



Arbeiter-Samariter-Bund

Wir helfen
hier und jetzt.



Arbeiter-Samariter-Bund

Brief History of ASB



1888: Foundation of ASB



Origin and history closely
connected to the German labour
movement



First mission abroad in 1921

**We help here
and now.**

ASB today



Aid and welfare
organisation



More than 1,2 million
members in Germany



16 Land Associations and
205 divisions at municipal,
district and regional level



Almost 37.000 salaried
staff members and more
than 13.600 volunteers



No political or religious
affiliation

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Fields of activities



Educational Work



**First Aid, Rescue Service,
Disaster Control**



**Assistance for Elderly
People**



**Assistance for People
with Disabilities and
Mental Illness**



**Assistance for Children
and Youth**



Youth Federation Labor



Other Social Services



Foreign Aid



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ASB-Foreign Aid Engaged Globally



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Focal areas

Our focal areas are:



Humanitarian Aid



Disaster Risk Reduction



Return and Reintegration



International Samaritan Cooperation

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Inclusive Disaster Risk Reduction

Indonesia

- Trainings in disaster risk reduction for children with disabilities in and outside of schools
- Community based DRR work including PwD
- Founding member of Disability Inclusive DRR Network

Disability
inclusive
DRR
Network

Georgia

- Teaching disaster risk reduction at preschool level
- Inclusion of children with disabilities in DRR activities
- Sharing best practices through Disability Inclusive Disaster Risk Reduction Network–DiDRRN.



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and now.**

Inclusive Disaster Risk Reduction



Nicaragua

- Trainings in disaster risk reduction for children with disabilities and their families outside of schools
- Training for PwD Organizations in how to train children with disabilities and teachers as well as their families in DRR

**We help here
and now.**

Some statistics (Indonesia):

63% persons with disabilities
need assistance in **evacuating**

58% persons with disabilities
have **never** been **involved** in
any **DRR** activities

57% persons with disabilities face
barriers accessing **DRR** information

Household survey, Indonesia: Preliminary findings. ASB & Centre for Disability Research and Policy, University of Sydney, 2014 (n = 2,000 approx.).

The field perspective: What did change over the last years...



Overall Context



Major change in context: MDGs 2000; HFA1 2005; UNCRPD 2006, **HFA2 discussions**

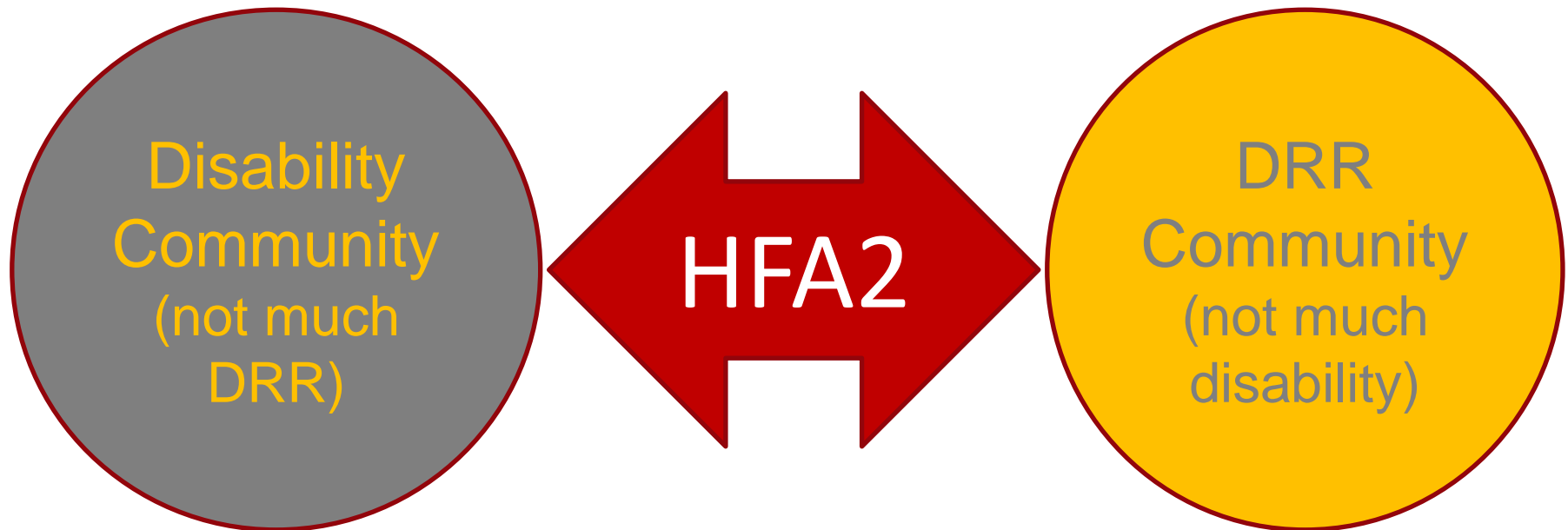


Government and NGOs **are now obliged** to include people with disability in their work. i.e.
It is a **formalised international human right**.



Post-2015 **offers a great opportunity** for addressing inequality and ensuring inclusion. DRR via HFA2 seems to be leading the way right now in the post-2015 discussion.

Main Stakeholders



Main Stakeholders



Divison into DRR and disability actors!

Government is often ahead of NGOs/IOs i.e. Many governments have now ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) (151 to date).

For disability-inclusive DRR there are **2 main issues** at **government level**:

1. Ministries of Social Affairs often seen as responsible for disability.
 2. National Disaster Management Orgs (NDMOs) responsible for DRR
- disability and DRR have become '**siloed**' under specific ministries/bodies.

The **reality** is both:

Disability and **DRR** are **cross-cutting issues !!!**

Key Questions

Two fundamental questions we should ask ourselves:

1. Why are not more **people including disability** in their work?
2. Why are not more **organisations changing** how they work?

Lack
expertise

Limited
experience

Lack of
data

No
access to
expertise

DiDRR: Barriers

1. **Disability** is still seen as technical by many DRR actors, which **equals resource intensive** and **difficult**.
2. But: **Business as usual** in DRR (i.e. not reaching those most at-risk) is **no longer tenable**.
3. **Shift** from **medical** to **social** and **rights based** understandings (CRPD) of disability.
4. **Introduction** of the **6 Washington Group** questions: they were designed to have a standard system of comparison between countries, but they have wider application and are increasingly being used
→ can be **used** by the **non-specialist**.

Supportive
government

Access to
disability
expertise

Partner
ing

DiDRR: Enablers

Conclusions

1. The **disability community** has to **significantly engage** with DRR.
→ They have many other competing priorities (post-CRPD and only Art. 11 is directly relevant to DRR); right to education; employment; access to public services etc.
2. The **DRR community** has yet to **engage with disability**.
→ Disability is now well-mentioned in the zero-draft HFA2. DRR actors are starting to take notice.
3. **Shift** from seeing groups such as people with disabilities as '**vulnerable**' to **being active agents of change**.
4. **Overcome division** and see it as **cross- cutting issue**

Recommendation

JUST DO IT!



Thank you- hope this is useful

Alexander Mauz

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Disability
inclusive
DRR
Network

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