



Disability Inclusion Key Messages for POST-DISASTER NEEDS ASSESSMENTS

When thinking about post disaster needs assessments (PDNAs), it is crucial to remember the full diversity of the affected population, and ensure that:

- The **process** of the PDNA is adapted to make it inclusive and accessible.
- The PDNA tools are adapted to ensure the needs data collected can be **disaggregated by disability** (as well as sex and age).
- The PDNA tools are adapted to **add specific disability-focused questions** which will allow information on the specific needs of people with disabilities to be collected.

Things to do to ensure the **PROCESS** of the post-disaster needs assessment is inclusive and accessible

- Create an inclusive PDNA data collection team: Include a person with disability on the team. Or, if this is not possible, include a disability inclusion advisor or a person/people with experience in communicating with people with disabilities (for example someone who can communicate in local sign language) on the team.
- Train all PDNA team members: Ensure all PDNA data collection team members are sensitised on disability inclusion issues, and are trained on aspects including:
 - How to talk about disability in a respectful and person-first way and using appropriate language in order to create a safe and welcoming environment for respondents.
 - How to communicate with people with various impairment types.
 - How to ask the Washington Group Short Set questions (in relevant languages), including the importance of not using the word “disability” whilst asking the questions, reading out all 6 questions and not skipping questions, reading out all category responses for each question, and not changing the response categories to “yes”/”no” options, etc.
 - Data collection ethics such as informed consent, self-representation, and the importance of not attempting to label/’diagnose’ respondents.
- Utilise inclusive sampling methods which will include the diverse perspectives and experiences of people with disabilities: Consider utilising purposive sampling to identify people with disabilities, including “snowball” sampling from existing DPO networks. Also

consider how the PDNA survey can be used to identify where people with disabilities are located for follow up later. This requires identifying respondent household and locations in some way and asking their permission to follow up.

- ☑ Include disability informants in the PDNA data-collection process: Conduct assessments in accessible locations where everyone feels they can contribute safely to the discussion. Ensure the PDNA data collection team conducts home visits to reach people with disabilities or older people who have difficulties travelling to data collection sites. Conduct specific focus group discussions/consultations/interviews with people with disabilities, ideally separated for men and women. Include diverse respondents across all age groups, genders, and impairment types. Conduct interviews with key informants from local DPOs and disability service providers.
- ☑ Pay particular attention to ensuring that women and girls with disabilities are included in the PDNA process.
- ☑ Present PDNA findings in multiple accessible formats.
- ☑ Include resources in the budget to facilitate the inclusion of people with disabilities in the PDNA team and as respondents: Reasonable accommodations to facilitate the active participation of particular individuals with disabilities may be required. This could include provision of accessible transport or travel allowance, providing interpretation, enabling a support person to accompany etc. These reasonable accommodations must be budgeted for.
 - ☑ Note that in relation to support persons, some people with disabilities may choose to have a support person or personal assistant to assist them with communication during consultations. The person with disability should decide who this support person will be.

Things to do to ensure the post-disaster needs assessment data can be DISAGGREGATED by disability

- ☑ Add disability identification questions into PDNA tools: To be able to know how many of the affected population are people with disabilities, to know where they are located, and to compare the post-disaster needs of people with and people without disabilities, the internationally recommended Washington Group Short Set of Questions on Disability should be added into PDNA survey/questionnaire tools (note these questions are already included in Kobo Toolbox as a question set):

Q1. The next questions ask about difficulties you [or anyone in your household] may have doing certain activities because of a HEALTH PROBLEM:	
a) Do you [or anyone in your household] have difficulty seeing, even if wearing glasses?	<input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Yes – cannot do at all
b) Do you [or anyone in your household] have difficulty hearing, even if using a hearing aid?	<input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Yes – cannot do at all

c) Do you [or anyone in your household] have difficulty walking or climbing steps?	<input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Yes – cannot do at all
d) Do you [or anyone in your household] have difficulty remembering or concentrating?	<input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Yes – cannot do at all
e) Do you [or anyone in your household] have difficulty (with self-care such as) washing all over or dressing?	<input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Yes – cannot do at all
f) Using your [their] customary language, do you [or anyone in your household] have difficulty communicating, for example understanding or being understood?	<input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Yes – cannot do at all

Things to do to ensure the post-disaster needs assessment will gather useful and relevant information on the SPECIFIC NEEDS of people with disabilities

- Add disability specific questions to be asked of people with disabilities themselves into PDNA tools: To identify the needs and capacities of people with disabilities, specific questions to be asked of people with disabilities themselves should be added to the PDNA survey/questionnaire/FGD/interview tools. Organise a review of the disability-specific questions by DPOs or disability inclusion advisors. The following kinds of questions could be added:

Do you [or anyone in your household] need an assistive device to help you perform daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<p><i>If yes or don't know:</i> What assistive device(s) do you need, either for the first time or because your device was lost/damaged? <i>(Tick all that apply)</i></p>	<input type="checkbox"/> Hand-powered tricycle <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> Walking stick <input type="checkbox"/> Hearing aid <input type="checkbox"/> White cane <input type="checkbox"/> Glasses <input type="checkbox"/> Magnifier <input type="checkbox"/> Orthotic device (to support legs, arms or spine) <input type="checkbox"/> Artificial limbs <input type="checkbox"/> Communication boards (e.g. a board which people use to point to and express themselves) <input type="checkbox"/> Pill organisers <input type="checkbox"/> Commode chair <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> None of these <input type="checkbox"/> No response/don't know
Do you have specific rehabilitation needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><i>If yes:</i> Which rehabilitation needs do you have? (Tick all that apply)</p>	<input type="checkbox"/> Physical rehabilitation <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Speech and language therapy <input type="checkbox"/> Orientation training for visual impairments <input type="checkbox"/> Sign language training <input type="checkbox"/> Psychosocial support/counselling <input type="checkbox"/> Other (please specify) _____
<p>Do you normally need someone like a personal assistant or caregiver to support you to do your daily activities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If yes:</i> Do you still have that help now?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you been able to access shelter and distributed shelter materials as much as others in your community?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Can you easily enter, exist, and move around inside your shelter?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No – some difficulty <input type="checkbox"/> No – a lot of difficulty <input type="checkbox"/> No – cannot do at all
<p><i>If no:</i> What is the issue hindering you entering, existing and moving around your shelter? (Tick all that apply)</p>	<input type="checkbox"/> Entrance too narrow <input type="checkbox"/> Steps <input type="checkbox"/> Bed too high or low, cannot access independently <input type="checkbox"/> Floor area too small, no space to manoeuvre around with wheelchair, crutches etc. <input type="checkbox"/> Insufficient lighting <input type="checkbox"/> Other (please specify) _____
<p>Have you been able to access food distribution?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you face any difficulties in accessing food distribution?</p>	<input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Yes – cannot do at all
<p><i>If yes</i> What has hindered your access to food distribution? (Tick all that apply)</p>	<input type="checkbox"/> Do not know where to go to access <input type="checkbox"/> Difficult getting to/from distribution point <input type="checkbox"/> Nobody to assist me <input type="checkbox"/> Cannot stand for long/no priority lane <input type="checkbox"/> Negative attitudes toward me when I went <input type="checkbox"/> No sign language translation <input type="checkbox"/> Can't carry food home <input type="checkbox"/> Other (please specify) _____
<p>Do you have specific nutrition needs related to a health condition?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If yes:</i> What specific nutritional needs do you have?</p>	Please specify
<p>Can you access safe drinking water?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you faced any difficulties in accessing drinking water?</p>	<input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Yes – cannot do at all
<p><i>If yes:</i> What has hindered your access to water? (Tick all that apply)</p>	<input type="checkbox"/> Do not know where to go to access <input type="checkbox"/> Difficult getting to/from water point <input type="checkbox"/> Water point not physically accessible

	<input type="checkbox"/> Nobody to assist me <input type="checkbox"/> Cannot stand for long/no priority lane <input type="checkbox"/> Negative attitudes toward me when I went <input type="checkbox"/> Can't carry water home <input type="checkbox"/> Family did not want me to go to the water point <input type="checkbox"/> Family can't help me access the water point <input type="checkbox"/> Other (please specify) _____
Have you been able to access a toilet/latrine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you faced any difficulties in accessing a toilet/latrine?	<input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Yes – cannot do at all
<i>If yes:</i> What has hindered your ability to access and use the toilet/latrine? <i>(Tick all that apply)</i>	<input type="checkbox"/> Do not know where to go to access <input type="checkbox"/> Difficult getting to/from Toilet/Latrine <input type="checkbox"/> Toilet/Latrine too far <input type="checkbox"/> Toilet/Latrine not physically accessible <input type="checkbox"/> Nobody to assist me <input type="checkbox"/> Negative attitudes toward me when I went <input type="checkbox"/> Latrine/Toilet uncleanliness <input type="checkbox"/> Feel unsafe using it <input type="checkbox"/> Other (please specify) _____
Do you need medical hygiene supplies such as uridomes, catheters, diapers, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> Which medical hygiene supplies do you need? <i>(Tick all that apply)</i>	<input type="checkbox"/> Diapers <input type="checkbox"/> Sanitary pads <input type="checkbox"/> Urine bags <input type="checkbox"/> Catheters <input type="checkbox"/> Uridomes <input type="checkbox"/> Other
What factors would help you get access to the support you need? <i>(Tick all that apply)</i>	<input type="checkbox"/> Provision of information in formats I can access (specify the format) <input type="checkbox"/> Provision of transport <input type="checkbox"/> Outreach from service providers <input type="checkbox"/> Support from family/support person <input type="checkbox"/> Support from service providers/volunteers to help me transport shelter/food/non-food provisions <input type="checkbox"/> Psychosocial support <input type="checkbox"/> Support from a disability advocacy organization <input type="checkbox"/> Receiving an assistive device <input type="checkbox"/> Other (please specify)
How would you like to receive information about post-disaster aid distribution, evacuation shelter/camp updates, recovery updates etc.? <i>(Tick all that apply)</i>	<input type="checkbox"/> Written <input type="checkbox"/> Word of mouth <input type="checkbox"/> Loudspeaker <input type="checkbox"/> Radio <input type="checkbox"/> Telephone <input type="checkbox"/> Sign language interpreter <input type="checkbox"/> Picture messages <input type="checkbox"/> Signs/posters <input type="checkbox"/> Sign language interpretation <input type="checkbox"/> Home sign language <input type="checkbox"/> Social media (Facebook, Twitter etc.)

	<input type="checkbox"/> Accessible electronic format <input type="checkbox"/> Braille <input type="checkbox"/> Television <input type="checkbox"/> Aid workers visit your location <input type="checkbox"/> Other (please specify)_____
Do you require support to help you communicate with assistance service providers and other people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes:</i> What sort of support for communication support do you need? <i>(Tick all that apply)</i>	<input type="checkbox"/> Pen and notebook <input type="checkbox"/> Text messages <input type="checkbox"/> Hearing aid <input type="checkbox"/> Sign language interpreter <input type="checkbox"/> Assistant to accompany <input type="checkbox"/> Other

- Complement the information gathered from people with disabilities themselves with other information gathered through direct observations, and gathered from disability-related key informants like DPOs or disability service providers:
 - Map existing disability services, such as rehabilitation providers, assistive device providers, and disability advocacy groups like DPOs and self-help groups. A list of these services may be obtained from DPOs or the Ministry of Health/Ministry of Social Welfare etc. Assess whether these services have incurred damage, and determine what may be required to support these services/organisations to resume operations.
 - Ask eyewitnesses or make observations: Are persons with disabilities visible in the affected area? What does the status of persons with disabilities seem to be?
 - Take pictures of water points, food distribution points, hospitals and other services in the area, to analyse the level of accessibility.
 - Ask first responders including health service providers: Has the disaster led to injuries and any likely increase in the number of people with impairments and disabilities? Use this information to plan for referral to and provision of support to people with newly acquired impairments, including to rehabilitation, specialised health services, assistive device provision, psychosocial support, and advocacy group support.