

MSF NATIONAL AND INTERNATIONAL FIELD STAFF SURVEY ON INCLUSION OF PERSONS WITH DISABILITIES

“More than 1 billion people are estimated to live with some form of disability, or about 15% of the world’s population”

(World Report on Disability, WHO, 2011)

21 June 2018

Introduction

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

(UN Convention on the Rights of Persons with Disabilities)

Definition was provided in the survey.

Introduction

- **Inclusion** starts by asking ourselves; “Are there barriers which hamper persons with disabilities to access MSF services?”, and more generally, *“Who are the patients that do not reach our services?”*

What an inclusive project looks like was explained along the survey

Introduction

2016 Motion on inclusion of persons with disabilities in MSF

Recognizing that persons with disabilities are often the most in need in regions where MSF works and that their exclusion may hamper our humanitarian identity and impartiality, MSF should:

- ❑ Initiate actions to develop its awareness on this risk of exclusion of persons with disabilities,***
- ❑ Develop dialogue with organizations of persons with disabilities where/when possible,***
- ❑ Take in account accessibility to persons with disabilities of our facilities and of our communication materials.***

Introduction

Results Voting 2016 – Motion on inclusion of persons with disabilities in MSF			
	In favor	Against	Abstention
IGA 2016	39	1	2
OCB Gathering 2016	272	13	44
MSF Nordic GA 2016	137	7	6

Introduction

TIC project on inclusion of persons with disabilities in MSF

- ☐ *Sponsored by MSF-Norway and the OCB – Scope: International*
- ☐ *Amount: 250.000 Euro - Duration: 18 months (1.1.2018-30.06.2019)*
- ☐ *Vision: “Transform MSF in an organization more inclusive of persons with disabilities in its structure and action.”*
- ☐ *Strategic elements:*
 - ✓ *use both associative and executive channels*
 - ✓ *Our point of departure is our mission/field work: Do persons with disabilities reach our services? This is where we will focus at first, knowing that inclusion in our mission will be better achieved if and will imply that the overall MSF organization becomes inclusive of persons with disabilities which is our goal.*
- ☐ *Tools: Portal; guideline; Sharing experience; training f2F and online; mapping of resources; **survey**; webinars; networking & sensitization*

(*) <http://msf-transformation.org/>

Survey

A survey is a very interesting tool to:

- ✓ **Get a picture of the situation (baseline)**
- ✓ **Provide data for leverage & action**
- ✓ **Raise-awareness on the topic**
- ✓ **Educate/inform on the topic**

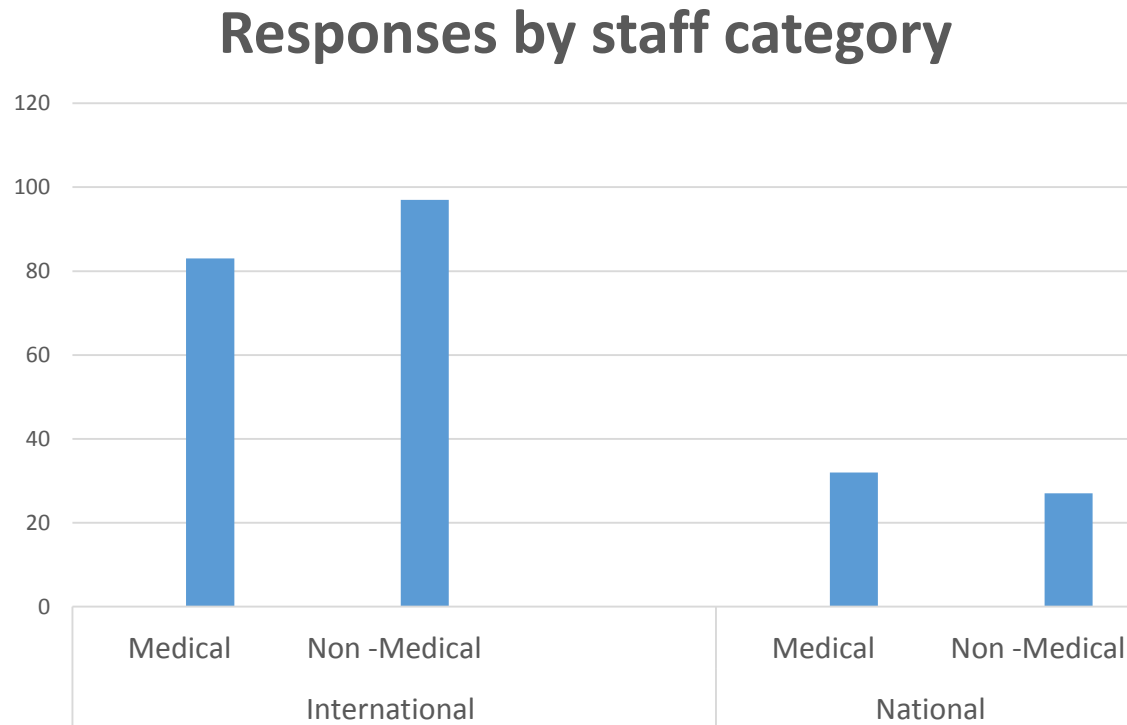
Survey

- **Period of the survey: April-May 2018**
- **Target group: National and international staff who worked in MSF missions **in the last three years****
- **Survey concerned last mission in the period**
- **Survey in English and French**
- **Survey launched in three phases**
- **MSF associations through the associative coordinators**
- **Total 239 responses (after cleaning the data)**

Through the questions asked in the survey we defined step by step what an inclusive project looks like (Accessibility, recruitment of PWDs, discuss with DPOs, outreach activities, inclusive communication) before asking if a posteriori more should have been done to be more inclusive.

Survey results

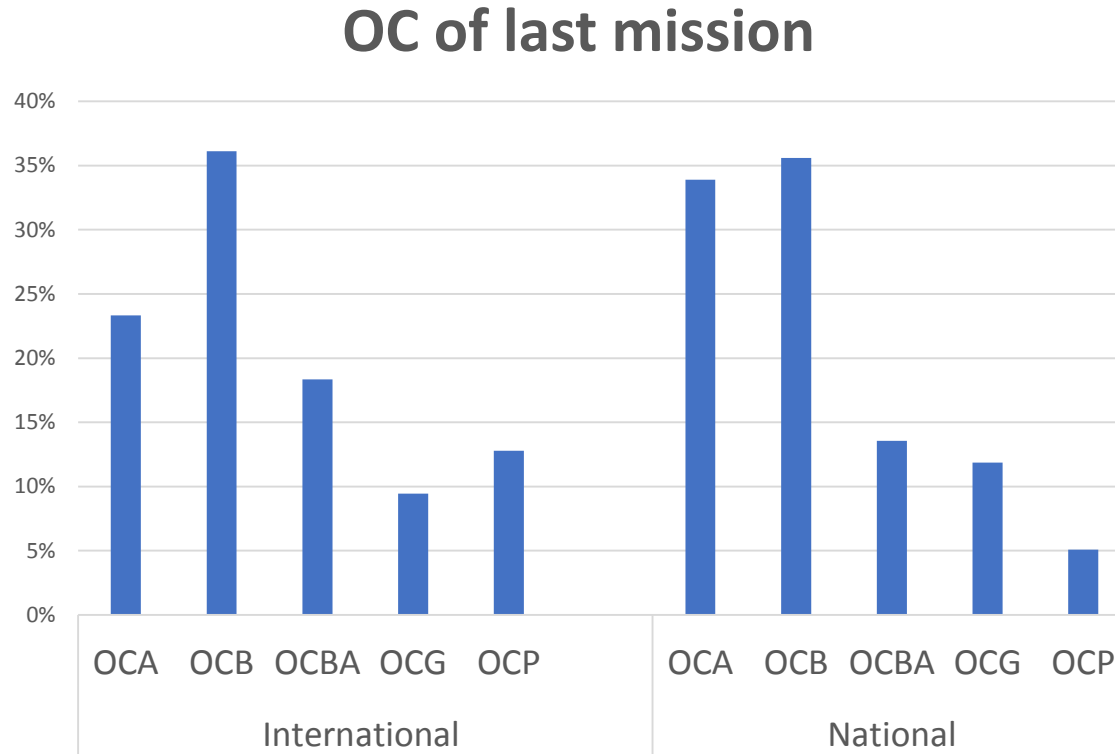
Profile respondents



*Good
balance
between
medical and
non-medical
respondents*

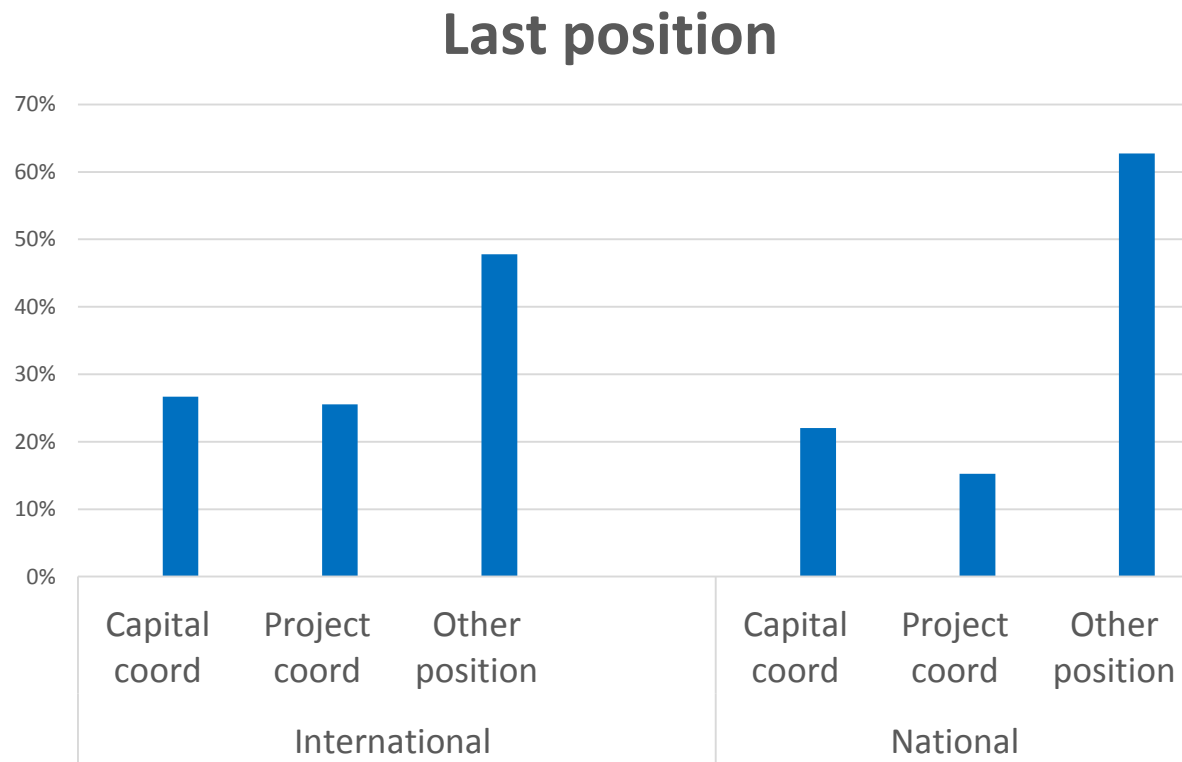
Survey results

Profile respondents



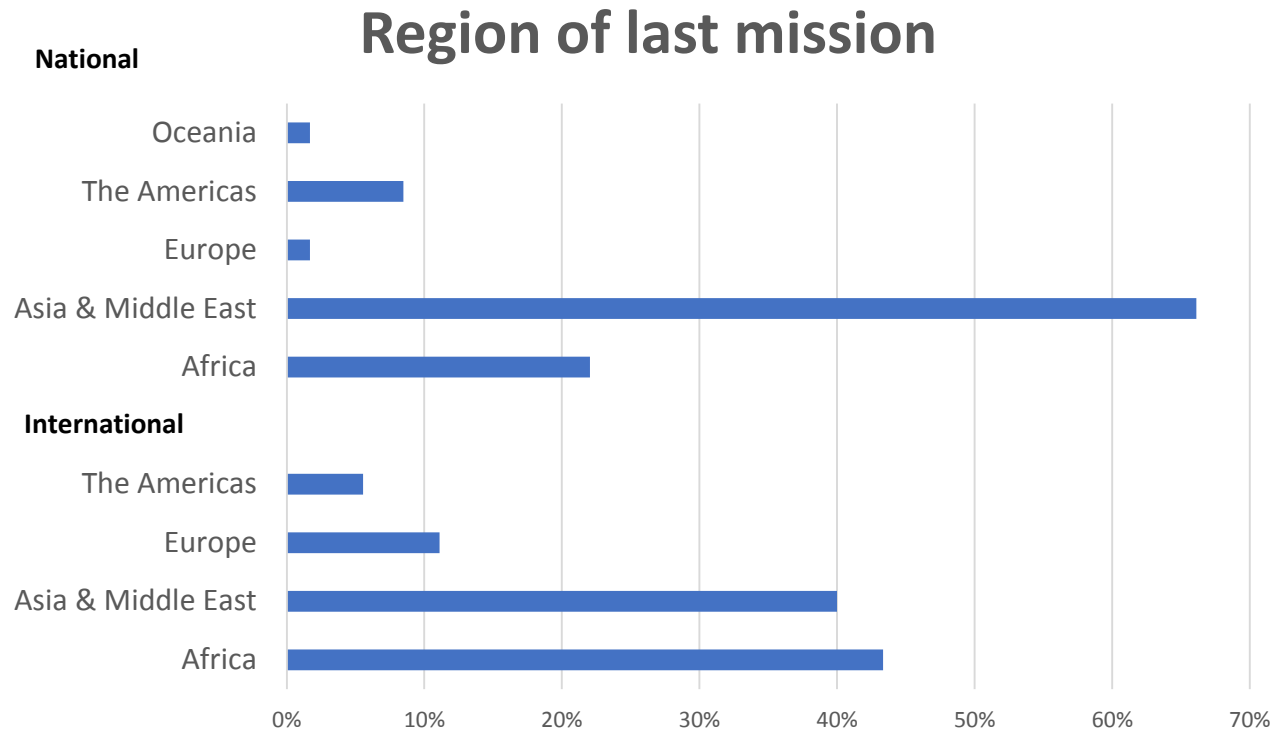
*All OCs
represented,
to different
extents
(Language
barrier?)*

Survey results



Diversity of positions for both status (national & international)

Survey results



*Asia and
Middle-
East
particularly
responsive*

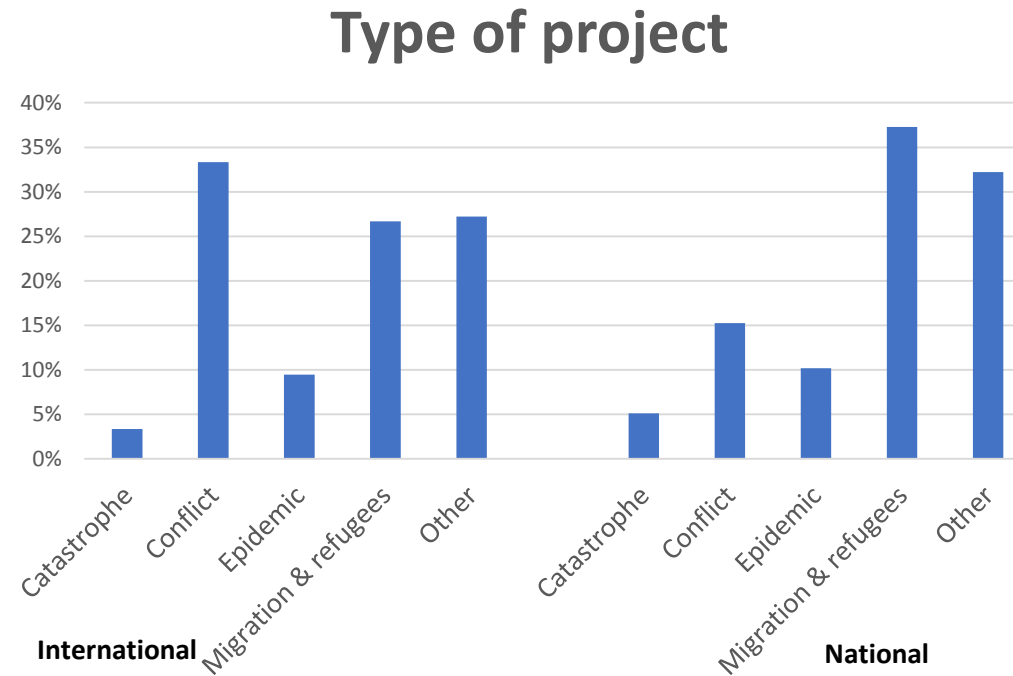
*(Erratum: no
respondent
from Oceania /
read Asia)*

Survey Results

Lebanon	20	Turkey	5	Angola	2	Honduras	1
South Sudan	15	Malawi	4	Belarus	2	Italy	1
Bangladesh	13	Sierra Leone	4	Colombia	2	Sri Lanka	1
Iraq	13	South Africa	4	Libya	2	Tajikistan	1
Congo, Dem. Rep.	12	Swaziland	4	Nepal	2	Thailand	1
Greece	12	Uganda	4	Palestine	2	Tunisia	1
India	12	Zimbabwe	4	Serbia	2	51 Countries	
Afghanistan	11	Bolivia	3	Tanzania	2		
Pakistan	9	Egypt	3	Uzbekistan	2		
Yemen	8	Guinea-Bissau	3	Austria	1		
Nigeria	7	Jordan	3	Chad	1		
Central African Rep.	6	Kenya	3	Congo, Repub. of	1		
Ethiopia	6	Mexico	3	Cote d'Ivoire	1		
Haiti	6	Sudan	3	El Salvador	1		
Syria	6	Ukraine	3	France	1		

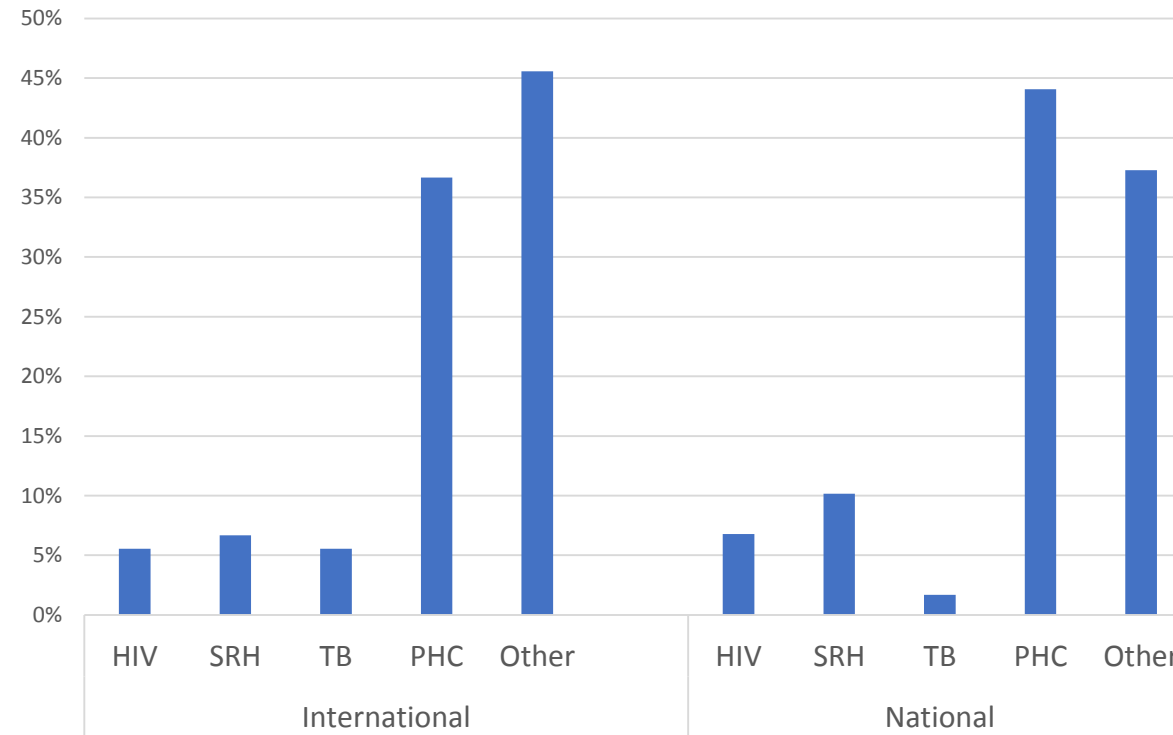
Survey results

Type of project



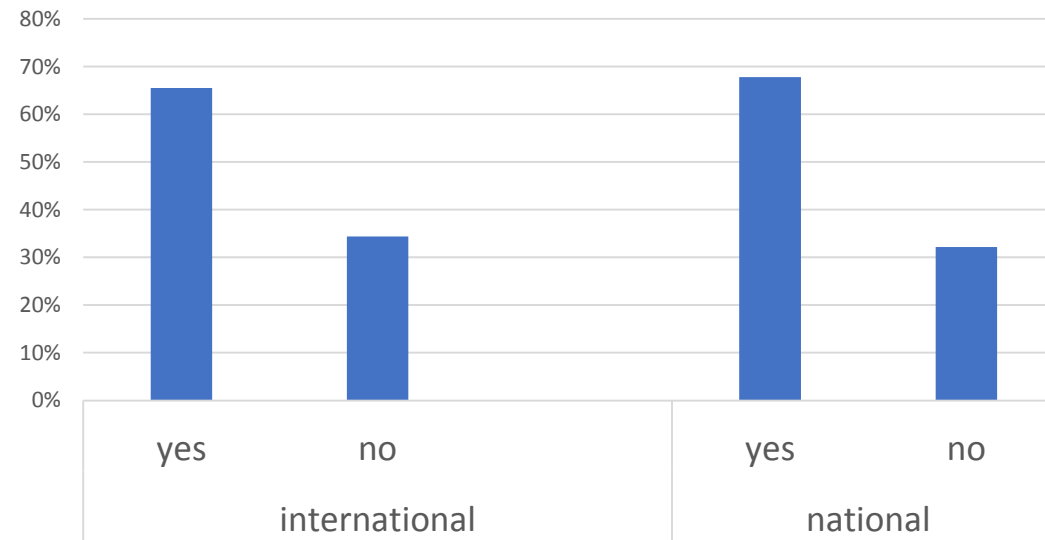
Survey results

Main focus of the project



Survey results

Do you remember patients with disabilities?



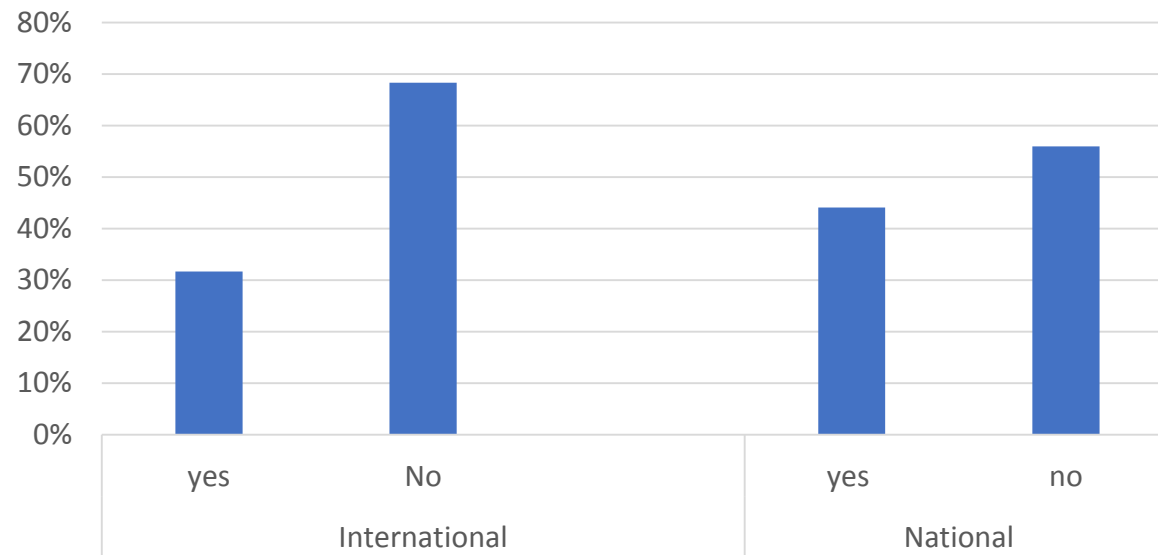
Survey results

Comments (link between the project activities [/context] and some disabilities?)

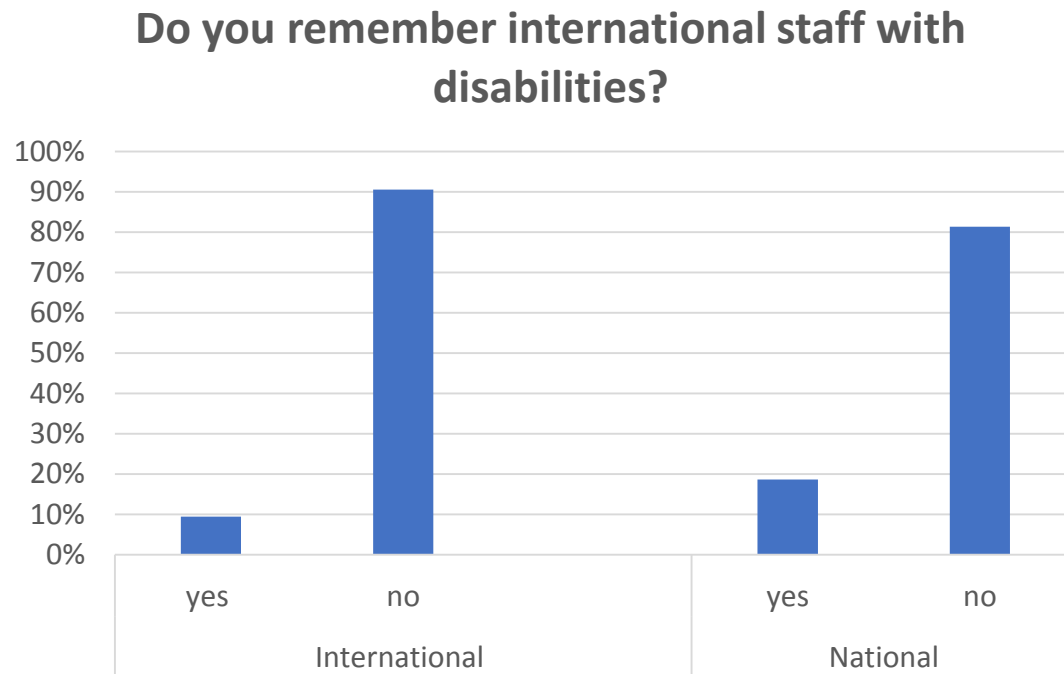
- ✓ Victims of Conflict / war and violence (Amputations, physical disabilities, sight or hearing loss, mental health),
- ✓ Natural catastrophes: *“The degree of mental illnesses that is affecting the physical care after disasters are greatly underestimated”*
- ✓ Patients with hearing loss as a consequence of DR-TB treatment
- ✓ SRH and Patients with intellectual disabilities
- ✓ HIV-related disability *and disability related HIV*
- ✓ Disabilities related to torture: *“Torture and ill treatment can include both physical and psychological trauma and may result in various types of disabilities. Loss of physical function, hearing or visual impairment, devastating chronic pain and also several psychological and psychiatric disorders are some forms of the disabilities which we are facing with.”*
- ✓ *Project providing home care to patients suffering from chronic conditions (diabetes...)*
- ✓ *Mental health projects; MH support to Persons with disabilities due to the conflict; Psychiatric patients who lost access to treatment & consultation due to context*

Survey results

Do you remember caregivers with disabilities?

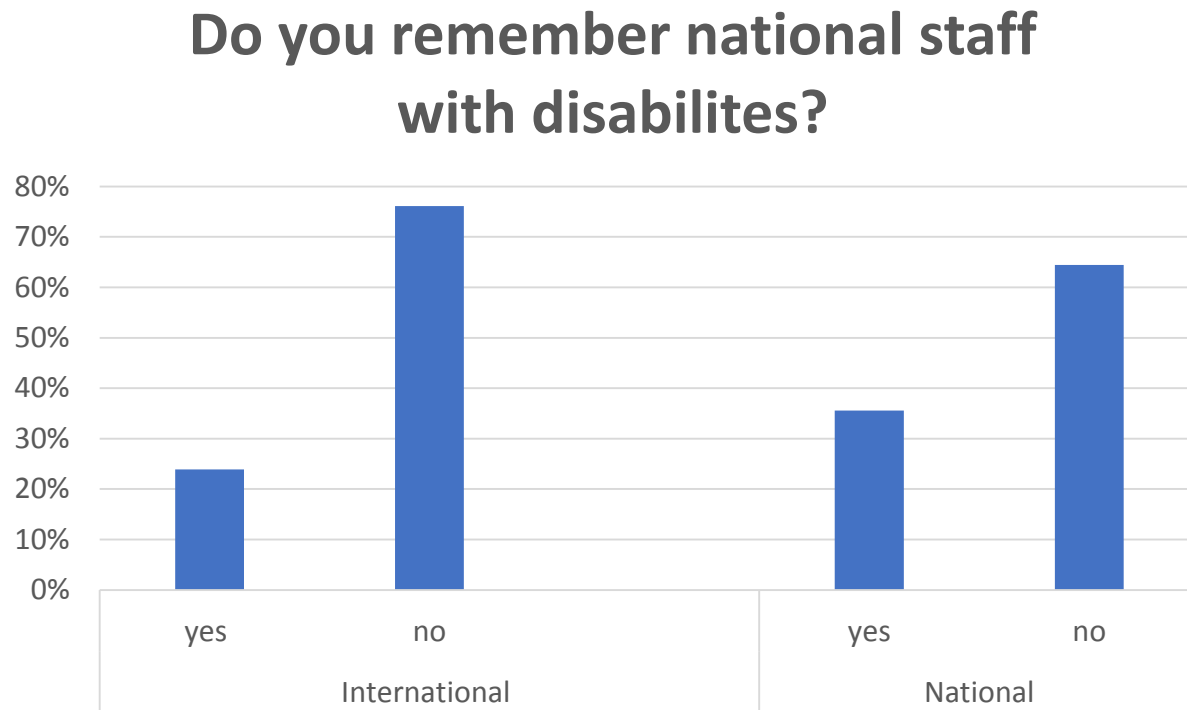


Survey results



Visual, hearing
and physical
limitations

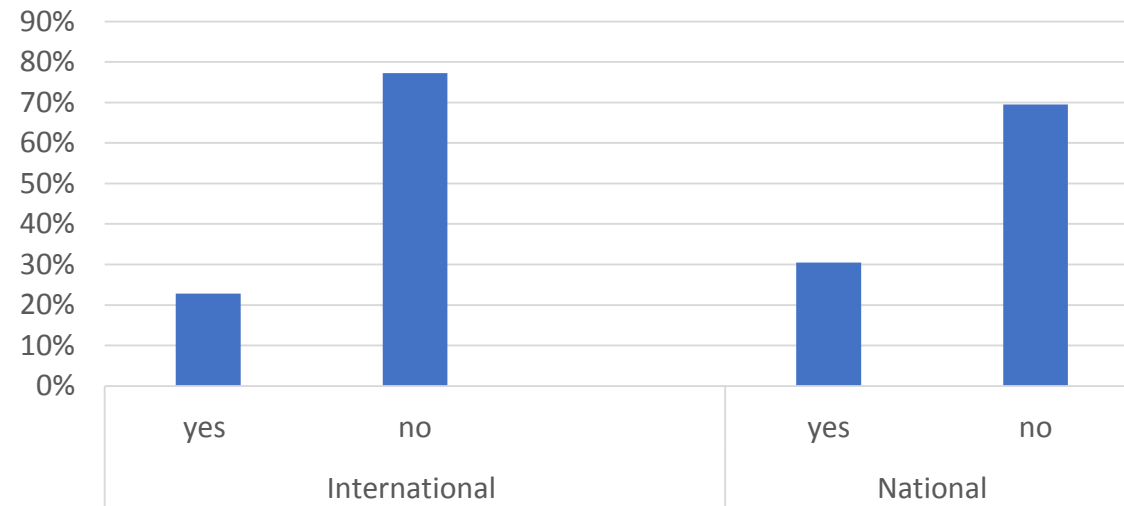
Survey results



Visual, hearing
and physical
limitations

Survey results

Do you remember a discussion being raised in your project regarding PWDs?



Survey results

- ✓ Most discussions were about the recruitment and management of PWDs mainly regarding national staff (about 50% of comments). Possibilities to recruit PWDS, legal requirement to recruit PWDs (Egypt, ...), access to detachment/expatriation, improve working conditions and adjusting scope of the work for employees with disabilities, access to office, participation to outreach activities. Comments show that when the issue is discussed, there is mostly openness and goodwill
- ✓ Other discussions were about access to services/structures and outreach activities to reach persons with disabilities with very various outcomes
- ✓ Among people who answered that the issue has not been discussed, most comments mention that it should indeed have been discussed

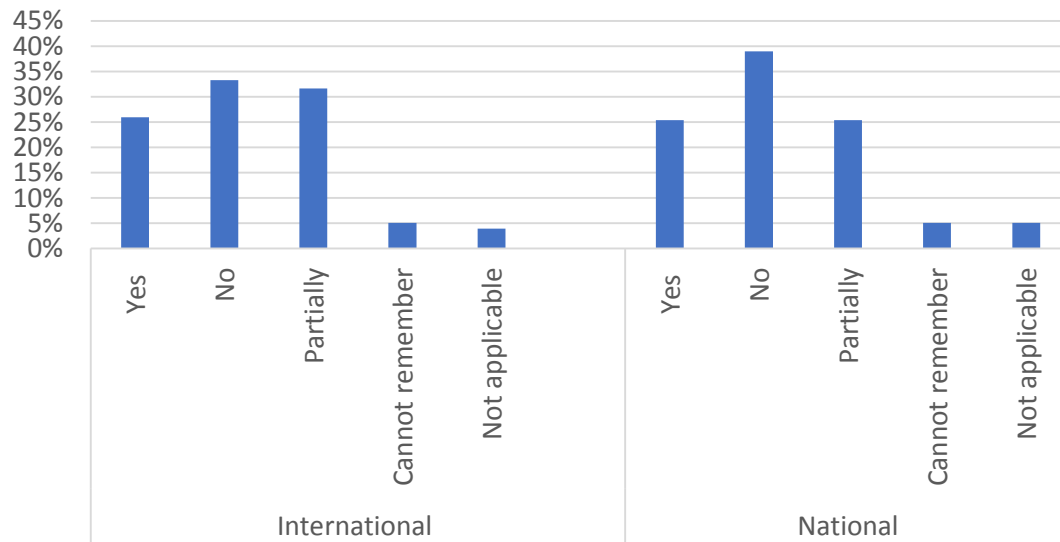
Survey results

Quotes:

- ✓ *“Discussion took place around the possibility for one staff member to reach mobile clinics. Due to security concerns and possible need of walking, it was decided that this person would only participate in non-walking mobile clinics and hospital based facilities.”*
- ✓ *“One of our staff with disability requested special facility in the compound and working area, it was validated, and one of the rooms was modified and an Asian type toilet installed.”*

Survey results

Were the MSF premises accessible for wheelchair users?



“This is one of the main concerns of our construction team and all the hospital is being build with ramps and/or elevators - besides the office building. But still, having those considerations, is a remarkable point from our project.”

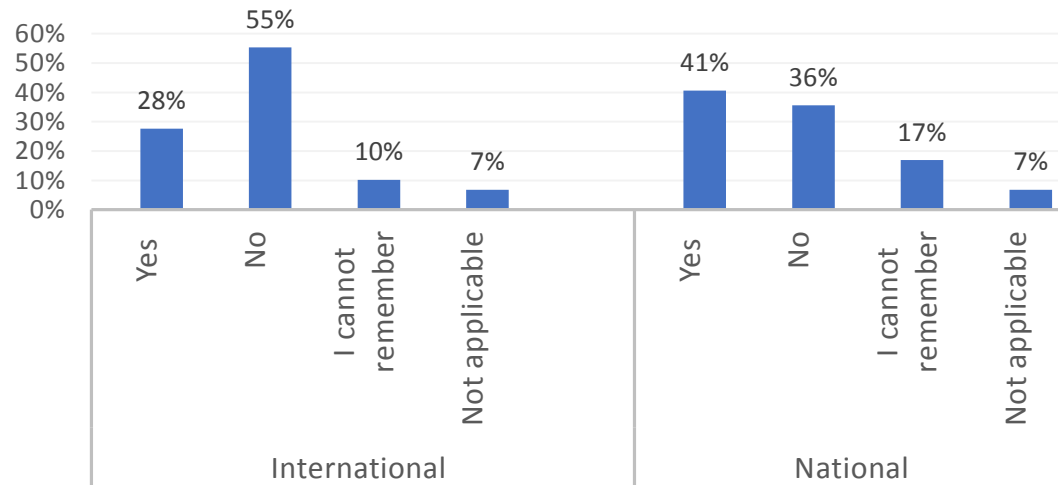
“Honestly this whole talk works in a mission like Lebanon, but even only coming up with this talk in the middle of the bush - you are aiming to be criticized! The country might not have even close to a structure to support those staff/beneficiaries ...”

(Lebanon)

“I see a big difference in physical access depending on the general logistic status of the country. Some countries like SS with extremely lacking infrastructure have worse physical access then for instance Afghanistan with actual concrete structures and easier opportunity to make for instance ramps.”

Survey results

Did your project have outreach activities with the intent to reach PWDs?



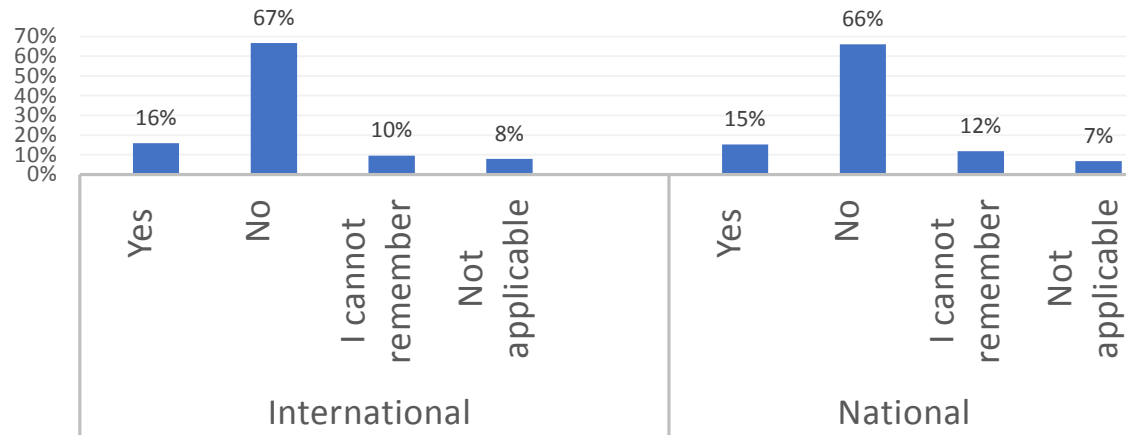
From the comments:

Outreach happens in some projects to reach generally groups of people who have difficulties to access services (Older people, NCDs, ...)

“There was no outreach activities. Otherwise: really good point which is not always considered initially in definition of outreach activities!”

Survey results

Did your project use two medium of communication (visual & audio) during campaigns?



From the comments:

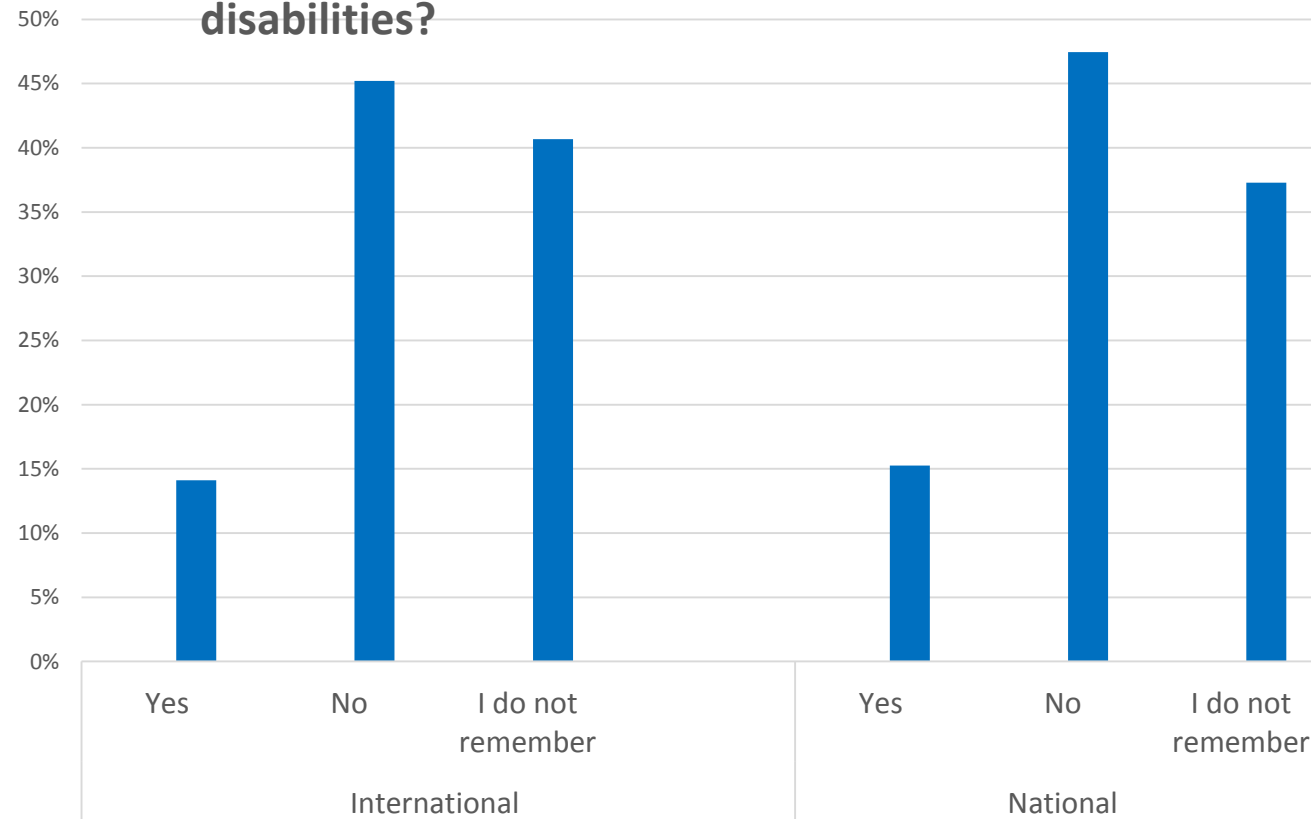
Using two medium of communication happens sometimes but not particularly with inclusion of persons with disabilities in mind.

“I never even thought of this. Thanks for the input :)”

Survey results

To your knowledge, have contacts been made or/and collaboration established between your project and disabled persons organizations?

***Disabled persons organizations (DPOs) are representative organizations or groups of persons with disabilities?**



- ✓ Local group of parents, organizations of blind persons, school for the deaf were mentioned
- ✓ In general, what is a Disabled People's organizations is misunderstood. HI has been mentioned specifically 9 times in that category

Survey results



Survey results

Comments from group “we should have been more inclusive”

- ✓ *Yes, because we didn't have staff that was handicapped as far as I know.*
- ✓ *No attempt as far as I know is being made proactively in [country name] to even hire those with disabilities and MSF is far behind even smaller, less funded NGOs in that sense. I have seen local NGOs being much more empowering and willing to establish affirmative action to lessen the gap.*
- ✓ *There must be universal access for wheelchair users both staff and others.*
- ✓ *Just looking at the questions above, I think there are many "small" things a project can easily do, to make the activities more inclusive.*
- ✓ *Torture missions must always have this strong component*
- ✓ *Not only for patients with disabilities, we can reach people who cannot visit our hospital because of economic reasons.*

Comments from group “level of inclusion was sufficient”

- ✓ *“The services are available for all and we try to assist any disabled person. Our location - not ground floor, is the biggest obstacle.”*
- ✓ *“Sufficient means places to improve, but indeed disability was a common point in our discussions”*
- ✓ *We sought out vulnerable patients to ensure he/she had the opportunity to benefit from our services*
- ✓ *In a conflict setting or unstable environment, for the sake of safety, we should consider to how much extent we can manage having PwDs on staff.*

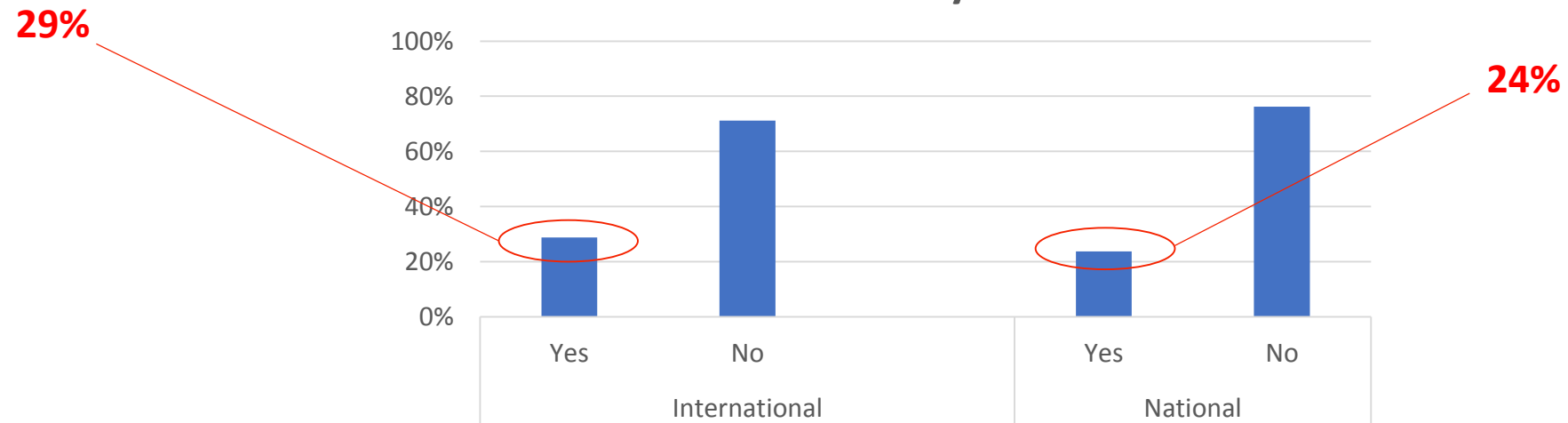
Survey results

Comments from the group “I do not know”

- ✓ *“It is not an easy question. I do think that disabled patients reaching our facilities will get care according to patient criteria and protocols we have in place. If there are disabled persons not reaching our facilities due to their disability - for those we are not really tailoring to reach out to them.”*
- ✓ *“The project was new and did not specifically said to include or exclude patients with disabilities.”*
- ✓ *“I don’t know what would be possible in a context like this one where more than half the population doesn’t have access to healthcare.”*
- ✓ *“That's too complex to judge like that”*
- ✓ *“Last mission was emergency situation with difficult access due to placement of refugee camp built on hills”*

Survey results

Are you aware of the 2016 motion on inclusion of persons with disabilities passed at the MSF International General Assembly?



Survey results

Do you have anything to add?

Recruitment of PWDs

- ✓ Large majority of additional comments are about recruitment of international and national staff with disabilities (35/53 comments)
- ✓ Vast majority positive to the recruitment of colleagues national and international with disabilities. Examples are mentioned of very positive experience with national colleagues with disabilities (colleagues blind, deaf, or with physical disabilities...) with international colleague (scarcely) or colleagues from other organizations.
- ✓ A few concerns regarding security and operational capacity depending of context and type of disability.
- ✓ Lack of respect by other colleagues, of support by the hierarchy and inadequate HR policies are some of the barriers mentioned as cases.
- ✓ Concerns on how to behave when working with PWDs

Survey results

- ✓ “At the moment in my last 7 years working with MSF I have never worked with people with disabilities and I believe MSF as an organization does not have an inclusion policy for people with disabilities which is so sad. Looking forward to improvements in diversity and inclusion of people with disabilities especially amongst national and international staff.”
- ✓ “I think MSF has a long way to go to be more inclusive of PWD. For both international and national staff. I do not recall working with an international staff with disability throughout my 3 missions and 4 other consultancy assignments.”
- ✓ “Inclusion of MSF employees (MSF should work more to include people with disabilities among the staff. If we talk about Syria , MSF is operating in a conflict context where thousands of people lost their legs/ hands /sight ... etc . Where they end up inactive after being active people before their war”
- ✓ “I think it would be good if we include even more people with disabilities in Afghan mission as we have a lot of people in Afghanistan who want to work but they are not given a chance”
- ✓ “MSF is not at present an inclusive or welcoming environment for staff with disabilities.”

Survey results

Do you have anything to add?

Accessibility

- ✓ *“Disability among the patients is often discussed in MSF, particularly in terms of accessibility; however things are not always done nor are they sometimes feasible with the allocated budgets, as these issues are rarely planned ahead and come later as a second thought during implementation.”*

Survey results

Do you have anything to add?

Other points mentioned

- ✓ *“Physical rehabilitation services has been included to very specific missions in our organization and this has mostly done in collaboration with other organizations. Although all these efforts made great outcomes, today it is not wrong to say that a structured and organized capacity in rehabilitation, both theoretical and operational, has not developed yet. To be prepared to future global health trends, our organization should build up this capacity in rehabilitation including policies, standards and guidelines, logistics and operational availabilities”*
- ✓ *Do not forget gender vision*

Survey results

A large supportive majority to do more where/when not done already ... with some minority voices

- ✓ *“I think MSF should prioritize this but it really needs to be included in operational activities, in all trainings and on field level, including also National staff who are there longer. There should be more sharing of guidelines from various technical aspects (medical, logs) and we should start by ensuring at least facilities are accessible, which I think they are not. This includes offices which often are very inaccessible. So happy to see this project as MSF has a long way to go.”*
- ✓ *“I don't see “handicapped people” as one of our priorities and less to work with.”*

Conclusion

- ✓ 60-80% of MSF staff believes their last mission should have been more inclusive of PWDs
- ✓ Learning how to do it is welcome
- ✓ Small actions can make a difference
- ✓ More discussions should have taken place in the missions

... A confirmation to continue the TIC project on inclusion with providing tools and awareness

... Portal to open end of June :

<http://disabilityinclusion.msf.org>

Thank you

Thanks to all participants and supporters

And special thanks to:

- The TIC committee and secretariat, our sponsoring sections (OCB & MSF-Norway), our hosting section (MSF-Norway)
- Sylvie Leveau & Ingrid Ystgaard and all MSF associative coordinators for their support and large efforts of dissemination
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Inputs, Questions, Comments: patrice.vastel@oslo.msf.org