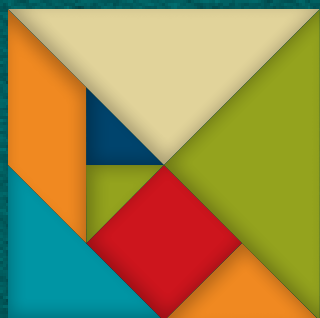


Facilitator's Kit:
Community Preparedness
for **SEXUAL** and
REPRODUCTIVE
HEALTH and **GENDER**

Quick Start Guide



Authors of the Quick Start Guide

This Quick Start Guide was developed by the Family Planning Association of Nepal, Nepal Disabled Women Association, Senior Citizen Care Society, and the Women's Refugee Commission, based on activities conducted under their project, "Strengthening Inclusion in Community Preparedness for Sexual and Reproductive Health and Gender in Nepal. This project was funded and supported by Elrha's Humanitarian Innovation Fund (HIF), a programme which improves outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions. Elrha's HIF is funded by the UK Foreign, Commonwealth and Development Office (FCDO). Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. Visit www.elrha.org to find out more.

Family Planning Association of Nepal

Family Planning Association of Nepal (FPAN) was established in 1959 as a first national sexual and reproductive health service delivery and advocacy organization. FPAN works across 37 districts to provide life saving health services to poor, marginalized, socially excluded, and underserved (PMSEU) communities. It visions to ensure universal access to comprehensive sexual and reproductive health for all.

Nepal Disabled Women Association

Nepal Disabled Women Association (NDWA) was established in 1998 adopting the values of the fundamental rights and responsibilities provided by the constitution of Nepal in order to support Women with Disabilities (WWDs) to pursue their rights, and provide them protection and livelihood support. It aims to organize, empower and advocate for the provision and utilization of the rights of girls/women with disabilities for their increased inclusion in all spheres of the society.

Senior Citizen Care Society

Senior Citizen Care Society (SCCS) was established in 2010 with the aim to provide support and care to senior citizen. SCCS works to provide different services to older populations like care giver services, health check-up, distribution of relief materials during disaster and advocacy for rights of senior citizens.

Women's Refugee Commission

The Women's Refugee Commission (WRC) is a U.S.-based research and advocacy organization. It improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. The WRC researches their needs, identifies solutions, and advocates for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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Objective and target audience

This Quick Start Guide provides step-by-step guidance for organizations and program staff to use the [Facilitator's Kit: Community Preparedness for Sexual and Reproductive Health and Gender](#), including the [Capacity and Needs Assessment Tools to Build Community Resilience](#), to **plan and organize assessments and workshops that are inclusive of and accessible** to older people, people with disabilities, older people's associations (OPAs), and organizations of people with disabilities (OPDs).

These tools are designed to be used by:

- District-level and provincial-level health and disaster management policymakers and agencies, and other health and disaster management stakeholders
- Organizations delivering sexual and reproductive health (SRH) or gender-focused programs and services at the community level in settings at risk of disasters, conflict, or epidemics and pandemics.

This Quick Start Guide was developed as part of a participatory research project undertaken by the Family Planning Association of Nepal (FPAN), the Nepal Disabled Women Association (NDWA), the Senior Citizen Care Society (SCCS), and the Women's Refugee Commission (WRC) in 2021 and 2022 with funding from Elrha.

In this project, partners conducted participatory research with people with disabilities and older people to explore their unique SRH needs and resources, and their experiences in community-level emergency preparedness and response. Partners used the research findings to develop concrete recommendations and identify actions that organizations should systematically take when planning

community preparedness activities to ensure they are accessible for and inclusive of people with disabilities and older people.

For more information on this project, research findings, and recommendations, please see [title page/link for final resources.]

Before using the Quick Start Guide, program staff should familiarize themselves with the [Facilitator's Kit: Community Preparedness for Sexual and Reproductive Health and Gender](#) and the [Capacity and Needs Assessment Tools to Build Community Resilience](#).

Action items in the Quick Start Guide can be integrated into workplans for project preparation, implementation, and monitoring.

Defining inclusion

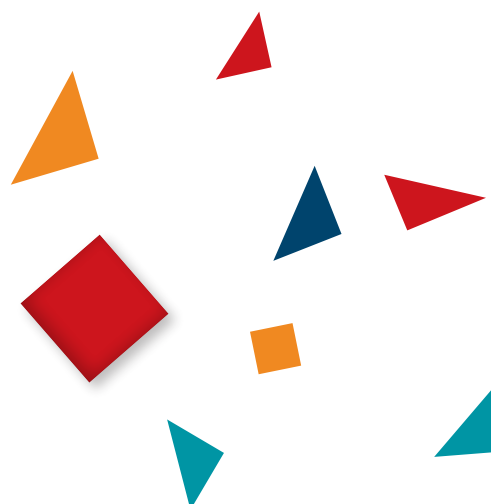
Social inclusion is "[the] process by which efforts are made to ensure equal opportunities – that everyone, regardless of their background, can achieve their full potential in life. Such efforts include policies and actions that promote equal access to (public) services as well as enable citizens' participation in the decision-making processes that affect their lives."¹

Inclusion is essential for effective emergency preparedness and humanitarian response, and the humanitarian principles – humanity, neutrality, impartiality, and independence – demand that humanitarian aid be delivered without distinction as to race, gender, or other status – including age and disability. Accordingly, the [Charter on Inclusion of People with Disabilities in Humanitarian Action](#) was developed in 2016. In 2018, the Age and Disability Capacity Programme (ADCAP) published the

¹ United Nations Department of Economic and Social Affairs, [Social Inclusion](#), accessed 22 March 2022.

[Humanitarian Inclusion Standards for Older People and People with Disabilities](#) to “help address the gap in understanding the needs, capacities and rights of older people and people with disabilities, and promote their inclusion in humanitarian action” and to “strengthen the accountability of humanitarian actors to older people and people with disabilities, and to support the participation of older people and people with disabilities in humanitarian action.”²

The Humanitarian Inclusion Standards for Older People and People with Disabilities are as follows³:



STANDARD	DEFINITION
Identification	Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate, and relevant to their needs.
Safe and equitable access	Older people and people with disabilities have safe and equitable access to humanitarian assistance.
Resilience	Older people and people with disabilities have safe and equitable access to humanitarian assistance.
Knowledge and participation	Older people and people with disabilities know their rights and entitlements, and participate in decisions that affect their lives.
Feedback and complaints	Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.
Coordination	Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.
Learning	Organisations collect and apply learning to deliver more inclusive assistance.
Human resources	Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.
Resources management	Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.

² Age and Disability Capacity Programme (ADCAP), [Humanitarian Inclusion Standards for Older People and People with Disabilities](#), 2018.

³ Ibid.

Cross-cutting planning considerations

Implementing programs that are accessible to older people and people with disabilities, and inclusive of their needs, capacities, and priorities, **requires advance planning and resources.**

Capacity of program staff

It is essential that program staff be trained and supported to plan and implement inclusive, accessible programs. Staff must demonstrate understanding of and respect for the principles of inclusion. Prior to planning program activities, organizations should hold trainings to ensure program staff have a solid foundation in the planning and implementation of inclusive emergency preparedness and response.

Resources include:

- Age and Disability Capacity Programme (ADCAP), [*Inclusion of Age and Disability in Humanitarian Action: A Two-Day Training Course*](#), 2017
- Women's Refugee Commission and International Rescue Committee, [*Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners*](#), 2015
 - » See Tool 4: Gender-based violence and disability: A training module for GBV practitioners in humanitarian settings

Budget

It is essential to budget for program adaptations and accommodations to ensure older people and people with disabilities can fully

participate. Depending on the setting, and on the needs and preferences of participants, this includes budgeting for:

- Equitable partnerships with OPDs and OPAs
- Accessible transportation
- Accessible venues
- Sign interpretation
- Language interpretation
- Costs to adapt and print program materials in accessible formats, including audio, braille, large print, and pictorial and easy-to-read (ETR) formats

During proposal development, it is best practice to routinely include line items for accessibility and accommodations.

It is important to review the budget after consulting with key stakeholders and mapping the community to ensure it includes the specific accommodations required.

Understanding the community context

Older people and people with disabilities are diverse individuals: age and disability status are just two of their many identities. **The needs, risks, priorities, resources, and capacities of older people and people with disabilities, and the barriers to participation and inclusion they face, are also shaped by their gender, race, ethnicity, sexual orientation, religion, caste, and other identities and statuses.**

The experiences of people with disabilities and older people are also context dependent. Around the world, the different attitudinal, environmental, and institutional **barriers facing people with disabilities and older people vary according to cultural and community norms.**

Key preparedness and response activities will also vary according to the types of crises impacting a community, including conflict, natural disasters, displacement, and epidemics or pandemics.

It is therefore essential to **undertake initial research and consultations prior to planning program activities to ensure program planning includes key stakeholders and addresses key barriers from the outset.**

You should:

- Conduct desk research to **identify existing data and resources on older people and people with disabilities and emergency preparedness and response in the community,** including prior assessments, humanitarian needs overviews and humanitarian response plans, program reports, and disaggregated population data.
- Conduct a **preliminary service mapping and stakeholder analysis** to identify:
 - » District and/or provincial authorities with a mandate to address the needs of older people and/or people with disabilities
 - » Organizations providing services for people with disabilities and/or older people, available services, and where people with disabilities and older people can access (who is doing what, where)
 - » OPDs, OPAs, and community-based organizations (CBOs) and civil society organizations (CSOs) advocating for people with disabilities and older people.
- Consult with leaders and members of OPDs and OPAs in the community to identify key barriers, available accommodations, preferred methods for information sharing, and preferred format for activities.

Wherever possible, you should partner or coordinate with OPDs and OPAs to organize program activities. This will help you to ensure that information is shared and activities are organized in the ways that best meet the needs of these community members. **At minimum, you must consult with OPDs and OPAs prior to organizing activities.**

It may take **additional time to coordinate with OPDs and OPAs.** This must be accounted for when planning the project.

Logistics and accommodations for activities and workshops

Throughout this process, it is important to plan activities, including focus group discussions (FGDs), interviews, and workshops, to be accessible for people with diverse disabilities, and to accommodate the unique needs of people with disabilities and older people. **It is essential to understand the needs of participants BEFORE organizing events and arranging for accommodations. OPDs and OPAs are best positioned to identify the best ways to share information, venues, and means of transportation, and the necessary accommodations.**

When selecting the venue:

- The venue should be in a **convenient, central location.** OPDs and OPAs will know best where safe, accessible events can be held.
- **Transportation to and from the venue should be safe, accessible, and affordable,** and require the least amount of effort possible for participants. Wherever possible, you should reimburse participants for expenses.
- **The venue must be fully accessible for people who use mobility aids,** including wheelchairs, scooters, canes, walkers, crutches, or prostheses. This includes entrances, hallways, doorways, toilets, and kitchen facilities. Rooms must be large enough for people using mobility aids to move around.

- **You should assess the venue for possible safety risks**, including trip and slip hazards (e.g., slippery floors, loose rugs, thresholds), stairs, low lighting, not having handrails, and cords and wires.
- **Activities should be held in quiet spaces**. This is particularly important for people with hearing impairments.
- **Activities should be held in private spaces** where participants will not be overheard and feel comfortable speaking freely.

When preparing materials:

- **Be sure to provide any written materials in large text and, if possible/appropriate, braille**, for participants with vision impairments.
- **Create a recording of written materials** so that an audio format is available.
- If participants use screen readers, **digital versions should be available and compatible for screen readers**.
- If possible, **provide simple text and ETR versions** of materials for participants with cognitive or intellectual impairments.

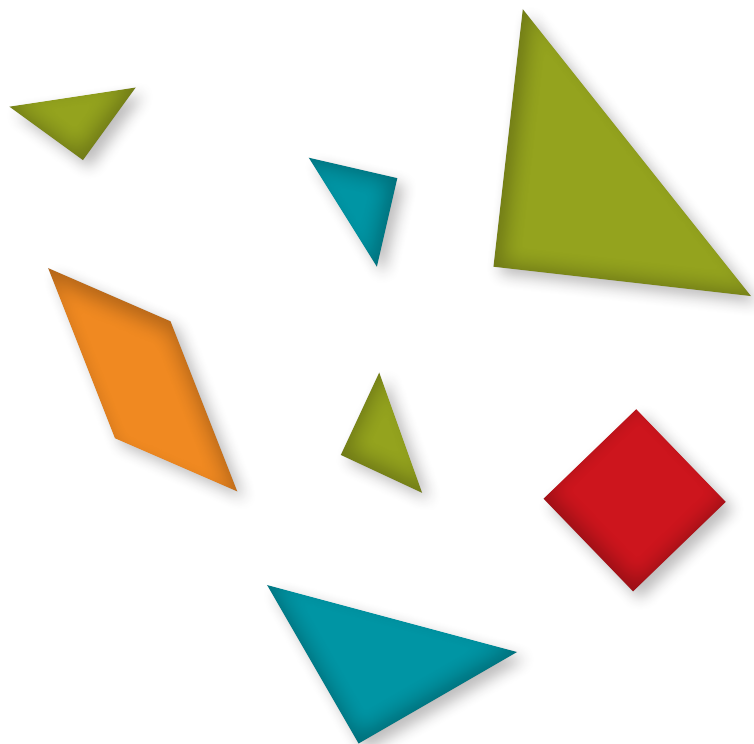
When engaging interpreters and support people:

- **The number of interpreters and support people you need will depend on the number of participants**. If you will be working with a big group of participants, you may need multiple interpreters.

Other considerations:

- **Distribute any written materials and copies of presentations to participants in advance** whenever possible.
- You should **allow for more time** when planning activities with older people and people with disabilities.

- You should ensure that people who read lips or have hearing or visual impairments are **sitting close to the speaker/interpreter**.
- **Develop or turn on captions for videos** whenever possible.
- There should be **good lighting**, so the speaker/interpreter can be clearly seen.
- Ensure the speaker has a **microphone** whenever possible.
- Have the speaker **describe, in detail, all pictures and visual aids**.
- **Minimize background noise**.
- You should be prepared to **allow for longer and/or more frequent breaks**.
- After activities have begun, **check in with participants to ensure things are running smoothly**. You should be prepared to pause and adjust if changes are needed to ensure people can see, hear, understand, participate in group activities, etc.
- **Older people and people with disabilities may have specific dietary needs and preferences**. You should consult with the OPD and OPA whenever possible when planning.



Organizing capacity and needs assessments to build community resilience

To ensure assessment activities are as accessible and inclusive as possible, **it is essential to begin planning and outreach to participants well in advance of activities.**

Identifying and inviting stakeholders to participate in assessment activities

Older people and people with disabilities will be primarily engaged in the following **Capacity and Needs Assessment Tools to Build Community Resilience (pg. 193):**

- Focus Group Discussion Guide for Community Health Resource Persons (pg. 248)
- Focus Group Discussion Guide for Community Members (pg. 259)
- Interview Guide for Community Representatives (pg. 270)

It is essential that you have a good understanding of the groups, programs, services, and people serving older people and people with disabilities prior to organizing assessment activities.

You should identify if any of the following types of organizations that are active in the community:

- OPDs
- OPAs
- Residential facilities or care centers for people with disabilities and older people

- When reaching out to district health and human services authorities, community centers, houses of worship, and other CBOs and CSOs, be sure to ask if they offer special programs or groups for older people and people with disabilities.

You should be sure to identify:

- Key community leaders with disabilities
- Key older people community leaders
- Any organizations providing community-based outreach and/or service delivery to older people and people with disabilities

To successfully engage older people and people with disabilities in assessment activities, you should:

- Consult with OPDs and OPAs to learn how people with disabilities and older people in the community prefer to receive information. This could include social media, WhatsApp and text messages, or phone calls, but it may be most effective to conduct household visits and to visit OPDs and OPAs.
- You can leverage OPDs' and OPAs' networks to share information and reach possible participants.
- In many communities, family members and caregivers play an important role in determining whether a person with a disability or an older person will be able to participate in activities. Family members and caregivers

may hesitate to support participation if they are not sure of the purpose of the activity, where the activity will be held and if it will be fully accessible, what kinds of accommodations will be available, and if it will be safe.

- Therefore, when reaching out to engage older people and people with disabilities, you should also take time whenever needed to discuss the activity, its purpose, and the logistics, including accessibility measures and available accommodations, with family members and caregivers.
- You should also invite family members, caregivers, and support people to attend and participate in activities wherever appropriate. These stakeholders also have unique expertise and perspectives about how community-level preparedness measures should address the needs and leverage the capacities and resources of people with disabilities and older people.

The specific assessment activities, including the format (interviews, FGDs) and the content (topics and discussion questions) should be designed to meet the self-identified preferences and needs of people with disabilities and older people to facilitate their full participation.

By partnering, or at minimum consulting, with OPDs and OPAs, you can work together to determine how people with disabilities and older people would like to participate, and tailor activities to reflect their preferences and needs.

Format of activities

As noted above, people with disabilities and older people participating in the community capacity and needs assessment will primarily be engaged in FGDs and interviews.

Prior to organizing activities with people with disabilities and older people, you must know:

- What kinds of accommodations participants will require, including but not limited to:
 - » Sign interpretation
 - » Braille translation (if available) or audio of written materials
 - » Digital materials that are compatible with screen readers
 - » ETR materials
 - » Large print materials
 - » Support people
 - » Participants may be using assisted mobility devices that require particular attention

Steps for planning accessible events, including selecting appropriate venues, accessible transportation, and arranging accommodations are detailed above.

The Capacity and Needs Assessments Tools to Build Community Resilience include guidance to plan and facilitate FGDs. There are additional considerations and adaptations that can be put in place when conducting FGDs with people with disabilities and older people:

- Participants in FGDs should be grouped by age and gender to ensure that they feel comfortable discussing potentially sensitive topics, including gender and SRH. Accordingly, older men and older women will be in separate focus groups.
- People with disabilities will also be separated by gender. While people with disabilities can participate in FGDs with people who do not have disabilities, people with disabilities have unique experiences and perspectives. As a facilitator, it may be difficult to ensure participants have time and space to share and discuss their experiences among the broader group.
- Additionally, people with disabilities may feel most comfortable in FGDs comprised entirely of people with disabilities.

- Therefore, wherever possible, it is recommended that standalone FGDs be organized for people with disabilities.
- Prior to the activity, you should review the FGD guide to adapt questions to reflect that the discussion will be focused on the experiences of people with disabilities or older people. If possible, you should do this in partnership with the OPD or OPA.
- If you will be working with sign interpreters, language interpreters, or other support people, to facilitate the discussion, you should review the FGD with them in detail in advance so they are prepared to assist participants.
- People with disabilities and older people may be most comfortable, and be able to participate more fully, in smaller groups. You can consider holding FGDs with 5–6 participants. Participants may be accompanied by a support person or caregiver.
- You can consider holding dedicated FGDs with family members and caregivers.
- You must obtain informed consent and/or informed assent from people with disabilities and older people to participate in activities, just as you do for younger people and people who do not have disabilities.
- The FGD guide includes step-by-step instructions for obtaining informed consent/assent when working with people with cognitive or intellectual impairments.

Activity workbooks for people with disabilities and older people

To facilitate data collection with people with disabilities and older people in Nepal during the COVID-19 pandemic, NDWA, SCCS, FPAN, and WRC co-developed a workbook with a range of activities that participants can complete to share information similar to that collected in the FGDs.

The workbooks include community mapping, storytelling, drawing, timeline, and ranking activities. There are two versions of the workbook: one is tailored for use with people with disabilities, and one for use with older people.

People with disabilities and older people may prefer to participate in the assessment by using the workbook instead of or in addition to FGDs or other in-person activities.

The workbooks can be completed in the participant's home, and they can work with a support person or caregiver to complete the activities.

When planning the community capacity and needs assessment, you should consult with members of the OPD and OPA to learn if this format should be included, and to adapt the activities to reflect the local context.



Organizing community preparedness for sexual and reproductive health and gender workshops

As noted previously, you should identify the following stakeholders in the preliminary service mapping and stakeholder analysis:

- District and/or provincial authorities and other stakeholders with a mandate to address the needs of older people and/or people with disabilities
- Organizations providing services for people with disabilities and/or older people
- OPDs and OPAs

These stakeholders should be invited to participate in the Community Preparedness Workshop.

As noted above, it is essential to:

- **Identify the accommodations** that older participants and participants with disabilities will require prior to organizing the workshop.
- **Arrange for all the necessary accommodations** to ensure that older participants and participants with disabilities can fully participate in all activities.
- **Select a venue that is fully accessible** and arrange for **safe and accessible transportation**.

You should **consult with older participants and participants with disabilities when making arrangements for the workshop**, as they are best positioned to identify appropriate venues, transportation, and accommodations.

Selecting a facilitator

During the Community Preparedness Workshop, a facilitator, or facilitation team, will guide participants through the three to four days of modules and sessions. **It is essential that facilitators understand the principles of inclusion and are prepared to use and model inclusive language when discussing age, disability, older people, and people with disabilities throughout the workshop.**

Facilitators must also be prepared to ensure the active and equal participation of older participants and participants with disabilities. When selecting a facilitator or the facilitation team, you should ideally **include a facilitator with experience delivering inclusive and accessible trainings**; in all cases, facilitators should **review best practices for working with people with different disabilities** (see below), and be **familiar with the accommodations that will be provided** during the workshop.

Prior to the workshop, **facilitators should meet with any interpreters or support people** who will be supporting the workshop to review and adapt the agenda and workshop activities as necessary, and ensure the facilitators understand how to work with the interpreters and support people.

Preparing the venue

Prior to the workshop, you should **assess and prepare the venue** to ensure it is safe and accessible.

You should:

- Ensure there is **good lighting** throughout the venue
- Ensure there is **clear signage**, with large, high-visibility print, posted throughout the venue to indicate accessible routes, event spaces, toilets, kitchen spaces, etc.
- **Check the venue for and address possible safety risks**, including trip and slip hazards (e.g., slippery floors, loose rugs, thresholds), stairs, low lighting, not having handrails, and cords and wires
- **Arrange spaces and rooms to be accessible** for any participants using mobility aids, including designating spaces at tables, and ensuring there is sufficient space between tables, furniture, podiums, etc.
- **Set up and test any audiovisual equipment** that will be used
- **Prepare or print any accessible materials** (e.g., large print materials, audio formats).

Action planning

At the conclusion of the workshop, stakeholders will use the information collected during the community capacity and needs assessment to identify gaps, as well as key resources and capacities that can be leveraged, to develop an action plan with concrete steps, responsible parties, and monitoring activities to strengthen community preparedness for SRH and gender. See Module 3.3 Action Planning (pg. 150).

Authorities and organizations working with or delivering health and protection services to older people and people with disabilities, including OPDs and OPAs, whenever possible, must participate in the Community Preparedness workshop to ensure older people's and people with disabilities' self-identified needs and gaps are addressed in the action plan, and that the action plan leverages their knowledge and resources to ensure emergency preparedness and response is inclusive, and responsive to their self-identified priorities.

After the action plan is completed, all participating stakeholders will complete the Community Engagement Action Tool (see pg. 160). The Community Engagement Action Tool addresses:

- How will you convey the information back to your constituents?
- How will you continue to engage your constituents as the larger action plan is being implemented?
- What is your timeline for activities?
- How can your constituents be part of the monitoring process?

OPDs and OPAs are best positioned to engage older people and people with disabilities in monitoring the implementation of the action plan, as they are the experts on their community, its preferred formats for information sharing and coordination, and how they can most effectively participate in monitoring implementation and in broader community preparedness efforts.

Tips for working with people with diverse disabilities⁴

Below, we have included some key points for working with people with diverse disabilities. However, this is not an exhaustive list!

Across the board:

- Use person-first language.
- Avoid speaking about disability and age in a negative way (for example, saying that someone is crippled or saying that someone suffers from blindness). It is best to use neutral language, like saying that someone is blind or uses a wheelchair.
- Greet people with disabilities in the same way you greet people without disabilities and treat adults with disabilities the same way you treat other adults. As you learn more about the person, you can adapt how you communicate to meet their needs.
- If someone has an interpreter or caregiver to assist them to communicate, speak directly to and with the person—not to the interpreter.
- When communicating with people with disabilities, place yourself at eye level with them whenever possible. For example, you could sit in a chair or on a mat.
- Plan more time for activities with people with disabilities, as communicating through interpreters, writing, etc., can take more time and participants should not be rushed. You should also plan more time for activities with people with cognitive or intellectual impairments.

AVOID	CONSIDER USING
Emphasizing a person's impairment or condition For example: Disabled person	Focus on the person first, not their disability] For example: Person with a disability
Negative language about disability For example: "suffers" from polio "in danger of" becoming blind "confined to" a wheelchair "crippled"	Instead use gender neutral language For example: "has polio" "may become blind" "uses a wheelchair" "has a disability"
Referring to persons without disabilities as "normal" or "healthy"	Try using "people without disabilities"

When working with people with physical impairments:

- Move at their speed. Do not walk ahead of them if they are moving more slowly than you.
- Do not lean on or move someone's wheelchair or assistive device without their permission.
- When arranging meetings with a participant who uses a wheelchair, provide space at the table for a wheelchair (i.e., move one or more chairs away) and ensure there is enough space for them to move around the room freely.

⁴ Women's Refugee Commission, [Disability Inclusion in Gender-Based Violence \(GBV\) Programming](#), 2015. Women's Refugee Commission, [Tool 4: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings](#), 2015; and Women's Refugee Commission, [Tool 6: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings](#), 2015.

When working with people who are Deaf or have hearing impairments:

- You can learn more about how people prefer to communicate by watching how they communicate with others, or using simple gestures to ask about different communication options. People with hearing impairments may use writing, lip reading, and/or sign language.
- Get the person's attention before speaking by politely raising your hand.
- Speak clearly and do not cover your mouth or eat when talking to help with lip reading.
- Allow the person who is Deaf or hearing impaired to choose the best place for them to sit in the room.

When working with people who are blind or have vision impairments:

- Always introduce yourself and any other people in the group or room by name.
- Tell the person if you are moving or leaving their space—don't just walk away.
- Identify yourself when you enter the room.
- If the person has arrived at a new place, tell them who is in the room or group, and offer to describe the environment.
- Use the person's name when you speak to them.
- Ask the person if they would like assistance to go to a new place. Ask how they prefer to be assisted: some people prefer you to tell them clearly how to go and some people might want you to guide them and go with them.
- If you are asked to physically guide someone, offer your arm just above the elbow. This way, the person can walk a little behind you to follow you when you turn or step up or down steps. Move at a slower pace.
- If you are asked to provide directions, be specific: indicate distances, and whether or not the person will need to turn right or left.

- If a person uses a support pet or guide dog to assist them, do not distract or pet the animal.
- If you are using a visual aid, describe all pictures that are shown in detail.

When working with people with speech impairments:

- You can ask the person how they prefer to communicate. Some people may prefer to write and draw.
- It is OK to say, "I don't understand." Ask the individual to repeat their point, and then say it back to them to check that you have understood it correctly.
- Don't attempt to finish a person's sentences—let them speak for themselves.

When working with people with cognitive or intellectual impairments:

People with cognitive or intellectual impairments may experience difficulty in understanding, learning, and remembering. But we adapt how we work, and the activities we use, to ensure they are able to participate.

- Communicate in short sentences, using clear and simple language. Share information or ask questions about one thing at a time.
- Give the person time to respond to your question or instruction before you repeat it. If you need to repeat a question or point, repeat it once. If this doesn't work, try again using different words.
- Allow people with intellectual impairments to ask questions. Do not rush them when they are thinking and speaking.
- Make sure that only one person is speaking at a time.
- Identify quiet environments to have conversations in order to reduce distractions.

For more information on engaging older people, OPAs, people with disabilities, and OPDs in emergency preparedness and assessments and inclusive humanitarian response, please see:

- » Inter-Agency Standing Committee (IASC), [*Guidelines on Inclusion of People with Disabilities in Humanitarian Action*](#) (2019)
- » Age and Disability Capacity Program (ADCAP), [*Humanitarian inclusion standards for older people and people with disabilities*](#) (2018)
- » Humanity and Inclusion, [*Inclusive Disaster Risk Reduction*](#) (2017)
- » UNRWA, [*Disability Inclusion Guidelines*](#) (2017)
- » HelpAge International, [*Ensuring inclusion of older people in initial emergency needs assessments*](#) (2012)
- » HelpAge International, [*Older people in emergencies: identifying and reducing risks*](#) (2012)
- » HelpAge International, [*Health interventions for older people in emergencies*](#) (2012)
- » HelpAge International, [*Protection interventions for older people in emergencies*](#) (2013)
- » HelpAge International, [*Protecting older people in emergencies: good practice guide*](#) (2012)

