

Terms of Reference

Disability and emergencies and disasters

I. Background

The WHO Director-General set up the Task Force on Disability in 2008 to support the implementation of the UN *Convention on the Rights of Persons with Disabilities*, which came into force 3 May 2008, and to ensure all programmes and projects within WHO are designed and implemented taking into account people with disabilities. The Convention clarifies and qualifies how all categories of rights apply to persons with disabilities - article 11 specifically refers to situations of risk and humanitarian emergencies stating that all necessary measures need to be undertaken to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters (UN 2006).

The vulnerability of people with disabilities during emergency and disaster situations has been evident in a range of recent events including the South Asian Tsunami (2004), Hurricane Katrina (2005), Pakistan Earthquake (2005), Haiti Earthquake (2010) and the Japan tsunami (2011). A fact sheet on *People with disabilities and older people* was produced and distributed at the Global Platform for Disaster Risk Reduction (2011) to raise awareness about this issue. Recent WHO publications such as the *World report on disability* (WHO 2011) and the *Community-based rehabilitation guidelines* (WHO 2011) have also highlighted the issue, and have made initial suggestions for addressing the needs of people with disabilities during emergency and disaster situations.

One of the major recommendations of the *World report on disability* is "mainstreaming" to enable people with disabilities to participate equally with others in any service or activity intended for the general public (WHO 2011). In order to facilitate mainstreaming in the area of emergencies and disasters disability should be integrated into risk assessment; measures to reduce vulnerability and avoid hazards; adaptive response measures; and effective recovery and rehabilitation at the international, national and local levels. The active involvement and participation people with disabilities is also essential in this process.

WHO in partnership with other relevant stakeholders has contributed to initiatives to address the needs of vulnerable groups in emergencies and disasters. For example the IASG Guidelines on mental health and psychosocial support in emergency settings (2007) and the Field Manual on reproductive health in humanitarian settings (2010.. Action is now required in the area of disability with the need for a comprehensive strategy along with supporting guidance, advocacy and training materials. This terms of reference represents the first actions to be carried out by a broad partnership on disability and development. .

II Description of functions

Under the supervision of the WHO Coordinator for Disability and Rehabilitation, in collaboration with the WHO Emergency Risk Management and Humanitarian Response Department (ERM) the consultant will produce the following materials:

- 1) A Guidance note of approximately 10 pages, comprising essential information on what the health sector needs to do to address the needs of people with disabilities in emergency and disaster situations and the links that need to be made with other sectors to ensure a multisectoral response. This should adopt a 'twin-track' approach in implementing their objectives for disability, which accepts that both disability specific and mainstreamed interventions have their place and neither is superior to the other. The guidance note should be based on an extensive review of existing policies, plans and practices, lessons learnt and identified gaps relating to the inclusion of people with disabilities in the management of emergencies at different levels (across risk assessment, vulnerability reduction, preparedness, response and recovery)
- 2) Two page checklist of minimum responses required in emergencies, referring back to the guidance note as required. This should be accompanied by a detailed list of existing resources for addressing the needs of persons with disabilities in emergencies.
- 3) Report of up to 3,000 words, comprising recommendations on: training needs for different stakeholders (health cluster leads and civil society) to respond adequately to the needs of people with disabilities in emergencies and disasters. This could lead to the development of a basic training - linked to the checklist - for state and civil society actors - akin to the training on gender-based violence.

The draft of these documents will be reviewed by a broad range of stakeholders and the consultant will undertake revisions prior to receipt of final payment.

III. Timeframe

The time frame will be a maximum of 30 days.

IV. Qualifications

Advanced university degree in a related field, or equivalent experience, at least 5 years experience in the disability/health field and recognized experience in working with the health cluster following emergencies/disasters. Proven abilities in written English.

If you are interested in undertaking this contract please send your CV to Alana Officer at officera@who.int on or before November 4, 2011