

Post-2015 Disaster Risk Reduction framework

Policy brief



Cover image:

Santy Villanueva is a community organiser at the Ageing and Disability Focal Point in Estancia, Philippines, which was set up in the aftermath of Typhoon Haiyan to ensure that persons with disabilities get equal access to essential public services.

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Disability-inclusive disaster risk reduction for a resilient society

This paper highlights a number of critical elements (and corresponding recommendations) that need to be raised during the consultation process for the post-2015 framework for Disaster Risk Reduction (DRR) to ensure the inclusion of persons with disabilities. These recommendations resonate with the Joint Civil Society Position on a post-2015 framework for DRR, supported by CBM and a large and broad range of civil society organizations.

The Hyogo Framework for Action 2005-2015 (HFA) succeeded in raising awareness of DRR in a number of countries and resulted in some progress across all five Priority Areas. It provides a simple normative framework that has supported the strengthening of legislative and institutional arrangements, particularly disaster preparedness, response and recovery capacities. While progress has been made a number of shortcomings have been identified:

- Limited progress in reducing the underlying causes of risk;
- Limited connectivity with sustainable development policy and planning;
- An implementation gap between national DRR policy intent and local practicesⁱ.

In addition to these shortcomings, disability has not been given sufficient recognition in the HFA. Persons with disabilities are at particularly high risk with respect to disasters caused by natural hazards and conflicts or by low-severity high-frequency disastersⁱⁱ. Disasters disproportionately place persons with disabilities and their families in vulnerable situations and they experience increased problems due to separation from family, loss of assistive and mobility devices, and difficulties with accessing information. Research shows that that one in five of the world's poorest people have some kind of disabilityⁱⁱⁱ.

The UN Convention on the Rights of Persons with Disabilities (CRPD), articles 11 and 32iv, requires that persons with disabilities benefit from and participate in disaster relief, emergency response and DRR strategies.

Guiding principles for a disabilityinclusive post-2015 DRR framework

INCLUSION - The post-2015 DRR framework must be designed to **reduce disaster risk for entire populations**, including often neglected groups such as women; children and youth; elderly people; persons with disabilities; informal sector workers; migrants; minorities and indigenous peoples.

EQUITY - The post-2015 DRR framework must ensure that everyone, including persons with disabilities, is entitled to a minimum level of security and protection in the event of disaster through actions that **address structural inequalities and causes of poverty**.

PEOPLE-CENTERED AND RIGHTS-BASED - The post-2015 DRR framework must adopt a **people-centered and human rights-based approach**, where institutional frameworks and policies reflect and are built on the real experiences, concerns and solutions of at-risk populations.

ENVIRONMENTAL SUSTAINABILITY - The post-2015 DRR framework primarily designed to reduce disasters caused by hazards of natural origin must be based on the principle of environmental sustainability, where socio-economic development is in balance with the limits of the natural environment.

In line with the post-2015 sustainable development framework, which has shown governments' commitment to disability, ensure that the post-2015 DRR framework is aligned with, and inspired by, the High Level Panel report, "Leaving no one behind".



Key elements in the post-2015 DRR framework

UNISDR has suggested key elements that should be taken into consideration in the formulation of the post-2015 framework on DRRvi. Disaster losses continue to increase because current patterns of social-economic development are generating unacceptable levels of risk; instead of focusing solely on reducing disaster loss, the new framework should take a positive and aspirational look at outcomes in terms of healthy, secure and resilient nations and communities. This creates a direct link to the Sustainable Development Goals and their specific targets and promotes the perception of investment in risk management as an opportunity to build more equal societies. Only when disasters, development, conflict, poverty and climate frameworks are connected in a strategic manner can they be effective in making a difference at the community level. Three strategic goals have been proposed by UNISDR to form the basis of the new framework, and this paper highlights the importance of including persons with disabilities in each of these goalsvii.

Food distribution clusters established during the 2011 Horn of Africa crisis evolved into Self Help Groups aimed at improving food security and diversifying income, a major shift from relief to resilience. Here, Eunice (in green), Chairlady of Kanana Women's Group, inspects crops with Caroline, Project Manager with CBM partner SPARK (Service for the Poor in Adaptive Rehabilitation). ©CBM



1. Risk prevention – address the root causes of disaster risks

The impact of disasters depends not only on the magnitude of the hazard but also on the choices we make for our lives and our environment. How we grow our food, where and how we build our homes, how the wealth is distributed, to what we teach in schools. And more importantly, how we make sure that everyone has equal access to information to be able to make such choices.

Risk prevention is about addressing the root causes of disasters and underlying risks, for example drivers of climate change, threats to peace and security such as structural inequalities and poverty or increasing competition for natural resources, such as water, land and minerals. While economic losses of disasters amount to up to one trillion dollars, funds invested in disaster risk reduction and conflict prevention are estimated at merely 5% of the global funding for emergency response and recovery.

DISABILITY AND RISK PREVENTION

It is estimated there will be at least 200 million people **displaced** by climatic events by 2050, of whom at least **30 million are** likely to be persons with disabilities (15% of population). There are many others who will be left behind to struggle for a livelihood in degraded environments^{viii}. Persons with disabilities living in poverty have **limited ability to adapt** to change thereby increasing their vulnerability to the impacts of climate change.

Addressing climate change requires that populations adapt to new situations; critical factors shaping the adaptive capacity of individuals, households and communities are their access to and control over natural, human, social, physical, and financial resources. Persons with disabilities can be especially vulnerable, in particular those concentrated in high-risk areas. They tend to have more limited adaptive capacities to cope with fluctuations in availability of climate-sensitive resources such as local water and food supplies and also less control over assets such as land and water and other resources^{ix}.

Worldwide, approximately 900 million people live in deprived urban neighborhoods. Assuming these settlements house the poorest of the poor, **180 million are likely to be persons with disabilities** (20% of poorest people)×.

RECOMMENDATIONS

- The root causes of disaster risks, especially poverty and structural inequalities, have to be addressed in the post-2015 DRR framework and be linked to the sustainable development goals.
- Drivers of climate change have to be properly assessed and addressed, and the more risk prone areas and at risk populations, such as persons with disabilities, must be included in defining the response to environmental adaptation and necessary long-term changes in values and attitudes to the environment.
- Informed by principles of inclusion and equity, prospective risk management should be proportionate to the degree of risk it seeks to address. This will involve prioritizing support to highrisk countries and high-risk groups, among them persons with disabilities, whilst recognizing the capacities, experiences and roles that this population (or this group) have for strengthening societal resilience.
- Disability must be systematically included across all aspects of peacebuilding and conflict management. Provision has to be made for disability awareness and inclusion in training of security personnel, legal and judicial staff and government officials, at national, local and community levels.

URBAN GARDENS IN NIAMEY NIGER

Using very basic material and techniques, pilot projects of urban gardens have been implemented in Niamey. The first evaluation highlighted that while gardens used very limited amounts of soil and water, it improved the nutritional status of the families. Moreover, the garden also reduced their food expenditure through building up their capacities to cope with the drought hence strengthening the whole community resilience. The project targeted both families with and without a family member having a disability.



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QUESTIONS TO RAISE DURING CONSULTATIONS

- 1. How will the post-2015 DRR framework ensure that persons with disabilities, overrepresented among the poor, are included in the goals, targets and indicators, together with other high-risk groups that are disproportionately impacted by disasters?
- 2. How will the post-2015 DRR framework incorporate Universal Design^{xi} as a key principle to ensure that information, consultations, planning, monitoring and evaluation is available and accessible to persons with disabilities (sign language, audio or easy-to-read language as well as physical accessibility)?
- 3. How will the post-2015 DRR framework ensure that urban planning mechanisms and the necessary adaptations of populations living in deprived urban neighborhoods are inclusive of all groups, including persons with disabilities?
- 4. How will the post-2015 DRR framework ensure that governance and peacebuilding mechanisms are inclusive of and accessible for, persons with disabilities?



A camp for internally displaced persons in Bulengo, Democratic Republic of Congo, 2013 ©CBM

2. Risk reduction – addressing existing accumulation of disaster risks

Addressing the underlying causes and the contribution of human actions in creating disasters has to be combined with **tackling existing disaster risks leading to both small-scale recurrent emergencies and large disasters**. The accumulation of existing disaster risks has to be reduced and emergency responses strengthened. Such efforts are mainly directed towards reducing communities' vulnerability to disasters and increasing their preparedness and ability to mitigate the adverse impact of the hazard. These are the areas where the HFA has had most success to date, and which have probably contributed to the downward trend in mortality risk^{xii}, although this success has not been the same for all groups of the population.

The vulnerability of communities at risk and high-risk populations are often rooted in power imbalances and inequalities. Therefore, the voices of those most at risk, such as persons with disabilities, must be heard in order that resources are equally allocated and their rights respected during all phases of disaster risk management (risk reduction, response/relief and recovery).

DISABILITY AND RISK REDUCTION

Persons with disabilities are often overlooked throughout the disaster risk management cycle and particularly during relief operations; they are seldom considered as important actors in disaster mitigation or preparedness planning, even though they are more vulnerable during disasters, conflicts and displacement^{xiii}. The 2013 UNISDR survey found that **70% of persons with disabilities said that they had no personal preparedness plan and only 17% knew about any disaster management plan in their community^{xiv}.**

Disasters and conflicts disproportionately place persons with disabilities and their families in vulnerable situations and they often are not reached in time by early warning systems and experience difficulties with accessing vital information. For example, research indicates that the fatality rate among persons with disabilities

registered with the government was twice that of the rest of the population during the 2011 Japan earthquake and tsunami×v. Their situation can also become more complicated due to loss of vital assistive devices such as wheelchairs, crutches, prosthesis, white canes or hearing aids during the emergency. Disaster always leads to new people acquiring disabilities due to a breakdown of health services that, because they cannot adequately treat injuries, can result in death or impairments.

"Even the best early warning systems and preparedness efforts to evacuate populations in danger do not address fully the diversity of disabilities that we have in our societies. The only way to address this is to ensure that persons with disabilities are involved in the design and planning of the systems that are designed to protect the safety of the population in all countries."

Margareta Wahlström Special Representative for UNISDR at the Conference of State Parties to the CRPD in June 2013



Cheryll and her family were recipients of relief items soon after Typhoon Haiyan, which struck the Philippines in 2013. They are also included in Ageing and Disability Focal Point (ADFP) mapping work, where a main priority is to provide access to mainstream services. ©CBM/John Javellana

Finally, observation shows that limited funding is allocated to disability during emergencies. While people with disabilities represent 15% of the world population, only 0.7% of the projects funded through UN emergency funding in 2010 and 2011 included at least one activity targeting people with disabilities^{xvi}.

There are now a number of examples of disability-inclusive practices across high-risk communities showing how a disability-inclusive DRR allows persons with disabilities to become effective agents in reducing their community's vulnerabilities:

- PREPAREDNESS e.g. ensuring accessible early warning systems and the construction of emergency shelters which persons with mobility problems can access;
- RESPONSE e.g. evacuation assistance that is adapted to persons with disabilities and rescuers that have been trained in how to reach and get persons with disability out of danger or ensuring information is produced in audio language, easy to read format, or provided in sign language;
- **RECOVERY** e.g. rebuilding accessible health centers or implementing inclusive food security projects after droughts and famines.

RECOMMENDATIONS

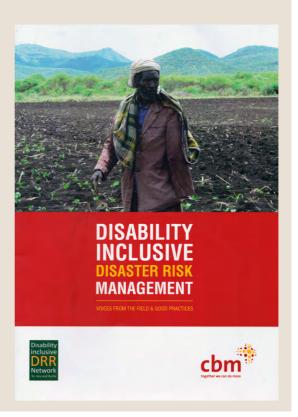
- Ensure full accessibility of all disaster and emergency relief interventions in keeping with the needs of persons with disabilities.
- Use participatory methods to design and implement accessible and disability-inclusive early warning systems, evacuation plans and information materials, and physical infrastructure.
- Strengthen the capacity and resources of persons with disabilities and their organizations and actively involve them in all stages of disaster management. Make DPOs partners in disaster preparedness and emergency response, including shaping preparedness measures, distributing relief, and planning accessible and inclusive recovery and reconstruction.

- Humanitarian relief programs and policies in disaster situations
 must take into account the need for rehabilitation and
 follow-up services for persons with disabilities and people
 injured, in order to prevent complications and reduce possible
 disabilities.
- Ensure disaster loss data and indicators are disaggregated for social-economic parameters and disability so that progress across different social groups can be measured and addressed.
- Develop comprehensive risk management through a disabilityinclusive community based Disaster Risk Reduction strategy.

"I benefitted a lot from this project but what I liked most is the change of community attitude. The way they treat me has totally changed, it is dignifying and respectful."

Mr Bore participated in cash-for-work activities and could plant drought resistant seeds in a project supported jointly by Intermon Oxfam and CBM in Ethiopia.

Read more about how persons with disabilities are contributing to disaster risk management at: www.cbm.org/Publicationon-DIDRM



QUESTIONS TO RAISE DURING CONSULTATIONS

- In what way can the post-2015 DRR framework build in mechanisms for participation and consultation with marginalized groups, such as persons with disabilities, to ensure that risk management is inclusive of the needs of persons with disabilities? Such participation will also require prior capacity building of these groups of the population.
- 2. Persons with disabilities have so far not been included in policies and programs addressing risk reduction and management. How will the new framework ensure that the most at-risk and most vulnerable become active partners in, and benefit equally from, all relief operations during small recurrent hazards as well as large disasters?
- 3. How will the post-2015 DRR framework ensure that socioeconomic development will not dramatically increase the risks faced by poor communities and especially by highly marginalized groups such as persons with disabilities?

Community members participating in a mock drill after the 2007 floods in Bangladesh, to build their preparedness towards similar challenges in future.



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3. Turning vulnerability into empowerment and resilience

There is an increased consensus that a post-2015 DRR framework should be ambitious and aspirational and go beyond measuring disaster loss and damage to strive for building resilient and healthy communities xviii. This means that communities and nations have the ability to understand the disaster risks they may face, to mitigate those risks, and to respond to disasters that may occur thus minimizing loss of or damage to life, livelihoods, property, infrastructure, economic activity and the environment. It also includes the ability to adapt to underlying risks and 'bounce forward', which requires a fiscal system that invests in risk financing, such as insurance and a social protection system, as well as linking in with other sustainable development goals that aim to improve governance, eradicate poverty and fight inequalities. Building resilient and healthy communities requires that other post-2015 frameworks incorporate disaster risk reduction under a sustainable development goal where resilience provides the capability to sustain development when subjected to extreme shocks and disturbancesxviii.



A resource centre which ensures access to education for children with visual impairments at Carles Central Elementary School, Philippines, rebuilt after Typhoon Haiyan to be stronger and more accessible. ©CBM/John Javellana

Investing in safer and more resilient communities also requires building the capacities of local authorities and community groups. Key aspects will be accountability and strengthening local governance and the public, private and civil society sectors working together. This needs to go hand in hand with capacity building, clarifying responsibilities and budgeting adequate resources.

STRENGTHENED RESILIENCE AND DISABILITY

In the face of climate change and in times of environmental or humanitarian disaster, the relative poverty of persons with disabilities, combined with inaccessible relief services and low prioritization of disabled populations, may place persons with disabilities at greater likelihood of facing hardship, illness and death during a disaster and with limited resources and means to rebuild their lives^{xix}.

A further example of how persons with disabilities are disproportionately affected by hazards is the stigma and discrimination. Negative attitudes and stigma can indeed present one of the greatest barriers to inclusion of persons with disabilities, whether held by authorities, other DRR stakeholders, the community, family members or even by persons with disabilities themselves^{xx}.

Disability-inclusive efforts to increase resilience are therefore necessary. Such examples include:

HEALTH STRUCTURES – health systems at national and community level need to be prepared to respond in emergencies but also be resilient to disasters and major epidemics of disease. Not only should they be accessible to people using mobility aids but also to people with sensory impairments; thus providing information in sign language and by audio material, as well as being sensitive to the needs of persons with disabilities and interacting with them respectfully is crucial. First aid personnel, professionals as well as volunteers, need to have specific training on disability and large-scale vaccination campaigns and information on pandemics must reach everyone.

EDUCATION – schools and child care need to be resilient to disasters, which includes teaching children how to take care of the environment, how to live peacefully and respect human rights; children need to be made aware of their social responsibilities as well as to be prepared in the event of disasters. Children with disabilities must be included; unfortunately many are still not included in the education system and thus need to be reached by other means in their homes or in the institutions that care for them.



Kazol, who lives in a flood-prone area of Bangladesh, speaking at the 4th session of the Global Platform for Disaster Risk Reduction in Geneva (2013) about her role in a local Disaster Preparedness Committee.

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LIVELIHOOD AND SOCIAL PROTECTION – poor communities and at-risk groups, among them persons with disabilities, are more vulnerable to the impact of disasters as their livelihoods are often linked to small farming, fishing or cattle breeding. Social protection mechanisms and building capacities for additional livelihood means are important as leverages for at-risk and marginalized populations to help them both face disasters and re-start during the recovery and development phase. They also enhance equality and social cohesion, which makes communities more resilient.

GENDER EQUALITY AND WOMEN'S RIGHTS – gender equality is one important pillar in a resilient society. Empowering women and ensuring their rights are respected, as well as eradicating violence against women and children, are drivers for sustainable development. Women and girls with disabilities often face **double discrimination** and therefore need to be specifically supported in participating in planning and implementing risk reduction and thus contributing to making their communities more resilient.

RECOMMENDATIONS

- DRR policies and strategies must be designed to address the different vulnerabilities of each socio-economic group and empower people to reduce disaster risk by having access to the necessary information in accessible format, to resources, and to authority and decision-making processes.
- Disasters also provide an opportunity to build back better; therefore recovery and reconstruction in all sectors must aim to build a safer and more resilient community. Building back better also means to think inclusively and ensure that persons with disabilities become equally resilient, as well as participate in the process.

Rashedul, from Bangladesh, has participated in disability inclusive disaster management training, where he was also provided with a tricycle and had access to a livelihood scheme. "I am involved in productive activities now, I have a regular income, I have a house where neighbors can take shelter during flood, I have a vehicle (tricycle, I have knowledge on preparedness and as a result I have the ability to help others."



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- Local authorities and community leaders are key actors in promoting change and strengthening their communities' resilience towards disasters; national policies and actions must be transferrable to building capacities at local level, where the risk burden falls.
- The role of civil society, including representative organizations
 of persons with disabilities, must be recognized in widening the
 participation of citizens in the formulation and implementation of
 people-centered disaster risk management strategies.
- Targets and indicators on measuring resilience, such as effective governance, fiscal capacity, DRR plans and policies as well as disaster loss and damages, must be inclusive of data on disability.



OUESTIONS TO RAISE DURING CONSULTATION

- 1. **HEALTH:** WHO promotes universal health coverage and adopted the Global Disability Action Plan 2014-2021 in May 2014. This means that persons with disabilities should have equal access to health, including rehabilitation services and assistive technology. If health coverage is not made universal for all groups, inequalities in health will perpetuate and increase vulnerability of persons with disabilities. **In the post-2015 DRR framework, how will health related risks be addressed and included in the strategy for building resilient disability inclusive communities?**
- 2. EDUCATION: many children with disabilities do not attend school or are placed in institutions and therefore have no or only limited access to information on risks and hazards. Children with disabilities are future adults who if well informed can be instrumental in building resilient communities. Will children with disabilities be given equal opportunity to access disaster risk reduction education and contribute to their family and community resilience?
- 3. **LIVELIHOOD:** Income diversification and access to social protection is key to building resilience. Persons with disabilities are largely excluded from access to employment and other livelihood skills training; how will the private and public sectors address these issues ensuring risk reduction and strengthening resilience?
- 4. **GENDER:** How will the post-2015 DRR framework **ensure that** the participation of women and girls with disabilities is not only made possible but is also meaningful by using their capacities and ideas for building more resilient communities?

BUILDING BACK BETTER

CBM in Haiti has been participating actively in the promotion of universal accessibility with key players involved in the country's reconstruction. It brings its expertise to partners involved in the efforts of rebuilding to ensure the inclusion of the needs and rights of persons with disabilities.

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