

# Humanitarian Resilience Journal

Issue  
4

## Preparedness for Disability Inclusive Disaster Risk Reduction



## Preface:

Humanitarian Resilience Journal is a biannual magazine published with the support of Asian Preparedness Partnership (APP) under the umbrella of Pakistan Resilience Partnership (PRP). This initiative has been undertaken to bring forward different perspectives on the general humanitarian landscape of Pakistan. Each issue of the journal is dedicated to a specific topic of national importance. The contributions to this magazine are purely on volunteer basis.

The fourth issue of the journal focuses on “**Preparedness for Disability Inclusive Disaster Risk Reduction**” and encourages writers to share initiatives undertaken by the humanitarian community in the country or suggestions for future interventions. The views, thoughts and opinions expressed in these articles are those of the authors and do not necessarily reflect the official policy or position.

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# Humanitarian Resilience Journal

## Preparedness for Disability Inclusive Disaster Risk Reduction

ISSUE 4

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# Towards Disability Inclusive DRR Programming in Pakistan



Saleha Shah Myrah Nerine Butt

## Introduction

Disability is a crosscutting issue that significantly increases risk for marginalized individuals. Many disaster risk reduction (DRR) interventions claim to be participatory in their approach but initiatives that recognize and respond to the needs of persons with disability (PWDs) are few.

Disabilities is an umbrella term that covers impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. There are many forms of disability, ranging from physical, cognitive to psychosocial. Some examples include paraplegia, quadriplegia, deafness, blindness and defects of vision, cerebral damage, stroke, senility, dementia and Alzheimer's disease. This article aims to propose some measures that can be undertaken to strengthen disability inclusive DRR programming in Pakistan.

In Pakistan, persons with disabilities tend to have poorer health outcomes, lower education achievements, higher rates of poverty, and little economic participation. These conditions ultimately exclude PWDs as productive members of society; some estimates suggest the cost of exclusion leads to annual loss of US\$11.9bn-15.4bn, or 4.9-6.3% of Pakistan's GDP.

The vulnerability that disabled persons face is a result of the interaction of their impairment, the physical environment, and social, attitudinal and environment barriers. This vulnerability hinders their effective participation in society.

Like the treatment of other similar vulnerable groups, discrimination against persons with disabilities is common. Even in the absence of a disaster, persons with disabilities are socially marginalized and excluded from processes of decision-making let alone DRR planning. They are also less likely to be employed. They are likely to be poor and live in hazardous locations with limited access of basic services and inadequate infrastructure. Disasters disproportionately impact persons with disabilities; they face greater risk of death, injury and loss of property. Disasters also tend to increase the level of discrimination against persons with disabilities.

Disasters create new barriers for persons with disabilities that threaten their safety and well-being. They are less likely to receive early warning information; The warnings may not reach people due to their impairments, for example, hearing or vision impairments. In case of cognitive impairment, they may not understand the early warning information. They may also not receive the information because they may be isolated, stigmatised and live in an environment of active discrimination. Evacuation routes and shelters may be inaccessible, appropriate care facilities may be missing. Emergency shelters and sanitation facilities often do not consider physical accessibility. Persons with disabilities are often neglected in relief and recovery assistance; distribution points may be distant or inaccessible, and they may not be able to queue for long periods for relief goods or carry them away. If a person with disability relies on medication or medical equipment, these may be disrupted in disasters as well.

1 Disability-Inclusive DRR: Information, Risk and Practical-Action, Alex Robinson. [https://link.springer.com/chapter/10.1007/978-4-431-54877-5\\_12](https://link.springer.com/chapter/10.1007/978-4-431-54877-5_12)

2 Disabilities. World Health Organization, <https://www.who.int/topics/disabilities/en/>.

3 Disability and Disaster, David Alexander et. Al. [https://www.researchgate.net/profile/Ben\\_Wisner/publication/285004501\\_Disability\\_and\\_disaster/links/57031ef708ae646a9da87ecc/Disability-and-disaster.pdf](https://www.researchgate.net/profile/Ben_Wisner/publication/285004501_Disability_and_disaster/links/57031ef708ae646a9da87ecc/Disability-and-disaster.pdf)

4 Moving from the margins: Mainstreaming persons with disabilities in Pakistan, British council [https://www.britishcouncil.pk/sites/default/files/mainstreaming\\_persons\\_with\\_disabilities\\_0.pdf](https://www.britishcouncil.pk/sites/default/files/mainstreaming_persons_with_disabilities_0.pdf)



They are also neglected in return and rehabilitation because of their restricted access to social networks and other sources of support. The appropriate counselling and rehabilitation systems may be missing.

In earthquakes particularly, persons with physical disabilities may not be able to protect themselves from falling debris by crouching under a surface. They may not be able to rapidly evacuate buildings or access a safe location. The transportation provided for evacuation may be inaccessible to persons with disabilities.

Disability intersects with a range of other individual, social, economic and cultural factors, such as age, gender, ethnicity, religion and poverty. Persons with disabilities from vulnerable groups suffer even more. For example women with disabilities and children with disabilities may suffer more within the DRR context. For instance, when a disaster strikes, children with disabilities may have a more difficult time escaping from or withstanding the event. Similarly, women disabled by the 2005 earthquake in Pakistan were more isolated socially, emotionally and financially than similarly disabled men. Influencing national disaster legislation in many countries. Pakistan has ratified this convention in 2011.

### **Global policy context and the legislative framework of Pakistan**

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) came into force in 2008 and centred disability in the disaster policy agenda. The Convention states to take 'all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk', including conflict, humanitarian emergencies and natural hazard events. It has been signed by more than 160 states and is influencing national disaster legislation in many countries. Pakistan has ratified this convention in 2011. The 2015 Sendai Framework for Disaster Risk Reduction focuses on inclusion and accessibility.

It recognizes the need for inclusion of persons with disabilities and their organisations in the design of humanitarian and DRR policies.

The 2016 World Humanitarian Summit endorsed a Charter on Inclusion of Persons with Disabilities in Humanitarian Action, which pledged to centre persons with disabilities in humanitarian response. It called on ensuring that they receive protection and assistance without discrimination.

Paris Agreement also recognizes climate change as a 'common concern' for persons with disabilities. SDG's (4, 8, 10, 11, and 17) directly address persons with disability by laying out targets & indicators to include, empower, and promote. SDG 13 covers persons with disabilities under the purview of effectively capacitating marginalized communities to deal with the impacts of climate change.

These advances in global policy have encouraged the development of standards and guidance that recognize the unique vulnerability to disasters of persons with disabilities, and the need for their inclusion in disaster risk management. Several guidelines and manuals on disability-inclusive disaster management have been issued by international organizations, government agencies, disabled people's organizations and disability-focused national and international NGOs. However, the implementation of these policies, standards and guidelines in Pakistan remains weak.

The National Disaster Management Act of 2010 calls on minimum standards of relief for vulnerable groups, including persons with disabilities, and prohibition against discrimination during roll out of compensation and relief. National policy guidelines for vulnerable groups in disasters lay out a matrix for inclusion of vulnerable groups in DRR planning and rollout. However, implementation of this act remains weak.

5 Disability inclusion and disaster risk reduction, John Twigg, Maria Kett and Emma Lovell.

<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12324.pdf>

6 Disability and Disaster, David Alexander et. Al.

[https://www.researchgate.net/profile/Ben\\_Wisner/publication/285004501\\_Disability\\_and\\_disaster/links/57031ef708ae646a9da87ecc/Disability-and-disaster.pdf](https://www.researchgate.net/profile/Ben_Wisner/publication/285004501_Disability_and_disaster/links/57031ef708ae646a9da87ecc/Disability-and-disaster.pdf)

## The problem with numbers: Undercounting persons with disabilities

Persons with disabilities are mostly unseen, unheard and uncounted persons in Pakistan. The population census conducted in Pakistan in 1998 identified that persons with disabilities make up 2.38 percent of the total population. While the 2017 census stated that the percentage has been reduced to 0.48%. These statistics are alarming and are likely to be under-reported because WHO estimates suggest that 15% of the global population lives with some form of a disability.

The statistics suggest that in Pakistan the understanding and sensitisation on disability is low. In Pakistan, programmes and interventions tend to only cater to physical and obvious forms of disability and may not characterise less visible forms of disability. In Pakistan the standard term used for persons with disabilities is 'apahij' and the wider understanding of the term is physical disability. The mainstream perception of disability is that of a person in a wheelchair. Most of the programmes in the country catering to persons with disabilities are focused on polio and there is very little work around specifically targeting persons with disabilities within the DRR context. This focus on physical disability also creates a hierarchy of disabilities, where the most visible physical disabilities receive most of what limited attention is available. Persons with hearing, visual or speech impairments get some attention, and persons with mental disorders receive almost no attention at all. Additionally, because development practitioners in the country are not sensitized as to what constitutes as a disability, this group tends to be undercounted and under-represented. Additionally, disability disaggregated data is not collected at the field level. There is a shortage and inaccuracy on the number and location of persons with disabilities.

Another challenge for accurate data collection is that families are reluctant to admit disability due to

stigmatization. There is an unwillingness to recognize disability and the stigma leads to some families resorting to hiding their children. In 2009 the Special National Identity Card (SNIC) was introduced to identify persons with disabilities and cater to their needs. By 2011 the National Database and Registration Authority (NADRA) had registered over 600,000 people. But the numbers still fall considerably short of registering most persons with disability in Pakistan, and they do not include children who are too young to apply for an identity card.

There is a dearth of literature on persons with disabilities in disasters. As a result, development initiatives also tend to neglect their specific needs.

## Why is disability inclusion in DRR challenging in practice?

Disability inclusion in DRR is challenging in practice because the lack of data causes serious issues for DRR planning and contingency. It is almost impossible to plan for a population if there is no information on persons with disabilities.

People face varied forms of disabilities and each type of disability needs to be catered to differently; there is a range of disabilities and each of them pose their own unique challenges. Typical DRR programmes treat them as a single group rather than sub-groups with different needs.

Secondly, DRR programmes favour interventions that impact a large number of people. Disabled persons may not make up a significant chunk of the population in specific regions. That coupled with lack of homogeneity in the group leads to difficulty in targeted interventions. In practice, disaster responders balance the need to provide standardised assistance to large numbers of people against more targeted individual coverage. Further, like mentioned above, persons with disabilities are not a part of mainstream planning and decision-making due to societal inequalities.

<sup>7</sup> Disability inclusion and disaster risk reduction, John Twigg, Maria Kett and Emma Lovell.

<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12324.pdf>

<sup>8</sup> Ibid.

<sup>9</sup> Moving from the Margins: Mainstreaming persons with disabilities in Pakistan, British Council

<https://www.britishcouncil.pk/mainstreaming-persons-disability>

Persons with disabilities lack political engagement and are often left in a 'cocoon' of isolation.

## Recommendations

No single emergency response strategy is valid for all types of disability. As noted above, policymakers need to realize that persons with disabilities are not a homogeneous category but a disparate collection of people with highly varied needs and capacities. Individuals have varying degrees of resilience to hazard events and other shocks, which are not due simply to impairment. These complex intersections between social identities must be understood and addressed.

### • Towards a rights-based approach

Rights based approaches have the potential to drive a shift in disability inclusive programming. A human rights-based approach towards disability would see persons with disabilities as people with inherent rights. It would see them as capable human beings with the ability to take decisions and be active members of the society. The principles of dignity, equality and non-discrimination towards persons with disabilities should be espoused in DRR programming particularly. As part of rights-based programming staff, national and local authorities, communities and persons with disabilities themselves need to be sensitized on the rights, protection and safety of persons with disabilities impacted by crisis.

Preventing people from incurring life-changing disabilities because of climate-induced disasters should also be considered under this approach.

Oxfam adopts a rights-based approach in its programmes. It envisions persons with disabilities as actors with the potential to shape their own pathway. Instead of focusing on creating an inventory of public goods or services for distribution and then seeking to fill any deficit via foreign aid, the rights-based approach seeks to identify the key systemic obstacles.

that keep people from accessing opportunity and improving their own lives

### • Data collection

There is a pressing need for different stakeholders to collect detailed disability disaggregated data. Specific rapid needs assessments, supplying basic information on the level of access to services, challenges and priority needs, are essential to ensure inclusive emergency interventions. In practice, rapid needs assessments in disasters rarely include persons with disabilities or have questions on disability. Even the best tools often overlook disability; some methods for gathering field data, such as transect walks and focus group discussions, may be inaccessible to persons with disabilities without appropriate support, and risk analyses generally do not account for the social exclusion of persons with disabilities, which may be exacerbated during emergencies. Few disaster management or relief organisations include disability adequately in their monitoring, evaluations or reviews of their interventions, and very little is known about the long-term recovery trajectories of persons with disabilities. Agencies also make very little use of the knowledge and information held by disabled person's organisations (DPOs) and persons with disabilities themselves.

Oxfam is moving towards collecting disability disaggregated data in its projects. It uses the Washington Questions as a tool for identification of persons with disabilities in the field.

### • Empowering persons with disabilities

Empowerment should be geared towards giving a voice to persons with disabilities and enabling them to take part in decision-making processes in both everyday life and DRR planning. Persons with disabilities would be able to engage critically and assess their own vulnerabilities, needs and capacities to address

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10 Disability inclusion and disaster risk reduction, John Twigg, Maria Kett and Emma Lovell.  
<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12324.pdf>

their needs. It is critical that the programme teams consult with persons with disabilities, listen to them and consider their lived experiences.

Persons with disabilities are often portrayed as helpless victims in the face of disasters. Typical assessments look at their vulnerabilities, often ignoring their knowledge, skills and resources for dealing with disasters. It ignores the pre-existing coping mechanisms in place. In fact, their ability to tackle difficult physical environments in daily life may make them better equipped to psychologically cope with crisis than other members of the society.

If persons with disabilities are excluded from disaster preparedness or planning processes, they may not know what to do even if they do receive the warning information. In the rush of the moment they might not be able to find people who can help them to safety.

Persons with disabilities need to be consulted so that we understand how they get information, and this needs to be considered in the development of the early warning system in place. A successful early warning system is not just about accessibility, but also about inclusion, recognising that persons with disabilities are often excluded from DRR and broader community activities.

For example, after the 1999 earthquake which struck Turkey, an academia-based NGO included the deaf in its recovery programme. A core group of six-to-eight deaf people who were affected by the disaster were then given a basic disaster-awareness programme, which they eventually passed to more than 2,000 other deaf people throughout the country.

- **Informing and including persons with disability in early warning and awareness**

Persons with disabilities need to be included in early warning systems and disaster preparedness activities to ensure that no one gets left behind. Persons with disabilities need to be specifically capacitated on how to manage during disasters.

Targeted information is needed for persons with disabilities. The information needs to be disseminated in a manner that is accessible to them. They need to be informed on what transportation and mobility assistance will be available in disaster situations. They must also be informed about how they can obtain basic necessities in emergency situations.

Accessible early warning systems need to be supported by inclusive disaster preparedness and disaster risk reduction efforts. Given the varied experiences of persons with disabilities, and the different needs of people with different impairments, making Early Warning Response System accessible to and inclusive of persons with disabilities will involve a range of approaches and multiple formats. Some examples for this are sirens and announcements, print messages, door-to-door outreach by volunteers who are assigned to visit persons with disabilities and share the warning information with them, SMS/text messages, flags, flashing lights, and electronic signs. Efforts should also be made to sensitise the mass media to their potential role as purveyors of emergency information to persons with disabilities.

Oxfam in Pakistan is currently implementing a resilience project in Badin. It is actively consulting persons with disabilities and catering to their or their caregivers' concerns around gaps in traditional early warning systems. Additionally, there are specific contingencies for persons with disabilities in village level resilience plans which ensures that they are not left behind in emergencies.

- **Strengthening disabled persons organisations and their linkages**

In the aftermath of the 2005 earthquake in Pakistan, Disabled persons organisations (DPOs) played a critical role in identifying and locating persons with disabilities. They highlighted their needs and acted as strong links between communities and aid agencies. However, DPOs work in silos. They are not integrated on ground with other civil society organisations. As a

11 Challenges and Opportunities in Implementing a Rights-Based Approach to Development: An Oxfam America Perspective, Raymond Offenheiser, Susan Holcombe. <https://journals.sagepub.com/doi/pdf/10.1177/0899764003032002006>

12 Disability inclusion and disaster risk reduction, John Twigg, Maria Kett and Emma Lovell. <https://www.odi.org/sites/odi.org.uk/files/resource-documents/12324.pdf>



result, disabled persons were often excluded from broader discussions about political, social and economic issues that whilst not about disability exclusion per se, directly affected their lives. DPOs typically lack the capacity to access networks within the development community. Much of this potential funding goes to larger, more resourced agencies. DPOs and international agencies need to continue to work together to support inclusive responses.

Disabled person's organizations have specific disability expertise that is not readily available within mainstream disaster response, and access to informal networks of support and communication. However, interaction and collaboration between these organizations and other disaster actors is generally weak, and it is rare for disability-focused organizations and persons with disabilities to take leadership roles in DRR and disaster response. These organizations also serve as a repository of information on how to prevent people with incurring physical disabilities in the aftermath of a disaster for example successful coping mechanisms and timely first aid provision and training.

In Pakistan, there is a lack of communication and coordination between various organizations and communities working on DRR and persons with disabilities. This lack of coordination between formal actors and persons with disabilities is widely reported even in countries where there is progressive disability legislation. There need to be stronger links between the disability and development communities, as well as between civil protection agencies and organizations that work with and on behalf of people living with disabilities. Associations of persons with disabilities should be involved in emergency preparedness activities and should be consulted as part of the emergency planning process.

Where there is a significant risk of disaster, appropriate preparation, education and training should be provided for the benefit of emergency

responders and persons with disabilities who are at risk. Efforts should be made to mainstream DPOs in DRR planning. Networking opportunities with other organizations working on DRR need to be facilitated.

Oxfam recognises its limited role in terms of fully catering to the needs of persons with disabilities. It therefore works with local partners with experience of working with persons with disabilities to develop inclusive disaster preparedness

- **Tackling the root cause of discrimination**

It is not possible to ensure meaningful disability inclusion without challenging the status quo of discrimination, marginalization and exploitation experienced by persons with disabilities. These factors limit their access to education, health, food, rehabilitation services, employment and other forms of social protection and put them at a further disadvantage. These forms of discrimination are founded on cultural assumptions, social structures and economic inequalities. Pre-disaster practices and exclusion continue into the period post disaster and the barriers are rebuilt. There is a serious need to challenge the social norms that marginalize persons with disabilities. There needs to be a pre-disaster focus on driving a positive behavioural change and shifting attitudes towards persons with disabilities.

There is a need to use the human rights-based approach to sensitise key stakeholders who might be perpetuating the discriminatory practices. These stakeholders could include power holders at different levels. Government officials particularly should be given capacity support to cater to persons with disabilities in emergency contexts.

Oxfam in Pakistan is trying to drive a behavioural change through it's existing DRR and resilience projects. It is ensuring that persons with disabilities are part of village organisations and a part of key decision-making processes and this is driving a shift in local attitudes.

13 Disability and Disaster, Alexander David et. Al.

[https://www.researchgate.net/profile/Ben\\_Wisner/publication/285004501\\_Disability\\_and\\_disaster/links/57031ef708ae646a9da87ecc/Disability-and-disaster.pdf](https://www.researchgate.net/profile/Ben_Wisner/publication/285004501_Disability_and_disaster/links/57031ef708ae646a9da87ecc/Disability-and-disaster.pdf)

14 Disability and Disaster, Alexander David et. Al.

[https://www.researchgate.net/profile/Ben\\_Wisner/publication/285004501\\_Disability\\_and\\_disaster/links/57031ef708ae646a9da87ecc/Disability-and-disaster.pdf](https://www.researchgate.net/profile/Ben_Wisner/publication/285004501_Disability_and_disaster/links/57031ef708ae646a9da87ecc/Disability-and-disaster.pdf)

15 Disability inclusion and disaster risk reduction, John Twigg, Maria Kett and Emma Lovell.

<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12324.pdf>

## Conclusion

The challenges of inclusion of persons with disabilities need to be addressed before the disaster or emergency occurs. This involves increasing the representation of persons with disabilities on decision-making bodies at all levels, and forging partnerships with disabled person's organisations. Further connecting mainstream DRR programmes with DPOS is critical. The benefits of more inclusive programming extend to all members of society. Preventing people from incurring life-changing physical disabilities because of disasters is imperative to effective disaster risk reduction and management. Introduction to effective coping mechanisms and first aid in the aftermath of a disaster can prevent permanent physical loss & damage.

In simple words, all that is needed is an empathetic approach towards DRR programming. Programmes need to ensure people with disabilities can actively participate and benefit from projects. If development practitioners actively think of the barriers that disabilities might pose, they will be able to develop inclusive programmes. Additionally, it is important to listen to and actively address the concerns raised by the target population. Persons with disabilities should be seen as active agents of change and their potential role within the communities should not be ignored.

# Age and Disability Inclusive DRR



Shahid Mahmood

*In emergency situations, such as natural disasters and other humanitarian emergencies, older persons are especially vulnerable and should be identified as such because they may be isolated from family and friends and less able to find food and shelter. Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies and in promoting rehabilitation and reconstruction” (Madrid International Plan of Action on Ageing, 2002).*

## Disability

Everybody is likely to experience disability directly or to have a family member who experiences difficulties in functioning at some point in his or her life, particularly when they grow older. 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.

The International Classification of Functioning, Disability and Health (ICF), defines disability as an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. There are over one billion people with disabilities in the world, of whom between 110-190 million experience very significant difficulties. This corresponds to about 15% of the world's population and is higher than previous World Health Organization

(WHO) estimates, which date from the 1970s and suggested a figure of around 10% population ageing and the global increase in chronic health conditions. Patterns of disability in a particular country are influenced by trends in health conditions and trends in environmental and other factors –such as road traffic crashes, natural disasters, conflict, diet and substance abuse.

Across the world, people with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. This is partly because people with disabilities experience barriers in accessing services, such as those for health care (including medical care, therapy and assistive technologies), education, employment, and social services, including housing and transport. The origin of these barriers lies in, for example, inadequate legislation, policies and strategies; the lack of service provision; problems with the delivery of services; a lack of awareness and understanding about disability; negative attitudes and discrimination; lack of accessibility; inadequate funding; and lack of participation in decisions that directly affect their lives.

Disability disproportionately affects women, older people, and poor people. Children from poorer households, indigenous populations and those in ethnic minority groups are also at significantly.

1 <http://ageingasia.org/how-older-people-are-excluded-in-humanitarian-data/>

2 <https://www.who.int/topics/disabilities/en/>

3 [https://apps.who.int/iris/bitstream/handle/10665/70670/WHO\\_NMH\\_VIP\\_11.01\\_eng](https://apps.who.int/iris/bitstream/handle/10665/70670/WHO_NMH_VIP_11.01_eng)

4 [https://apps.who.int/iris/bitstream/handle/10665/199544/9789241509619\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/199544/9789241509619_eng.pdf?sequence=1)

higher risk of experiencing disability. Women and girls with disability are likely to experience “double discrimination”, which includes gender-based violence, abuse and marginalization. As a result, women with disability often face additional disadvantages when compared with men with disability and women without disability. The prevalence of disability is greater in lower-income countries than higher-income countries (2013) an estimated 80% of people with disability live in developing countries and stressed the need to ensure that persons with disabilities are included in all aspects of development, including the post-2015 development agenda.

### Older Persons

The United Nations describes an older person as being 60 years and above. In many developed countries, the age of 65 is used as a reference for older persons. Not all 60-year-old persons in a community have the same degree of physical and mental fitness. Some of them may be physically fit and active, while others might have some health conditions which restrict their abilities. Hence, it is important to assess the capacities of older people more on the basis of their social age than their chronological age, to ensure greater contribution from them in the DRR process.

### Diversity of disability

Stereotypical views of disability exist which emphasize wheelchair users and a few other groups such as blind people and deaf people. However, it is important to recognize the diversity in the disability community. People may experience varying degrees of auditory, cognitive, physical, speech and visual impairments. For instance, some may have disabilities from birth, an illness, disease or an accidental injury. Persons may have more than one impairment or they may develop impairments with age. Some may not consider themselves to have disabilities even if they do experience functional limitations. Various groups face

different levels of exclusion, e.g. persons with mental health difficulties or intellectual impairments that are the so called 'invisible' disabilities, are among the most excluded. Also, deaf-blind people and people with more severe impairments often experience greater disadvantage. The human rights-based model or social model to disability inclusion does not reduce persons with disabilities to their impairments but recognizes that while there are positive associations with disability and disadvantages on many fronts, not all people with disabilities are equally disadvantaged and the barriers that must be broken for disability inclusion differ.

### Vulnerability of older persons and persons with disabilities to hazards

Disasters have been defined as potentially damaging physical events, phenomena or human activities that may cause fatalities or injuries, property damages, social and economic disruptions, or environmental degradation. Hazards can include latent conditions that may represent future threats and have different origins, whether natural or human induced. However, it is not the characteristics of hazards but exposure and vulnerability that determine the extent of a disaster.

Disasters have a disproportionate impact on people with disabilities and older persons, who are at higher risk of death, injury and loss of property. They are less likely to receive timely warnings before an event; they find evacuation routes and public shelters difficult to access or even inaccessible; appropriate care and shelter facilities are often lacking; and they are overlooked in relief and recovery assistance.

Some of the contextual facts of vulnerabilities of persons with disabilities and older persons with respect to broader societal and institutional concepts and responses are summarized below;

1. This is a fact that the disabled people's vulnerability in disasters is the result of the interaction between the impairment, the physical environment and

5 [https://apps.who.int/iris/bitstream/handle/10665/199544/9789241509619\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/199544/9789241509619_eng.pdf?sequence=1)

6 [https://apps.who.int/iris/bitstream/handle/10665/70670/WHO\\_NMH\\_VIP\\_11.01\\_eng.pdf;jsessionid=5BB6E4A7621E26BD7788652630F0D0C5?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/70670/WHO_NMH_VIP_11.01_eng.pdf;jsessionid=5BB6E4A7621E26BD7788652630F0D0C5?sequence=1)

7 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6489144/>



social and institutional structures and attitudes. This is generally understood in policy statements, but in practice disaster organisations and their staff continue to focus on helping individuals with impairments adjust to their situation, rather than altering the environment to accommodate their needs. People with disabilities are often portrayed as helpless in the face of disasters.

#### Global compacts, standards and guidelines that have

underscored the inclusion of older persons are;

1. The Sustainable Development Goals (2015),
2. The Sendai Framework for Disaster Risk Reduction (2015)
3. The Paris Agreement on climate change (2015).
4. The World Humanitarian Summit 2016 forged commitments that emphasized the need to “leave no one behind”
5. Inter-Agency Standing Committee (IASC) on Humanitarian Action and Older Persons: An essential brief for humanitarian actors (2008)
6. The Sphere Handbook - Humanitarian Charter and Minimum Standards in Humanitarian Response (2000 with succeeding updates),
7. Core Humanitarian Standards (CHS) (2014)
8. IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: promoting resilience and aiding recovery (2015)
9. Charter on Inclusion of Persons with Disabilities in Humanitarian Action (2016)
10. New York Declaration for Refugees and Migrants (2016)
11. Humanitarian Inclusion Standards for Older People and People with Disabilities (2018)
12. The Madrid International Plan of Action on Ageing (2002)

*HelpAge inclusive disaster risk reduction – a toolkit, 2019*  
[https://reliefweb.int/sites/reliefweb.int/files/resources/68082\\_ageinclusive-disaster-risk-reduction-at.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/68082_ageinclusive-disaster-risk-reduction-at.pdf)

2. Agency assessments tend to focus on their vulnerabilities and overlook their knowledge, skills and resources for dealing with hazards and disasters. In fact, their experience of overcoming barriers and negotiating difficult physical environments in daily life may make them better equipped to cope psychologically in a crisis than non-disabled counterparts

3. People with disabilities are not a homogenous group: individuals have varying degrees of resilience to hazard events and other shocks, which are not due simply to impairment. It intersects with a range of other individual, social, economic and cultural factors, such as age, gender, ethnicity, religion and poverty. Societal norms that perpetuate existing hierarchies and inequalities lead to different or unequal outcomes for people with disabilities.

## Mainstreaming the inclusion of persons with disabilities and older persons in DRR

Inclusion means a rights-based approach to community programming, aiming to ensure older people and persons with disabilities have equal access to basic services and a voice in the development and implementation of those services. At the same time, it requires mainstream organisations to make dedicated efforts to address and remove barriers. Older people are not a homogenous group and discrimination in older age can be complex. Older women and men may be subjected to discrimination on a number of different grounds, including, but not limited to their age, gender, disability, place of origin, caste, class or sexual orientation. They may also face unique forms of exclusion created by the intersection of two or more characteristics (e.g., older women with disabilities might face additional barriers when trying to access services or claim their rights).

## Global commitments for Age and disability inclusive DRR

Disaster risk reduction (DRR) looks at reducing damages caused by natural hazards such as earthquakes, floods, droughts and cyclones by analysing and managing the factors that cause disasters, including reducing exposure to hazards, reducing the vulnerability of people and property, managing land and the environment wisely, and being better prepared for adverse events. The resilience is determined by the degree to which a social system is capable of organising itself to increase its capacity to learn from past disasters for better protection in future and to improve risk reduction measures. In a similar vein, people with disabilities show significant resilience tendencies in coping with their situations.

Over the years, the recognition of vulnerability of older people and persons with disabilities in humanitarian crisis has increased, and international, regional and national policy frameworks have started having a specific mention of older people as one of the vulnerable groups. Humanitarian policy and guidance is increasingly recognising the vulnerabilities and specific experiences of older persons in a humanitarian context, although these policies are non-binding. These policy changes have encouraged the development of standards and guidance that recognise the heightened vulnerability to disasters of people with disabilities, and the need to account for and include them in disaster risk management.

The first ever document of the 21<sup>st</sup> century is the UN Convention on the Rights of Persons with Disabilities (UNCRPD) entered into force in 2008. The Convention aims to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”.global understanding and responses towards disability. It requires states to take 'all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk',

#### Why is it important to include older people in DRR?

1. Older people have rich experience, knowledge and skills that are rooted in the local social and environmental hazards context. Along with their experience, their roles in the community can be tapped in the context of disasters. For instance:
2. Traditional knowledge holders: Older people can be a valuable source of information on local hazard and risk profiles, and sustainable community-based mitigation strategies.
3. Facilitators: As older people may not be heavily engaged in day-to-day economic activities as compared to younger people, they can spend more time on DRR actions, while encouraging other community members to get involved too.
4. Caregivers: Older people often play an important role in supporting family members, grandchildren and other vulnerable groups. In addition to their needs, their experience as caregivers needs to be considered.
5. Agents of change: Older people can be strong agents for change when it comes to DRR. They generally have the ability to reflect, and to benefit from hindsight, and are strongly motivated to make the world a safer place for their grandchildren.

*HelpAge Inclusive Disaster Risk Reduction – a toolkit, 2019*  
[https://reliefweb.int/sites/reliefweb.int/files/resources/68082\\_ageinclusivedisasterriskreductionat.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/68082_ageinclusivedisasterriskreductionat.pdf)

including conflict, humanitarian emergencies and natural hazard events. Likewise, the Sendai Framework for Disaster Risk Reduction, adopted by UN member states in 2015, emphasises the importance of inclusion and accessibility, and recognises the need for the involvement of people with disabilities and their organisations in the design and implementation of disaster risk reduction (DRR) policies.

The 2016 World Humanitarian Summit endorsed a Charter on Inclusion of Persons with Disabilities in Humanitarian Action, which pledged to place people with disabilities at the centre of humanitarian response and to ensure they receive protection and assistance without discrimination.

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The Sphere standards have included a commitment to disability inclusion as a cross-cutting issue since 2011. This was taken further in the Minimum Standards for Age and Disability Inclusion in Humanitarian Action, piloted in 2015 and published in 2018 by the Age and Disability Capacity Programme (ADCAP, 2018).

### Steps to ensuring Age and disability inclusive DRR

Despite the increasing evidence that persons with disability and older people are disproportionately affected by disasters, they and their needs are often overlooked in disaster planning and response. In order to understand and address the issue of inclusion in DRR, following steps are suggested to follow;

#### 1. Statistics, data collection and risk assessment

As a first step, it is necessary to engage with stakeholders prior to actual exercises for risk assessment under any programme. Thus, inclusion of older people should also start at this preliminary stage itself. This facilitates building of a foundation for participation and inclusion. Separate or individual meetings with older people may be necessary to ensure that barriers to participation are understood and addressed as much as possible from the beginning. The risk assessment provides critical information on hazards, capacities, exposure, vulnerabilities and impact, which acts as a foundation for planning. A contingency plan, supporting preparedness plan and community DRR plan should be based on potential disaster scenarios and cover as a minimum: early warning systems, evacuation and rescue, shelter and relief management, first aid and medical support, individual and household preparedness, and mitigation activities for reducing the risk of hazards of communities.

#### 2. Inclusion in disaster management committees

For effective DRR, the formation of disaster management committees (DMCs) at all stages including villages, union council, tehsil and districts are highly necessary. These committees are formed by involving local communities through a democratic process. At the formation stage of these committees, older people should be given due representation in the DRR planning and preparedness process. Older people are trusted and respected in the communities which can be instrumental in disaster action planning. As part of the DRR process, it is instrumental to include older people in the DRR/ DRM committees.

With the inclusion of persons with disabilities and older persons, these committees will ensure inclusive DRR through assessing the needs and capacities of communities and preparing for a disaster situation and developing a corresponding coping mechanism. These committees will also support long-term capacity building of the community and fosters the development of regional networks.

### 3. Understanding the heterogeneity

While planning inclusive DRR interventions and understanding vulnerabilities, it is important to be

#### Why older people are disproportionately affected in disaster situations?

Multiple factors increase older people's vulnerability in disasters, leading to disproportionate impact. A few such factors are:

1. Many frail older people are reluctant or unable to flee and protect themselves in times of disaster.
2. Disasters exacerbate existing vulnerabilities of older people.
3. There is inadequate service provision, support and information for older people, both in DRR planning and during emergencies.
4. Older people's specific needs are often overlooked in the aftermath of an emergency, leading to greater suffering.
5. Their social networks may be disrupted which could limit their access to resources they need to be able to survive and recover, and they are more likely to be excluded from the decisions that will affect their future. Older people may practice self-exclusion and opt out of activities that might help prevent disasters or reduce disaster risk. This could be due to low interest, a perception that their contributions will not be welcomed or valued and/or a tendency to resist change.
6. The vulnerabilities and capacities of older people are often overlooked in disaster situations, despite them having equal rights as other age groups.

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[https://reliefweb.int/sites/reliefweb.int/files/resources/68082\\_ageinclusive-disaster-risk-reduction-at.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/68082_ageinclusive-disaster-risk-reduction-at.pdf)

cognisant of the fact that older people are not a homogenous category. Within this category are sub sections with different extents of vulnerability and privilege. While factoring in participation, it is important to understand the most vulnerable groups within older the diverse capacities of persons with disabilities and older persons in disaster management planning at community level.

### 4. Facilitating participation

The process of DRR includes consultations, meetings and dialogues with community and stakeholders. Inclusion of persons with disabilities and older people in DRR cannot be facilitated without their meaningful participation in the processes. The Humanitarian Inclusion Standards provide guidance on how this participation can be facilitated. Persons with disabilities and older people may have hearing impairments, visual impairments, etc. and the use of only one medium for communication can lead to their exclusion. To overcome this gap, communication materials and messages should be simple, easy to understand and in variable formats, in order to meet the needs of different groups of people.

### 5. Mapping capacities

For effective inclusive DRR, it is essential to map out capacities of all vulnerable groups. These exercises enable community members to identify their vulnerabilities and capacities pertaining to disasters like natural hazards, weather and the impact of climate change. The community can then prioritise risks and develop an appropriate DRR action plan. Older people have years of knowledge, skills and experience, which, if tapped into can be an enormous asset to the disaster risk preparedness and planning process. It is therefore important to assess the capacities of older people and make use of their identified skill sets to ensure their optimum contribution and involvement in the DRR process.

### 6. Early warning systems

Early warning is important for every person to be able to take early action to save lives, resources and assets. To make it effective for each and every person, it is important that the message is accessible and people are aware of what actions one should take. Some specialized measures be required to ensure that older people are aware of specific actions to be taken in response to early warning signals and are able to carry them out unassisted. These measure may include but not limited to the inclusion of the caregivers and family members in the trainings on how the early warning system works, what the warning signals mean and what actions should be taken. While stockpiling, special attention must be paid to the nutrition of older persons and persons with disabilities.

Diet can be influenced by several factors such as living conditions, gender, medications, mental and physical health.

## 7. Evacuation routes

Preparing for evacuation is an important part of DRR planning and requires the involvement of local government, communities and individual households. It includes identifying and informing people of evacuation routes and identifying and/or building evacuation centres. Work with the community, including older people, to identify safe and inclusive evacuation routes by identifying, registering and tracking older people and persons with disability who cannot evacuate on their own and put them on high priority during community meetings.

## 8. Participatory Monitoring

Including older people in the design and implementation of a DRR monitoring system is of particular importance to a DRR intervention. They can play active role in disaster management committees to monitor the DRR activities and maintain data. For this purpose, training of older persons will further facilitate the participatory monitoring.

## Conclusion

Inequality and exclusion of people with disabilities, or violation of their dignity are issues of human rights, social justice and entitlement. For many years, rights-based approaches have been advocated as having the potential to lead to a paradigm shift in institutional policy and practice towards disability and older age. A human rights-based approach to disability and older age sees people with disabilities and older persons as people with inherent rights, who are capable of claiming those rights and making decisions, as well as being active members of society. The rights set out in the UNCRPD, and echoed in subsequent policy instruments, legislation, standards and guidelines, place a number of responsibilities upon duty-bearers; to ensure application of the principles of dignity, equality and non-discrimination to people with disabilities; to promote and protect their inclusion and safety; to sensitise international and national agency staff, and national and local authorities, on the rights, protection and safety of people with disabilities and older people; and to ensure that people with disabilities and older people affected by crises know their rights and entitlements, have access to information and participate in decisions that affect them on an equal basis with others.

# Enhancing Disaster Preparedness for Effective Response and to “Build Back Better”



Zahara Khalid

Disaster is a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.

Disaster risk reduction is aimed at preventing new and reducing existing disaster risk and managing residual risk, all of which contribute to strengthening resilience and therefore to the achievement of sustainable development. Therefore, disaster risk reduction is the policy objective of disaster risk management, and its goals and objectives are defined in disaster risk reduction strategies and plans.

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Disaster risk reduction (DRR) is a conceptual framework of elements considered with the purpose of minimizing vulnerabilities and disaster risks throughout a society in order to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards and to facilitate sustainable development. DRR is a cross-cutting and development issue. The process of DRR is a complex one consisting of political, technical, participatory, and resource mobilization components. Therefore, DRR requires collective wisdom and efforts from national policy and decision makers from various government sectors and from representatives of civil society, including academic institutions, private sector, and media (UN/ISDR, 2004)

The first-ever World Humanitarian Summit, which took place in Istanbul,

Turkey, on 23-24 May 2016 was a critical moment to set a new vision on how to meet the needs of the millions of people affected by conflicts and disasters. The commitments made for the most vulnerable people including people with disabilities, will also have a critical role in fulfilling the 2030 Agenda for Sustainable Development. Disaster Risk Management (DRM) is a term used for all interventions related to disasters: before they occur, during the disaster and in the aftermath. The DRM cycle is a helpful tool to determine which interventions are appropriate in the various phases. What exactly is useful depends on the local situation in a country and should be determined with all relevant stakeholders.

Disability has become more prominent in the disaster policy agenda since the UN Convention on the Rights of Persons with Disabilities (UNCRPD) entered into force in 2008. The Convention requires states to take 'all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk', including conflict, humanitarian emergencies and natural hazard events (UNCRPD, 2006: Article 11; Schulze, 2009). It has been signed by more than 160 states and regional organizations, and is influencing national disaster legislation in many countries. The 2016 World Humanitarian Summit endorsed a Charter on Inclusion of Persons with Disabilities in Humanitarian Action, which pledged to place people with disabilities at the center of humanitarian response, and to ensure they receive protection and assistance without discrimination. Other global and regional policy instruments have also addressed the rights and needs of people with disabilities in disasters. The Sphere standards have included a commitment to disability inclusion as a cross-cutting issue since 2011.

Humanitarian inclusion standards for older people and people with disabilities have been published by the Age and Disability Capacity Programme (ADCAP, 2018). The Inter-Agency Standing Committee (IASC) which is the primary mechanism for the coordination of humanitarian assistance involving key UN and non-UN humanitarian



partners, has piloted guidelines on the inclusion of people with disabilities in humanitarian action which was launched at the end of 2018.

The prevention and preparedness phases, during which DRR preparedness and early warning interventions are planned, logically takes place before a disaster happens. This usually works best if people still remember the types and impacts of hazards that have occurred in their area.

To save lives, emergency aid is planned as soon as possible after a disaster occurs.

Rehabilitation is planned as soon as possible after the relief phase has started, and is often split into early recovery interventions and reconstruction. It is advisable to work with the target groups, DPOs, SPO, POS, an employment service provider, DRR and humanitarian agencies, local government and colleague disability organizations, on disability inclusion in all phases of the DRM cycle.

Crises including disasters, tend to have a greater impact on persons with disabilities. Research has shown that persons with disabilities are disproportionately affected by crises due to their levels of vulnerability characterized by specific livelihood circumstances, their socio-political isolation (perpetuated by stigma, discrimination and exclusion), lack of meaningful inclusion and constraints in accessing natural resources. In addition to socio-cultural barriers, persons with disabilities may not access early warning and risk information on preparedness and response and have limited capacity to cope with crises in terms of physical movement, access to transportation for evacuation and emergency shelters.

### What is disability-inclusive Disaster Risk Reduction?

Communities are not homogeneous. All groups within communities should therefore be involved. This includes People with Disabilities (PWDs) and their caretakers, who belong to the group running a high disaster risk, because they may not have the capacity to deal with the hazard. Community Managed Disaster Risk Reduction (CMDRR) can therefore be linked with Community Based Rehabilitation (CBR) through the principles of inclusion, empowerment, and multi-stakeholder collaboration.

1. **Inclusion:** PWDs should be included in the CMDRR plans. In each community, there are PWDs with specific needs that need to be respected and protected. PWDs have equal rights to all other members from the

community to participate in the planning process and develop their self-reliance.

2. **Empowerment:** DPOs or their representatives also need to participate in the CMDRR committees and represent the rights of the PWDs who cannot stand up for themselves.
3. **Multi-stakeholder collaboration:** The involvement of diverse stakeholders in the process of CMDRR can be beneficial not only for PWDs but also for other marginalized groups in the communities who are at higher risk of being affected by disasters.

Resilience is the ability of a system, community or society exposed to hazards to resist, absorb, accommodate and recover from the effects of a disaster in a timely and efficient manner. Resilience refers to individuals and communities at risk being able to survive and bounce back from the disaster event. This is the result of being prepared for disasters and knowing what to do if something happens. The intention of DRR is to empower communities to design and build the safest possible environment in a hazard context. DRR can be explained through the formula:

$$\text{Disaster Risk} = \text{Hazard} \times \text{Vulnerability} / \text{Capacity}$$

If people live in a hazard prone environment, and if they are vulnerable because of being at the location of the hazard at the time when disaster occurs, and if they do not have the capacity (physically or psychologically or socially or economically) to deal with it, they run a high disaster risk. By working on hazard risk reduction, vulnerability reduction and capacity strengthening, the disaster risk can be reduced and resilience can be achieved.

Most agencies working on disability inclusion indicated that for disability-inclusive DRR, a twin track approach is considered most useful:

- Working with DRR and humanitarian agencies and local government on disability inclusion, and
- Working with disability organizations on DRR, like the Handicap International training manual on mainstreaming disability in DRR

Preparedness is relevant for people and organizations at community level. People at community level are the first to act once a disaster strikes. They can save lives and livelihoods if they know what to do, how to warn one another, and where to go during a flood or tsunami. Organizations such as SPOs or DPOs can act quickly if they hear that the areas where they work are being hit by a disaster and if they know what to do in such circumstances. In disaster preparedness, people with disabilities need to be able to access information and services like anyone else.

### What has been done so far in Pakistan

Pakistan's vulnerability to climate change and other disasters is high. The country ranks seventh on the Global Climate Risk Index of countries most affected

by climate change from 1996 to 2015. In the last decade, a range of disasters triggered by natural hazards have affected over 50 million people and caused US\$25.5 billion in damages and 80,708 fatalities.

Reducing disaster risk and increasing the resilience of people and systems are therefore not optional, but mandatory from a national development perspective.

DRR is an important issue for Pakistan, in accordance with its perspective mandate and core competencies like enhancing Government capacity to reduce disaster risk at the national, provincial and districts level, and to support to community resilience building for at-risk communities many steps have already been taken by the authorities which are as follows:

- Technical assistance has been provided to Natural Disaster Management Authority (NDMA) in developing a national plan of action on Sendai Framework for DRR, Early Recovery Need guidelines and a Policy framework on Tsunami & coastal hazards preparedness.
- A Public Private Partnership strategy has been developed for Sindh and Punjab in order to ensure resources for DRM by working closely with corporate partners.
- Established District Emergency Operation Cells and prepared Disaster Risk in few districts of Pakistan.
- Management Plans for those highly vulnerable district of Sindh and Punjab has also been introduced.

- Community-based disaster risk management was implemented at-risk communities in Khyber Pakhtunkhwa, Baluchistan and Sindh provinces. Vulnerable communities learned to identify hazards and analyze their vulnerabilities.
- Selected vulnerable districts of Sindh and Punjab have developed district DRM plans and Emergency Operation Centers.
- Through the CBDRM, disaster management committees (DMCs) were established in communities and mitigation schemes were implemented including: preparedness cell of erosion control structures, flood protection walls and bands, causeways, culverts & drains, raised platforms, check dams and solar submersible pumps.
- The community members both disabled male and female were trained on the essentials of CBDRM, which included hazard, vulnerability and risk assessment, contingency planning, First Aid and Search & Rescue.
- As a preparedness plan for disability inclusion, alerts were sent out in Punjab and Sindh provinces during monsoon season, floods, drought and tsunami evacuation drills.
- Further, an opportunity has been provided to male and female disabled persons who assisted the National Institute for Disaster Management in training government officials responsible for DRM preparedness procedures.

An inclusive approach to disaster preparedness saves lives. Inclusion engenders community resilience and promotes equity and human rights. But most of the time, certain groups of people are left out due to their inherent characteristics such as age, disability, gender, religion, and social status. As a result, these people become more vulnerable to disasters. In Disaster Preparedness, the participation of women, children, older people, people with disabilities, and other minority groups and sectors is important because they are the most vulnerable against disasters. Inclusive disaster preparedness provides technical and logical frameworks that assimilates the most vulnerable sectors in a community and enhances their capacity against future disasters.

## Recommendations:

The following suggestions on ensuring disability-inclusive disaster risk reduction inspired by national and international experts and resources are suggested:

1. Identification and data concerning persons with disabilities are necessary for designing and implementing disability-inclusive DRR preparedness policies and programs. Strengthen national information systems to be disability inclusive. Use participatory and vulnerability capacity assessments to collate information on persons with disabilities and to identify existing risks.

2. Consultation with, and representation of, persons with disabilities are required in the management of disasters and the development of DRR strategies. Strengthen the capacity and resources of disabled peoples' organizations (DPOs) and actively involve them in all stages of disaster management.

3. Specific support is needed for persons with disabilities in emergencies. Ensure inclusion of persons with disabilities in disaster relief. Reach agreement on minimum standards for disability-inclusive relief. Train relief workers on disability-inclusive relief work. Include disability audits in evaluations. Design and implement accessible and inclusive warning systems, information and physical support.

4. Knowledge, skills and awareness concerning disability must be improved to counter negative stereotyping of persons with disabilities. Involve, and the engagement of, persons with diverse disabilities. Train staff members and volunteers on how to communicate with, engage and support persons with disabilities in emergencies. Raise awareness of disability issues within communities. Identify local champions to support community-level disability inclusive DRR.

5. Engagement of persons with disabilities in developing DRR strategies is key to ensuring that these are effective for everyone in the community, including persons with disabilities.

6. Sensitization of media on rights of persons with disability and their role in representing disability as per UNCRPD - Accessible, adapted IEC material promoting rights of persons with disability and low-cost accessibility physical adaptations with local material (for inclusive safe evacuation-routes, areas)

7. Develop National strategies in advancing the Convention on the rights of persons with disabilities (CRPD) and addressing stigma and discrimination.

8. Design programs to restore or develop the capabilities of people with disabilities to secure, retain and advance in suitable employment – for example, job training, job counselling, and job placement services.

9. Support the implementation of Community Based Disaster Risk Management (CBDRM) and Climate Change Adaptation for (floods, earthquake, GLOF, tsunami and cyclone) risk mitigation through making communities resilient in urban and rural areas.



# Preparedness for Disability Inclusive Disaster Risk Reduction Policies Focusing Women with Disabilities in Crisis Situation



Shazia Shaheen

*It wasn't raining when Noah built the ark...prepare for the disaster*

The World Health Organization (WHO) defines the term 'disabilities' holistically which includes persons having different types of disabilities such as physical impairments, mobility limitations and participation restrictions. People who fall under these categories are prone to multiple disadvantages during natural and man-made disasters since their socio-economic circumstances vary from the rest of the affectees and they face difficulties in communicating their needs which results in an inability to access the help amidst any crisis. In 2013, UN Office for Disaster Risk Reduction (UNISDR) conducted a survey with the sample size of 5,000 persons with disabilities collected across 126 countries stating that only 20% people could evacuate during any calamity (UNISDR 2013). The survey results were alarming and demand the immediate attention of government and non-government actors to inculcate inclusive approach in Disaster Risk Reduction and Response planning. However, the gender question in such policies is still neglected. It is the need of the hour that these policies cater for the needs of groups which are doubly disadvantaged due to gendered socio-economic and cultural norms (Disabled World).

The purpose of this paper is to analyze the limited inclusion of women with disabilities in disaster risk reduction and response planning; and to draw parallels between discourses developed in international arena and its effectiveness in Pakistani context. The paper also stresses on the 2013 Disability Survey Report which states that 85.57 % of the respondents across 137 countries were not included in risk reduction or community disaster management process and planning. (UNISDR 2013).

Women with disabilities are more vulnerable in pre and post disaster crisis since their access to public life, economic activity and role within family is determined by the cultural expectations of their gender. Although the UN convention on the Rights of Persons with Disability

stresses and recognizes that “women and girls with disabilities are subject to multiple discrimination, and in this regards specific measures shall be taken to ensure full and equal enjoyment by them of all human rights and fundamental freedoms” (CRPD 2006), yet their perspective is missing in the interventions formulated by both non-profit organizations and government stakeholders.

Gender inequalities become quite exaggerated during disasters since the survival rate of the members belonging to the disadvantaged groups, such as women and trans-genders, fall beyond comprehension. Those who by any chance survive the disaster might face other social challenges and in the absence of any external support, they rely on their family members, neighbors or friends. Nepal Disabled Women Association (NDWA) conducted a survey in 2007 which stated that 84% of differently-abled women are forced to live an undignified life (NDWA 2007). Not that they have been devoid of their right to lead their life with dignity, but their gender roles demand them to execute tedious routine tasks irrespective of their physical limitations to hide their disability in front of family members and acquaintances. On the other hand, women with disability are often not considered “marriageable” and face abandonment by their immediate family members.

Gender based violence is another concern which needs immediate attention of policy makers in disaster risk management (DRM) planning. Because of their gender and disability, women shy away from public life to avoid sexual assault and violence. According to the UN convention on the Rights of Persons with Disability (CRPD) enable factsheet, a study conducted in Orissa, India records that differently abled girls and women have been victims of domestic violence. The study also stated that around 6% Women with disability in Orissa were

1. World Health Organization, (2010). World Report on Disability. Retrieved from [http://www.who.int/disabilities/world\\_report/2011/report/en/](http://www.who.int/disabilities/world_report/2011/report/en/)
2. Disabled World, (2019). Disability: Benefits, Facts and Resources for Persons with Disabilities. Revised/Updated on July 4th, 2019. Retrieved from <https://www.disabled-world.com/disability/>
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4. The United Nations Office for Disaster Risk Reduction, (2013). Final Report on 2012-2013 Biennium Work Programme. Retrieved from [https://www.unisdr.org/files/37302\\_annualreport2013.pdf](https://www.unisdr.org/files/37302_annualreport2013.pdf)

raped and 25% went under forced sterilization (UN Enable CRPD Fact Sheet). Human Rights Watch also concluded that as compared to abled women, differently-abled women are three times more exposed to the incidents of physical assault and abuse. Similarly differently-abled women in war zoned areas have more chances to fall victim of wartime sexual violence, which makes them the most disadvantaged group. Moreover, many differently-abled women could be assaulted by their caretakers and dependence on them makes it difficult to reach out for rescue. Therefore the DRM practices should ensure provision of safe shelters to women with intellectual disabilities in post-disaster scenario to avoid the incidents of sexual violence. In Pakistani context, the Disaster Risk Reduction and Response planning is ambiguous due to multiple factors. First, the National Disaster Management Authority of Pakistan (NDMA) needs to develop a comprehensive framework to identify the differently-abled persons. Interestingly, the World Health Organization reports that differently-abled persons account 10% of world's total population (including Pakistan). Yet, according to 1998 National Population Census, Pakistan's differently-abled population is 2.49 % out of total population (Network of Organizations Working for Persons with Disabilities Pakistan, 2008). The results are vague based on lack of standardized definitions of disabilities. The data is still not updated and the categorization of "disabilities" in line with WHO definition has not been taken into account.

However, with efforts of non-governmental organizations, civil society, development practitioners and government stakeholders, some key legislations have been formulated in the past few decades to mainstream the inclusion of persons with disabilities.

In 1981, the *Disabled Persons (Employment and Rehabilitation) Ordinance* was devised which provided institutional care, defined "disability" and ensured to establish National Council for the rehabilitation of Disabled Persons. The law also made it compulsory to employ at least 2% differently-abled persons in public sector. In 2002, the government formulated The National Policy for Persons with Disabilities. This policy was prepared after extensive consultations with different

ministries, such as health, housing & works, science & technology and different development sector institutions. It was decided that government would ensure to provide administrative, legal and many other methods to facilitate persons with disabilities. In order to execute the policy, later in 2006 the government launched *National Plan of Action (NPA) to implement the National Policy for the Persons with Disabilities*.

A significant progress has been witnessed in Pakistan's National Disaster Risk Reduction planning in past one decade. NDMA has formulated some key policy papers to mainstream gender question and to identify needs of differently-abled persons in disaster preparedness. Those key resources includes the *National Policy Guidelines on Vulnerable Groups in Disasters (2014)*, *Needs & Concerns of Groups of Vulnerable Population Residing in The Most Disaster Prone Districts of Pakistan* and *Summary Report on Gender Mainstreaming & GBV in Disaster Settings in the Context of Pakistan (2017)*.

These initiatives are promising yet they lack the holistic approach to correlate gender mainstreaming and inclusion of differently-abled women in planning and process of disaster risk management. Government policy interventions might provide a substantial risk mitigation strategy for abled women, yet it ignores the cultural and socio-economic challenges faced by differently-abled women discussed earlier in this paper, such problems of safe shelters; gender based violence; rape and sexual assault in IDP camps; Wartime sexual violence; and cultural connotations that prohibit differently-abled women to be carried by opposite gender during evacuations.

### How to be prepared for a disaster situation

While disasters and emergencies affect everyone, people with disabilities/special needs are the first to be affected given the circumstances. By taking a few simple steps today, we can become better prepared to face a range of emergencies

Emergency preparedness involves three basic steps:

1. *Knowing the risks*
2. *Making a plan*
3. *Getting an emergency kit*

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## Personal support network

A personal support network is a group of at least three people you know and trust and who would help you during an emergency.

### How do you create a support network?

Ask people you trust if they are willing to help you in case of an emergency. Identify contacts for important locations such as home, work or school. Neighbors are often the closest and most available contacts in an emergency.

Tell these support people where your emergency kit is stored. Give one member a key to your home.

Include a support network contact who is far enough away that they are unlikely to be affected by the same emergency.

Work with your support network to develop a plan that meets your needs.

Practice your emergency plan with your network. If applicable, show them how your special needs equipment works.

## Emergency Kit Checklist

In an emergency you will need some basic supplies. Be prepared to be self-sufficient for at least 72 hours. Check your kit twice a year to ensure contents are up to date. Re-stock as needed.

## Basic emergency kit checklist

**Water** at least two liters of water per person per day. Include small bottles that can be carried easily in case of an evacuation order

**Food** that won't spoil like dry grains etc. (replace food and water once a year) **Torch/flashlight** (and extra batteries)

**First aid kit** with Dettol, bandages, pain killers, etc

**Special items** such as prescription medications, bracelet identification

**Handy cash**

A copy of your **emergency plan** and contact information

**Candles** and matches or lighter (place candles in sturdy containers and do not burn unattended)

Change of **clothing and footwear** for each household member

**Sleeping bag** or warm blanket for each household member

**Toiletries** like soap, small towel, basic utensils

**Garbage bags** for personal sanitation

Minimum of a week's supply of prescription **medications**

Small fuel-operated **stove** and fuel (follow manufacturer's directions and store fuel properly)

**A whistle** (in case you need to call for help)

Detailed list of all **special needs items**, in the event that they need to be replaced

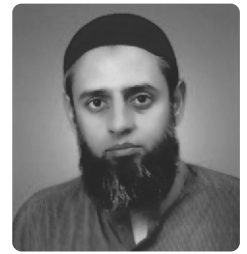
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# Disability Inclusion Without Proper Knowledge can Cause Further Disability

## A Personal Experience



Muhammad Hamayun

I was lying on a hospital bed (that I had borrowed) when I heard the news that the prime minister has instructed that all buildings in Islamabad should be disabled friendly. My breath stopped for a second and the memories of my painful fall rushed back in my mind. I had slipped and fallen off a wheelchair ramp constructed at the entrance of my local bank. The fall was so severe that my hip joint had a small dislocation and the hip bone sustained a couple of fractures. I am not an old person that my bones have gone weak but due to the steep slope of the ramp, the shining black marble on top of it and my speed, both my legs went up in the air on my slip and I landed on one side of my hip. I was lucky that the dislocation was not severe so I was spared from an operation instead the doctors sent me home with a 5 kg traction attached to my leg. I was asked to lay straight day and night for at least six weeks.

The ramp in question was only built to tick a checkbox of the international compliance list as it was a branch of an international bank. Most part of the ramp was closed off because a one-foot-thick bill board with the bank name was hanging in the path of the ramp which did not leave enough space for the wheelchair or even a person to walk through. The exit part where I slipped did not have any side railings for support of the elderly or where I could have saved myself from falling over.

On other banks I have even witnessed ramps with 70 degrees steep slope which is even dangerous for a children slide let alone a wheelchair ramp. This is the state and understanding of inclusive buildings in Pakistan. Most of these commercial buildings have been developed by the traditional builders who have absolutely no idea about inclusivity in the buildings structures. The modern and educated developers have a know how of the usefulness and importance of it but due to lack of standards and guidelines imposed by the government even these builders do not have a clear understanding of the technical requirements of inclusive structures. The importance of inclusiveness in all aspect of everyday life is undeniable, however without the appropriate knowledge this inclusiveness can even sometimes cause disasters, as in my case. Therefore, the government needs to develop and enforce guidelines for inclusive buildings. They also need to train their staff and even the building engineers on the importance of these guidelines. The civil society especially the ones who are focused on inclusion can play a vital role in formulation of these guidelines and capacity development of the above mentioned group. Otherwise if the prime minister orders are implemented in the current state there could be a lot more incidents similar to the one happened to me.

Asian Disaster Preparedness Centre (ADPC) with support from Bill and Melinda Gates Foundation (BMGF) is implementing the program 'Strengthening Capacity of Government, Local Humanitarian Organizations and the Private Sector on Preparedness for Response in Asia' in 6 South and South-East Asian countries namely- Nepal, Pakistan, Sri Lanka, Cambodia, Philippines and Myanmar.

The program utilizes a unique network approach by creating the Asian Preparedness Partnership (APP) - a multi-stakeholder regional partnership through the program. APP strives to improve inter-organizational coordination and dialogue between Governments, Local Humanitarian Organization networks and Private Sector networks for enhancing capacities through partnerships, knowledge resources, training and networking opportunities. The program's goal is to strengthen the emergency response capacities in these countries to better prepare for, respond to, and recover from disasters.

With the creation of national partnerships in the program countries and commencement of planned activities, it would be imperative to highlight the value addition of this collaborative approach in the overall humanitarian architecture of each project country. As part of this strategy, communications and outreach can play a critical role in the dissemination of work undertaken to improve and strengthen coordination mechanisms and emergency response capacities of our key stakeholders.

The logo for the Asian Disaster Preparedness Centre (ADPC) is displayed in a large, bold, lowercase font. The letters are a light blue color, matching the background. The 'A' is a simple block letter, the 'D' has a vertical bar on its right side, the 'P' has a vertical bar on its left side, and the 'C' is a simple block letter. The letters are spaced out evenly across the width of the image.

adpc



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