Gap Analysis: the Inclusion of People with Disability and Older People in Humanitarian Response.

Key findings from academic and grey literature reviews

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HIF Humanitarian innovation fund | elrha

ABOUT ELRHA

We are a global charity that finds solutions to complex humanitarian problems through research and innovation.

We fund and support work that goes on to shape the way in which people across the world are supported during a crisis. An established actor in the humanitarian community, we work in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world. Our shared aim as collaborators is to improve the effectiveness of the humanitarian response.

The innovations we fund through our Humanitarian Innovation Fund (HIF) target better outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions. We have supported more than 200 world-class research and innovation projects, championing new ideas and different approaches to find what works in humanitarian response.

Our strategy includes a commitment to the inclusion of marginalised and excluded population groups within humanitarian response. We believe humanitarian innovation has much to contribute to this agenda. In 2019 we developed a new focus area: people with disabilities and older people. With funding from the UK Department for International Development (DFID) we are exploring the barriers to, and supporting opportunities for, the inclusion of older people and people with disabilities in humanitarian response. Last year we launched our first Innovation Challenge and are currently supporting four projects.

THIS REPORT

As our work is problem-led and evidence-based, we commissioned a Gap Analysis on the inclusion of people with disabilities and older people in humanitarian response. This is the first of two reports and presents the findings of a systematic academic literature review and grey literature review. The second report, with additional findings from consultations, interviews, and case studies, will be published later in 2020.

elrha

ABOUT THE AUTHORS

NOSSAL INSTITUTE FOR GLOBAL HEALTH, UNIVERSITY OF MELBOURNE

The Nossal Institute works on practical solutions to pressing global concerns. We combine real-world experience with the scientific rigour of one of the world's top universities. Our big picture perspective helps us to understand complexity and change and to integrate that understanding into country and regional strategies. Through our Disability Inclusion Team we deliver mainstream and targeted solutions to improve service delivery, strengthen data and measurement, and reduce risk for people with disability and others with access and functional needs.

ARBEITER – SAMARITER – BUND

Arbeiter-Samariter-Bund (ASB) is a German relief and social-welfare organisation established in 1888. ASB is engaged in a wide range of social service provision in Germany and abroad, including civil protection, rescue and social welfare services. ASB is a founding member of the Disability-inclusive Disaster Risk Reduction Network (DiDRRN) and an official member of the UNDRR Disability Stakeholder Group: Thematic Group on Disaster Risk Reduction. Through DiDRRN, ASB leads collective efforts to influence inclusion and DRR in regional and global policy processes supported by practical lessons and evidence.

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ABBREVIATIONS

ASB: Arbeiter-Samariter-Bund

CBR: Community-Based Rehabilitation

CMIST: Communication; Maintaining Health; Independence; Safety, Security, Self-determination; and Transportation. Access and functional needs assessment tool

CRPD: Convention on the Rights of Persons with Disabilities

DPO: Disabled Person's Organisations

DRR: Disaster Risk Reduction

HIS: Humanitarian Inclusion Standards for Older People and People with Disabilities

IASC: Inter-Agency Standing Committee

IDP: Internally Displaced Persons

IMS: Incident Management System

IOM: International Organization for Migration

NGO: Non-Governmental Organisation

OCHA: Office for the Coordination of Humanitarian Affairs

OPD: Organisation of Persons with Disability

RCT: Randomised Controlled Trial

SADD: Sex and Age Disaggregated Data

USA: United States of America

WASH: Water, Sanitation and Hygiene

WGQ: Washington Group Questions

WHO: World Health Organization

GLOSSARY

Administrative Data: Data for managing programmes and services, such as enrolment and record keeping

Athena: Athena functional needs flow chart (A triage tool)

Medical Model: Understanding of disability that focuses on an individual's health condition or impairment (c.f. Social Model)

Protection Cluster: The Global Protection Cluster is a network of nongovernmental organizations (NGOs), international organizations and United Nations (UN) agencies, engaged in protection work in humanitarian crises including armed conflict, climate change related and natural disaster

Reasonable Accomodation: Adaptations to meet the accessibility needs of individuals with disabilities

Social Model: Understanding of disability that emphasises the disabling nature of barriers in society (c.f. Medical Model)

Sphere: Initiative that has developed the Humanitarian Charter and Sphere standards and handbook for humanitarian response

Twin-track: Approach to disability-inclusion that includes mainstreaming activities to remove barriers alongside targeted interventions for people with disability

Universal Design: Designing programmes, goods and services to be used equitably by all people

ACKNOWLEDGEMENTS

We want to thank everyone who has provided invaluable input into this report and Gap Analysis project. In particular, the members of our dedicated Steering Committee who engaged so enthusiastically, providing helpful feedback along the way.

SUGGESTED CITATION:
Robinson. A, Marella. M, Logam. L (2020)
'Gap Analysis: the Inclusion of People with Disability and Older People in Humanitarian Response'.
Elrha: London.

ISBN : 978-1-9164999-2-8

Edited and designed by Marsden/Mee.

This work was made possible by funding from the UK Department for International Development (DFID).

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A

SECTION A

INTRODUCTION AND APPROACH

1.0

INTRODUCTION

1.0 INTRODUCTION

It is now widely acknowledged that people with disability and older people are disproportionately impacted by disasters, conflict, and humanitarian crises. Yet for many working in humanitarian response, **the inclusion of people with disability and older people remains an under-prioritised or emerging area of work.**

To build the evidence base on inclusion, and inform our priorities for innovation, the Elrha Humanitarian Innovation Fund (HIF) commissioned a Gap Analysis on the Inclusion of People with Disability and Older People in Humanitarian Response. **This is the first of two reports from the Gap Analysis and summarises findings from the literature review components of this work**. The second and final report, which will include findings from all components of the Gap Analysis, will be published in September 2020.

The Gap Analysis has been led by the Nossal Institute for Global Health at the University of Melbourne. The Nossal Institute team was supported by Arbeiter-Samariter-Bund's Office for Indonesia and the Philippines (ASB) in the review of grey literature. The Gap Analysis process has been guided throughout by a dedicated Steering Committee, co-chaired by Elrha and the Nossal Institute. The Steering Committee comprises representatives from humanitarian organisations, organisations of persons with disability (OPDs), and older person's associations (OPAs).

This report begins by outlining the approach taken to the academic and grey literature reviews. This is followed by an overview of findings, which maps evidence from different sectors against thematic areas based on the Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS).[1]

Supplementary information is available as a separate accompanying annex. The annex includes a summary of each article identified in the review arranged by HIS and sector; graphs showing the distribution of articles, including by year, humanitarian context, and geographical region; and a list of guidelines on the inclusion of people with disability and older people in humanitarian response.

CLICK TO SEE FOOTNOTE REFERENCE (1) – PAGE 66

2.0

APPROACH

2.0 APPROACH

While the inclusion of older people and people with disability is not yet standard practice in humanitarian response, there is a growing body of evidence on the impacts of humanitarian crises and disasters on people with disability and older people. These include higher mortality rates among people with disability and older people[2,3]; increased disability from injury caused by disasters[4]; and evidence of increased incidences of chronic illness,[5] malnutrition,[6] and negative psychological impacts.[7,8] Because there is a growing understanding of impacts, **the Gap Analysis focuses instead on how people with disability and older people are included in responses to humanitarian crises, conflict, and hazard-related disasters.**[9]

CLICK TO SEE FOOTNOTE REFERENCES (2, 3, 4, 5, 6, 7, 8, 9) – PAGE 66

2.1 SCOPE OF THE REVIEWS

The literature reviews were guided by the following research question, which was formulated with the help of the Steering Committee:

What is the evidence on the inclusion of people with disability and older people in humanitarian response?

Reviews of academic and grey literature were conducted separately on people with disability and older people. This ensured a wide body of evidence was identified. A previous literature review combining older age and disability identified a limited number of articles addressing the intersectionality of age and disability in humanitarian response.[10]

The findings presented in this report are separated accordingly. Though the reviews were conducted separately, and older people and people with disability have diverse lived experienced, **we recognise that disability and older age intersect. Acknowledging these intersectionalities is a step towards improving inclusion outcomes for a diverse range of people.**

Humanitarian and disaster risk management terms are not always used consistently in the literature. Similarly, the boundaries between different stages of humanitarian action are not clear-cut. For example, a transition from response to recovery is rarely distinct in practice. Equally, the difference between general preparedness and preventative activities and preparedness for response is not always clearly distinguished.

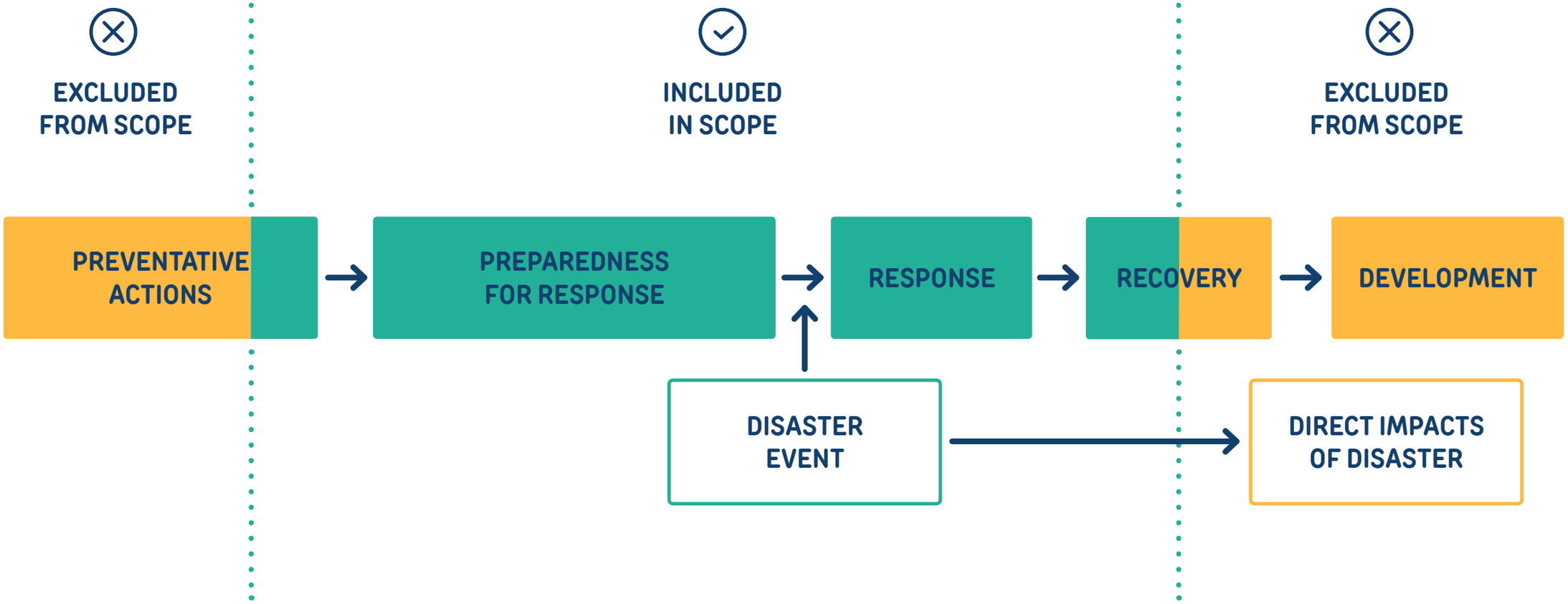
Preparedness for response activities, such as the training of emergency personnel and the advance positioning of emergency shelters, were included in the reviews. Preventative actions taken to avert a disaster or humanitarian response, such as evacuation due to flood or other hazard event, were not included. Articles relating to shelter that may follow an evacuation were included.[11] **Figure 1** (on the following page) summarises what was included and excluded from the literature reviews.

Only articles published in English between the start of January 2010 and the end of January 2020 were included in the reviews. Articles focusing on combatants and war veterans were excluded, as were articles focusing on resettled refugees and returnees. Certain types of document were also excluded. These include policy briefs, opinion pieces, book chapters, and literature reviews.[12]

CLICK TO SEE FOOTNOTE REFERENCES (10, 11, 12) – PAGE 66

2.1 SCOPE OF THE REVIEWS

FIGURE 1 : Overview of what was included and excluded from the reviews

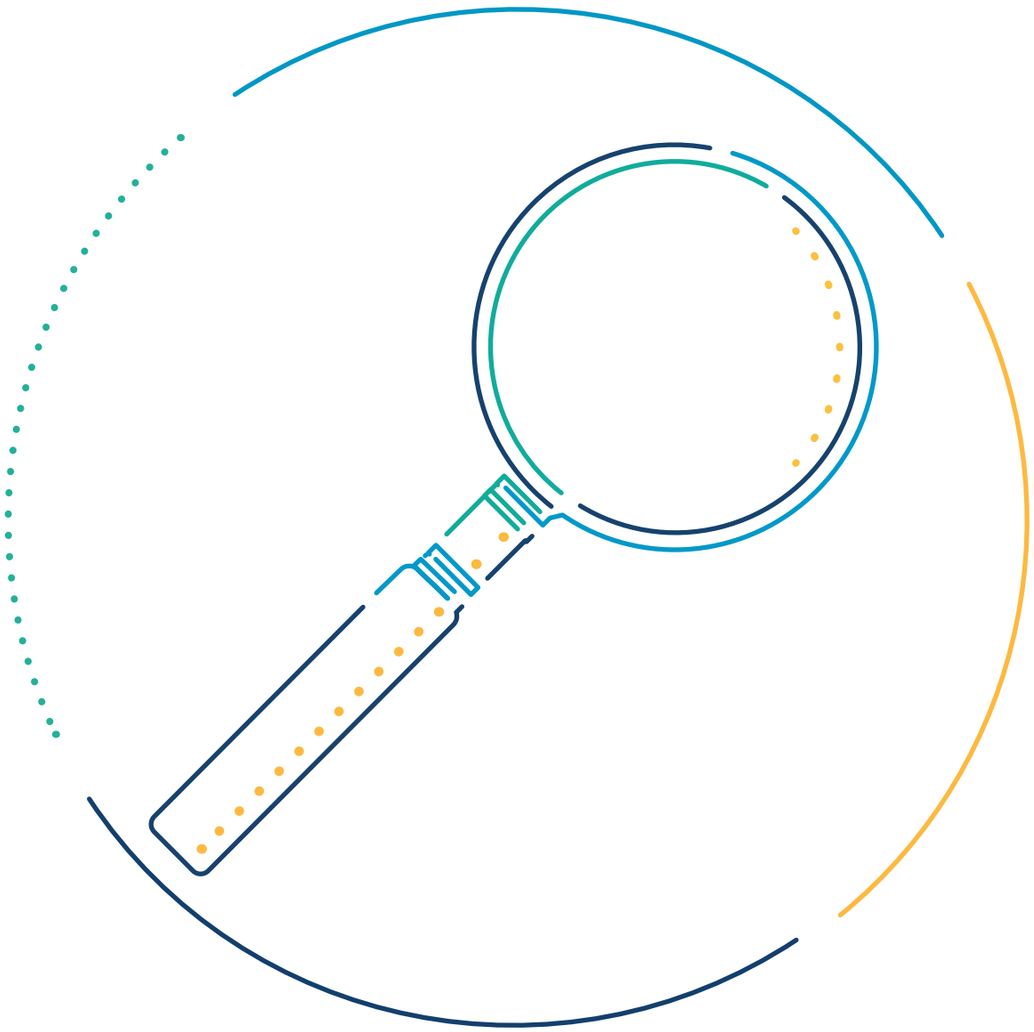


2.2 SEARCH STRATEGY

As noted, separate searches were conducted to identify articles relating to the inclusion of people with disability in humanitarian response and the inclusion of older people in humanitarian response.

Synonyms and related terms were identified for **'disability'**, **'older age'** and **'humanitarian'**. For example, a search for 'humanitarian' would be linked with 'crisis', 'response', 'agency/ies'. This process was repeated with related key words, such as 'conflict' and 'disaster', to create search strings. Search strings were then combined, trialled, and revised. Searches for academic literature were conducted in the four academic databases to ensure broad coverage of articles from different academic disciplines.[13]

A simplified set of search terms was used for the grey literature search. The grey literature search was conducted in Google using advanced search features. The search continued until saturation and no new articles were readily identified. Identified grey literature articles were reviewed to identify further articles in a snowballing process. Additional articles were identified by the Steering Committee.



CLICK TO SEE FOOTNOTE REFERENCE (13) – PAGE 66

2.2 SEARCH STRATEGY

FIGURE 2 : Articles identified in the literature reviews

PEOPLE WITH DISABILITY

Articles identified from database search:

Embase **n = 1,125**

MEDLINE **n = 1,274**

Scopus **n = 3,847**

Web of Science **n = 3,803**

TOTAL = 10,049

Articles with titles and abstracts screened (after removal of duplicates):

n = 6,828

Full text articles screened:

n = 184

Grey literature:

n = 11

Articles included in final mapping:

n = 46

OLDER PEOPLE

Articles identified from database search:

Embase **n = 1,162**

MEDLINE **n = 1,275**

Scopus **n = 5,915**

Web of Science **n = 5,083**

TOTAL = 13,435

Articles with titles and abstracts screened (after removal of duplicates):

n = 9,823

Full text articles screened:

n = 153

Grey literature:

n = 9

Articles included in final mapping:

n = 28

2.3 MAPPING OF ARTICLES

A thematic analysis was completed to organise and map the articles. Both disability and older age articles were mapped across two sets of categories. These are presented in Section B **(Tables 3 and 4)**.

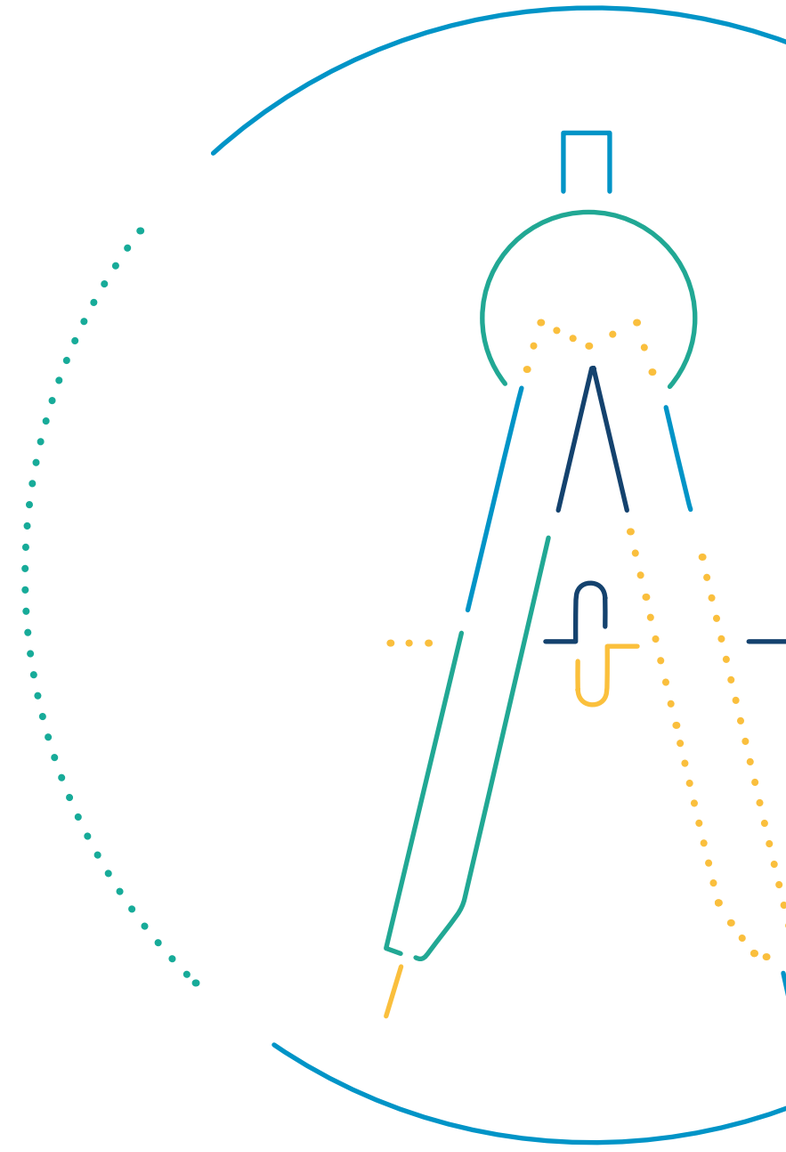
The first set of categories is based on the **Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS),** which were included in the Humanitarian Standard Partnership by Sphere in 2018.[14] The HIS include nine key inclusion standards based on nine commitments in the Core Humanitarian Standard on Quality and Accountability.[15] The second set of categories is based on humanitarian sectors or areas of work, such as shelter; water, sanitation and hygiene (WASH); or health.

Articles were allocated to individual HIS based on a 'best-fit' assessment of the relevance of the article's key findings to that HIS. Efforts were made to allocate articles to one HIS on the best-fit basis. However, four disability articles had substantive evidence relevant to two HIS, and these articles were allocated to both HIS.

Several older age and disability articles addressed inclusion broadly and had light evidence that may be of passing relevance to different HIS. These articles tended to address inclusion in terms of the removal of barriers and/or improving accessibility. As such, these articles were allocated to HIS 2 on access to humanitarian assistance and accessibility.

In contrast to the HIS categories, **sectors were identified from the literature.** Articles were grouped according to content and sectors were then identified and allocated by the researchers.[16] Sectors were either explicitly mentioned in an article or were inferred. If an article was crosscutting or broad in nature it was classified as general. Allocations to both HIS and sector categories were jointly made by the researchers. Where there were differing opinions on allocation, agreement was reached by majority decision from the three researchers.

By using the HIS and sectors as thematic categories, evidence was mapped against recognised standards on inclusion and by area of work. This helps to provide a practical overview of how evidence is distributed across areas of humanitarian practice and in identifying key gaps. To ensure the focus of each HIS is clear to the reader, **the titles of individual HIS have been adapted from the original** in the following sections and accompanying annex.



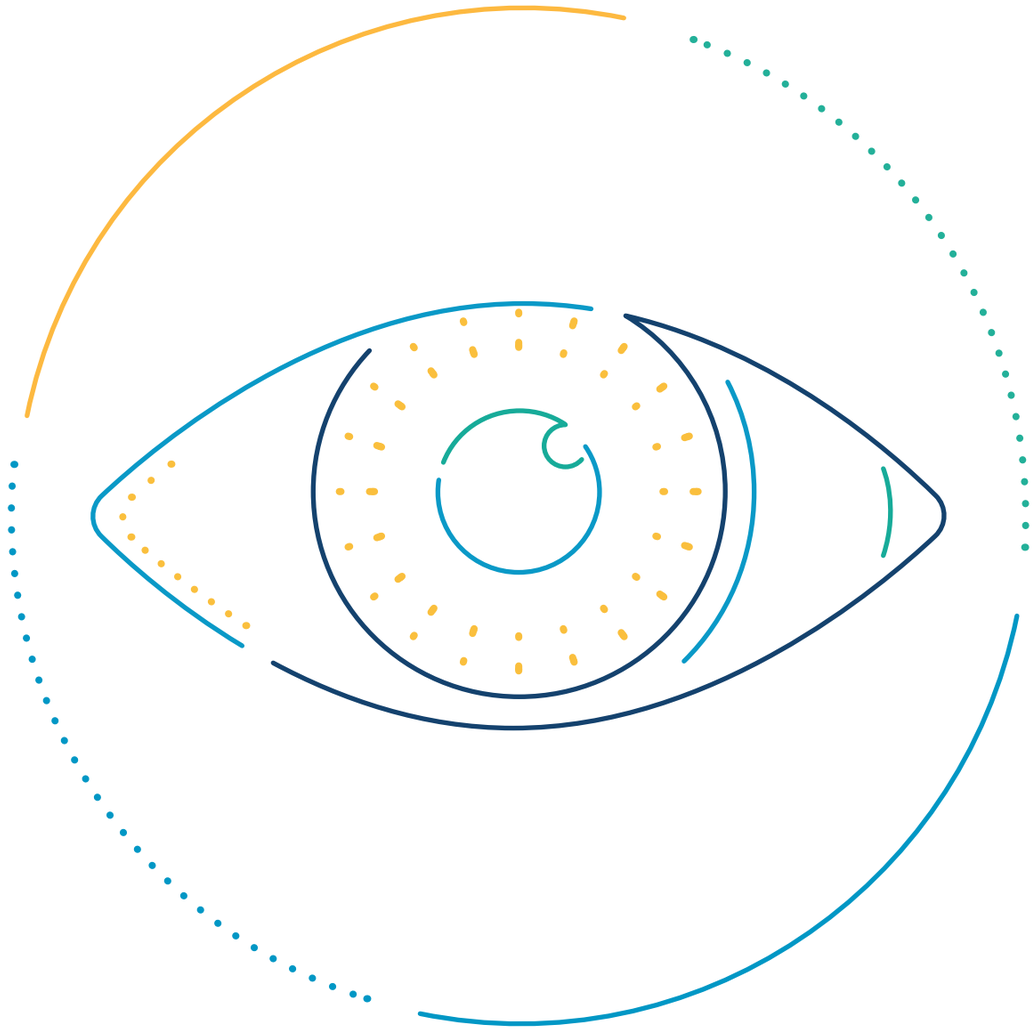
CLICK TO SEE FOOTNOTE REFERENCES (14, 15, 16) – PAGE 67

2.4 QUALITY ASSESSMENT

All selected articles were assessed on the quality of evidence they contain. The process of assessing quality is invariably subjective and the quality markers assigned to articles in this document should be treated as a guide rather than being definitive. It is worth noting the purpose of the Gap Analysis is to better understand the overall evidence base rather than judge the merits of individual articles.

Articles identified in the reviews varied substantially. This included differences in disciplinary backgrounds, focus, research methods, and respondent groups. Therefore the assessment criteria needed to be used with diverse articles while still providing an indication of overall research quality.

All articles were rated against criteria in four categories **(Table 1)**. The categories were: design, transparency, limitations (of the research), and logical clarity. Criteria within these categories were marked 'yes' or 'no', and a simple count of results completed. This approach favoured articles that collected primary data. Descriptive articles scored lower.



2.4 QUALITY ASSESSMENT

TABLE 1 : Quality assessment categories and criteria

CATEGORIES	CRITERIA	RATING
DESIGN	Does the study acknowledge existing research?	Y/N
	Does the study pose a research question or outline a hypothesis?	Y/N
	Does the study have a clear target/respondent group?	Y/N
	Does the study present a clear research design or method?	Y/N
TRANSPARENCY	Is the context in which the study was conducted clear?	Y/N
	Does the study declare sources of support/funding?	Y/N
LIMITATIONS	Does the study note its limitations in design/method?	Y/N
	Does the study note its limitation in transferability of findings?	Y/N
LOGIC	Are the conclusions clearly based on the study's results?	Y/N

Articles were then organised by score (ie, number of 'Y') into three tiers **(Table 2)** whereby a higher score indicates higher quality evidence. These tiers are used as quality markers in the findings in sections B and C and in the accompanying annex.

TABLE 2 : Scoring for quality markers

QUALITY MARKER	SCORE
TIER 1	7 - 9
TIER 2	4 - 6
TIER 3	1 - 3

B

SECTION B

THEMATIC MAPPING OF ARTICLES

3.0

INTRODUCTION TO THEMATIC MAPPING

3.0 INTRODUCTION

The following sections describe findings from the mapping process and present the mapping in two matrices **(Tables 3 and 4)**. Articles included from the literature reviews were mapped against HIS and humanitarian sectors as described in **Section A.2.3**. The following matrices and findings combine articles from the academic and grey literature reviews. **Use of the term 'article' refers to both academic (peer-reviewed) and grey literature.**

Separate matrices and findings are presented on the inclusion of people with disability and the inclusion of older people in humanitarian response. In the following discussion and matrices, the number of articles identified in the literature reviews is taken as an indicator of the availability of evidence against the HIS and humanitarian sectors.

In the two matrices, the nine HIS are listed horizontally at the top and the sectors are listed vertically on the left in alphabetical order. As the sectors were identified from the two literature reviews on disability and older age, there are differences in the sectors included in each of the matrices. For example, food security was identified as a sector in the review on older people but not in the review on people with disability.

The total number of articles identified for each sector and HIS is indicated by a figure in a circle at the intersection of an HIS and sector. A larger circle indicates more articles were identified for that HIS and sector. Smaller circles indicate fewer articles. Where there are no circles at an intersection, no articles were identified for that HIS and sector.

Four disability articles, as noted earlier, were assigned to two HIS. As such, the total of figures in the disability matrix is 50 and not 46 as per the total number of articles identified. Several articles addressed the inclusion of both people with disability and older people in humanitarian response. These articles were included in both reviews and are included in findings on disability and older age.

4.0

SUMMARY OF MAPPING FINDINGS

4.1 DISABILITY EVIDENCE MAPPING

DISABILITY

Overall, disability articles were widely dispersed across the HIS (Table 3). No evidence was identified under HIS 3 on building resilience and preparedness for people with disability through inclusive humanitarian response. Very little evidence was identified under HIS 4, 5, and 6 on the meaningful participation of people with disability in humanitarian response, inclusive mechanisms for feedback and complaints by people with disability, and coordination of inclusive humanitarian assistance respectively.

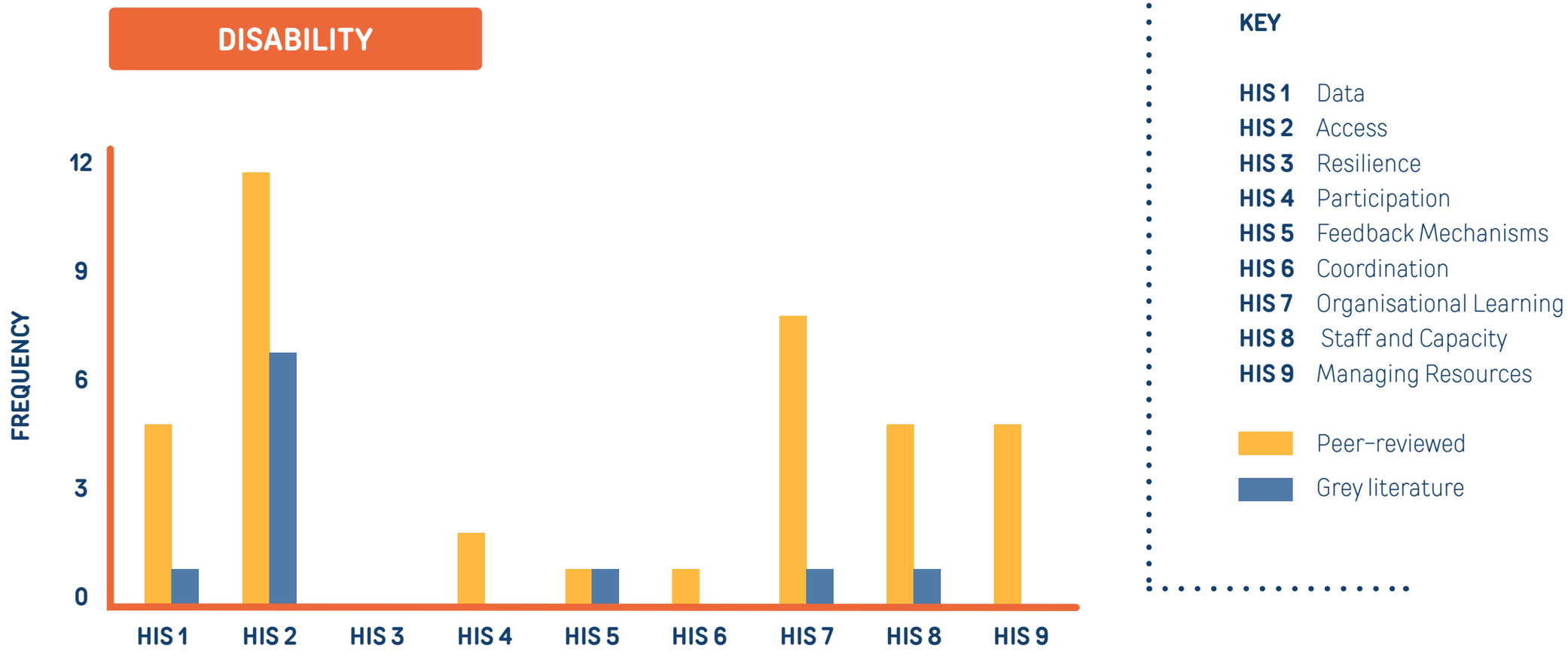
By sector, very little evidence was identified on disability inclusion in WASH in humanitarian settings and in camp management. In contrast to the mapping of older age articles **(Table 4)**, no evidence was identified relating to disability inclusion in food security or the logistics sectors in humanitarian response.

Most disability articles related to HIS 2 on access to humanitarian assistance and accessibility, followed by HIS 7 on organisational learning for inclusive humanitarian assistance. By sector, most articles related to communications and to health, including under HIS 2 on access. Limited evidence was found across sectors under HIS 1 on data and identification of people with disability, HIS 8 on staff and capacity, and HIS 9 on managing resources for inclusive humanitarian assistance.

The following figures show the distribution articles by type (academic peer-reviewed or grey literature) for each HIS **(Figure 3)** and the quality markers for articles under each HIS **(Figure 4)** for disability.

4.1 DISABILITY EVIDENCE MAPPING

FIGURE 3 : Disability article type by HIS

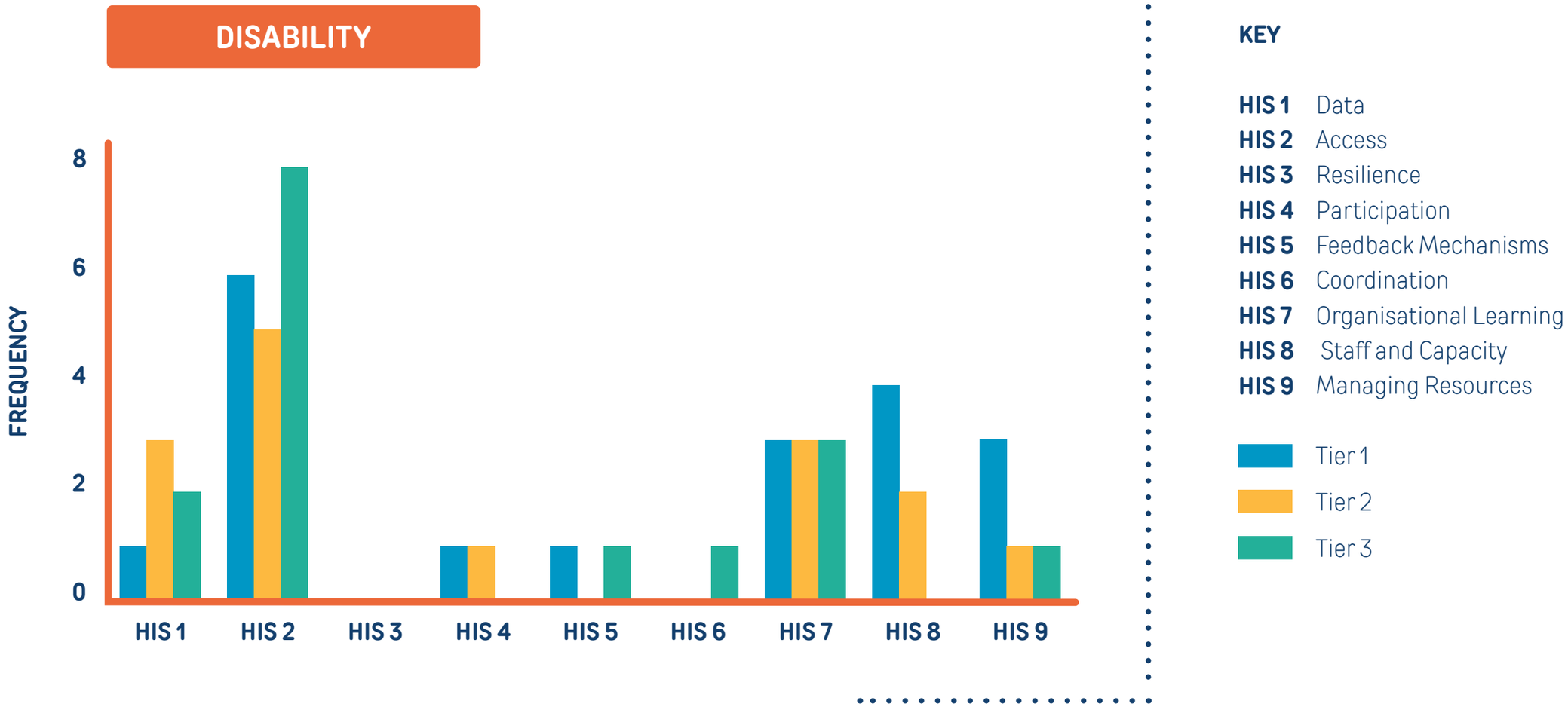


Most of the disability articles identified were from peer-reviewed journals (35 out of 46). Across seven of the eight HIS with identified evidence, most articles were peer-reviewed.

HIS 5 on inclusive mechanisms for feedback and complaints had one peer-reviewed and one grey literature article.

4.1 DISABILITY EVIDENCE MAPPING

FIGURE 4 : Quality assessment of disability articles by HIS



The quality of disability articles was mixed across the HIS. While most disability articles fell under HIS 2 on access, most of these articles scored low on quality (Tier 3 = 8).

Although fewer articles were identified under HIS 8 on staff and capacity and HIS 9 on managing resources compared to HIS 2, these two HIS included higher quality articles.

4.1 DISABILITY EVIDENCE MAPPING

TABLE 3: Mapping of disability articles by sector and humanitarian inclusion standards

DISABILITY

	DATA COLLECTION & IDENTIFICATION	ACCESS TO HUMANITARIAN ASSISTANCE (INC. ACCESSIBILITY)	BUILDING PREPAREDNESS & RESILIENCE THROUGH HUMANITARIAN ACTION	MEANINGFUL PARTICIPATION	INCLUSIVE MECHANISMS FOR FEEDBACK & COMPLAINTS	COORDINATION OF INCLUSIVE HUMANITARIAN ASSISTANCE	ORGANISATIONAL LEARNING FOR INCLUSIVE HUMANITARIAN ASSISTANCE	STAFF & CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE	MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE
CAMP MANAGEMENT		1			1				
COMMUNICATIONS	1	5		1	1		1	3	1
HEALTH	1	4				1	3	1	3
PROTECTION		3					2	1	
SHELTER	2	1					2		1
WASH		1							
GENERAL	2	4		1			1	1	

4.2 OLDER AGE EVIDENCE MAPPING

OLDER AGE

Fewer articles were identified on the inclusion of older people in humanitarian response compared to the inclusion of people with disability. Older age articles were also scattered across the HIS and sectors. As with disability, no evidence was identified under HIS 3 on building resilience and preparedness for older people through inclusive humanitarian response. Also, no evidence was identified under HIS 4 on the meaningful participation of older people in humanitarian response, HIS 5 on inclusive mechanisms for feedback and complaints by older people, and HIS 7 on organisational learning for inclusive humanitarian assistance.

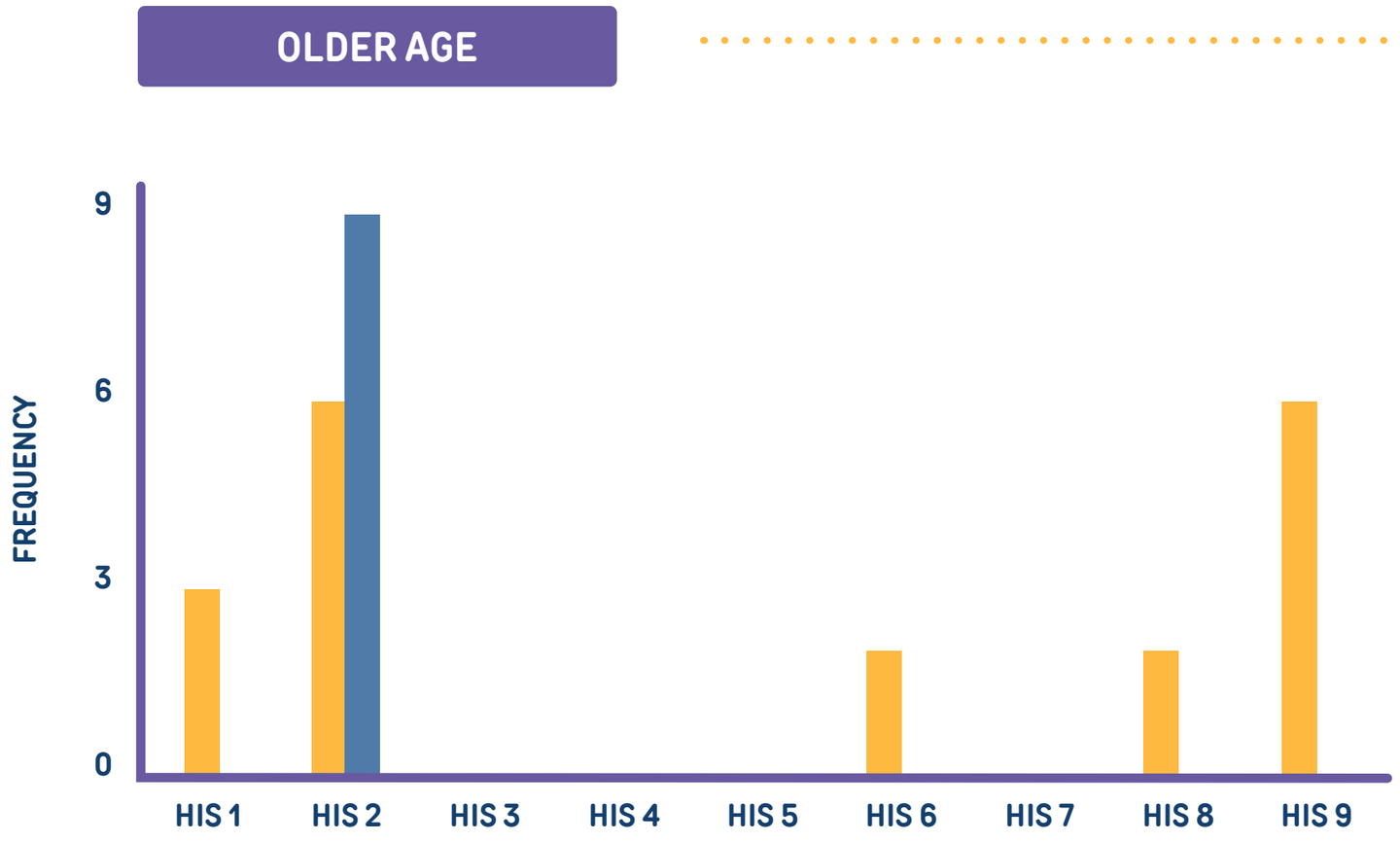
Most older age articles were also under HIS 2 on access to humanitarian assistance and accessibility **(see Section A.2.3)**. Then followed by HIS 9 on managing resources for inclusive humanitarian assistance. Limited evidence was identified under HIS 1, 6, and 8 on data and identification of older people, coordination of inclusive humanitarian assistance, and staff and capacity respectively.

Most older age articles were general and without a specific sector focus, followed by camp management and shelter. In comparison to the sectors identified for disability, no older age articles were identified under protection as a sector.

The following figures show the distribution of articles (from peer-reviewed and grey literature) by HIS **(Figure 5)** and the quality of articles under each HIS **(Figure 6)** for older age.

4.2 OLDER AGE EVIDENCE MAPPING

FIGURE 5: Older age article type by HIS



KEY

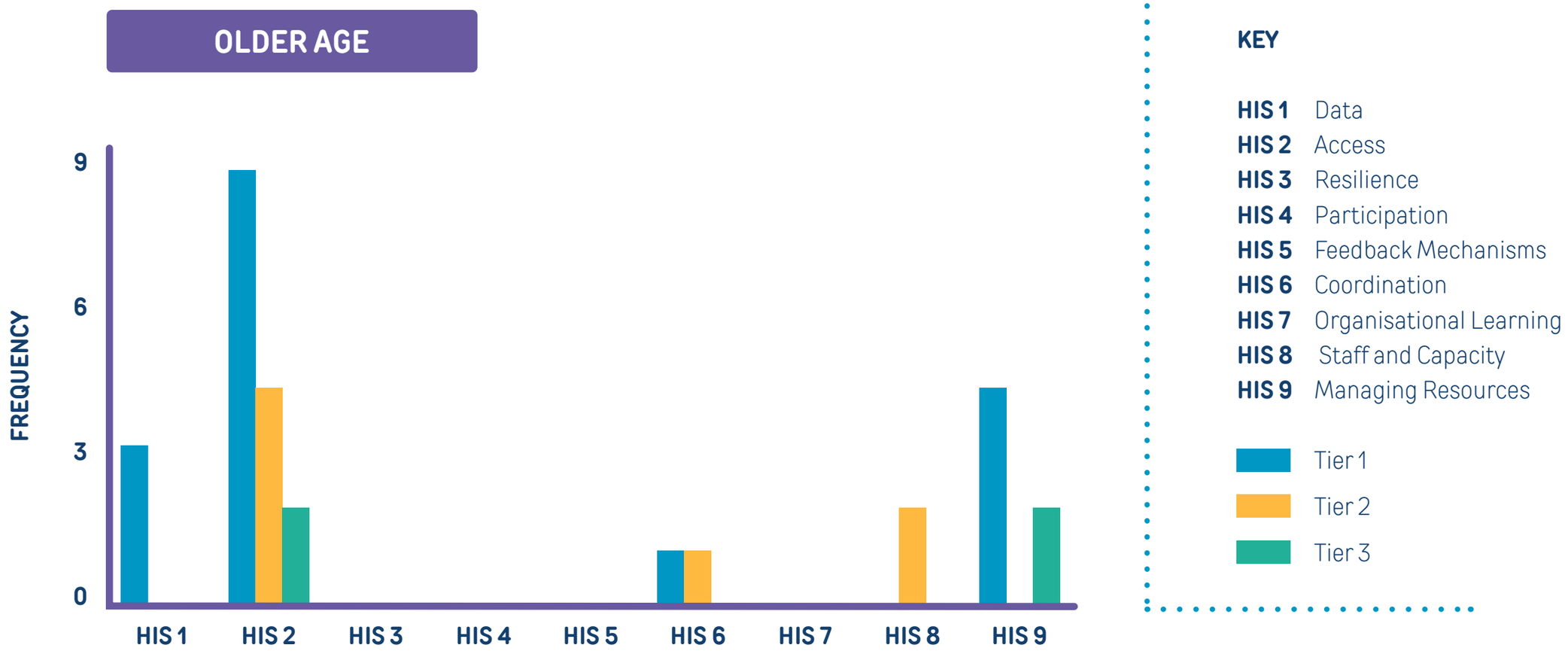
HIS 1 Data
HIS 2 Access
HIS 3 Resilience
HIS 4 Participation
HIS 5 Feedback Mechanisms
HIS 6 Coordination
HIS 7 Organisational Learning
HIS 8 Staff and Capacity
HIS 9 Managing Resources

Peer-reviewed
Grey literature

Except for HIS 2 on access, which included mostly grey literature articles, all other older age articles under the remaining HIS were peer-reviewed journal articles.

4.2 OLDER AGE EVIDENCE MAPPING

FIGURE 6: Quality assessment of older age articles by HIS



Although fewer in number, the older age articles scored higher on quality overall compared to the disability articles. Most older age articles scored highest on quality (Tier 1).

Only a few articles under HIS 2 on access and HIS 9 on managing resources scored the lowest on quality (Tier 3).

4.2 OLDER AGE EVIDENCE MAPPING

TABLE 4: Mapping of older age articles by sector and humanitarian inclusion standards

OLDER AGE	DATA COLLECTION & IDENTIFICATION	ACCESS TO HUMANITARIAN ASSISTANCE (INC. ACCESSIBILITY)	BUILDING PREPAREDNESS & RESILIENCE THROUGH HUMANITARIAN ACTION	MEANINGFUL PARTICIPATION	INCLUSIVE MECHANISMS FOR FEEDBACK & COMPLAINTS	COORDINATION OF INCLUSIVE HUMANITARIAN ASSISTANCE	ORGANISATIONAL LEARNING FOR INCLUSIVE HUMANITARIAN ASSISTANCE	STAFF & CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE	MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE
CAMP MANAGEMENT		4							
COMMUNICATIONS		2						1	
FOOD SECURITY	1								
HEALTH	1					1			1
LOGISTICS		1							
SHELTER		1						1	4
WASH		1							
GENERAL	1	6				1			1

C

SECTION C

KEY FINDINGS

5.0

INTRODUCTION TO KEY FINDINGS

5.0 INTRODUCTION TO KEY FINDINGS

The following sections summarise key findings for each HIS. A summary of overall findings is provided, followed by more detailed findings under individual HIS categories. In line with the matrices in **Section B.4**, only the HIS with identified articles are included. Articles from both the academic and grey literature searches are included. Findings on the inclusion of people with disability and older people are presented separately under each HIS.

A summary of the number of types of article (peer-reviewed or grey literature), geographical region, humanitarian context, and quality markers **(Section A.2.4)** is provided at the start of each HIS. These summaries are based on the total number of articles under the HIS and may be read as indicating further gaps in evidence. For example, if no articles address conflict or all articles are based in research in one country. Following a summary of evidence for each HIS, gaps in the evidence are outlined. These are presented as potential areas for improving practice or for future research. **The gaps identified and described in this report are not exhaustive.** They provide a basis for reflection and, we hope, some inspiration.

More detailed information on individual articles arranged by sector under each HIS is available in the annex accompanying this report. Where names of authors are provided in the following sections, the reader is referred to the authors' article in the annex for further information. For brevity, only the first three authors are named.

The annex also includes additional information on the distribution of articles, including by geographical region and humanitarian context. Where articles address more than one country, they are listed as 'multiple'. However, regions are used where possible to provide more information. For example, the 'Asia' category may be used where there is one article on Indonesia, and one article on Bangladesh and Myanmar.

6.0

OVERALL SUMMARY

6.0 SUMMARY OF KEY FINDINGS

TRENDS IN THE RESEARCH

Despite growing awareness of the importance of inclusive humanitarian response, there is limited evidence that people with disability and older people are being included.

Most of the literature notes an absence of inclusive interventions. Relatedly, many articles tend towards advocating the importance of inclusion in humanitarian response.

The current evidence base on the inclusion of people with disability and older people in response is highly diverse in terms of research topics, approach, quality and scope. Evidence is spread broadly and there is little depth of quality evidence for any sector under any HIS.

There is a lack of research led by people with disability or older people. Two articles were authored by individuals who self-identified as Deaf. No other articles are known to be authored by people with disability or older people.

APPROACHES IN HUMANITARIAN RESPONSE

There is limited evidence on institutional barriers to the inclusion of people with disability and older people in response, or on why known inclusion principles and approaches are not widely adopted in response.

There is evidence that the humanitarian sector has an outdated understanding of disability and tends to approach disability from a Medical Model rather than a Social Model or rights-based understanding.[17]

There is little critical analysis of the use and effectiveness of existing inclusive approaches and tools being applied in humanitarian response.

There is no clear evidence on positive impacts or outcomes for people with disability and older people resulting from inclusive humanitarian response. Although impacts may be measured effectively in different ways, no randomised controlled trial studies were identified.

There is limited evidence on the meaningful participation of people with disability and older people in planning and decision-making in response.

CLICK TO SEE FOOTNOTE REFERENCE (17) – PAGE 67

6.0 SUMMARY OF KEY FINDINGS

COST AND DATA

There is no evidence relating to the costing of the inclusion of people with disability or older people in humanitarian response or similar cost-benefit analyses on the most appropriate interventions.

There is limited evidence on the effective use of data for inclusive response. The collection of data does not in itself lead to change.

REPRESENTATION AND DIVERSITY

The disability literature emphasises the importance of engaging with the representative organisations of people with disability in response. Aside from engaging with 'elders', no mention of an equivalent mechanism or approach to engaging with older people was identified.

There is evidence that humanitarian actors mistakenly link social standing and older age. For example, by identifying, and coordinating with, 'elders' who may not represent older people more broadly.

There is a lack of nuanced understanding and critical analysis of the diversity of older age beyond 60 years of age in humanitarian response.

There is limited evidence on the intersectionality between disability and older age, and other social factors. A few articles address specific groups, such as women with disability, but there is little detailed gender analysis and almost no evidence detailing other considerations, such as race, ethnicity or class.

7.0

FINDINGS BY HUMANITARIAN INCLUSION STANDARDS (HIS)

7.1 HIS 1. DATA COLLECTION AND IDENTIFICATION

7.1.1 DISABILITY

EVIDENCE SUMMARY

Number of articles

Six articles. Peer-reviewed (5), grey literature (1). (2015 to 2018).

Region(s)

Asia (3), USA (2), Global (1).

Humanitarian context(s)

Earthquake (1), Tropical Storm (2), General (3).

Sector(s)

Communications (1), Health (1), Shelter (2), General (2).

Evidence quality

Quality markers: Tier 1 (1), Tier 2 (3), Tier 3 (2).

- Overall, limited evidence on data collection and the identification of people with disability in humanitarian response.
- Majority of articles focus on identification of individuals with disability and triage tools, including in health and shelter settings.
- Limited evidence on the identification and measurement of barriers to participation in response.
- Emerging evidence that the WGQ on disability can be effective for measuring disability prevalence post-disaster.[18]
- Despite interest in use of the WGQ to disaggregate data by disability, no evidence was identified demonstrating positive outcomes for people with disability in response compared to people without disability.
- Challenges of using the WGQ effectively are becoming apparent, such as the need for sufficient training of data collectors. Also, organisations may not fully consider their data needs before using the WGQ.
- Indications of some resistance to using the WGQ in conflict situations, as it may result in the identification of a large number of people with disability (Leonard Cheshire, Humanity and Inclusion, 2018).
- Some evidence that people with disability should be included as data collectors in response.
- Framing data collection in terms of access and functional needs may improve the use of data collected from the identification of people with disability (Fannin A, Brannen D E, Howell M, et al, 2015). Similarly, considering barriers to accessing and acting upon information can help guide data collection and the application of data in programming (Sloman A, Margaretha M, 2018).
- Administrative data available pre-disaster, such as census data, may be used to inform response. However, pre-disaster data may not capture the full extent of specific needs of people with disability post-disaster (Springer J, Casey-Lockyer M, 2016).
- Privacy and data protection concerns can prevent sharing of official data for preparedness and response purposes. This can persist after revisions to legislation to allow sharing of information in disasters have been made (Takamaya K, 2017).

CLICK TO SEE FOOTNOTE REFERENCE (18) – PAGE 67

7.1 HIS 1. DATA COLLECTION AND IDENTIFICATION

7.1.1 DISABILITY

EVIDENCE GAPS

- Understanding the effectiveness of different disability prevalence measurement tools, including shortened WGQ sets, in different humanitarian situations.
- Identification or development of complementary data collection tools to measure barriers to participation in response.
- Identification or development of data collection tools for specific purposes in different sectors beyond triage in shelter and health. For example, simple screening tools for protection purposes.
- Identification of strategies to ensure data on people with disability and their specific needs is in place prior to a disaster and is usable during response.
- Establishment of effective processes, and safeguards, for sharing official data collected prior to a disaster to assist response.
- Understanding impacts of disability-inclusive response on people with disabilities in comparison to people without disability.

7.1

HIS 1. DATA COLLECTION AND IDENTIFICATION

7.1.2 OLDER AGE

EVIDENCE SUMMARY

Number of articles

Three peer-reviewed articles. (2013-2017).

Region(s)

Ethiopia (1), USA (1), Global (1).

Humanitarian context(s)

Drought (1), Tropical Storm (1), General (1).

Sector(s)

Food Security (1), Health (1), General (1).

Evidence quality

Quality markers: Tier 1 (3).

- Limited evidence on data and the identification of older people in response.
- Despite recognition of the need for age (and gender) disaggregated data in the humanitarian sector, this data is still not routinely collected or used to inform humanitarian decision-making (Mazurana et al, 2013).
- Some evidence on the effective use of administrative data in allocation of food aid (Azadi H, De Rudder F, Vlassenroot K, et al, 2017) and to identify older people with specific health needs (diabetes) (Lee D C, Gupta V K, Carr B G, et al, 2016).
- Some evidence the utility of administrative data can be improved by geographical analysis (Lee et al, 2016).

KEY FINDINGS C

7.1 HIS 1. DATA COLLECTION AND IDENTIFICATION

7.1.2 OLDER AGE

EVIDENCE GAPS

- Data disaggregation by age for people over 60 years old (or equivalent cut-off).
- Use of data to understand the different and specific needs of older people by different age groups.
- Effectiveness of disability-focused tools and approaches, such as the WGQ and access and functioning needs approach, for identifying the specific needs of older people.
- Understanding barriers within humanitarian agencies to better collecting and applying age disaggregated data.

7.2 HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

7.2.1 DISABILITY

Number of articles

Nineteen articles. Peer-reviewed (12), grey literature (7). (2010–2019).

Region(s)

Asia (6), Haiti (1), Italy (1), South Sudan (1), USA (2), Multiple (4).

Humanitarian context(s)

Conflict (4), Earthquake (6), Tropical Storms (1), General (8).

Sector(s)

Camp Management (1), Communications (5), Health (4), Protection (3), Shelter (1), WASH (1), General (4).

Evidence quality

Quality markers: Tier 1 (6), Tier 2 (5), Tier 3 (8). Overall, limited evidence on data collection.

EVIDENCE SUMMARY

- Most articles address a lack of access and accessibility in humanitarian response.
- More articles relating to access in communications and health than other sectors.
- Communication articles mostly address the information access for Deaf people and/or use of technology/media to improve access to information.
- Evidence on use of social media to improve access to information and strengthen support networks is mixed. A recent example of improving access to post-disaster information for Deaf people in Italy was positive (Rotondi L, Zuddas M, Marsella P, et al, 2018). Low use of social media in emergencies found in an earlier study in USA (Morris J T, Mueller J L, Jones M L, 2014).
- Effective use of social media to improve access to information post-disaster requires considering compatibility and the ability to share information across multiple platforms (Kent & Ellis, 2015).
- Online media and technology-based interventions more effective at improving access to information/ communication when multiple media are used.
- Specific interventions, such as sign language on television, can raise wider awareness of barriers to access among the public (McKee, 2014).
- All health articles addressed access to rehabilitation with a focus on medical rehabilitation rather than community-based rehabilitation (CBR).

CONTINUED ...

7.2 HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

7.2.1 DISABILITY

EVIDENCE SUMMARY

CONTINUED ...

- Evidence of benefits of providing rehabilitation services in response, including prevention of complications, and opportunities to strengthen rehabilitation and relieve pressure on wider health system.

- People who acquire injuries/disability more likely to receive attention and access services than people with pre-existing disability in humanitarian response (Hunt M R, Chung R, Durocher E, et al, 2015).

- Most services for people with disability in response are health-focused. Humanitarian agencies need to look beyond a narrow focus on health services for people with disability and ensure access to services across sectors (Pearce E, Paik K, Robles O J, 2016).

- Improving access to services for children with disability also needs consideration of parents' welfare, including respite services (Jones N, Hamad B A, Odeh K, et al, 2016).

- People with disabilities' access to services is determined by both location, such as shelter type, and social standing in that location (Brittingham R, Wachtendorf T, 2013).

- The importance of applying broader inclusion approaches in response is noted, including universal design, reasonable accommodation, twin-track approach, and promoting leadership of people with disability.

7.2 HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

7.2.1 DISABILITY

EVIDENCE GAPS

Understanding the effectiveness and impact of inclusion approaches, such as a twin-track approach, to improving access to humanitarian response for people with disability.

Understanding institutional barriers to humanitarian actors adopting holistic and established approaches to improving access.

Long-term sustainability of interventions to improve access for people with disability initiated during response.

How to better integrate access to health alongside wider socio-economic interventions for people with disability in response.

Cost-benefit analyses of improving access for people with disability across sectors in response.

Existing studies on social media and technology use in humanitarian contexts may be rapidly out of date. There is little evidence on the benefits of integrating social media into larger information systems, including supplementing and facilitating face-to-face communications.

7.2 HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

7.2.2 OLDER AGE

Number of articles

Fifteen articles. Peer-reviewed (6), grey literature (9). (2010-2019).

Region(s)

Africa (2), Asia (7), England (1), USA (1), Multiple (2), Global (2).

Humanitarian context(s)

Conflict (4), Drought (2), Earthquake (3), Tropical Storms (1), Volcanic Eruption (1), General (4).

Sector(s)

Camp Management (4), Communications (2), Logistics (1), Shelter (1), WASH (1), General (6).

Evidence quality Quality markers: Tier 1 (9), Tier 2 (4), Tier 3 (2).

EVIDENCE SUMMARY

- Evidence that awareness of the importance of including older people in response is increasing (Amnesty International, 2019; Elrha, 2019). However, implementation remains ad hoc (Barbelet V, Samuels F, Plank G, 2018).
- Majority of evidence points to a lack of access and little consideration of the diversity among older people over 60 years old.
- Barriers to accessing general services persist alongside a lack of interventions to meet the specific access needs of older people.
- By sector, most articles on access for older people relate to camp management in conflict.
- Evidence of exclusion due to the inflexibility of systems, such as registration processes in camps (Chemali Z, Borba C P, Johnson K, et al, 2018).
- When considering access, organisations may over-romanticise older age (Barbelet V, Samuels F, Plank G, 2018). Older age is not synonymous with higher status in communities, and 'elders' who liaise with responders may not be representative of older people (Humanitarian Policy Group, HelpAge, 2016).
- Changes to older people's roles and influence in communities post-disaster and lack of access to information can increase psychological impacts and risk for older people.
- Caring for older people in disasters (UK) often falls to women; however, these informal solutions do not offset shortcomings in formal response system (Dominelli L, 2014).
- Older people should be consulted to improve physical and social access to humanitarian services and delivery systems.

7.2 HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

7.2.2 OLDER AGE

EVIDENCE GAPS

More nuanced understanding of how general access needs of older people differ from younger people and may differ from people with disability.

Understanding institutional barriers among humanitarian agencies to prioritising the specific access needs of older people in response.

Understanding specific access needs of different groups of people over 60 years old, including by gender, age, disability, and socio-economic status.

Improved understanding on how a lack of independence and increased support needs of older people may impact on families and communities.

Identifying and understanding the effectiveness of different approaches to improving access to humanitarian response for older people.

7.3 HIS 4. MEANINGFUL PARTICIPATION

7.3.1 DISABILITY

EVIDENCE SUMMARY

Number of articles

Two peer-reviewed articles. (2011, 2018).

Region(s)

New Zealand (1), Multiple (1).

Humanitarian context(s)

Conflict (1), Earthquake (1).

Sector(s)

Camp Management (1), General (1).

Evidence quality

Quality markers: Tier 1 (1), Tier 2 (1).

- Little evidence directly addressing the meaningful participation of people with disability in humanitarian response; however, the importance of consulting with and including people with disability in decision-making is a recurring theme (also HIS 2: Access).
- Growing awareness of disability in humanitarian sector since the 1980s (Mirza M, 2011), but this has not resulted in comprehensive engagement with people with disability in response.
- No clear evidence of people with disability contributing to decision-making in, and planning of, humanitarian response.
- Examples of people with disability mobilising and advocating for inclusion as a response to a lack of disability-inclusive initiatives in camp settings (Mirza M, 2011).
- Following the Christchurch earthquake, 2011, people with disability engaged with local government in response and recovery (Hay K, Pascoe K M, 2018).
- Advocacy for meaningful participation of people with disability in response needs to be ongoing, otherwise disability-inclusion can drop off the agenda (Hay K, Pascoe K M, 2018).
- Also, see case studies in Palmer T, Bertozzi E, Dominik G, et al, 2019 under HIS 2: Access.
- Also, Takamaya K, 2017 on how Deaf people responded to meet their specific needs in their community under HIS 7: Staff and Capacity. Also, see Rotondi L, Zuddas M, Marsella P, et al, 2018 on how members of the Deaf community helped establish a Facebook page in response to a lack of information post-earthquake (HIS 2: Access). Note, these are independent initiatives in response to a lack of access, rather than people with disability being included and participating in the wider response system.

7.3 HIS 4. MEANINGFUL PARTICIPATION

7.3.1 DISABILITY

EVIDENCE GAPS

The extent to which the participation of people with disability in planning and decision-making during response may improve overall inclusion across a humanitarian response.

Understanding the roles and effectiveness of OPD for ensuring the meaningful participation of people with disability in response.

Identification of positive impacts and outcomes resulting from the increased participation of people with disability in response.

How to ensure representation of diverse groups of people with disability in humanitarian response, including in places where OPDs are not present.

The potential for, and barriers to, building on and incorporating ad hoc initiatives by people with disability in crises and emergencies into the wider response system.

The extent to which employment of people with disability in humanitarian agencies may positively impact on disability inclusion in response.

7.4 HIS 5. INCLUSIVE MECHANISMS FOR FEEDBACK AND COMPLAINTS

7.4.1 DISABILITY

Number of articles

Two articles. Peer-reviewed (1), grey literature (1). (2010, 2019).

Region(s)

China (1), South Sudan (1).

Humanitarian context(s)

Conflict (1), Earthquake (1).

Sector(s)

Camp Management (1), Communications (1).

Evidence quality

Quality markers: Tier 1 (1), Tier 3 (1).

EVIDENCE SUMMARY

- Little evidence addressing inclusive mechanisms for feedback and complaints. No article addressed this HIS as its main focus.
- One article notes a camp feedback mechanism for people with disability being criticised by users with disability. Users felt their complaints should go directly to camp managers instead of via representatives of people with disability or the protection desk (International Organization for Migration, 2019).
- Some indication that technology has the potential to improve two-way communication and feedback mechanisms (Fu K W, White J, Chan Y Y, Zhou L, et al, 2010). See notes on use of technology and social media under HIS 2: Access.

7.4 HIS 5. INCLUSIVE MECHANISMS FOR FEEDBACK AND COMPLAINTS

7.4.1 DISABILITY

EVIDENCE GAPS

Identification and development of different feedback mechanisms and understanding of their appropriateness.

Understanding challenges to establishing whole-of-response feedback mechanisms across sectors, including monitoring of follow-up actions.

Understanding the extent to which inclusive end-to-end feedback mechanisms may best contribute to demonstrable change across sectors in response.

Understanding how the social (human interaction) aspect of technology-based systems may impact adoption and use by people with diverse information access needs.

How best, and in what circumstances, to apply existing and emerging technologies to improve people-centred feedback mechanisms.

7.5 HIS 6. COORDINATION OF INCLUSIVE HUMANITARIAN ASSISTANCE

7.5.1 DISABILITY

Number of articles
One peer-reviewed article. (2012).

Region(s)
Japan.

Humanitarian context(s)
Earthquake.

Sector(s)
Health.

Evidence quality
Quality markers: Tier 3 (1).

EVIDENCE SUMMARY

- Very little evidence on coordination of inclusive humanitarian assistance for people with disability; however, the general need for better coordination in response is noted in several articles (also see HIS 9: Management).
- Ad hoc coordination among civil society actors improved supply of items required by children with disability and their families post-earthquake.
- Establishment of regional coordinators to improve volunteer-led inclusion initiatives in response.

7.5 HIS 6. COORDINATION OF INCLUSIVE HUMANITARIAN ASSISTANCE

7.5.1 DISABILITY

EVIDENCE GAPS

- **Identifying and/or developing different coordination mechanisms and how they can best support inclusion and promote the participation of people with disability in response.**
- **Understanding how OPDs and people with disability may best contribute to coordination mechanisms to improve inclusion across response.**
- **Understanding the roles of, and potential to integrate, both formal and informal coordination mechanisms to improve inclusion in response.**

7.5 HIS 6. COORDINATION OF INCLUSIVE HUMANITARIAN ASSISTANCE

7.5.2 OLDER AGE

Number of articles

Two peer-reviewed articles. (2011, 2018).

Region(s)

USA (2).

Humanitarian context(s)

Flood (1), Tropical Storm (1).

Sector(s)

Health (1), General (1).

Evidence quality

Quality markers: Tier 1 (1), Tier 2 (1).

EVIDENCE SUMMARY

- Little evidence on coordination of inclusive humanitarian assistance for older people.
- Need to better consider and prioritise residential care facilities for older people in incident management systems and local and regional response plans (McCann D G C, 2011).
- Study of local disaster response networks shows low levels of collaboration to support older people. Need to restructure and strengthen local and community response networks to better support older people in response (Ashida S, Zhu X, Robinson E L, et al, 2018).

7.5 HIS 6. COORDINATION OF INCLUSIVE HUMANITARIAN ASSISTANCE

7.5.2 OLDER AGE

EVIDENCE GAPS

Identifying and/or developing different coordination mechanisms and how they can best support inclusion and promote the participation of older people in response.

How to better integrate older age support services and residential care facilities into local and national response plans.

Understanding the role and effectiveness of both formal and informal coordination mechanisms to improving inclusion for older people in response at community, local and national levels.

7.6 HIS 7. ORGANISATIONAL LEARNING FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.6.1 DISABILITY

Number of articles

Nine articles. Peer-reviewed (8), grey literature (1). (2011–2019).

Region(s)

Haiti (1), USA (3), Multiple (2), Global (3).

Humanitarian context(s)

Chemical Incident (1), Conflict (3), Earthquake (1), General (4).

Sector(s)

Communications (1), Health (3), Protection (2), Shelter (2), General (1).

Evidence quality

Quality markers: Tier 1 (3), Tier 2 (3), Tier 3 (3).

EVIDENCE SUMMARY

- Evidence relevant to organisational learning for inclusive humanitarian assistance was identified, but no articles directly focus on this topic.
- Long-standing awareness of the need for organisational change to increase disability inclusion, but barriers, including outdated perceptions of disability, persist (Twigg J, Kett M, Bottomley H et al, 2011).
- Perceptions remain that disability inclusion is the responsibility of specialist agencies (Hunt M R, Chung R, Durocher E, et al, 2015).
- Established approaches to disability inclusion, such as the twin-track approach and universal design, yet to be widely applied in humanitarian response (Rohwerder B, 2013).
- The humanitarian sector remains largely influenced by the Medical Model of disability (Berghs, 2015). Organisational change is needed to align with the Social Model and rights-based approaches to disability inclusion.
- It is not clear the extent to which humanitarian agencies go beyond voluntary commitments, such as Sphere standards, and are informed by international humanitarian law and the Convention on the Rights of People (CRPD) (Priddy, 2019).
- Management and staff practices (and attitudes) are a barrier to ensuring the accessibility of shelters (Twigg J, Kett M, Bottomley H et al, 2011). Organisations need to look beyond just the physical accessibility of shelters and other infrastructure.
- Humanitarian agencies need to update internal and sector-specific processes and standards to prioritise disability inclusion (Chilcott R P, Larner J, Durrant A, et al, 2018; Casey-Lockyer M, Myers S, 2017).
- Organisational change will be needed to benefit from the application of future technologies to improving response. This will include increased co-design with people with disability (Bennett D, Phillips B D, Davis E, 2016).

7.6 HIS 7. ORGANISATIONAL LEARNING FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.6.1 DISABILITY

EVIDENCE GAPS

Identification of barriers to, and sources of inertia preventing, humanitarian actors from adopting more inclusive approaches.

How to change organisational behaviour and overcome perceptions that disability inclusion is the responsibility of specialist agencies. Also, that barriers to inclusion are not just physical.

Effectiveness of different approaches to ensuring disability inclusion in response extends beyond voluntary commitments to consideration of mandatory codes of practice at international or national levels.

7.7 HIS 8. STAFF AND CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.7.1 DISABILITY

Number of articles

Six articles. Peer-reviewed (5), grey literature (1). (2013–2017).

Region(s)

Japan (1), USA (3), Multiple (2).

Humanitarian context(s)

Conflict (2), Earthquake (1), General (3).

Sector(s)

Communication (3), Health (1), Protection (1), General (1).

Evidence quality

Quality markers: Tier 1 (4), Tier 2 (2).

EVIDENCE SUMMARY

- Evidence of the need for training first responders and humanitarian staff in disability inclusion; however, limited evidence on the most effective training delivery or content.
- Hearing responders should be trained to communicate with the Deaf, including developing cultural competence (Takamaya, 2017; Kamau P W, Ivey S L, Griese S E, et al, 2017; Engelman A, Ivey S L, Tseng W, et al, 2013).
- Deaf people should be trained in psychosocial first aid to better support other Deaf people in disasters (Takamaya, 2017).
- Need to co-design trainings with people with disability and increase availability and affordability of trainings for responders (Kamau P W, Ivey S L, Griese S E, et al, 2017).
- Specialist staff, such as sexual and reproductive health workers, need training in disability inclusion (Tanabe et al, 2015) and should not be overlooked.
- Reflective learning changed negative attitudes of gender-based violence practitioners to working with people with disability (Pearce, 2015).
- Online simulations can be a viable medium for teaching disability inclusion to responders (Wolf-Fordham et al, 2014).

7.7 HIS 8. STAFF AND CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.7.1 DISABILITY

EVIDENCE GAPS

Understanding the effectiveness of different trainings and capacity development on improving inclusion in humanitarian response across sectors.

Development of trainings and capacity development for humanitarian workers on the specific needs of people with different and diverse disabilities in different sectors. This is distinct from trainings and capacity development on disability inclusion in general.

Assessing the potential for alternatives to formal trainings for improving staff capacity in disability inclusion, such as mentoring and access to resource networks for humanitarian 'generalists' and not just for inclusion specialists or focal points.

7.7

HIS 8. STAFF AND CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.7.2 OLDER AGE

Number of articles

Two peer-reviewed articles. (2017 & 2018).

Region(s)

USA (2).

Humanitarian context(s)

General (2).

Sector(s)

Communications (1), Shelter (1).

Evidence quality

Quality markers: Tier 1 (0), Tier 2 (2), Tier 3 (0).

EVIDENCE SUMMARY

- Little evidence on staff and capacity for inclusive humanitarian assistance for older people.
- One article focused on older people (Holle C L, Turnquist M A, Rudolph J L, 2018). The other focused on people who are Deaf, with reference to older people (Kamau P W, Ivey S L, Griese S E, et al, 2017).
- Shelter personnel need to be equipped to distinguish between dementia, depression and delirium to ensure referral for treatment as required (Holle C L, Turnquist M A, Rudolph J L, 2018).
- Older people should be involved in the design of trainings for first responders (Kamau P W, Ivey S L, Griese S E, et al, 2017).

7.7 HIS 8. STAFF AND CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.7.2 OLDER AGE

EVIDENCE GAPS

Development of trainings and staff capacity development on the inclusion of older people in humanitarian response.

Assessing the potential for alternatives to formal trainings for improving staff capacity on the inclusion of older people, such as mentoring and access to resource networks for humanitarian 'generalists' and not just for inclusion specialists or focal points.

Development trainings and staff capacity development on both the general and specific needs of older people of different ages across sectors.

Assessing the effectiveness of trainings and capacity development on improving the inclusion of older people in humanitarian response.

7.8 HIS 9. MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.8.1 DISABILITY

Number of articles

Five peer-reviewed articles. (2010-2017).

Region(s)

China (1), India (1), Iran (1), Japan (2)

Humanitarian context(s)

Conflict (1), Earthquake (4).

Sector(s)

Communication (1), Health (3), Shelter (1).

Evidence quality

Quality marker: Tier 1 (3), Tier 2 (1), Tier 3 (1).

EVIDENCE SUMMARY

- Limited evidence on managing resources for disability-inclusive humanitarian response.
- Most articles related to the health sector, including rehabilitation, mental health, and feeding support.
- Neglect of mental health needs of people with disability in conflict affected areas due to limited availability of formal services. Informal and 'traditional' systems can contribute to providing mental health support in communities. (Joseph J et al, 2017).
- Collaboration efforts between rehabilitation agencies improved management and availability of resources across rehabilitation centres post-earthquake (Liu M, Kohzuki M, Hamamura A, et al, 2012).
- Multidisciplinary feeding support teams effective at meeting the nutritional and well-being needs of people with disability and older people in shelters (Maeda K, Shamoto H, Furuya S, 2017).
- Humanitarian agencies need to comply with existing building codes. Also, better consider egress and safety in shelter design and construction (Aryankhesal A, Pakjouei S, Kamali M, 2017).
- Need to prioritise restoration of mobile and related communication infrastructure post-disaster, including power sources for charging mobile phones and devices (Fu K W, White, J, Chan Y Y, Zhou L, et al, 2010).

7.8 HIS 9. MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.8.1 DISABILITY

EVIDENCE GAPS

Identification of management strategies to overcome institutional inertia and improve the allocation of resources to promote disability inclusion within humanitarian agencies and across sectors.

Assessment of the advantages of deploying multidisciplinary teams with shared responsibilities for disability inclusion across sectors. In contrast to individual or sector-specific focal points for inclusion.

Understanding the perspectives of responders and the management challenges they face in ensuring the inclusion of people with disability in response. Also see Hunt M R, Chung R, Durocher E, et al, 2015 under HIS 2: Access.

Understandings of costs and resourcing requirements to better ensure disability inclusion in different sectors, for example to ensure shelters and WASH facilities are constructed using universal design principles.

7.8 HIS 9. MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.8.2 OLDER AGE

Number of articles

Six peer-reviewed articles (6). (2010–2018).

Region(s)

Australia (1), Japan (2), USA (3).

Humanitarian context(s)

Earthquake (2), Tropical Storm (2), General (2).

Sector(s)

Health (1), Shelter (4), General (1).

Evidence quality

Quality markers: Tier 1 (4), Tier 3 (2).

EVIDENCE SUMMARY

- Limited evidence on managing resources towards the inclusion of older people in humanitarian response.
- Most evidence related to the improvement of access to, and services in, shelters for older people.
- Use of spatial modelling and geographic information systems can improve the positioning of shelters by reducing transportation time, optimising site accessibility for older people (Horner M W, Ozguven E E, Marcelin J M, et al, 2018).
- Multidisciplinary feeding support teams effective at meeting the nutritional and well-being needs of older people and people with disability in shelters (Maeda K, Shamoto H, Furuya S, 2017).
- Need for better considerations of access in shelters and longer-term planning needed as older people may be among the last to leave shelters (Japanese Red Cross, HelpAge, 2013).
- Relocating older people to temporary housing can lead to a deterioration in physical strength and functioning if there are limited opportunities for moving around or for going outside to access services, such as shops (Ishii T, Ochi S, Tsubokura M, et al, 2015).
- Planning and allocation of resources for older people in response can be improved by drawing on experts, such as gerontologists (Cloyd E, Dyer C B, 2010).
- An over-reliance by emergency managers on residential care facilities, which are often under-prepared, to effectively support older people in emergencies may result in negative outcomes for older people (Astill S, 2016).

7.8 HIS 9. MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE

7.8.2 OLDER AGE

EVIDENCE GAPS

Identification of management strategies to overcome institutional inertia and improve the allocation of resources to promote the inclusion of older people in humanitarian response.

Assessment of the potential for identifying and drawing on experts, such as gerontologists, in response.

Understanding the perspectives of responders and the management challenges they face in ensuring the inclusion of older people in response.

Understanding costs and resourcing requirements to better ensure the specific needs of older people are planned for and met in response.

Assessment of the advantages of deploying multidisciplinary teams with shared responsibilities for older age inclusion across sectors.

Identification and development of protocols to ensure teams across all sectors allocate resources to including older people in response.

8.0

CONCLUDING REMARKS

8.0 CONCLUDING REMARKS

The humanitarian sector's increasing awareness of disability has been noted since the 1980s.[19] However, most of the literature identified in the reviews on the inclusion of people with disability in humanitarian response has been published since 2015.[20] In recent years there has also been an increase in the number of publications on the inclusion of older people in humanitarian response. Additionally, there is a growing body of evidence on the impacts of humanitarian crises and disasters on older people and people with disability **(as noted in Section A)**.

Despite these developments, the inclusion of people with disability and older people is still not common practice in humanitarian action. The evidence base on inclusion also remains limited in both breadth and depth.

The HIS were recently established and mapping articles against the HIS, as we have done in this review, has its limitations. However, the integration of the HIS into the Humanitarian Standards Partnership **(see Section A.2.3)** signals the need for dedicated efforts to include people with disability and older people in humanitarian response. The evidence supports this. It also highlights a need to look beyond general approaches to improving access towards considering what **institutional or structural changes may be required across the humanitarian system.** Examples include shifting the understanding of humanitarian actors towards social and rights-based approaches to inclusion; increasing staff skills and capacities beyond raising awareness on the importance of inclusion; and mandating, and requiring accountability for, the allocation of resources at all levels of management and coordination.

Viewed across sectors, the evidence clearly points to this being an emerging area of work, and supports the need for increased investment in inclusive practice and related research. The lack of evidence on protection may encourage debate on whether the Protection Cluster should be viewed as the natural lead for the coordination of inclusion in response situations. Similarly, while it may be expedient to combine inclusion efforts for people with disability and older people in practice, this may lead to insufficient attention being given to the specific needs of individuals during response. Further consideration of when and under what circumstances broader inclusion strategies are effective, and for who, is needed.

This is the first report from the Gap Analysis on the Inclusion of People with Disability and Older People in Humanitarian Response. The second report will build on the evidence from the literature reviews and explore the extent to which humanitarian actors and other stakeholders are using available information and resources.

The findings outlined in this report, and in the accompanying annex, provide a firm basis for consideration of key gaps in practice and understanding and, crucially, how they can be filled.

CLICK TO SEE FOOTNOTE REFERENCES (19,20) – PAGE 67

FOOTNOTES

CLICK ON THE REFERENCE TO RETURN TO PAGE

A. INTRODUCTION AND APPROACH

1.0 INTRODUCTION

1) Age and Disability Consortium (CBM, HelpAge, Humanity and Inclusion). 2018. Humanitarian inclusion standards for older people and people with disabilities. https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities

2.0 APPROACH

2) Fujii K. 2015. The Great East Japan Earthquake and persons with disabilities affected by the earthquake. Why is the mortality rate so high? Interim Report on JDF Support Activities and Proposals.

3) Flaherty J, Dong B, Wu H et al. 2011. Observational study of 1-year mortality rates before and after a major earthquake among Chinese nonagenarians. Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences. 66(3):355-61.

4) Lezzoni L I, Ronan L J. 2010. Disability legacy of the Haitian earthquake. Annals of Internal Medicine. 152(12):812-4.

5) Nagayoshi Y, Yufu T. 2018. The impact of a severe natural disaster on elderly patients with chronic heart failure. Circulation. 138(1).

6) Beier D, Brzoska P, Khan M. 2015. Indirect consequences of extreme weather and climate events and their associations with physical health in coastal Bangladesh: a cross-sectional study. Global Health Action. 8(1).

7) Takada S. 2013. Post-traumatic stress disorders and mental health care (lessons learned from the Hanshin-Awaji Earthquake, Kobe, 1995). Brain and development. 35(3).

8) Ishiki A, Okinaga S, Tomita N et al. 2016. Changes in cognitive functions in the elderly living in temporary housing after the Great East Japan Earthquake. PloS one. 11(1).

9) The Gap Analysis is guided by the following from Elrha: The term 'humanitarian response' is used as an umbrella term for all types of humanitarian response, including but not limited to crises, conflict, and natural hazard and climate related disasters. We also include related preparedness activities that facilitate a humanitarian response. See Elrha's Humanitarian Innovation Guide for more information: https://higuide.elrha.org/humanitarian-parameters/humanitarian-contexts/

2.1 SCOPE OF THE REVIEWS

10) HelpAge and London School of Hygiene and Tropical Medicine. 2018. Missing millions: how older people with disabilities are excluded from humanitarian response. From https://www.helpage.org/newsroom/latest-news/millions-of-older-people-with-disabilities-risk-being-excluded-from-humanitarian-assistance-new-helpage-report-reveals/

11) There is a growing body of related preparedness literature on people with disability and older people, including: Butler K, Kuligowski E, Furman S et al. Perspectives of occupants with mobility impairments on evacuation methods for use during fire emergencies. Fire Safety Journal. 91. Ishigaki T, Asai Y, Nakahata Y et al. 2010. Evacuation of aged persons from inundated underground space. Water Science and Technology. 62(8). Brown L, Dosa D, Thomas K et al. 2012. The effects of evacuation on nursing home residents with dementia. American Journal of Alzheimer's Disease & Other Dementias. 27(6).

FIGURE 1

12) Examples of literature reviews relating to disasters and people with disability or older people include: Willoughby M, Kipsaina C, Ferrah N et al. 2017. Mortality in nursing homes following emergency evacuation: a systematic review. Journal of the American Medical Directors Association. 18(8). Megan Baxter M D. 2017. An oxymoron of long-term care- sheltering-in-place during an evacuation: a literature review of the best practices of evacuation & sheltering-in-place for long-term care facilities. Journal of Emergency Management. 15(3). Malpass A, West C, Quaill J et al. 2019. Experiences of individuals with disabilities sheltering during natural disasters: an integrative review. Australian Journal of Emergency Management. 34(2). Quail J, Barker R, West C. 2018. Experiences of individuals with physical disabilities in natural disasters: an integrative review. Australian Journal of Emergency Management. 33. Parente M, Tofani M, De Santis R et al. 2017. The role of the occupational therapist in disaster areas: systematic review. Occupational Therapy International. 2017.

2.2 SEARCH STRATEGY

13) Embase, MEDLINE, Scopus, and Web of Science.

FOOTNOTES

CLICK ON THE REFERENCE TO RETURN TO PAGE

A. INTRODUCTION AND APPROACH

2.3 MAPPING OF ARTICLES

14) Age and Disability Consortium (CBM, HelpAge, Humanity & Inclusion). 2018. Humanitarian inclusion standards for older people and people with disabilities. https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities

15) CHS Alliance. 2014. Core Humanitarian Standard on Quality and Accountability. https://corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf

16) The sectors identified largely aligned with the UN Office for the Coordination of Humanitarian Affairs (OCHA) led cluster system. However, the researchers were guided more by the content of the articles than by the existence of the OCHA clusters. See: https://www.humanitarianresponse.info/en/about-clusters/what-is-the-cluster-approach

C. SUMMARY OF FINDINGS

6.0 OVERALL SUMMARY

17) See glossary. The Medical Model focuses on 'fixing' the individual and their impairment. The Social Model emphasises removing barriers in society and provides the foundation for the CRPD.

7.1 HIS 1. DATA COLLECTION AND IDENTIFICATION

1. DISABILITY // EVIDENCE SUMMARY

18) For information on the Washington Group questions, see: http://www.washingtongroup-disability.com/

8.0 CONCLUDING REMARKS

19) Mizra M, 2011

20) See the Annex accompanying this report for further information on the distribution of literature and for summaries of each article by sector and HIS.

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