Disability Inclusion and Disaster Management

Disability inclusion: integral to disaster management

The World Health Organization[1] estimates that 15 per cent of the world's population is affected by some form of disability. People with disabilities are often forgotten during disaster management activities and especially during emergency response, despite being amongst the most vulnerable in a community. People with intellectual and psychosocial impairments may be particularly marginalised and excluded from communities. Women and children with disabilities are often at greater risk of violence and abuse, and are particularly vulnerable in an emergency context.

Article 11 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) requires that States Parties ensure the protection and safety of people with disabilities during humanitarian emergencies and natural disasters. Action must be taken to make sure that people with disabilities are involved in, considered in, and benefit from all disaster management activities.

1. WHO and World Bank (2011) World report on Disability, Geneva http://www.who.int/disabilities/world_report/2011/en/

Overview

This guidance note explains the relevance of disability inclusion to Red Cross programming in disaster management. It offers some suggestions on how Red Cross programs can better include people with disabilities in their work. It provides a general overview of key factors to consider, and where to find more specific technical guidance in the 'Learn more' section.

Above: During recovery from floods in Sindh Province Pakistan, construction worker Mohammad Iqbal was recruited and trained to build back more resilient homes. Photo: IFRC/Mohammad Usman

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What is disability?

The UNCRPD describes people with disabilities to 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".

This description highlights the fact that disability arises from the interaction between *impairments* (such as problems in body functions, structures or intellectual capacity), and the *barriers* people face in their communities.

The experience of disability is diverse. A broad range of types and degrees of impairment interact with a range of environmental factors, as well as factors including gender, age and caste. This means that no two people with disabilities are likely to have the same experience.

Key barriers to inclusion

- **Physical barriers** – such as steps or narrow walkways, which prevent people with disabilities from accessing buildings, facilities and services.

- **Attitudinal barriers** – negative assumptions about the capabilities of people with disabilities, or stigma against those with disability and their families.

- **Institutional barriers** – laws or regulatory frameworks which discriminate against, or fail to protect the rights of, people with disabilities.

- **Communication barriers** – information and resources not being available in accessible formats such as Braille, sign language, pictures or simple language.

People with disabilities and their families have additional needs to consider. In Vietnam, Mrs Nguyen Thi Sinh is a landless labourer who cares for two sons: baby Linh and 15-year-old Dai who lives with an intellectual disability. "I have to do everything for him, from feeding to helping to go to the toilet," says Sinh. As a full-time carer, she is rarely able to leave home to work in the fields with her husband: "I have to stay home to take care of these two sons. When it floods my husband also cannot go to the fields, and we need to borrow money to get food."

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What is disability inclusion in disaster management?

Disability inclusion in disaster management is both a process and an outcome. It focuses on identifying and removing barriers so that people with disabilities can participate in and benefit from disaster management activities on an equal basis with others.

People with disabilities are often particularly vulnerable during an emergency:

- People with difficulties hearing, seeing or understanding can be excluded from receiving early warning messages. This leaves them unprepared for an emergency or unaware of the need to evacuate.

- People with vision, mobility or other impairments may be less able to evacuate or get left behind when a community or family evacuates.

- People with intellectual and psychosocial impairments and those who are socially excluded or living in institutions might not know or understand what is happening.

- Losing spectacles, hearing and mobility aids, medication or other essential assistive devices can make people with disabilities particularly vulnerable.

- Emergencies may reduce the capacity of caregivers to support people with disabilities.

- People with disabilities may have greater difficulty accessing basic needs during a disaster, including food, water, shelter, sanitation and health-care services.

- Disaster situations can lead to injuries that create temporary and permanent impairments. People who have new impairments may need extra help to adapt to their situation.

Planning a disability-inclusive approach

Disaster management activities should promote a 'twin track' approach, which ensures that people with disabilities:

1. Have equal access to all 'mainstream' disaster management operations; and

2. Access 'specialist' services as available to meet specific needs, such as assistive devices (wheelchairs, crutches, spectacles etc.), medical consultations, and essential medications.

Above: With help from the Myanmar Red Cross health fund, 22-year-old Aung Myo Oo now has a wheelchair that enables him to participate in work and social life, and engage in disaster preparedness activities.
Photo: Australian Red Cross/Conor Ashleigh

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Dignity

Ensuring that disaster management is inclusive of people with disabilities is fundamental to maintaining their dignity. When emergency shelters, water, sanitation and hygiene (WASH) and other basic services are inaccessible, people with disabilities may be forced to engage in unsafe or culturally inappropriate practices, compromising their dignity and psychosocial well-being.

- Ensure that shelters and WASH facilities are safe through good layout design, lighting and physical protection.
- Create private spaces for people with disabilities to change clothes, wash, and eat to help maintain their dignity.
- Ensure separate WASH facilities for men with disabilities and women with disabilities.
- Facilitate access to essential assistive devices (crutches, spectacles, white canes etc.) to increase independence and promote dignity. This can be achieved through referral to services and prepositioning basic devices with other emergency supplies.

Access

Ensuring that disaster management activities are accessible to people with disabilities involves identifying actual or potential barriers and addressing these barriers. Barriers can be physical, institutional, attitudinal, or communication related. People with disabilities are generally best placed to identify which barriers they face in accessing an activity or service, and can help identify creative solutions.

- Identify people with disabilities in the community, noting where they live and their needs during humanitarian situations, so as to enable appropriate planning for inclusion in disaster response (see right).
- Make sure that early warning systems include strategies for alerting people with sensory impairments or those who might have difficulty understanding.

- Collect and share gender and disability-disaggregated data to make sure everyone's needs and capacities are taken into account. Using new technology (such as ODK and MAGPI) can help with managing detailed information at the household level.
- Ensure that universal/accessible design principles are taken into consideration for emergency building design, temporary shelters, WASH facilities and overall camp planning (see resource: 'All Under one Roof' for further guidance).
- Plan evacuation strategies for people with mobility impairments and include people with disabilities in search, rescue and evacuation mock drills.
- In evacuation centres or temporary shelters, position people with disabilities closest to well-lit areas near food and WASH facilities.
- Use a variety of communication methods during all activities, including a combination of visual and audio information, pictures and simple language, large print, and (where possible) Braille and sign language. Note that not all people who are blind will have been taught Braille, and not all individuals who are deaf or hard of hearing will have sign language skills.
- Be aware of, and challenge, negative attitudes towards people with disabilities, which may limit their access to disaster management activities and services. Raise awareness of the rights of people with disabilities to participate in and benefit from disaster management programs.
- Ensure the cost of accessible infrastructure, communication methods and essential assistive devices has been factored into the budget for emergency responses.
- Arrange training for people involved in preparedness and response activities so they are aware of the needs of people with disabilities and can address these needs.

Identifying and registering people with disabilities

Evidence shows that due to stigma, asking people directly if they, or a household member, have a disability usually results in significant under-identification. The following questions, developed by the United Nations Washington City Group, are recommended to identify disability based on measuring functioning. They can be used in surveys and other registration activities with households, communities and displaced populations.

To use the questions, read out each question along with its response categories. For each question, select one response category only.

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty with self care such as washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

Response categories: no – no difficulty; yes – some difficulty; yes – a lot of difficulty; cannot do at all

Determining disability status: if participants respond with 'yes – a lot of difficulty' or 'cannot do at all' to one or more of these questions, they can be identified as likely to have a disability. These questions do not substitute for clinical assessment.

For further information including guidance on translation and implementation protocols visit **www.cdc.gov/nchs/washington_group/wg_questions.htm**

Participation

The participation of people with disabilities during preparedness activities is particularly important in planning an inclusive disaster response. Disabled People's Organisations (DPOs) are organisations set up and led by people with disabilities to represent and support their members. DPOs should be key partners in preparedness, response and recovery activities.

- Actively encourage the involvement of people with disabilities in general community preparedness activities. Ensure these are designed to be accessible and challenge negative attitudes towards people with disabilities' participation.

- Gather information from people with disabilities and DPOs on anticipated barriers to inclusion in disaster management efforts.

- Undertake joint contingency planning with DPOs for their involvement during disaster response.

- Include local DPOs and self-help groups as stakeholders in the development and use of assessment tools and adapt these tools to include specific questions about disability. When undertaking assessments, seek out the perspectives of people with a range of different impairments (physical, hearing, vision, intellectual and psychosocial).

- Recruit and encourage a broad base of volunteers, including people with disabilities, youth, men and women and people from minority groups.

- Seek to include people with disabilities in community decision-making processes and in monitoring of the disaster response.

- Identification and registration of people with disabilities is critical in enabling their participation. This can be done by accessing pre-existing databases, consulting with DPOs and disability organisations, and visiting homes and community facilities (see page 4).

Safety

- **Physical barriers** – such as steps or narrow walkways, which prevent people with disabilities from accessing buildings, facilities and services.

- **Attitudinal barriers** – negative assumptions about the capabilities of people with disabilities, or stigma against those with disability and their families.

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Disability inclusion during early recovery

The immediate post-emergency phase and early reconstruction period is an opportunity to improve the quality of life of people with disabilities by increasing the accessibility of community infrastructure.

- Follow 'build back better' and 'universal design' principles in the reconstruction of homes and community buildings, such as community centres, health clinics, schools, roads, public transport points and footpaths. To learn more, see the DFAT Accessibility Design Guide on the last page.

- Engage people with disabilities and DPOs in design processes.

- Ensure reconstruction budgets include adequate funds to include design features that support accessibility.

This guidance note was prepared with advice and input from CBM Australia.

Above: In the Typhoon Haiyan recovery phase, Red Cross in the Philippines has adapted house plans to include access ramps for people who lost their homes. Photo: German Red Cross

Learn more

Minimum standard commitments to gender and diversity in emergency programming (Pilot Version, IFRC: 2015)

The DAPS framework - Dignity, Access, Participation and Safety - organised by sector, with practical guidance for promoting protection, gender and inclusion in emergency health, food security, WaSH, emergency shelter, livelihoods, non-food items and disaster risk reduction.

https://www.ifrc.org/Global/Photos/
Secretariat/201505/Gender%20
Diversity%20MSCs%20Emergency%20
Programming%20HR3.pdf

All Under One Roof: Disability Inclusive Shelter and Settlements in Emergencies (IFRC: 2015)

Practical guidance on disability inclusion in all stages of disaster management, and technical standards for disability accessible shelter and distribution of emergency items.

http://www.cbm.org/article/
downloads/54741/All_Under_One_
Roof_-_Disability-inclusive_shelter_and_
settlements_in_emergencies.PDF

Guidance Note on Disability and Emergency Risk Management for Health (WHO: 2013)

Designed for health actors working in an emergency context, with practical guidance for disability-inclusive healthcare and examples of emergency assessment tools and checklists for disability inclusion.

http://apps.who.int/iris/bitstream/
10665/90369/1/9789241506243_eng.
pdf?ua=1

Disability Inclusive Disaster Risk Management: Voices from the Field and Good Practices (CBM: 2013)

Outlines 11 good practices of disability inclusive DRR experiences and shows practical examples of how people with disabilities are active participants in various DRR interventions.

http://www.cbm.org/Publication-
on-Inclusive-Disaster-Risk-
Management-389451.php

Above: In sign language, Munguntuya explains the earthquake preparedness drills that she has practiced with Red Cross at her school for children with disabilities in Mongolia. Photo: Australian Red Cross/Mareike Guensche

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Accessibility Design Guide: Universal design principles for Australia's aid program (DFAT: 2013)

A definition of universal design, and how it works into the Aid Management Cycle. Includes sectors such as health, education, transport and rural development.

http://dfat.gov.au/about-us/publications/Pages/accessibility-design-guide-universal-design-principles-for-australia-s-aid-program.aspx

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC: 2007)

Guidelines to enable humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency.

http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

Disability Inclusive Community-based Disaster Risk Management: A toolkit for Practice in South Asia (Handicap International: 2012)

Designed for disaster risk management practitioners and policy makers. It establishes the rationale for inclusion, the challenges and opportunities which exist in implementation, and provides technical advice and tools for putting theory into practice.

http://www.preventionweb.net/english/professional/publications/v.php?id=32279

Minimum Standards for Age and Disability Inclusion in Humanitarian Action (ADCAP: 2015)

To inform design, implementation, monitoring and evaluation of humanitarian programmes, strengthen accountability, support advocacy, capacity building and preparedness measures on age and disability across the humanitarian system.

http://www.cbm.org/article/downloads/54741/Minimum_Standards_for_Age_and_Disability_Inclusion_in_Humanitarian_Action.pdf

Above: Avisek, 10, gets help from a Red Cross health care worker to wash his hands. Avisek has a disability and is unable to speak or walk. His mother carried him for three hours walking up and down the mountainside to Singati, near the epicenter of the second Nepal earthquake, to reach the Red Cross basic health clinic. The clinic grounds are open to children of all abilities, where they can play with each other and enjoy being kids, something hard to do in this devastated community. Photo: IFRC/Niki Clark

How can I become a supporter?
Red Cross relies on committed volunteers, members and donors.

You can support Red Cross by:

1. *giving* monthly, leaving a bequest in your will or making a one-off donation;

2. *visiting* your local Red Cross store;

3. *donating* blood.

redcross.org.au or call **1800 811 700**

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