 13.7% who are persons with disabilities.

A category 5 cyclone will hit them in two days. At the moment, the capital has about 5000 people who have COVID-19 and are admitted in hospitals. Community transmission of COVID-19 is not effectively contained yet in the capital. Water is disrupted and has become a serious problem.

As duty bearers, first responders and organizations of persons with disabilities:

- What measures will you put in place to ensure that persons with disabilities who are sheltered in the centers enjoy their rights to the fullest taking into account the different impairments?
- How will you ensure that all evacuees practice the NPIs (social distancing, use of PPE?)
- How will you ensure that their needs are met?
- What mechanisms will you put in place to ensure they are safe and protected at all times?

Summary of group discussion:

- Coordination with all clusters and NDMO – inclusive approach
- Identify no. of persons affected / identification of needs (Washington tools)
- Identify children with parents living with disabilities / people with disabilities living on streets
- Ensure adequate space – safe evacuation (schools, churches), privacy option / changing rooms / separate space, demarcation, ensure accessible transport
- Social support – counselling, psychological first aid
- Accessible bathrooms / toilets at the evacuation centres
- Cater for social distancing
- Ensure EC's have ramps / railings (makeshift/portable), wide doorways
- Assistive devices available for persons with disability
- consultation with DPO's / FDPF
- ensure interpreters are available – volunteers
- Appoint trusted / respected people as wardens at EC
- Place to quarantine – COVID-19
- Communication of evacuation measures & responses
- Sign language / TV / Social media
- Proper signage in buildings (EC) – BOLD letters

- Awareness materials on COVID-19 – social distancing, hand washing with soap
- Water – water tanks / bottled water – priority to pregnant women, breastfeeding mothers, persons with disability
- Dignity Packs
- Non-perishable food
- PPE and information provided on how to use it
- Security, SOPs, Health teams/checks, referral pathways, protection focal points
- Social protection – cash flows to cater for disability costs e.g. medicine and accessible transportation.

Understanding the intersectional challenges faced by persons with disabilities during a humanitarian crisis.

This session’s objective was for participants to recognize that women and girls with disabilities and disability marginalized groups face multiple and intersectional challenges in humanitarian situations. The session was led by Sainimili Tawake, PDF.

Key learning from the session:

- **Persons with** disabilities face multiple challenges and there are those who are at risk during humanitarian situations e.g. women, children, young people, persons with psychosocial disabilities and persons with disabilities with diverse gender identity.
- **Challenges** – There are a range of issues that intersects with disabilities including geographical location: rural, informal settlement, islands, mountains, institutionalized, living on the streets, local communities etc.
- **Issues they face** - High cost of transportation, lack of medical services & supplies, lack of basic necessities, far away from education facilities, lack of assistive devices, many forms of abuse, live in poverty, lack of WASH facilities, lack of network/data, food security, safe water.
- **Discrimination against women and children**
 - Discrimination and violence start early.
 - Young girls are excluded from reproductive health and sexual education.
 - Reproductive adulthood is filled with stigma and misconception.
 - Risks are real even at old age.
 - Violence can be stopped.
- A question was raised on how we should talk about intersectionality. “Vulnerability” is advised not to be used in order to label persons with disabilities “vulnerable”. However, calling “sub-groups” may also not work, as some people belong to multiple groups with intersecting aspects. The best terminology needs to be discussed further.

Group Discussion

What actions should PHPC take to address intersectional challenges faced by disability sub-groups or “marginalized groups”?

- Mainstreaming intersectional opportunities to other clusters and NDMO, Red Cross, FCOSS, FPC
- Awareness / trainings regarding these sub-groups and how to work with them/ link to resources and services of other agencies
- Have a standard code of practice
- Involve persons with disability to contribute to humanitarian actions
- Reinforcement of policies already in place
- Coordinate information / policies / best practices to influence policy makers to better protect and address needs and challenges
- Coordinate funding efforts / response.

What are some strategies needed to translate policies into actions?

- Socialisation
- Contextualise
- Preparedness audit
- Implement plans
- Create understanding – outreach / awareness (with media)
- SMS blast / infographic/ radio/ TV/ IEC
- Ensure program / proposal align to relevant policies
- Capture disability information during data collection
- Capacity development needs assessment
- Precondition to inclusion to be incorporated to organizational policy
- Enabling legislation – Disability Act.

Given the cyclone forecast for Fiji, what will your agency do to respond to intersectional disability?

- Emergency Preparedness Plan
- Consult and collaborate with DPO's
- Safe and inclusive shelters
- Lobbying for accessible evaluation centres
- Ensure Disability mainstreaming into response, preparedness and programming
- Awareness
- Early warning in accessible format
- Capacity building to first responders– human Rights based approach
- Technical support.

Disability data collection and assessment.

This session aimed at orienting participants on the Washington Group of Questions (WGQ) as a tool for disability identification. It was facilitated by Savaira Tinai, FDPD together with Laisa Vereti PDF.

- In 2001, the International Seminar on the Measurement of Disability was held in New York.

- It was agreed that existing data on disability, especially in low and middle-income countries, were scarce and often of poor quality.
- It was further recognized that there was need for: common definitions, concepts, standards methodologies in statistics about persons with disability and internationally comparable, high quality disability data collection.
- The Washington Group Short Set of Questions on Disability (WGQs) are a set of six questions that can be used to identify whether someone has a disability. The questions are designed for use with adults (over 5 years of age). The questions do not diagnose disability or identify the causes of disability – this should only be done by a medical professional.

Why Washington Group of Questions?

- Identify population most at risk.
- Measure participation.
- Or measure the extent of exclusion (comparing to persons without disabilities) or through program participation.
- Social participation and equal rights from a policy perspective – UNCRPD and SDG.
- When asking the WGQs it is important that you:
 - Ask the questions to the whole beneficiary population.
 - Do not use the word “disability” or introduce them as being questions about disability. Instead, if you need to introduce the questions, use the phrase “The next questions ask about difficulties you may have doing certain activities.”
 - Read out each question one at a time exactly as it is written and read out the response categories for each question (do not change to “yes”/”no” questions).
 - Do not skip any questions or assume you know the answer to them.
 - Be respectful at all times and do not react negatively if someone answers yes to one of the questions.
- Workshop participants worked in a pair to ask each other WGQs.

Key learning from the session:

- Disability disaggregated data is really critical in ensuring that actions, policies and procedures used by humanitarian actors are inclusive of persons with disabilities, as it:
 - Ensures identification of persons with disabilities.
 - Provides an overview of the needs and scope of mobilization that is needed to ensure that persons with disabilities are not left behind.
 - Triggers necessary changes that needs to be made at the programme, policy, coordination and legislative level to guarantee inclusion of persons with disabilities.
 - The Washing Group of Questions is not a standalone group of questions and not to be extended.
 - The Questions can be embedded into any survey questions relating to other areas and sectors.

Simulation Exercise.

The final session was a short simulation to gain experience in using the various tools shared over the last two days as well as to apply used learnings to influence ways of working with persons with disabilities and strengthening their ways of working in their organizations.

Situation

The Government of Fiji extended the State of Natural Disaster in the areas severely affected by the category 5 Cyclone PERU particularly in the greater Suva area. The Government has revised the number of houses damaged by the cyclone to 32,000, increasing the estimated number of



Photo by UN Women Sarika Chand

people in need of shelter assistance to 150,000. Humanitarian actors have begun their emergency needs assessment to provide their organization report for the National Protection Cluster meeting.

Activity

Groups were assigned the following cluster/ thematic area and asked to participate in 2 NDMO planned assessments including a Rapid Needs Assessment and Emergency Need Assessment.

Group 1	Group 2	Group 3	Group 4
WASH	Food Security & Livelihood	Protection	Shelter

After two 15 minutes assessments, groups participated in a Protection Cluster meeting, where each group was asked to report their findings.

Key learnings from the session:

1. Participants were able to distinguish the different needs articulated by persons with different impairments through the use of the kobo toolkit that focused on the Washington Group of Questions.
2. Participants utilized learnings from different sessions in the mock Protection Cluster meeting.
3. Participants were able to integrate set of WGQ in their own surveys and assessments.

Conclusion and Recommendations

Overall, the workshop was successful with active learning and participation of participants. DPO representatives' presence and contributions enriched the discussion and deepened understanding on working with persons with disabilities. Pre and post-test analysis indicates that participants have learned key terminologies and concepts (models, pre-conditions), challenges faced by persons with disabilities and intersectional challenges. Most participants were unfamiliar with Washington Group of Questions to collect data on persons with disabilities, but they have learned how to integrate the set of questions into surveys and assessments.

Though the response rate was low, the workshop evaluation results indicate that the vast majority of respondents said the workshop met their initial expectation, and the rest said partially met their expectation. All sessions were appreciated and found useful by the participants, while most of respondents said none of the session were not useful. This indicates overall satisfaction with the workshop, and organizers also received positive verbal feedback from participants. Please see the annex.

Key recommendations were:

- Make the workshop more interactive with examples of how to implement inclusion of persons with disabilities in humanitarian response
- More networking and learning opportunities with DPOs
- Include LGBTQI communities/ organizations
- Make the workshop more engaging for online participants perhaps with a roving camera
- Organize a similar workshop targeting Fiji national stakeholders and in particular first responders.

Key learnings:

- Importance of language: we frequently refer to people with disability as “vulnerable”. This term is particularly disempowering as people are not inherently vulnerable, and it is the barriers within society that makes a person ‘vulnerable’. Other suggested more inclusive/empowering language are: marginalised groups/person, persons in vulnerable situation/s, people facing intersectional forms of discrimination. More discussion is needed to discuss “intersectionality” and sub-groups.
- “One size fits all” approach does not work. There are diversities within a type of disability, and specific needs of persons with disabilities have to be taken into consideration.
- Significant gaps remain in ensuring inclusion of persons with disabilities in humanitarian response in areas of evacuation centres, early warning and accessibility of information, disability disaggregated data and creating awareness about different types of impairments and disabilities including psychosocial disabilities.



Annex

Workshop Agenda

8:00 am	Registration	
8:30 am 9:00 am	Session One: Official Opening and Introduction. Opening remarks by <ul style="list-style-type: none"> • Head of UN Women Ms. Melissa Stutsel, Deputy Representative, UN Women Fiji Multi-Country Office. • Chief Executive Officer Mr. Setareki Macanawai. 	Setting the scene for the two day workshop. <i>Topic- Now is the time to include persons with disabilities in humanitarian preparedness and response.</i>
9:00 am	Photograph. Morning Tea	
9:30 am	Settling In. <ul style="list-style-type: none"> • Introduction of participants. • Ice-breaking activity. • Program orientation. <i>Facilitator - UNWOMEN.</i>	
9.45 am	Session Two: Introduction to disability. <ul style="list-style-type: none"> • Understanding the paradigm shift • What is disability? • What are the correct terminologies? <i>Facilitator – Sainimili Tawake (PDF).</i>	<ul style="list-style-type: none"> • Define key terminology relevant to disability inclusion. • Describe the disability model particular emphasis on the human rights-based approach model.
10.30 am	<ul style="list-style-type: none"> • Session Three: Introduction to the IASC Guideline on the Inclusion of Persons with Disabilities in humanitarian crisis and Humanitarian Principles and Standards. <i>Facilitator – Sainimili Tawake (PDF).</i>	<ul style="list-style-type: none"> • Use the guide to identify essential actions that humanitarian actors must take in order to respond effectively to the needs of persons with disabilities. in humanitarian settings. • Explain the Humanitarian and Protection Principles. • Identify key humanitarian standards.
11:30 am	Session Four: Penal Discussion and Questions and Answers. Topic – Impact on humanitarian Crisis on Persons with Disabilities. Sharing of experience by persons with disabilities. Reps from each disability group: <ul style="list-style-type: none"> • Fiji Disabled Persons Federation – Lanieta Tuimabu & Savaira Tinai. • Fiji Association of the Deaf – Leona Tamainai. • Spinal Injury Association – Mere Rodan. • United Blind Persons of Fiji – Anaseini Vakaidia. • Psychiatric Survivors Association- Sera Osborne. • Inclusion Fiji – Lauren Oliver. <i>Moderator – Michiyo Yamada, UN Women.</i>	Recognize the impact of humanitarian crisis on persons with disabilities. 3 mins introduction of panelists by the Moderator. 7 mins each panelist.
12.30 pm	Lunch	
1.30 pm – 2pm	IASC activities based on lived experiences.	
2pm 3.30pm	Session 5: Understanding the core documents to disability inclusion in humanitarian situation. <ul style="list-style-type: none"> • Pre-conditions to inclusion of persons with disabilities in a humanitarian setting. 	Recognize that systems and structures need to be in place to respond to the inclusion of persons with disabilities as humanitarian actors or recipients of humanitarian services.

	<ul style="list-style-type: none"> • Human rights guideline. • Disability Inclusive Communication guideline. • Messaging guideline. <p><i>Facilitator – PDF COVID-19 Team: Maria Miller, Rosie Catherine & Ruci Senikula.</i></p>	
3:30 pm	Afternoon Tea	
	Core document activities based on lived experience. <i>Facilitator – PDF COVID-19 Team: Maria Miller, Rosie Catherine & Ruci Senikula.</i>	
4.30 pm	END OF DAY	
DAY TWO, THURSDAY 22 OCTOBER 2020.		
8:30 am – 9am	Recap of Day One. Facilitator- UN Women.	
9am – 10.30am	<p><u>Session 6: Understanding the intersectional challenge faced by persons with disabilities during a humanitarian crisis.</u></p> <ul style="list-style-type: none"> • Addressing violence against women and girls with disabilities. • Recognizing issues faced by the disability marginalized groups. • 30mins group exercises on disability intersectional challenges. <p><i>Facilitator – Sainimili Tawake (PDF).</i></p>	Recognize that women and girls with disabilities and the disability marginalized groups face multiple and intersectional challenges in humanitarian situations.
10:30 am	Morning Tea	
11:00am	<p><u>Session 7: Disability data collection and assessment–</u></p> <ul style="list-style-type: none"> • Understanding the Washington Group of Questions as a tool for disability identification. <p><i>Facilitator – Savaira Tinai (FDPD) & Laisa Vereti (PDF).</i></p>	<ul style="list-style-type: none"> • Brief on the Short Set (6). • Why its recommended. • How it should be implemented. • What can it produce? • What does the data mean?
12.30pm	Lunch	
1:30 pm	<p><u>Session 8: Disability Simulation Exercise.</u></p> <p><i>Facilitator - PDF: Katabwena Tawaka.</i></p>	<ul style="list-style-type: none"> • Implementing the tools learned during the past two days.
3:00 pm	Wrap Up and Closure. Afternoon Tea. <i>Facilitator – Michiyo Yamada and Sainimili Tawake.</i>	
3:30 pm	PHPC Meeting.	

Participants list

Organization	Name	Title	Email Address
Care International	Shirleen Ali	Gender and Resilience Advisor	shirleen.ali@careint.org
DFAT - Fiji Women's Fund	Michelle Reddy	Fund Manager	Michelle.Reddy@womensfund.org.fj
DFAT - Pacific Women	Monica Waqanisau	Gender Coordinator, Shaping Pacific Development, Support Unit	monica.waqanisau@pacificwomen.org.fj
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Field Ready	Tim Harford-Cross	Title?	tim.harford-cross@fieldready.org
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IFRC	Filipe Waqabitu	Shelter Coordinator	
IPPF	Robert Verebasaga	Programme Advisor Humanitarian	
IPPF	Naomi Navoce Kohinoa	Disability Inclusion Advisor	
IPPF	Monica Burns	SRH Advisor	Meburns@ippf.org
Medical Services Pacific	Akisi Adrewasa	Counselor	
Medical Services Pacific	Emele Taivei	Counselor	
OHCHR	Momoko Nomura	Human Rights Officer	momoko.nomura@one.un.org
OHCHR	Releshni Artika Karan	Title?	releshni.karan@one.un.org
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UN Women	Maggie Aylmore	Monitoring, Evaluation and Reporting Support Officer - EVAWG	maggie.aylmore@unwomen.org
UN Women	Lanieta Veileqe Tokalauvere	Programme Analyst, Gender in Humanitarian Action and Disaster Risk Reduction	lanieta.tokalauvere@unwomen.org
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UN Women	Farzana Gulista	EVAW Training Coordination	farzana.gulista@unwomen.org
UNRCO	Temily Baker	Title?	temily.baker@un.org
UNRCO	Unaisi Malani	Title?	unaisi.malani@one.un.org
National Fire Authority	Navitalai Naivedru	Station Officer	
Panellists participants			
Fiji Disabled People's Federation	Lanieta Tuimabu	Disability DRR Resource Team	lanietatuimabu@fdpf.org
Fiji Disabled People's Federation	Savaira Tinai	Disability DRR Resource Team	savairatinai@fdpf.org
United Blind Persons of Fiji	Anaseini Vakaidia	Disability DRR Resource Team	ubp@connect.com.fj
Psychiatric Survivors Association	Kelera Taveta	Disability DRR Resource Team	psa.fiji@gmail.com
Spinal Injury Association	Mere Rodan	Disability DRR Resource Team	spinalinjuryfiji@gmail.com
Fiji Association of the Deaf	Leona Tamainai	Disability DRR Resource Team	fadcommunications@gmail.com
Inclusive Fiji	Lauren Oliver	Disability DRR Resource Team	
Virtual Participants			
Ministry of Internal Affairs Tonga Safety & Protection Cluster	Siaosi Lepuha Faka'osi	Cluster Coordinator	
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Facilitators Team			
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PDF	Katabwena Tawaka	Manager - Preparedness, Emergencies and Response Unit.	katabwena.tawake@pacificdisability.org
PDF	Maria Miller - will be participating only on day one.	Program Officer - Inclusive Education	maria.miller@pacificdisability.org
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PDF	Laisa Vereti	Director Operations	laisa.vereti@pacificdisability.org
	Celasiga Drauna	Sign Language Interpreter	
	Loraini Baledrokadroka	Sign Language Interpreter	
Personal Assistant	Lauren's PA		
UN Women	Michiyo Yamada	Gender and Protection Programme Specialist	michiyo.yamada@unwomen.org
UN Women	Karishma Narayan	Humanitarian and Resilience Officer	karishma.narayan@unwomen.org

Pre and Post-Test

Pre and post tests were administered online using a Google Form. Each participant used their device to answer the questions. The response rate of the post test was low being half compared to the pretest respondents.

Pre-Test

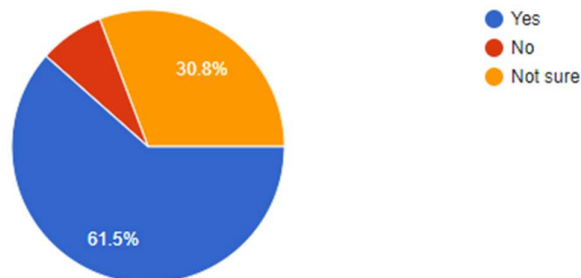
26 participants.

What is your understanding of the term disability?

- Persons or children who have an impairment or difficulty which impacts their ability to interact with the world in a way that is familiar to/for persons without a disability. Those difficulties could be physical (visual, auditory, mobility etc.), emotional or psychological.
- Physical or mental conditions that impede a person to do certain activities or to interact with others.
- A condition that restricts or prevents a person from doing the daily activities in their everyday life.
- Any form of impairment that disallows an individual from conducting certain activities.
- Different abilities. Ableism of society.
- My understanding of the term disability is when a person has an impairment and faces a barrier. The disability only exists when barriers exist, barriers include the built environment as well as social exclusion for example.
- Any condition of the body or the mind that is not able to function well.
- Disability includes those who have long term physical, mental, intellectual or sensory impairment.
- For me, disability is a condition or impairment that limits a certain individual from participating in certain activities or doing certain tasks. These can be physical, mental, sensory or cognitive in nature.
- Impairment + barrier = disability.
- Any form of impairments that limits the ability of an individual to function to his/her full potential.
- It's any condition of a body or mind (impaired) that makes it difficult for the person to carry out work.
- An impairment that makes it more difficult for the person with the condition to do certain activities.
- Long-term physical, mental, intellectual or sensory impairments which hinder a person's full and effective participation in society on an equal basis.
- Everyday challenges faced physical, mental, psychological and social.
- A deviation from the normal that restricts a person to think, move or sense.
- Is any physical or mental condition or impairment that makes it difficult for a person to do certain activities or interact with the world around them.

Do you feel confident that you can support persons with disabilities in emergencies?

26 responses



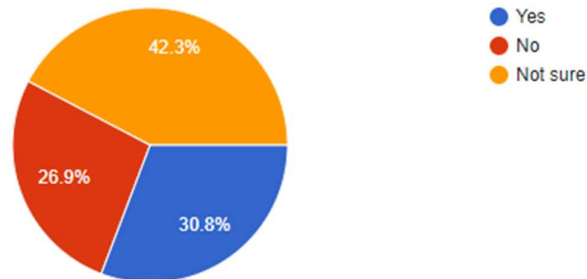
Can you name three challenges faced by persons with disabilities during a disaster or a humanitarian crisis?

- Accessibility to safe space, exclusion during targeting and none representation during assessment.
- Access to services, being able to express their needs/having needs understood because the persons trying to help are not familiar with how best to communicate with persons/children with disabilities, being overlooked amongst other things.
- Mobility, Access, Participation.
- Limited access to urgent and critical information; physical barriers to move to safety; being stranded or left behind with no assistance.
- Lack of support and coordination, lack of access to services, financial constraints and high risk of GBV or any form of violence.
- 1. Being forgotten by other family members. The assumption is that they are aware of whats happening around them and they can act appropriately to counteract these issues. 2. Unaware of services available to assist them during these crisis. 3. Difficulty in accessing these services.
- 1. Difficulty accessing emergency shelters. 2. Difficulty responding to emergency signs, alarms etc. 3. Increased risks of violence and exploitation.
- Accessing evacuation centers that are not inclusive, risk to all types of abuse due to their vulnerability, not able to relate themselves well to the wider community.
- Communication, lack of accessibility in evacuation centre, attitudinal barriers.
- Communication barriers, social barriers, physical barriers.
- 1. Access to evacuation centers, with assistive devices. 2. Inclusive evacuation centers that meet their particular needs. 3. Participation in assessments / planning for the response.
- 1. Lack of facilities that can cater for their needs. 2. Communication barrier.
- Lack of access to information. Lack of access to evacuation centers. Lack of access to screening (COVID19).
- Mobility assistance, safe environment, information accessibility.
- Difficulty in moving around, to move from one place to another, difficult to use the same washroom as the rest, being not able to communicate well and sometimes being left out to look after them on their own.
- Access to information, decisions making, and accessibility to buildings.

- 1. Unable to access information readily. 2. Unable to act on the information in a timely manner. 3. Being left out in responses.
- Physical barriers, communication barriers and social barriers.
- Technical designs focus of the 90% not the 10%, increased risk of abuse, the reduced ability to move to safe areas.
- Having access to shelter, sanitation and health services.
- Access (e.g. to evacuation centres), Inclusion (e.g. into emergency action plans), vulnerability (eg- due to design, delivery of humanitarian).

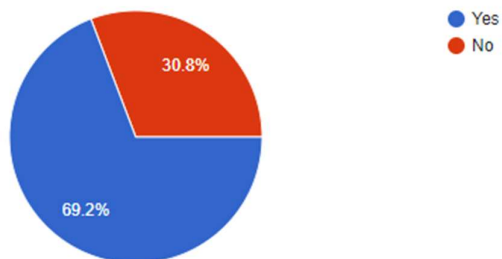
Can you confidently explain the Washington Group of Questions?

26 responses



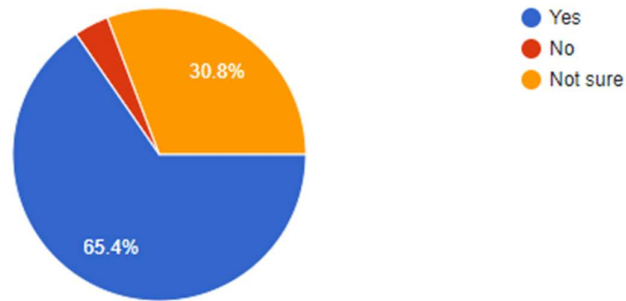
Can you identify a humanitarian action that humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities?

26 responses



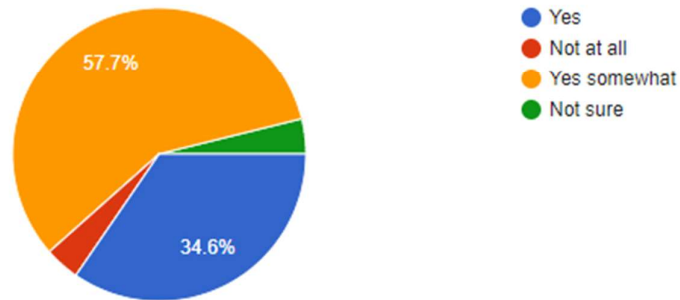
Can you identify an intersectional challenge faced by girls or older women with disabilities in a humanitarian crisis?

26 responses



In your opinion, does your organization adequately integrate disability inclusion in humanitarian work?

26 responses



Post Test

13 participants filled out the post test.

What is your understanding of the term disability?

- Disability = impairment + Barrier! Society = the biggest barrier! This includes people's attitudes to people with a disability as well as the built environment - all of which can cause exclusion.
- Disability is a form of impairment that a person has which makes it more difficult for him or her to move, see, hear or communicate with others.
- Persons with disabilities include those who have an impairment, either physical, mental, intellectual or sensory, which are further exacerbated by barriers which hinder their full and effective participation.
- A physical or mental condition that limits a person's movements, senses, or activities.
- Impairment plus barriers.
-
- Personal factors (mental or physical challenges) as well as environmental factors that impede a person from fully participating in society.
- Impairment plus barriers contributes to people with disability.
- Disability is the combination of a physical/mental impairment with physical/environmental barriers that lead to a disadvantage in interacting seamlessly with society.
- It is an impairment that one may have and due to multiple barriers, the person may not be able to fully participate in their day to day lives and to fully enjoy their human rights.
- It's any condition or impairment a person has that forbids them to do things on their own.
- This term means that an adult or child has a long-term impairments - be it physical mental, intellectual or sensory - which limits their ability to interact with others or their surroundings in a similar manner to their counterparts.

Can you name three challenges faced by persons with disabilities during a disaster or a humanitarian crisis?

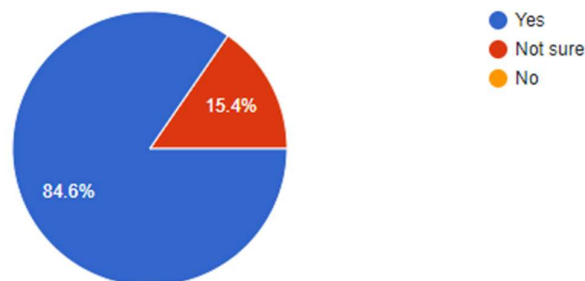
- 1. Difficulty accessing essential services / locations. 2. Difficulty accessing emergency information. 3. Lack of attention paid to psychosocial/mental illness disabilities as they are often 'invisible'.
- Being left behind to take care of themselves, stigmatised in the society and not being supported when needed.
- 1. Dissemination of information using inclusive tools that could be understood by persons with disabilities as well. 2. Access to inclusive evacuation centers. 3. Opportunities to contribute and participate in decision making.
- 1) Communication. 2) Sense of privacy. 3) Compromised safety.
- Accessibility, participation & communication.
- Access, inclusion, discrimination.
- To relocate to an evacuation centre because it does not cater to their needs; to not understand what is happening because the information is not transmitted in an accessible

manner for persons with disabilities; to be left behind in evacuation efforts due to limited mobility.

- Transportation, meeting basic necessities for different people with disability communications
- Fear of use of emergency facilities such as evacuation centres, lack of information on what is going on due to inadequate accessible communication, lack of stockpiles of assistive devices that may have been damaged during the crisis.
- Access. Communication. Prioritisation of response.
- Access to shelter, health services and accessible communication needs that is disability inclusive.
- Accessing evacuation centers safety is at risk.
- Not being involved in project/programme development, not having access to services, feeling unsafe in evacuation centres, being treated as merely beneficiaries as opposed to being treated as actors in the preparedness, response and recovery phases of a crisis, being forgotten either evidenced by lack of financial or human resources or exclusion from key discussions. These are applicable to both children and adults with disabilities.

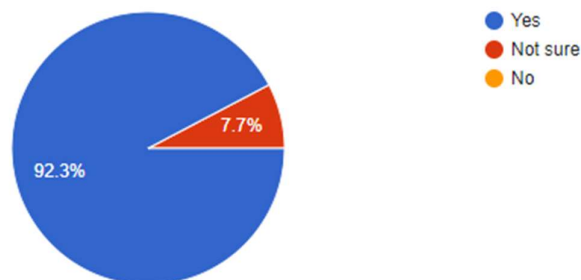
Do you feel confident that you can support persons with disabilities in emergencies?

13 responses



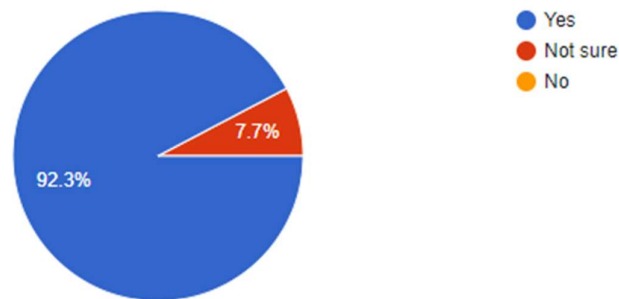
Can you identify a humanitarian action that humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities

13 responses



Can you confidently explain the Washington Group of Questions?

13 responses



Can you identify an intersectional challenge faced by girls or older women with disabilities in a humanitarian crisis?

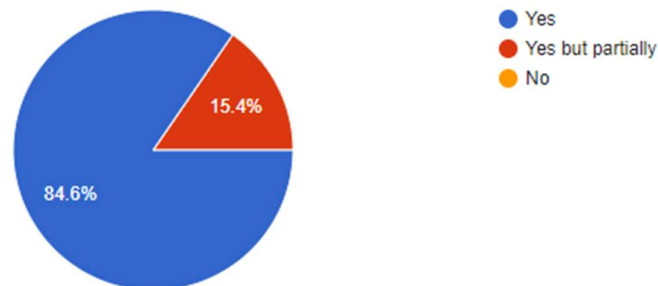
- Women and girls with a disability face very high risks of experiencing domestic violence, specifically in an emergency.
- Geographic location: where they are located especially in rural, informal settlement, islands, mountains areas. This will make it difficult for them to move around and relatives to lend their support. For families with big numbers, in most cases, the older women with disabilities are the ones who were at times overlooked.
- Protection against violence and other forms of abuse due to disability, race, sexual orientation, etc.
- Accessibility to bathroom and availability of hygiene kits.
- Domestic violence.
- Gender inequality, cultural constructs, discrimination.
- Being treated with respect and dignity in evacuation centres (e.g. due to lack of privacy of women using a catheter).
- Privacy needs and personal assistance.
- Girls with disabilities are nearly 5 times more likely to be victims of sexual abuse than girls without, who are already far more likely to be abused than boys.
- Women and girls with disabilities have a higher chance of experiencing violence against women and sexual assault and being in evacuation centres can increase this and so it is important to think about preventative measures.
- Discrimination.
- Being excluded from activities in normal life because of their disability, e.g. caring for children, giving birth to children, not being taught about the changes their bodies go through the same issues may be applicable to boys with disabilities.

Workshop Evaluation

The evaluation was conducted virtually using google forms. 13 participants have responded with the following summary of results.

Did the workshop meet your expectation?

13 responses



What session did you find most useful?

- Introduction to disability, disability data collection and simulation
- All sessions X3
- Listening to lived experiences of panel/ Session 4 - panel discussion. Hearing directly from people with a disability was invaluable! Specifically, the stories shared regarding psychosocial disabilities - thank you to the panelists for sharing difficult stories and experiences.
- All session- models, pre-condition to disability, simulation exercises and asking Washington set of questions.
- Simulation exercise X2.
- A lot of the concepts around universal design and actual implementation such as the Washington group of questions.
- Washington Group of questions X2.

What session did you find the least useful?

- None X8.
- Some sessions I found had repetition although useful content I feel it could have been condensed.
- Simulation exercise, but only because I was an online/virtual participant.
- Data session: I would not say this session was the least useful, however I feel like we could have spent more time on this and really expanded the conversation.

Please provide recommendations and suggestions to improve the workshop and any other follow up actions needed.

- Perhaps some discussion on what humanitarian response means and situating people in it.
- Less PowerPoint presentations.
- More networking with DPOs, invite LGBTQI.

- None.
- I wish to suggest if the workshop was for more than 2 days. I get to learn a lot however more capacity building is needed in these areas to improve in our organizations since we really need to improve and strengthen this area during the crisis.
- Would have been good to make the workshop more interactive and include more opportunities for participants to learn from DPO members.
- No recommendations - great work team - a very useful, important workshop!
- Perhaps more direct examples of how implementation works. I found there was a strong theoretical focus, which is important, but without being backed up with action is difficult to see sometimes how it can get implemented.
- Perhaps a "roving" camera that can go around the room so that it would be more engaging and relevant for online participants.
- More interaction or practical humanitarian examples.

Annex 4: Press Release

[Press Release](#)

Disability Inclusion in Humanitarian Preparedness and Response a Priority.

SUVA, Fiji Islands (23 October, 2019) – Understanding and mitigating challenges faced by persons with disabilities during disaster preparedness and response was the key focus of a workshop led by the Pacific Disability Forum (PDF) this week.

The two-day workshop, which was organized in collaboration with the Pacific Humanitarian Protection Cluster (PHPC), aimed to strengthen the understanding and practice of disability inclusion in humanitarian preparedness and response amongst members of the Cluster.

According to the World Health Organization, 15% of the global population are persons with disabilities and a United Nations Economic and Social Commission for Asia and the Pacific (UN ESCAP) report states that there are 1.7 million people with disabilities in the Pacific who are particularly at risk in situations of natural and man-made disasters, as well as to consequences of climate change and environmental degradation. However, this group of people are largely excluded from disaster risk reduction as well as humanitarian response programs although disasters, humanitarian crisis and conflicts often cause and, or exacerbates the disability.

“There are many policies and guidelines on disability inclusion, now is the time to translate that into action on the ground, working with those who are key actors in humanitarian preparedness and response,” said Setareki Macanawai, PDF Chief Executive Officer.

PHPC is led by the UN Women Fiji Multi-Country Office and consists of 28 organizations including regional organizations, United Nations agencies, international non-governmental organizations and civil society organizations, and continues work on response for the complex emergency of Tropical Cyclone Harold and COVID-19, with planning for recovery phase and the next cyclone season.

“As the Protection Cluster, it is our role to ensure that humanitarian response is accessible to persons with disabilities and they can also participate and influence disaster preparedness, response and recovery work,” said UN Women Deputy Representative Melissa Stutsel.

“This workshop is meant to provide the tools for us to advocate for inclusion of persons with disabilities.”

The workshop also aligned to the theme of International Disaster Risk Reduction Day for 2020 (October 13) which is “It is all About Governance”, alongside the Pacific Disability Forum month-long campaign – “Now is the Time (Oqo Iska Time)” which acts as a catalyst for all government and civil society humanitarian agencies and other key stakeholders to effectively include persons with disabilities in any humanitarian action.

The workshop, which ended yesterday focused on some key topics under disability inclusion, such as direct physical, emotional and psychosocial impact of persons with disabilities during emergencies, national disasters, and other humanitarian situations, intersectional challenges faced by persons with disabilities including violence and abuse, the application of the pre-conditions to inclusion and human rights guidelines on persons with disabilities in a humanitarian crisis and data collection – identification of person with disabilities in humanitarian crisis. /Ends/.

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