

ANNEX

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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Humanitarian
innovation fund

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ABBREVIATIONS

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

DG-ECHO: Directorate-General for European Civil Protection and Humanitarian Aid Operations

DPO: Disabled Person's Organisations

G: Indicates grey literature in the summary tables throughout

GBV: Gender-Based Violence

HIF: Humanitarian Innovation Fund

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

IASC: Inter-Agency Standing Committee

IDP: Internally Displaced Persons

IHL: International Humanitarian Law

IMS: Incident Management System

NGO: Non-Governmental Organisation

OPD: Organisation of Persons with Disability

SADD: Sex and Age Disaggregated Data

SRH: Sexual and Reproductive Health

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)

Reasonable Accommodation: 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

INTRODUCTION

This annex is supplementary to the first literature review report of Elrha's Humanitarian Innovation Fund (HIF) study:

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

The annex provides additional reference information. It is recommended that the main literature review report is referred to for background information and to provide context. There are three sections to this annex, as follows:

Section A provides further summary information on each article included in the two literature reviews on disability and older age. **The articles are grouped based on the nine Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS)¹ and by sectors.** The sectors were identified during the literature reviews on disability and older age. A HIS is not listed if no evidence clearly addressing it was identified.

Further information on the quality tiers listed in the tables below is available in the accompanying report. Note that for brevity only the first three authors are listed in the tables.

The number of articles listed in the tables, and the overall number of articles identified in the literature review, vary slightly. This is due to some articles being relevant to, and listed under, more than one HIS. This variation also applies to graphs that are based on HIS categories in Section B.

Section B provides graphical representations of general findings from the literature reviews. These include distributions of articles by date, geographical region, sector, and humanitarian context.

Section C provides a list of guidelines on the inclusion of people with disability and older people in humanitarian response.

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>

SUMMARY TABLES
OF ARTICLES
BY HIS AND SECTOR



1 // HIS 1. DATA COLLECTION AND IDENTIFICATION

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Communications	Takamaya K	Disaster relief and crisis intervention with Deaf communities: lessons learned from the Japanese Deaf community	2017	Japan	Earthquake	Describes challenges and interventions post-earthquake for Deaf people. Deaf communities and professionals mobilised quickly to conduct needs assessments. Communication barriers, including with responders, led to some Deaf people sheltering in cars or in damaged homes. Lack of data sharing hampered response.	Tier 2	Despite relaxing of data protection laws in emergencies, government reluctant to share data on Deaf people with Deaf associations.
Health	Benigo M R, Kleinitz P, Calina L, et al	Responding to the health and rehabilitation needs of people with disability post-Haiyan	2015	Philippines	Tropical Storm	Outlines use of WHO individual needs assessment form and establishing a directory of services. With support, provision of rehabilitation services by regional hospital increased. Community awareness of disability increased through CBR programmes. Rehabilitation necessary and effective post-disaster.	Tier 3	Include people with disability in post-disaster health assessments.
Shelter	Springer J, Casey-Lockyer M	Evolution of a nursing model for identifying client needs in a disaster shelter: a case study with the American Red Cross	2016	USA	Tropical Storm	Describes use of three tools to identify needs of people with disability in shelters. Needs identification should be conducted at arrival and be ongoing. Includes observation, check-ins, and use of screening tool (CMIST). Access and functional needs in shelters can be higher than indicated by census data. Needs can go unidentified for days.	Tier 3	Data collection to identify health and related needs should be ongoing in shelters. Not only on arrival.
	Fannin A, Brannen D E, Howell M, et al	Using functional needs and personal care assistance rather than disability status during chronic care triage in community mass care	2015	USA	General	Simulation comparing three triage processes to identify arrivals' access and functional needs at a shelter. The Athena tool that considers client preferences, staff capacity to transfer the client, and availability of a carer proves more effective. Also, need to better consider design, policies, and provision of assistance in shelters.	Tier 2	Triage that considers the availability of personal assistance is more effective towards meeting specific needs and maintaining rights.

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1 // HIS 1. DATA COLLECTION AND IDENTIFICATION

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
General	Slovan A, Margaretha M	The Washington Group Short Set of Questions on Disability in disaster risk reduction and humanitarian action: lessons from practice	2018	Indonesia, Philippines, Bangladesh	General	Benefits and challenges of using the WGQ in disaster risk reduction and humanitarian action. WGQ are an important tool for improving data collection and disability inclusion in response. Combines WGQ with a practical model (Information-Action Model) to guide programme design and delivery.	Tier 1	Include people with disability in data collection and ensure sufficient training of data collectors.
	Leonard Cheshire, Humanity and Inclusion	Disability data collection: a summary review of the use of the WGQ by development and humanitarian actors (G)	2018	Global	General	Use of WGQ is contributing to positive institutional change. Challenges remain. Need for additional training on data collection and analysis for advisors and programme staff. Some have concerns that use of the WGQ in conflict can identify high numbers of people with disability due to injury. Also, data collection can be hard or data become quickly out-of-date post-disaster.	Tier 2	Organisations need to be clear on the purpose of data collection and use of the WGQ.



1 // HIS 1. DATA COLLECTION AND IDENTIFICATION

OLDER AGE

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Food security	Azadi H, De Rudder F, Vlassenroot K, et al	Targeting international food aid programmes: the case of productive safety net programme in Tigray, Ethiopia	2017	Ethiopia	Drought	Assesses allocation of food aid in a national programme by socio-demographic factors in response to persistent food insecurity. Most direct support goes to older people, which is consistent with targeting aims. Also, more women than men are beneficiaries of the programme.	Tier 1	Age and gender disaggregated data improves targeting of aid and identifying at-risk groups.
Health	Lee D C, Gupta V K, Carr B G, et al	Acute post-disaster medical needs of patients with diabetes: emergency department use in New York City by diabetic adults after Hurricane Sandy	2016	USA	Tropical Storm	Geographical analysis of medical data to identify diabetic patients post-disaster. Can help target response interventions. Diabetic patients need rapid support to access medication, aftercare post-surgery, and to optimise cardiovascular health to reduce risk of heart attacks.	Tier 1	Administrative data and geographical analysis can be effective to identify high-risk groups with acute needs.
General	Mazurana D, Benell P, Walker P	How sex- and age-disaggregated data and gender and generational analyses can improve humanitarian response	2013	Global	Drought	Humanitarian sector remains driven by anecdote and can benefit from better SADD. Agency and sector requirements to collect SADD, but rarely done. SADD improves targeting of aid, understanding barriers, and better integrating protection measures.	Tier 1	SADD improves response by addressing information gaps that hinder critical decision-making.



2 // HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Camp management	International Organization for Migration	Disability and inclusion survey (G)	2019	South Sudan	Conflict	Assesses IDPs with disabilities' access to services. Barriers include distance, lack of information, physical access, and discrimination. Broad overview of sectors. Reports of people with disability selling food rations to pay for transport to access food distribution sites.	Tier 3	Inaccessible humanitarian services lead to multiple disadvantages for people with disability.
Communications	Rotondi L, Zuddas M, Marsella P, et al	A Facebook page created soon after the Amatrice Earthquake for Deaf adults and children, families, and caregivers provides an easy communication tool and social satisfaction in maxi-emergencies.	2018	Italy	Earthquake	In response to a lack of accessible information, describes the establishment of a Facebook page for Deaf people and their families. The page included sign language safety videos, news, and service numbers. Information was accessible to hearing relatives. Usage and requests for information high, including in non-affected areas.	Tier 2	Social media is a cost-effective way to provide quick access to safety information post-disaster for Deaf people.
	Kent M, Ellis K	People with disability and new disaster communications: access and the social media mash-up	2015	Global	General	Social media is a 'mash-up' of linked platforms. If any platform is inaccessible, linked content can be inaccessible for people with communication needs. Use of inaccessible social media platforms to communicate disaster information increases risk for people with disability.	Tier 3	Access to each part of an online social media network needs to follow universal design principles.
	Morris J T, Mueller J L, Jones M L	Use of social media during public emergencies by people with disability	2014	USA	General	Comparison of social media use by general population and people with disability. Use of social media low in both groups overall. Younger people used social media more than older people. Deaf and hard-of-hearing respondents were more likely to use social media than other disability types.	Tier 1	Use multiple media types to ensure emergency information is accessible to all.

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2 // HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Communications	McKee, R	Breaking news: sign language interpreters on television during natural disasters	2014	Australia, New Zealand	General	Use of sign language interpreters in television emergency broadcasts. Describes experiences of interpreters and perceptions from the public. Wider public perceptions were mixed with some finding it 'distracting'. Positive response from Deaf people.	Tier 3	Sign language use on TV raises public awareness of accessibility needs.
	Bricout J C, Baker P M	Leveraging online social networks for people with disability in emergency communications and recovery	2010	USA	General	Analytical model for exploring the potential of online social networks to enhance emergency communications for people with disability. Necessary components include civic participation, evidence-based approaches, and policy change.	Tier 3	Online networks widen access to resources, reinforce sense of community, and improve two-way emergency communications.
Health	Chung EY	The outcomes and impact of a post-earthquake rehabilitation program in China: a qualitative study	2017	China	Earthquake	Post-earthquake CBR programme enhanced functional independence, physical status, and psychosocial well-being. Also effective at mobilising volunteers and raising awareness. Some people with disability faced challenges adapting to community life later. The original project was not sustained following handover to local government. This was partly due to introduction of fees.	Tier 1	Need better consideration of the sustainability of interventions that improve access to services post-disaster.
	Sheppard P S, Landry M D	Lessons from the 2015 earthquake(s) in Nepal: implication for rehabilitation	2016	Nepal	Earthquake	Medical rehabilitation important in immediate post-disaster phase. Rehabilitation professionals, alongside health staff can facilitate smoother and safe discharge of injured patients and prevent complications.	Tier 3	Rehabilitation improves access to healthcare by reducing demand on health system.

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2 // HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Health	Hunt M R, Chung R, Durocher E, et al	Haitian and international responders' and decision-makers' perspectives regarding disability and the response to the 2010 Haiti earthquake	2015	Haiti	Earthquake	Respondents identified people with disability as among the most at-risk. Disability was highlighted early in the response and made visible. Certain disability types (new amputations and spinal cord injuries) received significant attention. Others did not. Despite awareness of disability, limited focus on broader disability inclusion.	Tier 1	People with pre-existing disability have less access to response services than people who acquired disability in the disaster.
	Benigno M R, Kleinitz P, Calina L, et al	Responding to the health and rehabilitation needs of people with disability post-Haiyan	2015	Philippines	Tropical Storm	Outlines use of WHO individual needs assessment form and establishing a directory of services. With support, provision of rehabilitation services by regional hospital increased during response. Community awareness of disability increased through CBR programmes. Finds rehabilitation necessary and effective post-disaster.	Tier 3	Disaster response is an opportunity to strengthen rehabilitation services.
Protection	Pearce E, Paik K, Robles O J	Adolescent girls with disabilities in humanitarian settings	2016	Multiple	Conflict	Project experiences involving adolescent girls with disability. Notes increased risk of violence against girls and women with disability in crises. Compounded by exclusion in programming beyond addressing disability-related health needs. Recommendations include prioritising right to participation, seeing the girl (not the disability) first, and working with caregivers.	Tier 2	Move beyond health-related interventions for women and girls with disability towards broader disability inclusion.
	Pearce E, Buscher D	Disability inclusion: translating policy into practice in humanitarian action (G)	2014	Multiple	Conflict	Assessment of UNHCR Guidance on Working with Persons with Disabilities in Forced Displacement. Finds discrimination against children with disability common; lack of support networks to protect adolescents with disabilities from violence; concerns over gender-based, physical, and psychological violence.	Tier 2	Apply twin-track approach, ensure physical security, and equal access to information.

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2 // HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Protection	Takada S	Post-traumatic stress disorders and mental health care (lessons learned from the Hanshin-Awaji Earthquake, Kobe, 1995)	2012	Japan, Indonesia	Earthquake	Drawing on impact data from Kobe earthquake, describes establishing a 'Children House' for children with disability in Indonesia post-earthquake in 2006. The House provided a safe space, exchange of information from children in the two countries, and visiting therapists.	Tier 3	Information sharing between children with disability reduces psychological impacts of disaster.
Shelter	Brittingham R, Wachtendorf T	The effect of situated access on people with disabilities: an examination of sheltering and temporary housing after the 2011 Japan earthquake and tsunami	2013	Japan	Earthquake	Access to information and services post-disaster. Situated access draws on the idea of situational justice and refers to location (and shelter type) and social standing in that location. People with disability face inequitable access and ability to utilise information and resources due to both location and social standing.	Tier 1	Shelters should follow universal design principles. Reasonable accommodation should be applied to relief distribution.
WASH	Elrha	Rapid review of disability and older age inclusion in humanitarian WASH (G)	2019	Global	General	Summary of rapid review of evidence gaps. Limited research and few quantifiable outcomes. However, isolated examples of good practice exist. Organised around collection of information, barriers, participation and resilience, and coordination.	Tier 2	Further research needed to understand what works in improving access to WASH.
General	Palmer T, Bertozzi E, Dominik G, et al	Inclusion of persons with disabilities in humanitarian action: 39 examples of field practices, and learnings from 20 countries, for all phases of humanitarian response (G)	2019	Multiple	General	Case studies supplementing the Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action. Organised around preparedness, data, participation, barriers and coordination. Summary recommendations provided.	Tier 3	Accessibility, via universal design and reasonable accommodation, is a pre-requisite for inclusion.

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2 // HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
General	HelpAge, London School of Hygiene and Tropical Medicine	Missing millions: how older people with disabilities are excluded from humanitarian response (G)	2018	Multiple	General	Older people with disability are often neglected in humanitarian response. Limited access to social protection, healthcare, rehabilitation, food, and essential needs. Compounded by poverty, discrimination, insecurity, threats to dignity, and institutional barriers.	Tier 1	Access can be improved via strong leadership and low-cost adaptations.
	Women's Refugee Commission	'Working to improve our own futures': inclusion of women and girls with disabilities in humanitarian action (G)	2016	Global	General	Although 75% of respondents reported including women and girls with disabilities in response, gaps exist. These include need for greater accountability, support for organisations of women with disability, and the promotion of leadership by women and girls with disability in humanitarian action.	Tier 2	Leadership by women with disability can change norms and improve access.
	Jones N, Hamad B A, Odeh K, et al	Every child counts: understanding the needs and perspectives of children with disabilities in the State of Palestine (G)	2016	Palestine	Conflict	Children with disability face multiple challenges and limited access to services. Good practices, mostly from rehabilitation organisations, include a child focus and community outreach. Care provided by mothers with little respite. Families' awareness of rights low.	Tier 1	Policy change, resource allocation, and engagement with families needed to improve access to services.



2 // HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

OLDER AGE

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Camp management	Amnesty International	'Fleeing my whole life' Older people's experience of conflict and displacement in Myanmar (G)	2019	Myanmar, Bangladesh	Conflict	Older people at heightened risk in conflict. Rohingya response becoming more inclusive, but camp facilities not meeting specific health (including medication) and WASH needs of older people. Little diversity in diets, lack of access to cooking facilities and food distributions. Preserving dignity and respecting rights important.	Tier 2	Consider diversity of people over 60 years and specific access needs. Consult with older people and ensure programmes do not discriminate.
	Chemali Z, Borba C P, Johnson K et al	Needs assessment with elder Syrian refugees in Lebanon: implications for services and interventions	2018	Lebanon	Conflict	Limited access to services, food, and medications for older people. Many remain unregistered. Additional health needs, including high rates of depression, among older people. Older people may provide emotional support role for wider community.	Tier 1	Simplify registration to allow access to camp services, including less (or no) need for official documents that may be lost.
	HelpAge	Older voices in humanitarian crises: calling for change (G)	2016	Lebanon, South Sudan, Ukraine	Conflict	Older people reported limited access to information and services and not being consulted. Few health services for age-related needs and poor psychological health among older people.	Tier 2	Systematically engage with all affected people and identify age-appropriate access solutions.
	Humanitarian Policy Group (HPG), HelpAge	Older people in displacement: falling through the cracks of emergency responses (G)	2016	South Sudan	Conflict	Older people's roles change in displacement. Older women may care for orphans. Loss of resources, such as land, can reduce influence and access to community support. Community respect stems from social standing and is not inherent to age. 'Elders' who engage with responders may not be representative of 'older people'.	Tier 1	Need more nuanced understandings of older age to ensure appropriate and effective response.

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2 // HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

OLDER AGE

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Communications	Pang N, Karanasios S, Anwar M	Exploring the information worlds of older persons during disasters	2019	Indonesia	Volcanic eruptions, storms	How older people seek and share information in disasters. Access to institutional information needed, but older people may not seek information outside immediate networks. Informal encounters with responders, including in shelters, provided opportunities to access information. Use of broadcast media common. Low use of internet and social media.	Tier 1	Availability of responders improves 'social access' to information. Technology based interventions need to also consider social access.
	Akanuma K, Nakamura K, Meguro K, et al	Disturbed social recognition and impaired risk judgement in older residents with mild cognitive impairment after the Great East Japan Earthquake of 2011: the Tome Project	2016	Japan	Earthquake	Examines older people's understandings of post-disaster television news and their subsequent decision making. Older people found news hard to understand - not only those with cognitive impairments and dementia. May lead to increased risk-taking behaviour, such as through low awareness of aftershocks.	Tier 2	Information access initiatives should consider difficulties some people have interpreting images and visual information.
Logistics	Marcellin J M, Horner M W, Ozguven E E, et al	How does accessibility to post-disaster relief compare between the aging and the general population? A spatial network optimisation analysis of hurricane relief facility locations	2016	USA	Tropical Storm	Analyses location of relief distribution facilities in relation to older people who do not evacuate and the general population. Proposes a spatial model to reduce transportation time and improve access to relief supplies for older people sheltering in place. Based on a scenario where people travel to the facility themselves. Notes direct delivery also needed.	Tier 1	Equitable access to relief supplies requires consideration of older people in distribution system design.
Shelter	Japanese Red Cross, HelpAge	Displacement and older people: The case of the Great East Japan Earthquake & Tsunami of 2011 (G)	2013	Japan	Earthquake	Older adults displaced post-earthquake. Hard to access and utilise shelters, WASH facilities, and distributions. Distributed food and clothing inappropriate or unfamiliar. Positively, new friendships reported. Older people may be last to leave shelters.	Tier 1	Consider both immediate and longer-term physical and social age-related access needs of older people in shelters.

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2 // HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

OLDER AGE

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
WASH	Elrha	Rapid review of disability and older age inclusion in humanitarian WASH (G)	2019	Global	General	Summary of rapid review of evidence gaps. Limited research and few quantifiable outcomes. However, isolated examples of good practice exist. Organised around collection of information, barriers, participation and resilience, and coordination.	Tier 2	Further research needed to understand what works in improving access to WASH.
General	HelpAge	What older people say about their experiences in humanitarian situations: findings from rapid needs assessments and interviews with older people (G)	2019	Various	General	Rapid needs assessment summary. Highlights limited access to food, shelter, health, income and issues of safety, dignity and mental health for older people. Calls for better inclusion of older adults in humanitarian response.	Tier 3	We already have sufficient evidence to prioritise improved access for older people in response.
	HelpAge	Rapid heed assessment for older people - (RNA-OP) report (G)	2019	Pakistan	Drought	Assesses older age and disability inclusion across sectors. Respondents dependent on others for basic needs, unable to reach distributions sites, and limited access to services across sectors. No organisation identified specifically addressing the needs of older people and people with disability.	Tier 3	Need for disability and age sensitive distributions and sector wide inclusive response.
	HelpAge, London School of Hygiene & Tropical Medicine	Missing millions: how older people with disabilities are excluded from humanitarian response (G)	2018	Multiple	General	Older people with disability are often neglected in humanitarian response. Limited access to social protection, healthcare, rehabilitation, food, and essential needs. Compounded by poverty, discrimination, insecurity, threats to dignity, and institutional barriers.	Tier 1	Access can be improved via strong leadership and low-cost adaptations.



2 // HIS 2. ACCESS TO HUMANITARIAN ASSISTANCE, INCLUDING ACCESSIBILITY

OLDER AGE

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
General	Barbelet V, Samuels F, Plank G	The role and vulnerabilities of older people in drought in East Africa: progress, challenges and opportunities for a more inclusive humanitarian response (G)	2018	Ethiopia, Kenya, South Sudan	Drought	NGO study of impacts and role of older people in drought. Older people contribute to livelihoods and as community facilitators. These roles may change in drought. Warns of over romanticising community roles of older people. Progress on inclusion of older people, but actions often ad hoc.	Tier 1	Adopt existing inclusion standards. Link with development organisations working on social protection policies and safety net programmes.
	Dominelli L	Mind the gap: built infrastructures, sustainable caring relations and resilient communities in extreme weather events	2014	UK	General	Informal caring in extreme weather events for older people in two villages. Highlights the role women play as carers when the state fails to respond in emergencies. Community roles were gendered with men assuming first responder roles.	Tier 1	Care roles assumed in communities do not offset shortcomings in government response.
	Ardalan A, Mazaheri M, Naieni KH, et al	Older people's needs following major disasters: a qualitative study of Iranian elders' experiences of the Bam earthquake	2010	Iran	Earthquake	Four major issues faced by older people post-earthquake: inappropriate service delivery; affronts to dignity; physical safety; and emotional distress. Older people sidelined by response agencies.	Tier 1	Prioritisation and age appropriate plans required to ensure relief goods and services are accessible to older people.



3 // HIS 4. MEANINGFUL PARTICIPATION

DISABILITY

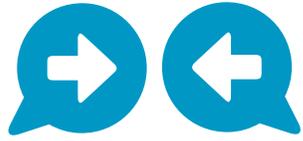
SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Camp Management	Mirza M	Disability and humanitarianism in refugee camps: the case for a travelling supranational disability praxis	2011	Thailand, Somalia, Uganda	Conflict	Outlines evolving awareness of refugees with disability in the humanitarian sector since 1980s. Notes this has not translated into inclusive practice. Provides examples of advocacy by people with disability in camps in response to slow institutional change in the sector.	Tier 2	Grassroots activism by people with disability in camp settings is a response to a lack of attention by humanitarian organisations.
Communications	Hay K, Pascoe KM	Disabled people and disaster management in New Zealand: examining online media messages	2018	New Zealand	Earthquake	Review of online media on disability and disasters over 10 years. Limited coverage of people with disability. Barriers for people with disability in a paradigm that encourages people to self-manage in a disaster. Disability groups engaged with government post-disaster, but advocacy needs to be ongoing.	Tier 1	People with disability engage with government to improve accessibility post-disaster.



4 // HIS 5. INCLUSIVE MECHANISMS FOR FEEDBACK AND COMPLAINTS

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Camp Management	International Organization for Migration	Disability and inclusion survey (G)	2019	South Sudan	Conflict	Assesses IDPs with disabilities' access to services. Barriers include distance, lack of information, physical access, and discrimination. Broad overview of sectors. Describes a feedback mechanism for people with disability.	Tier 3	Complaints from people with disability should go directly to camp management, instead of via the people with disability committee or protection desk.
Communications	Fu KW, White, J, Chan YY, Zhou L, et al.	Enabling the disabled: media use and communication needs of people with disability during and after the Sichuan earthquake in China	2010	China	Earthquake	Media use by people with disability post-earthquake. High demand for information. TV and fixed line phone use dropped. Radio, mobile phone, and newspaper use increased. Little use of Internet. Face-to-face communication important. Peer-to-peer mobile network established pre-disaster reported effective.	Tier 1	Potential for media to provide grievance mechanisms between government and affected people.



5 // HIS 6. COORDINATION OF INCLUSIVE HUMANITARIAN ASSISTANCE

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Health	Tanaka S	Issues in the support and disaster preparedness of severely disabled children in affected areas	2012	Japan	Earthquake	Experiences of (non-government) response for children with disability. Some parents of children using respirators preferred to shelter in cars so the noise would not disturb others. Recommendations for preparedness for future response, include respite systems for parents and siblings; pre-stocking of medicine and related items (diapers, wipes etc); alternative power supply for respirators; and regional coordinators to manage volunteers.	Tier 3	Effective coordination widens access to services for parents and availability of items for children with specific needs.

OLDER AGE

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Health	McCann D G C	A review of hurricane disaster planning for the elderly	2011	USA	Tropical Storm	Focuses on people with chronic diseases, dialysis dependent, or in residential care. Emphasises importance of an incident management system (IMS) for effective response. Low awareness of IMS amongst care facilities. Need to ensure care facility plans are incorporated into local and regional response plans and give care facilities the same priority for utilities, including electricity, as hospitals in emergencies.	Tier 2	Care facilities need to be incorporated into response plans with the same status as hospitals.
General	Ashida S, Zhu X, Robinson E L, et al	Disaster preparedness networks in rural Midwest communities: organizational roles, collaborations, and support for older residents	2018	USA	Flood	Network analysis of organisations in local disaster coalitions and their support to older people. Stronger collaboration in assessment, planning, and disaster response. Weaker collaboration on equipment acquisition and co-sponsoring of programs. Collaborations to support older residents low.	Tier 1	Coalitions should consider their structure, such as use of sub-committees for specific areas of work, to increase the effectiveness of their network.



6 // HIS 7. ORGANISATIONAL LEARNING FOR INCLUSIVE HUMANITARIAN ASSISTANCE

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Communications	Bennett D, Phillips B D, Davis E	The future of accessibility in disaster conditions: how wireless technologies will transform the life cycle of emergency management	2016	USA	General	Using 2015 trends, considers how wireless technologies may improve accessibility in emergency management and response in 2050. For example, wearable technologies to protect first responders; drones and robo-bugs for search and rescue; wayfinding technology to navigate shelters; hologram technology for communicating with Deaf people. Benefits will include quicker and safer response.	Tier 2	Collaboration with disability organisations, prioritisation, and allocation of resources required to maximise benefits.
Health	Chilcott R P, Larner J, Durrant A, et al	Evaluation of US Federal guidelines (Primary Response Incident Scene Management [PRISM]) for mass decontamination of casualties during the initial operational response to a chemical incident	2018	USA	Chemical	Evaluates decontamination processes for mass casualty chemical emergencies. People with disability included in the simulation. Considerably more time needed for decontamination of people with disability. Need to develop more effective incident response processes for at-risk individuals. Including increasing availability of assistance to speed up overall decontamination time.	Tier 1	Increasing availability of assistance for people with disability reduces overall decontamination time.
	Hunt M R, Chung R, Durocher E, et al	Haitian and international responders' and decision-makers' perspectives regarding disability and the response to the 2010 Haiti earthquake	2015	Haiti	Earthquake	Respondents identified people with disability as among the most at-risk. Disability was highlighted early in the response and made visible. Certain disability types (new amputations and spinal cord injuries) received significant attention. Others did not. Despite awareness of disability, limited focus on broader disability inclusion.	Tier 1	Barriers include costs; disability seen as responsibility of specialised agencies; and perceived inequity by community members if people with disability prioritised.
	Berghs M	Radicalising 'disability' in conflict and post-conflict situations	2015	Global	Conflict	Applies a radical social model view of disability to examine how disability is viewed in humanitarianism. Challenges medical humanitarianism as a dominant approach leading to a narrow implementation of the CRPD, including through Sphere guidelines. Calls for better consideration of social justice and emancipatory approaches.	Tier 2	Reconsider health and rights in response and better address the social process of inclusion.

CONTINUED ...



6 // HIS 7. ORGANISATIONAL LEARNING FOR INCLUSIVE HUMANITARIAN ASSISTANCE

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Protection	Priddy A	Disability and armed conflict (G)	2019	Democratic Republic of Congo, Colombia, Palestine, Ukraine, Vietnam	Conflict	Examines IHL and the CRPD. Core Humanitarian Standards on Quality and Accountability fall short of CRPD non-discrimination commitments. Cautions the focus of IHL on limiting effects of conflict differs from CRPD aim of wider societal change. Reminds the CRPD, alongside IHL, continues to apply in conflict situations.	Tier 1	Extent to which humanitarian actors' responsibilities extend beyond voluntary initiatives, such as Sphere, is under-researched.
	Buscher D	Engaging organizations of persons with disabilities in humanitarian responses	2018	Multiple	General	NGO experience of disability inclusion over 10 years. Disability expertise widely exists but is not utilised. Women and girls with disability rarely engaged. Isolation increases risk and exposure to violence. Women with disability may not be connected to DPOs. DPOs have limited resources and capacities to engage with humanitarian sector.	Tier 2	Engaging with DPOs can provide the disability expertise humanitarian actors lack.
Shelter	Casey-Lockyer M, Myers S	Disability integration throughout the disaster cycle of prepare, respond and recover	2017	USA	General	Draws on CMIST model to discuss allocation of people to general or medical shelters or health care facilities. Shelters should improve provision of medical supplies, accommodate dietary needs, and provide personal assistance services.	Tier 3	Agencies need to review and update shelter standards.
	Twigg J, Kett M, Bottomley H, et al	Disability and public shelter in emergencies	2011	Global	General	Shelters fail to meet the needs of people with disability. Caused by management and staff failings alongside structural weaknesses in disaster management. People with disability invisible to responders, and attitudes to disability outdated.	Tier 3	Update understandings of disability and improve organisational planning at strategic and operational levels.

CONTINUED ...



6 // HIS 7. ORGANISATIONAL LEARNING FOR INCLUSIVE HUMANITARIAN ASSISTANCE

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
General	Rohwerder B	Intellectual disabilities, violent conflict and humanitarian assistance: advocacy of the forgotten	2013	Global	Conflict	People with intellectual disability in conflict and their consideration in response. Emerging policies and guidelines but a lack of recognition and awareness, including by disability specialised organisations. Not meeting the diverse needs of people with intellectual disabilities compounds the negative impacts of conflict.	Tier 3	Attitudinal change needed. Responders should adopt social model, twin track approach, and recognise the diversity of disability.



7 // HIS 8. STAFF AND CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Communications	Takamaya K	Disaster relief and crisis intervention with Deaf communities: lessons learned from the Japanese Deaf community.	2017	Japan	Earthquake	Describes challenges and interventions post-earthquake for Deaf people. Deaf communities and professionals mobilised quickly to conduct needs assessments. Communication barriers, including with responders, led to some Deaf people sheltering in cars or damaged homes.	Tier 2	Deaf responders need to be trained in psychosocial first aid. Hearing responders need to be culturally competent and equipped to refer Deaf people to trained social workers.
	Kamau P W, Ivey S L, Griese S E, et al	Preparedness Training Programs for Working with Deaf and Hard of Hearing Communities and Older Adults: Lessons Learned from Key Informants and Literature Assessments	2017	USA	General	Reviews trainings given to emergency personnel to assist Deaf people and older people. Need collaborative design of trainings and protocols. Also, to provide trainings to care staff and home carers. Responders need audience-specific communication skills.	Tier 2	Increase availability of affordable trainings with collaborations between Deaf people, older people, and response agencies.
	Engelman A, Ivey S L, Tseng W, et al	Responding to the deaf in disasters: establishing the need for systematic training for state-level emergency management agencies and community organizations	2013	USA	General	Training gaps for responders on how to include and work with Deaf people in emergencies. Also, Deaf organisations not prepared or trained to support response. Increased effectiveness and improved communication by responders who received training reported.	Tier 1	Training with Deaf people improves the cultural competence and effectiveness of responders.
Health	Tanabe M, Nagujjah Y, Rimal N	Intersecting sexual and reproductive health and disability in humanitarian settings: risks, needs, and capacities of refugees with disabilities in Kenya, Nepal, and Uganda	2015	Nepal, Kenya, Uganda	Conflict	Explores access to SRH services among refugees with disabilities. Varying levels of awareness of SRH. Barriers to accessing services included negative attitudes of service providers, transportation, and inaccessible facilities. High risk of sexual violence reported. Marital status determines how pregnant women treated.	Tier 1	SRH service providers need training to improve service delivery to people with disability.

CONTINUED ...



7 // HIS 8. STAFF AND CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Protection	Pearce E	'I see that it is possible': building capacity for disability inclusion in gender-based violence programming in humanitarian settings (G)	2015	Burundi, Ethiopia, Jordan, Northern Caucasus, Russian Federation	Conflict	Negative attitudes and discrimination by GBV service providers, family, and community members are frequent barriers to access. Also limited transportation and lack of appropriate communication by service providers.	Tier 1	Reflective learning changes GBV practitioners' attitudes to people with disability.
General	Wolf-Fordham S B, Twyman J S, Hamad C D	Educating first responders to provide emergency services to individuals with disabilities	2014	USA	General	Evaluates an online program on disability inclusive emergency planning and response. Uses a scenario-based learning simulation, including disaster impacts, appropriate interactions and communications, evacuation and planning.	Tier 1	Online role-play simulations are viable for training responders on disability inclusion.



7 // HIS 8. STAFF AND CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE

OLDER AGE

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Communications	Kamau P W, Ivey S L, Griese S E, et al	Preparedness training programs for working with Deaf and hard of hearing communities and older adults: lessons learned from key informants and literature assessments	2017	USA	General	Reviews trainings given to emergency personnel to assist Deaf people and older people. Need collaborative design of trainings and protocols. Also, to provide trainings to care staff and home carers. Responders need audience-specific communication skills.	Tier 2	Increase availability of affordable trainings with collaborations between Deaf people, older people, and response agencies.
Shelter	Holle C L, Turnquist M A, Rudolph J L	Safeguarding older adults with dementia, depression and delirium in a temporary disaster shelter	2018	USA	General	Information on dementia, depression and delirium among older people in shelters. While beyond the scope of health volunteers to diagnose these conditions, it is important they are aware of these conditions and can refer people as needed. Provides a checklist for use by shelter workers.	Tier 2	Capacity of shelter staff determines whether older adults need to transfer to higher level health care or not.

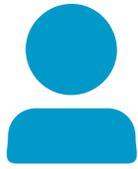


8 // HIS 9. MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Communications	Fu K W, White, J, Chan Y Y, Zhou L, et al.	Enabling the disabled: media use and communication needs of people with disability during and after the Sichuan earthquake in China	2010	China	Earthquake	Media use by people with disability post-earthquake. High demand for information. TV and fixed line phone use dropped. Radio, mobile phone and newspaper use increased. Little use of internet. Face-to-face communication important. Peer-to-peer mobile network established pre-disaster reported effective.	Tier 1	Need to prioritise end-to-end restoration of mobile communication infrastructure post-disaster, including battery charging facilities for users.
Health	Joseph J, Soletti A B, Basumatary K.	Conflict and mental health: the experiences of people living with mental illness and disability amidst ongoing conflict.	2017	India	Conflict	Examines approaches to mental health and psychosocial support in conflict affected indigenous communities. Highlights a lack of mental health support system and mistrust in outsider interventions due to strong traditional beliefs.	Tier 2	Local support mechanisms and informal care systems may provide a foundation for support in absence of formal support services.
	Maeda K, Shamoto H, Furuya S.	Feeding support team for the frail, disabled, or elderly people during the early phase of a disaster	2017	Japan	Earthquake	Identified poor oral hygiene, inactivity, malnutrition, appetite loss, eating problems, and swallowing problems among people with disabilities and older adults in shelters. Feeding support by multidisciplinary team in shelters can improve health outcomes immediately after earthquake.	Tier 3	Deployment of multidisciplinary disaster feeding support teams improves health and well-being in shelters.
	Liu M, Kohzuki M, Hamamura A, et al	How did rehabilitation professionals act when faced with the Great East Japan earthquake and disaster? Descriptive epidemiology of disability and an interim report of the relief activities of the ten rehabilitation-related organizations.	2012	Japan	Earthquake	Collaboration of rehabilitation related organisations initiated post-earthquake. The organisations were poorly prepared for response, but successfully collaborated. Contributing factors included establishing institutional coordination mechanisms with costs shared; briefings to teams prior to dispatch; one-week dispatch period for teams with handover; daily remote support to teams.	Tier 1	Collaborative efforts and resource sharing facilitated management of resources for more effective response.

CONTINUED ...



8 // HIS 9. MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE

DISABILITY

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Shelter	Aryankhesal A, Pakjouei S, Kamali M	Safety needs of people with disability during earthquakes	2017	Iran	Earthquake	Considerations for earthquake resistant construction of shelter. Compliance with building codes essential. Also, safe room setting, ease of evacuation, and adaptation of WASH facilities.	Tier 1	Compliance with building regulations needed alongside considerations of internal layout of, and egress from, shelters.

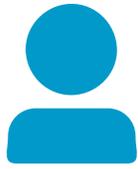


8 // HIS 9. MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE

OLDER AGE

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Health	Maeda K, Shamoto H, Furuya S.	Feeding support team for the frail, disabled, or elderly people during the early phase of a disaster	2013	Japan	Earthquake	Identified poor oral hygiene, inactivity, malnutrition, appetite loss, eating problems, and swallowing problems among people with disabilities and older adults in shelters. Feeding support by multidisciplinary team in shelters can improve health outcomes immediately after earthquake.	Tier 3	Deployment of multidisciplinary disaster feeding support teams improves health and well-being in shelters.
Shelter	Horner M W, Ozguven E E, Marcelin J M, et al.	Special needs hurricane shelters and the ageing population: development of a methodology and a case study application	2018	USA	General	Use of spatial modelling to optimise shelter locations. Included minimising transport costs and maximising site accessibility. Shelter placement needs to be considered alongside further factors including access to essential services and public safety.	Tier 1	Geographic information system-based modelling has potential to assist in shelter placement.
	Alisan O, Kocatepe, A, Tuydes-Yaman H, et al	Benefits of managing the capacity of special needs shelters with cross-county collaboration: case study in Florida	2017	USA	Tropical Storm	Uses geographic information system data and demand scenarios to optimise shelter allocation for older populations. Enhanced collaboration across counties can reduce the need for adding new shelters.	Tier 1	Increased efficiency from managing shelter resources and allocations across administrative boundaries.
	Ishii T, Ochi S, Tsubokura M, et al.	Physical performance deterioration of temporary housing residents after the Great East Japan Earthquake	2015	Japan	Earthquake	Ability to stand, grip strength, and functional mobility among temporary housing residents deteriorated compared to those remaining in their own homes. Temporary housing was away from services, such as shops and restaurants. Improved health monitoring of temporary housing residents needed.	Tier 1	Locating temporary housing near to community facilities can maintain mobility and functioning of older people.

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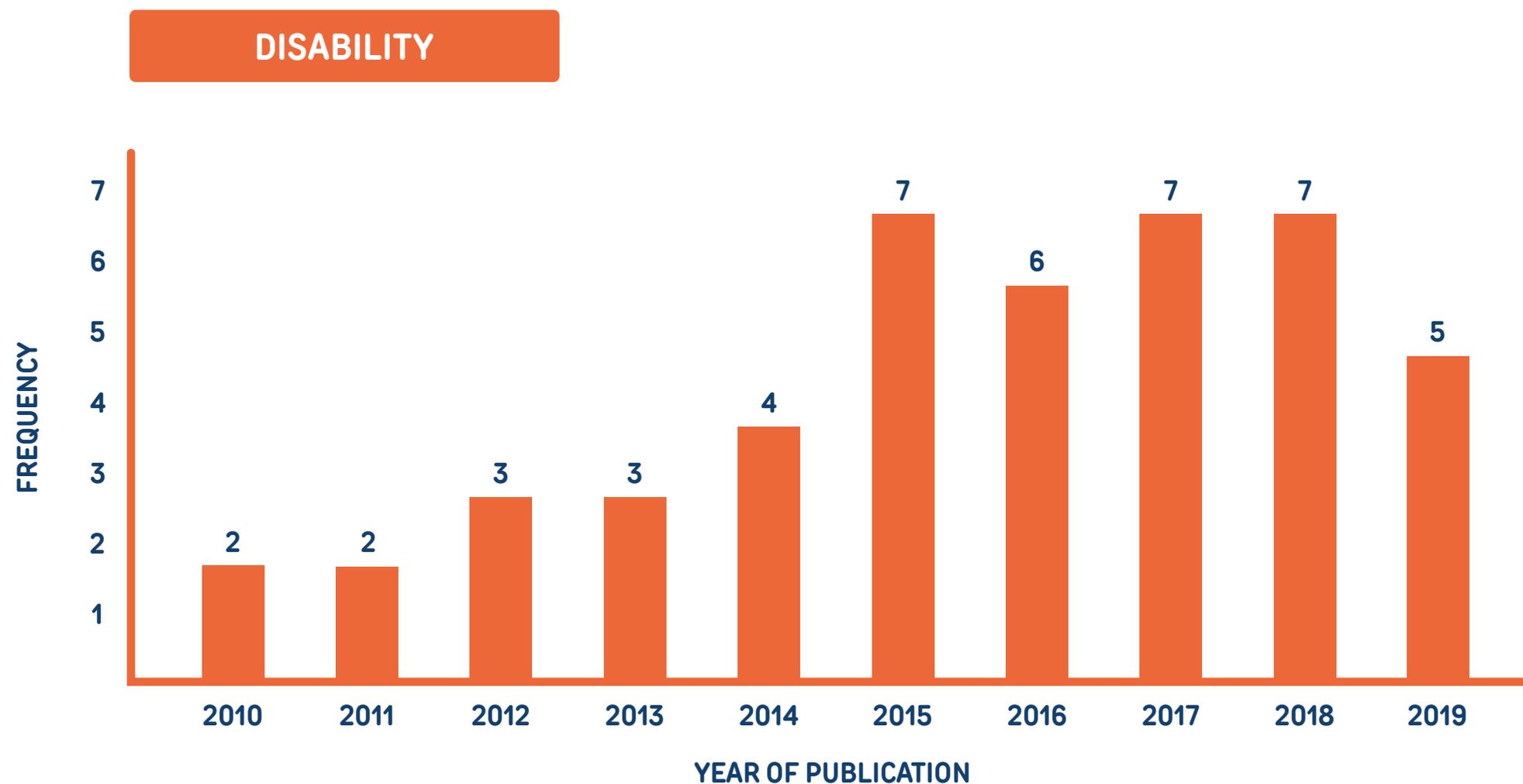
8 // HIS 9. MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE

OLDER AGE

SECTOR	AUTHOR	ARTICLE	YEAR	REGION	CONTEXT	OVERVIEW	QUALITY	RELEVANT FINDING
Shelter	Cloyd E, Dyer C B.	Catastrophic events and older adults	2010	USA	General	Outlines specific needs of older people and key considerations for shelter health workers. Recommends separate shelter areas for older people, involvement of gerontologists, and triage on arrival at shelter to establish who needs personal assistance.	Tier 3	Availability of skilled human resources plus adaptations needed for age appropriate shelters.
General	Astill S	Ageing in remote and cyclone-prone communities: geography, policy, and disaster relief	2016	Australia	Tropical Storm	Finds variations in policies between local councils and an overreliance on in-situ care facilities by emergency managers. Response efforts contributed to negative longer-term economic impacts and outmigration. This led to a lack of family support for older people who remained.	Tier 1	Emergency management policies should consider and account for local community capacities and gaps.

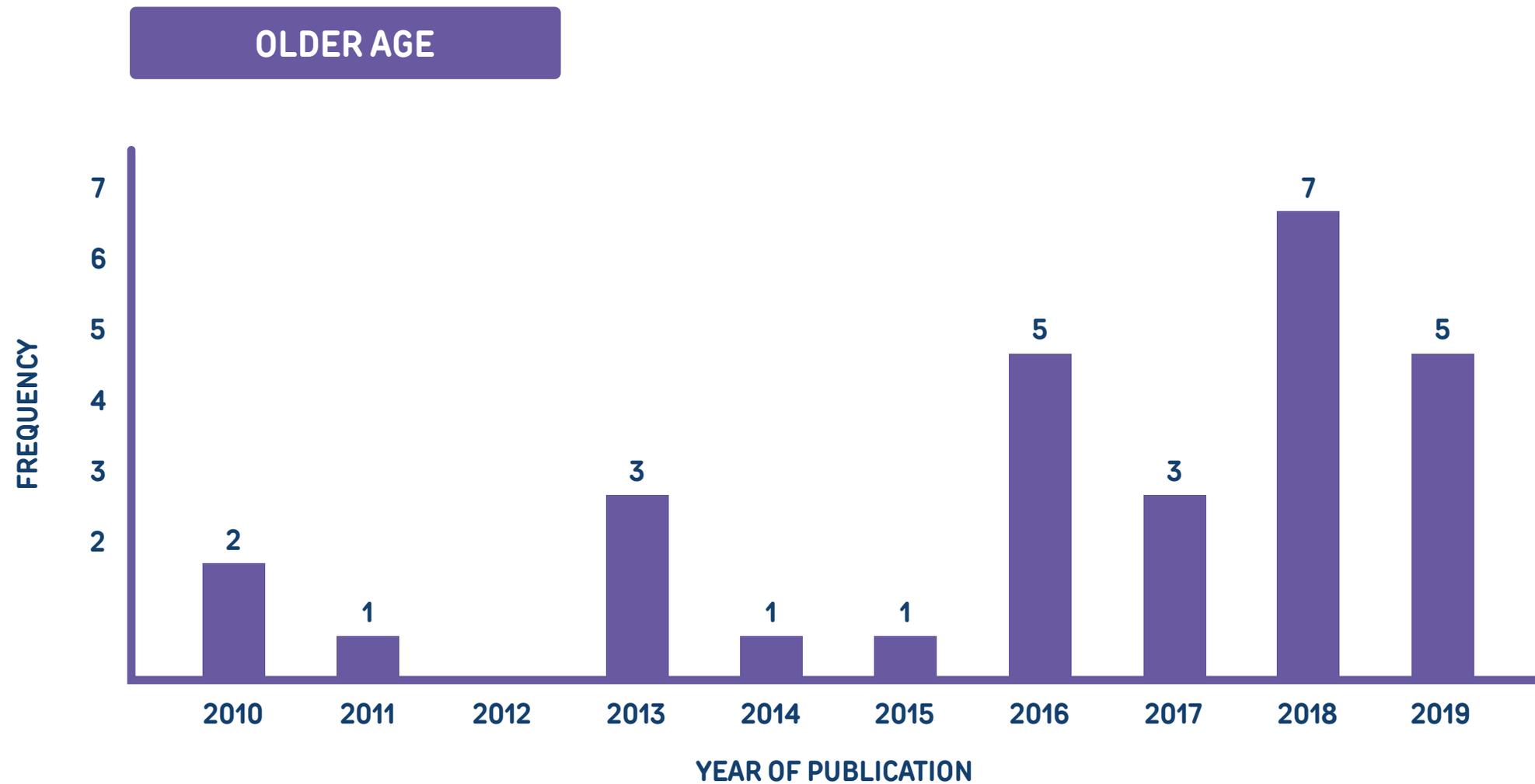
DISTRIBUTION OF ARTICLES

FIGURE 1: ARTICLES BY YEAR OF PUBLICATION



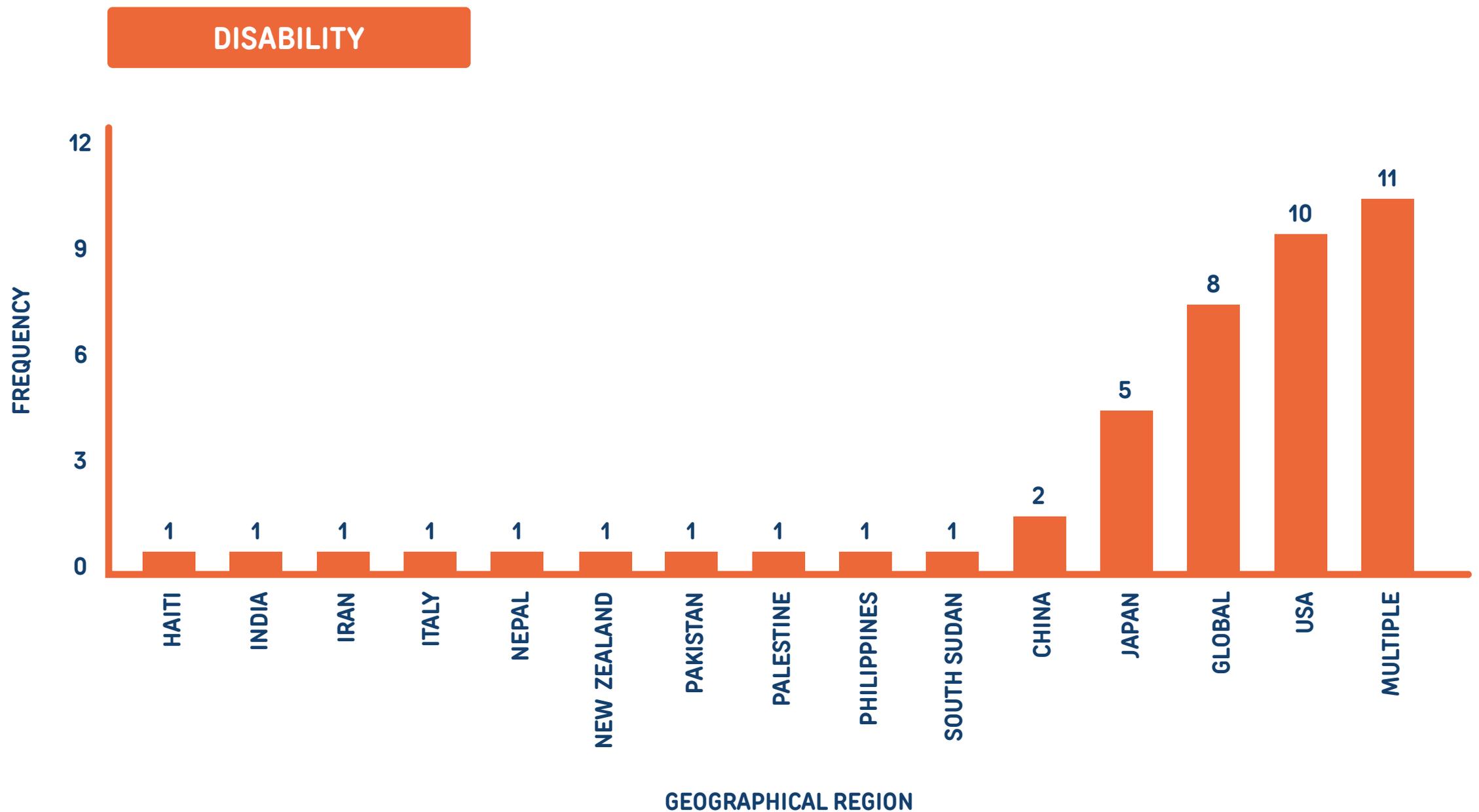
The majority of articles (n= 46) on the inclusion of people with disability in humanitarian response have been published since 2015.

FIGURE 1: ARTICLES BY YEAR OF PUBLICATION



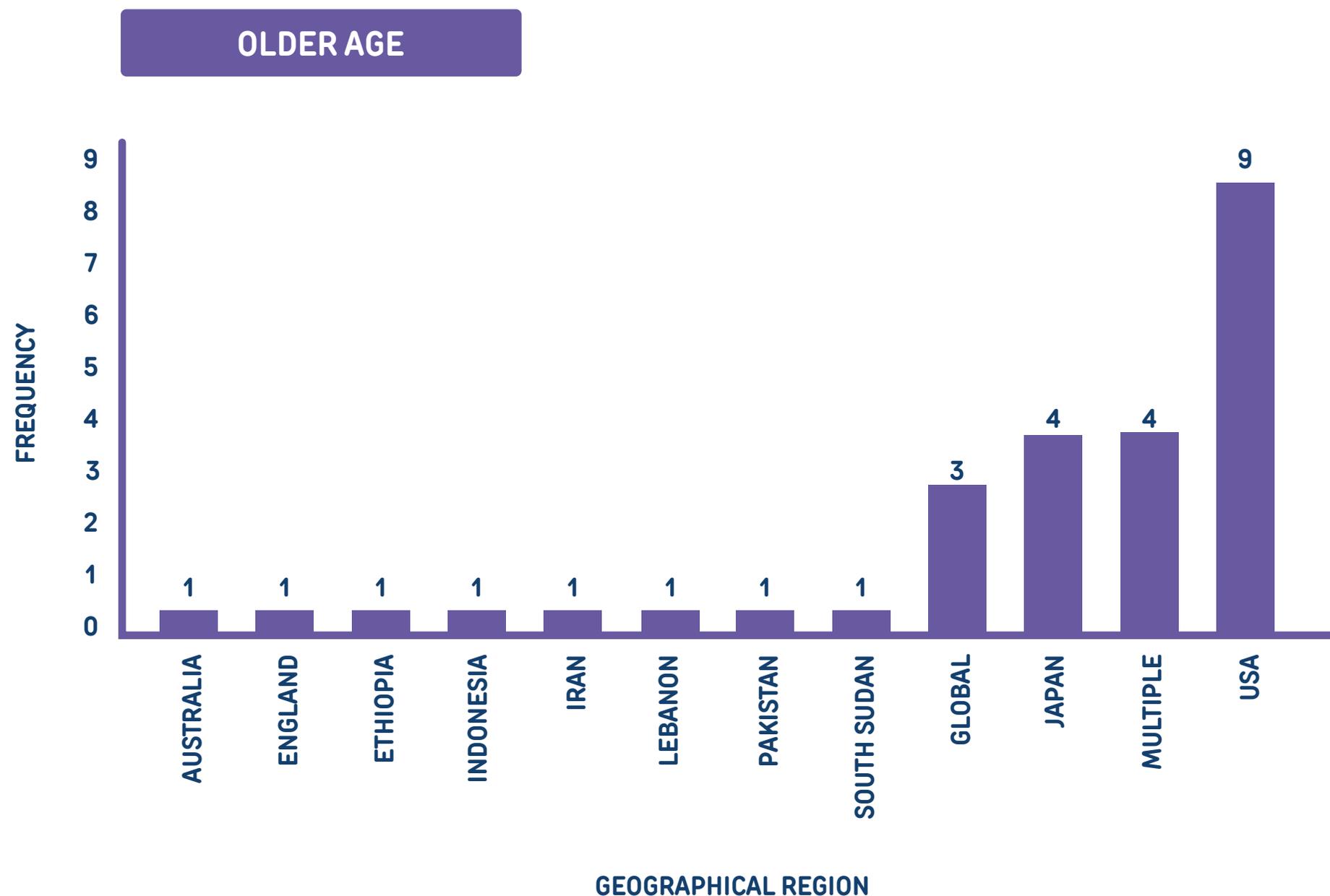
The overall number of articles identified on the inclusion of older people in humanitarian response (n =28) was less than for disability. There has been an increase in publications in the last couple of years.

FIGURE 2: ARTICLES BY REGION THE RESEARCH WAS CONDUCTED IN



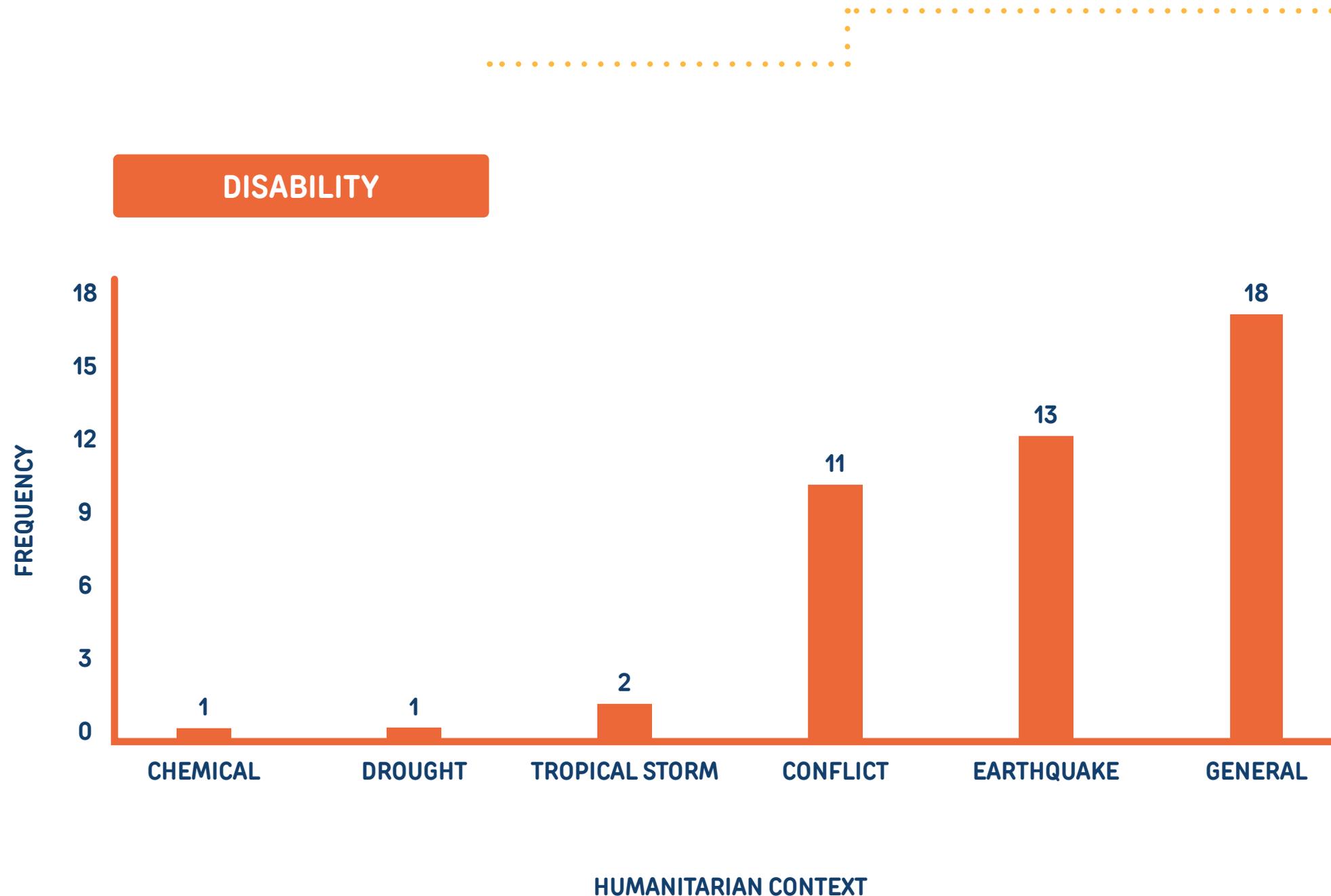
Most disability articles (19) were either global or addressed multiple countries. The majority of disability articles with a single country focus were from research in the USA (10) and Japan (5). Little research was identified in other countries. Most articles focusing on individual countries were from Asia (8).

FIGURE 2 : ARTICLES BY REGION THE RESEARCH WAS CONDUCTED IN



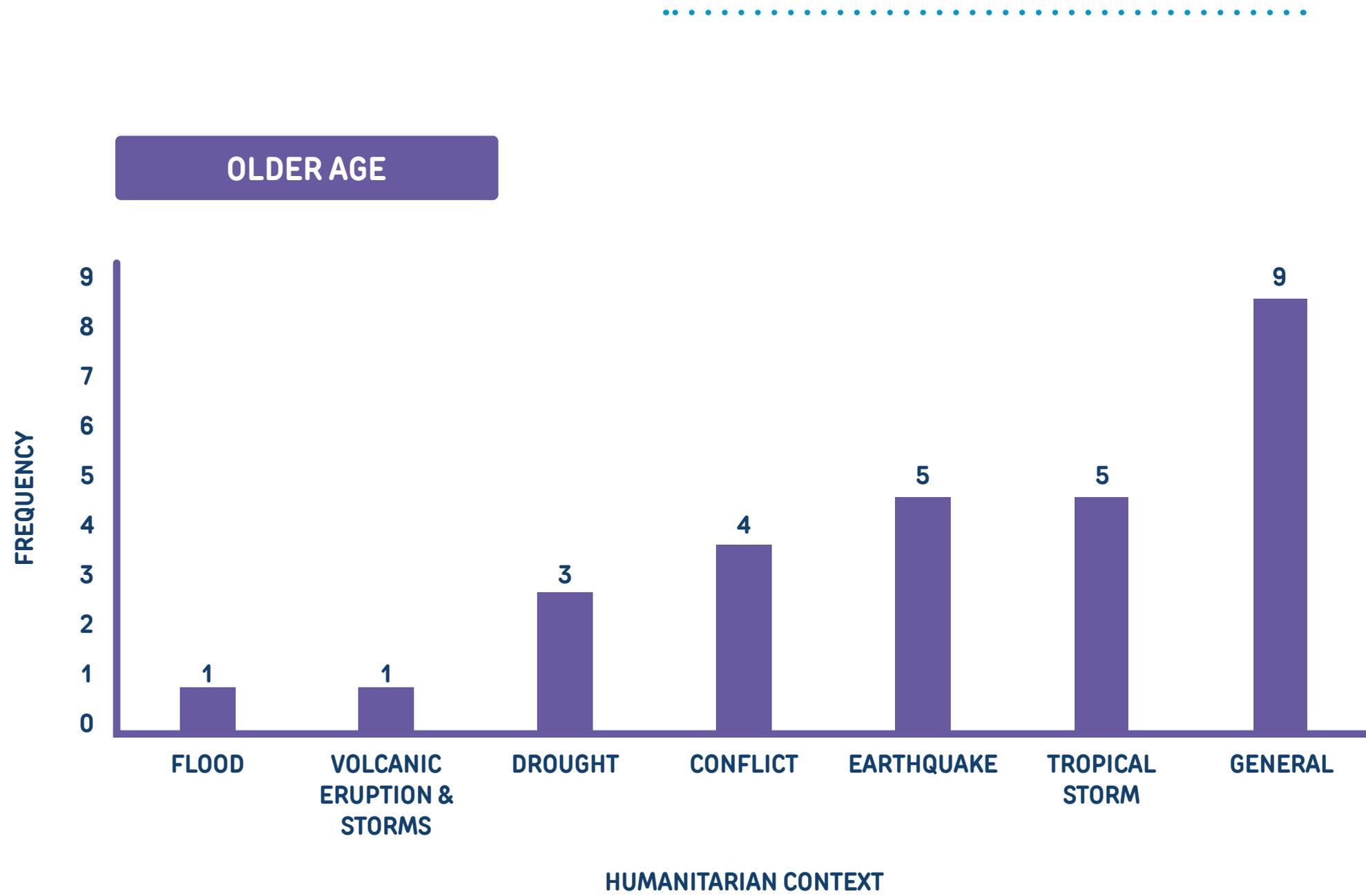
Most older age publications were from the USA (9) followed by articles with a global or multiple country focus (7). The majority of the remaining studies were from Japan (4) and other Asian countries (4).

FIGURE 3. ARTICLES BY HUMANITARIAN CONTEXT



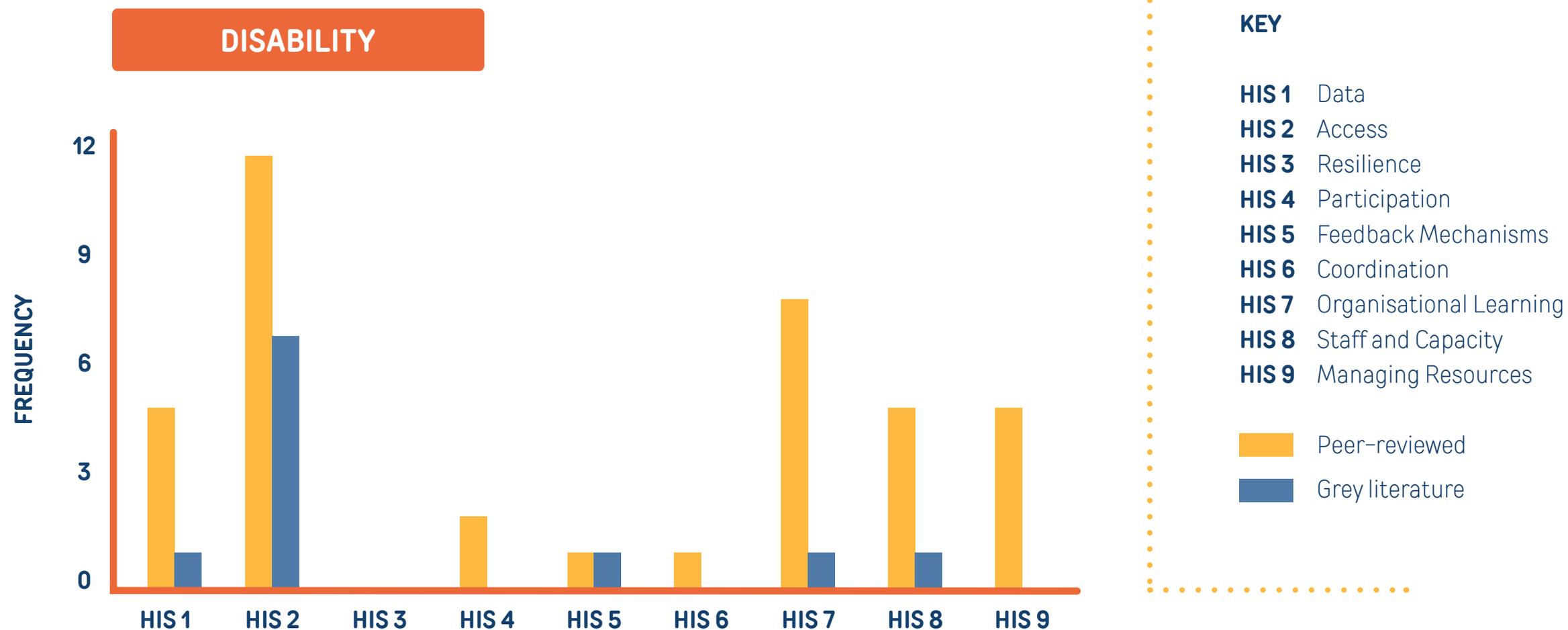
Most disability articles were general without a focus on a specific humanitarian context (18). The majority of the remaining articles focused on natural hazard disasters (16) with most of these focusing on earthquake response (13). Eleven articles focused on conflict. One article focused on responding to a chemical contamination event. Only one article focused on a slow onset disaster (drought).

FIGURE 3 : ARTICLES BY HUMANITARIAN CONTEXT



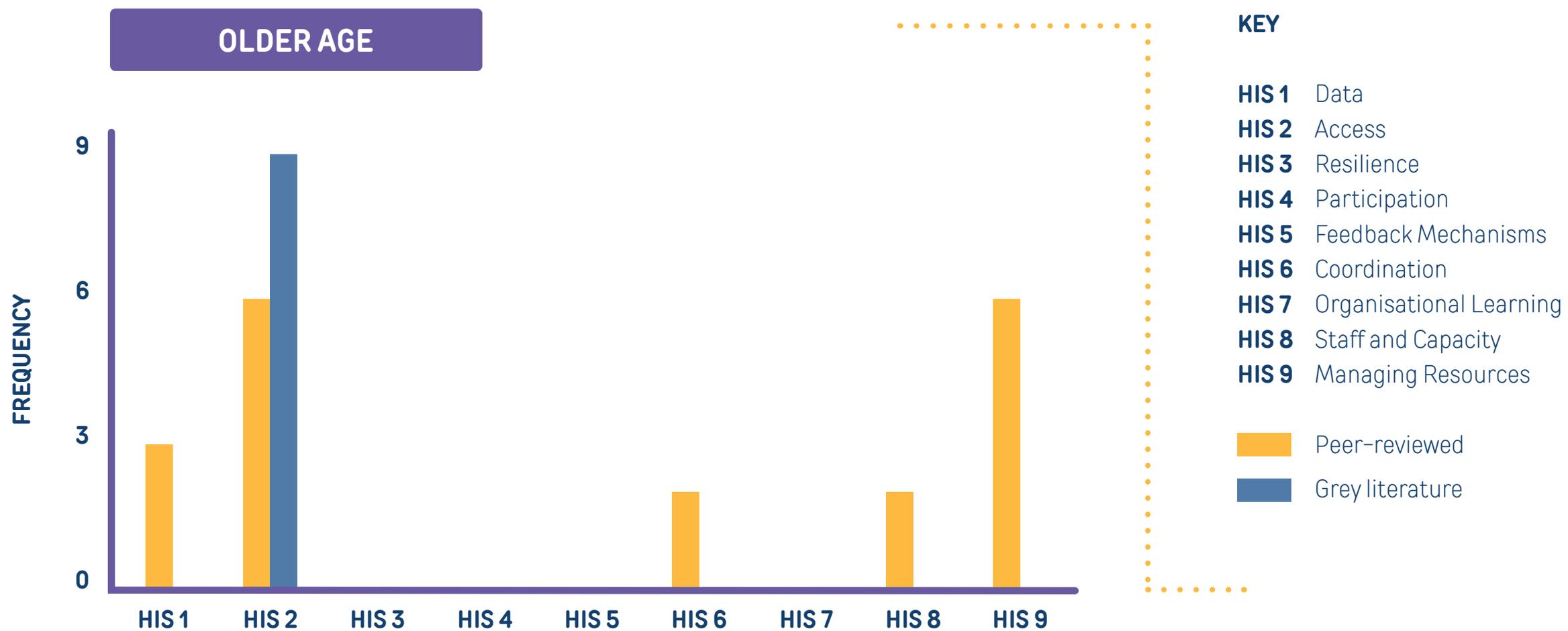
Most older age articles were general (9). Four articles addressed conflict and the remainder natural hazard disasters (15) with most focusing on earthquakes (5) and tropical storms (5). Three articles focused on drought.

FIGURE 4 : ARTICLE TYPE BY HIS



Across all HIS, most of the identified disability articles were from peer-reviewed journals (35 out of 46).

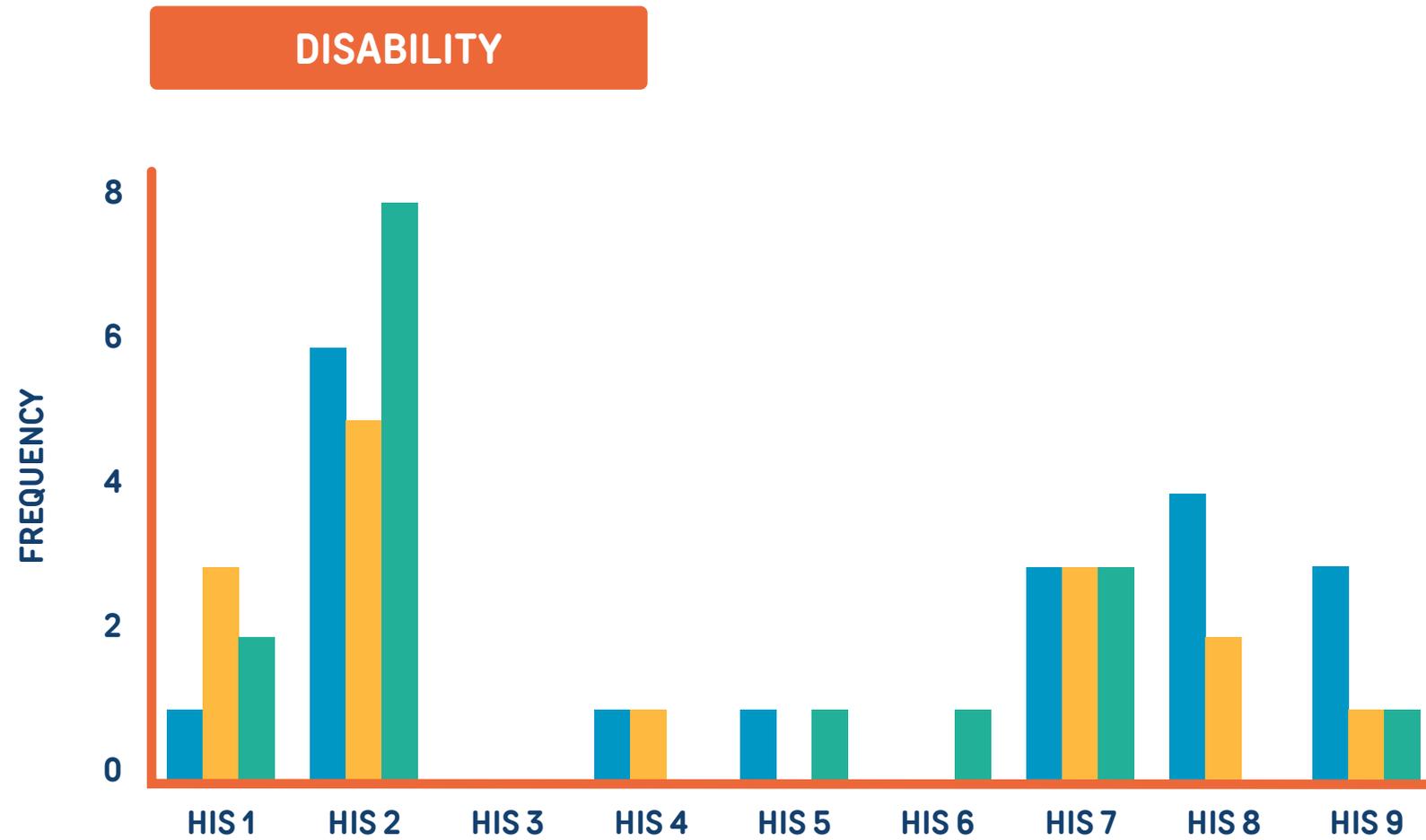
FIGURE 4 : ARTICLE TYPE BY HIS



The majority of older age articles addressed HIS 2 (access) and most of these were from grey literature (9 out of 15).

All remaining articles for older age (13) under the other HIS were from peer-reviewed journals (n = 28).

FIGURE 5 : QUALITY ASSESSMENT TIERS OF ARTICLES BY HIS



KEY

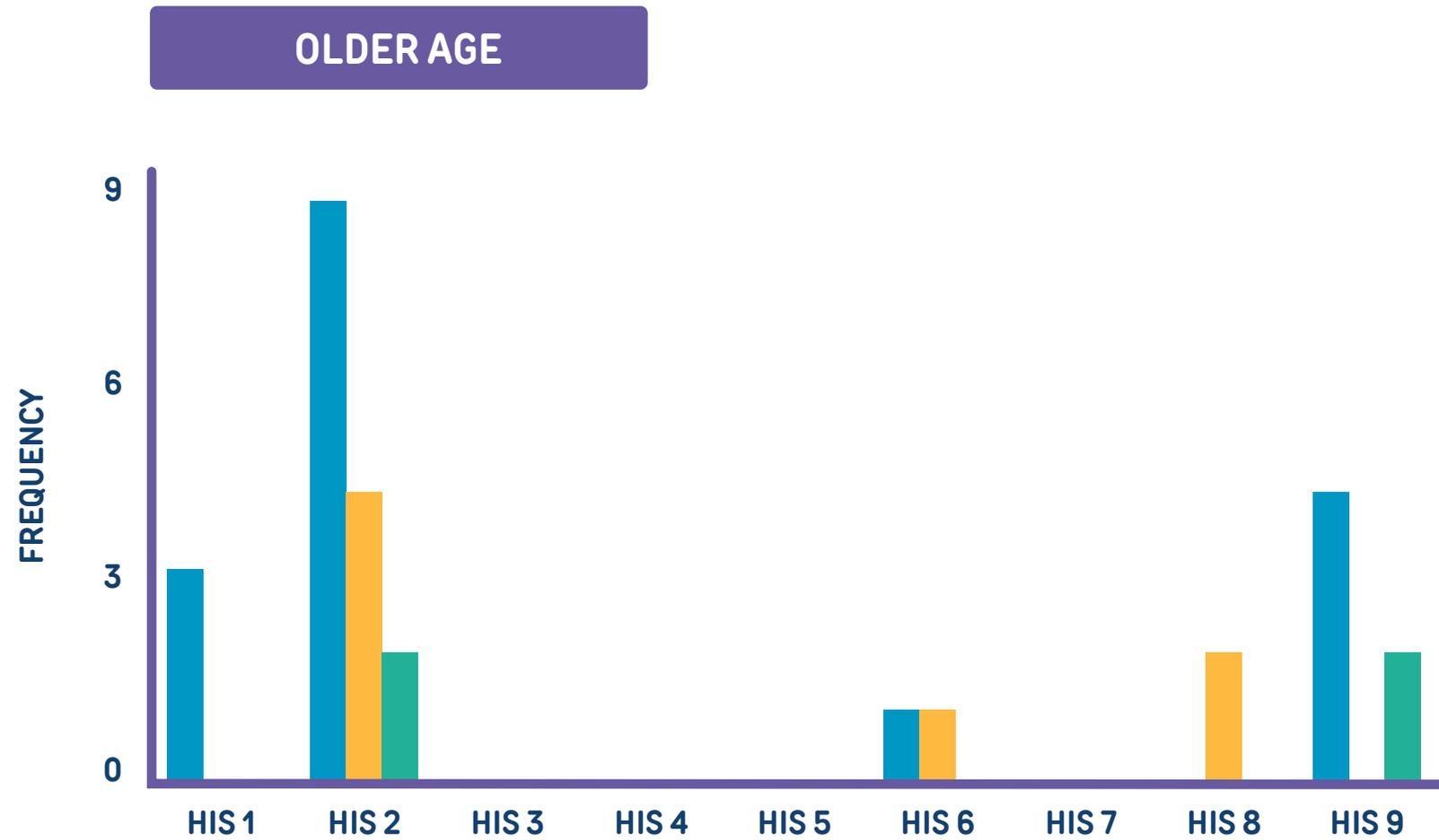
- HIS 1** Data
- HIS 2** Access
- HIS 3** Resilience
- HIS 4** Participation
- HIS 5** Feedback Mechanisms
- HIS 6** Coordination
- HIS 7** Organisational Learning
- HIS 8** Staff and Capacity
- HIS 9** Managing Resources

Quality marker tiers from 1 (higher) to 3 (lower).

- Tier 1
- Tier 2
- Tier 3

Differences in the quality of disability articles were found across all HIS. While most disability articles fell under HIS 2 (access), the majority were of lower quality (Tier 3 = 8).

FIGURE 5 : QUALITY ASSESSMENT TIERS OF ARTICLES 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

Quality marker tiers from 1 (higher) to 3 (lower).

- Tier 1
- Tier 2
- Tier 3

The quality of older age articles scored higher overall with most being in Tier 1. Only two articles under HIS 2 (access) and two under HIS 9 (managing resources) were in Tier 3.



LIST OF GUIDELINES

LIST OF GUIDELINES

Recent years have seen an increase in the number of guidelines on the inclusion of people with disability and older people in humanitarian response. Examples of these guidelines are listed here, and on the following page.

In terms of the evidence base outlined in these annexes and supplementary report, the majority of guidelines listed here do not substantially reference existing academic literature. Exceptions include the guidelines authored by Akerkar and Bhardwaj, 2018 and Hutton, 2008. Generally, the guidelines refer to case studies and internal resources alongside frameworks, reports, and standards. Some guidelines, such as the IASC 2019 guidelines, have been produced in consultation with people with disability.

General principles of disability inclusion described in the guidelines are also present in the reviewed literature. For example, use of the WGQ, engagement with OPDs, and applying universal design principles.

- Akerkar S, Bhardwaj R. 2018. Good practice guide: embedding inclusion of older people and people with disabilities in humanitarian policy and practice. Age & Disability Consortium (ADCAP). 1-60. <https://reliefweb.int/sites/reliefweb.int/files/resources/Good%20Practice%20Guide%20ADCAP.pdf>
- Cordero R P, Mitra G, Tucker M. 2017. Guidance: including children with disabilities in humanitarian action – general. UNICEF. http://training.unicef.org/disability/emergencies/downloads/UNICEF_General_Guidance_English.pdf
- Cordero R P, Mitra G, Tucker M. 2017. Guidance: including children with disabilities in humanitarian action – nutrition. UNICEF. http://training.unicef.org/disability/emergencies/downloads/UNICEF_Nutrition_English.pdf
- Cordero R P, Mitra G, Tucker M. 2017. Guidance: including children with disabilities in humanitarian action – health & HIV/AIDS. UNICEF. http://training.unicef.org/disability/emergencies/downloads/UNICEF_Health_English.pdf
- Cordero R P, Mitra G, Tucker M. 2017. Guidance: including children with disabilities in humanitarian action – child protection. UNICEF. http://training.unicef.org/disability/emergencies/downloads/UNICEF_Child_Protection_English.pdf
- Cordero R P, Mitra G, Tucker M. 2017. Guidance: including children with disabilities in humanitarian action – education. UNICEF. http://training.unicef.org/disability/emergencies/downloads/UNICEF_Education_English.pdf

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LIST OF GUIDELINES

- European Civil Protection & Humanitarian Aid Operations. 2019. DG ECHO Operational Guidance: the inclusion of persons with disabilities in EU-funded humanitarian aid operations. European Commission. https://reliefweb.int/sites/reliefweb.int/files/resources/2019-ECHO-Disability-Inclusion-Guidance-Note_EN.pdf
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- Lange K, Mitra G, Wood G. 2019. Guidance on strengthening disability inclusion in humanitarian response plans. Department for International Development (DFID). <https://reliefweb.int/report/world/guidance-strengthening-disability-inclusion-humanitarian-response-plans>
- World Bank. 2017. Including persons with disabilities in water sector operations – a guidance note. World Bank Group. <https://openknowledge.worldbank.org/handle/10986/27542>



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