



FIVE ACTIONS

FOR DISABILITY-INCLUSIVE
DISASTER RISK MANAGEMENT



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For the full report and additional resources related to Inclusive Community Resilience, see <https://www.gfdrr.org/en/community-resilience>

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Cover Photo: Southern Thailand, January 9, 2017. A volunteer helps a man with a disability get through the flood in his wheelchair. Issara Anujun / Shutterstock.com

INTRODUCTION

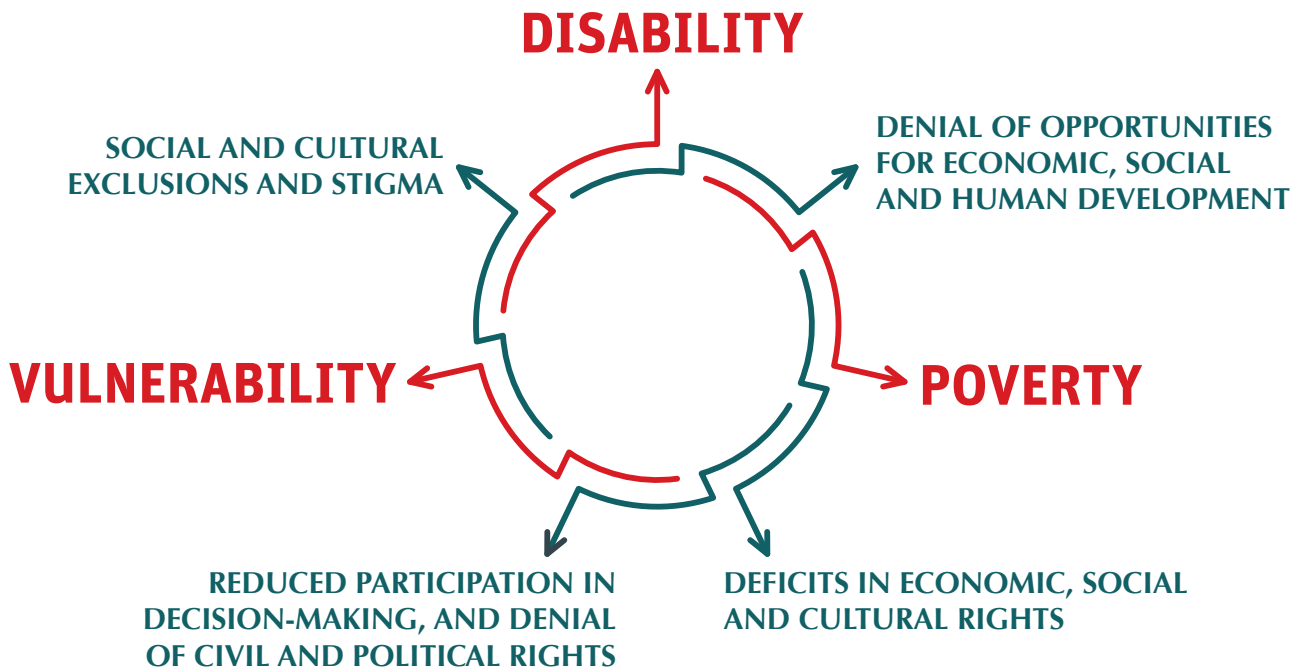
PEOPLE'S VULNERABILITY to the impacts of natural hazards and climate change is determined by social, economic, political, and environmental factors. Disaster risk management aims to address vulnerability in order to reduce risk and therefore needs to consider the full range of vulnerability drivers, including those that affect persons with disabilities.

Persons with disabilities account for 15 percent of the world's population and 80 percent of them live in developing countries. Moreover, the prevalence of disability is expected to rise due to disease, natural disasters, war and conflict, and road traffic injuries, among other factors. In addition, people over age 60 make up 12 percent of the world's population, a proportion that is expected to increase to over

20 percent by 2050. Elders often face some of the same challenges that complicate daily life for persons with disabilities.

The world's one billion persons with disabilities are disproportionately affected by the immediate and long-term effects of natural hazard events. The reasons include not only aspects of disability but also the interplay between disability and other vulnerability drivers, such as poverty. Disability-based discrimination, which marginalizes persons with disabilities in society, can be exacerbated in emergencies. This can increase the disparities between persons with disabilities and other members of society and increase the likelihood that those with disabilities will be particularly disadvantaged during and after an emergency in relief and recovery efforts.

FIGURE 1. THE POVERTY/DISABILITY CYCLE



Source: Disability, Poverty and Development, U.K. Department for International Development, London, United Kingdom, February 2000. <http://hpod.org/pdf/Disability-poverty-and-development.pdf>

Addressing the vulnerabilities of persons with disabilities is complex because they are not a homogenous group. They include persons who have long-term physical, mental, intellectual, or sensory impairments, among others. In addition, people with similar disabilities may experience common barriers in different ways, and some barriers may equally affect people with very different disabilities. The experience of barriers is also dynamic and affected by the intersection of disability with other identities and bases of discrimination, including age, gender, ethnicity, religion, sexual orientation, gender identity, indigeneity, or other status.

Disproportionate negative outcomes for persons with disabilities need not be inevitable, however. Some promising practices exist that empower persons with disabilities to be active participants in all phases of disaster risk management. Nevertheless, much more remains to be done to ensure that proactive measures are taken to incorporate disability into disaster risk analysis; facilitate the meaningful participation of persons with disabilities at all levels of disaster risk governance; build the resilience of persons with disabilities; and recover and “build back better” in a way that fully addresses the concept as it applies to persons with disabilities.

International support for disability-inclusive disaster risk management is evident in numerous policy frameworks and declarations. These frameworks provide valuable guidance on the effective implementation of disability inclusion in disaster risk reduction and response. One of the most innovative aspects of the frameworks is the way in which many of them seek to reduce the divide between

development, and humanitarian policies, strategies, and programs. The most prominent of these policy frameworks are the 2030 Agenda for Sustainable Development, the World Humanitarian Summit, the Paris Climate Change Agreement, and the New Urban Agenda emerging from Habitat III.

Several policy frameworks also directly address disability inclusion in disaster risk management. These include the Convention on the Rights of Persons with Disabilities (CRPD), the Dhaka Declaration on Disability and Disaster Risk Management, and the Sendai Framework for Disaster Risk Reduction 2015–2030. The Sendai Framework, adopted by United Nations member states in 2015, sets four priorities for action to guide the development and implementation of policies on disaster risk reduction. The priorities, developed with the involvement of persons with disabilities, have influenced and been influenced by other policy frameworks. The four priorities are: understanding disaster risk; strengthening disaster risk governance to manage disaster risk; investing in disaster risk reduction for resilience; and enhancing disaster preparedness for effective response and to “build back better” in recovery, rehabilitation, and reconstruction.

The World Bank also has policy frameworks and financing mechanisms relevant to disability-inclusive disaster risk management, some of which have equivalents in other multilateral and bilateral institutions. These include the Environmental and Social Framework, the Rapid Response to Emergencies and Crises operations policy, and the International Development Association crisis financing mechanisms.



Indonesia: Building resilience for children with disabilities. Disaster Risk Reduction training has to include all members of society, especially the most vulnerable. Photo Credit: ASB 2011

Together, these frameworks and mechanisms provide a foundation for mainstreaming inclusive disaster risk management into development. Such mainstreaming could help reverse the rising trend of disaster losses. One important mechanism that supports work in this area is the Global Facility for Disaster Reduction and Recovery (GFDRR), a global partnership managed by the World Bank, that supports disaster risk management projects worldwide. GFDRR helps countries to better understand and reduce their vulnerability to natural hazards and climate change. GFDRR also contributes to the effective implementation of the Sendai Framework by helping countries integrate disaster risk management and climate change adaptation into development strategies and investment programs, as well as recover from the impacts

of hazard events quickly and effectively. GFDRR is committed to promoting socially inclusive disaster risk management and has prioritized the engagement and empowerment of persons with disabilities.

Disability-inclusive disaster risk management can empower persons with disabilities to take their place as agents of change and as active contributors to the development and effective implementation of disaster risk management policies, plans, and standards. Moreover, disability inclusion in disaster risk management offers benefits to all members of society. Bolstering the resilience of persons with disabilities to withstand and recover from disasters will also strengthen the resilience of entire communities and societies, benefitting everyone.

FIVE ACTIONS

TO IMPROVE DISABILITY INCLUSION IN
DISASTER RISK MANAGEMENT

A RECENT SURVEY OF THE LITERATURE AND EXPERIENCE IDENTIFIED FIVE BROAD ACTIONS THAT DEVELOPMENT INSTITUTIONS AND GOVERNMENTS, AS WELL AS THEIR PARTNERS AND STAKEHOLDERS, CAN TAKE TO IMPROVE DISABILITY-INCLUSIVE DISASTER RISK MANAGEMENT. **THOSE FIVE ACTIONS ARE:**

1

INCLUDE PERSONS WITH DISABILITIES AS VALUED STAKEHOLDERS IN DISASTER RISK MANAGEMENT ACTIVITIES.

2

HELP REMOVE BARRIERS TO THE FULL PARTICIPATION OF PERSONS WITH DISABILITIES.

3

INCREASE AWARENESS AMONG GOVERNMENTS AND THEIR PARTNERS OF THE SAFETY AND SECURITY NEEDS OF PERSONS WITH DISABILITIES.

4

COLLECT DATA THAT IS DISAGGREGATED BY DISABILITY.

5

ENSURE THAT NEW CONSTRUCTION, REHABILITATION, AND RECONSTRUCTION ARE ACCESSIBLE TO PERSONS WITH DISABILITIES.

1

INCLUDE PERSONS WITH DISABILITIES AS VALUED STAKEHOLDERS IN DISASTER RISK MANAGEMENT ACTIVITIES

PERSONS WITH DISABILITIES and their representative organizations (disabled persons' organizations, or DPOs) have knowledge, experience, and expertise relevant to the development, implementation, monitoring, and evaluation of disability-inclusive disaster risk management and risk reduction. Although they are important stakeholders in these processes, they are often excluded, even in matters that directly affect their ability to survive and recover from hazard events.

"Nothing about us without us" has been a rallying cry of persons with disabilities for decades. That principle is now embedded in the key framework documents for disaster risk management, including the Sendai Framework. Including persons with disabilities in risk and vulnerability assessment processes has been shown to facilitate more accurate identification of risks that may have unique or disproportionate impacts on persons with disabilities and their families.

When a natural hazard event occurs, persons with disabilities need to be included in damage and needs assessments to ensure that disability-related issues are addressed. This can include needs regarding access to assistive devices, rehabilitation services, accessible shelter and housing, and life-sustaining supplies such as food and water. In the reconstruction stage, where existing infrastructure needs to be retrofitted, persons with disabilities and DPOs should be consulted in assessments to identify which infrastructure and accessibility challenges are critical for the disability community, as well as how accessibility might be improved.

Through collaboration with governments and DPOs, multilateral institutions, including the World Bank and GFDRR, could facilitate

enhanced inclusion of persons with disabilities in financial protection schemes, including assistance with identification of relevant qualifying criteria; promoting opportunities for persons with disabilities to contribute to social protection and poverty alleviation programs; and ensuring that government contingency funds for the scaling up of social protection schemes in times of emergency can include or target persons with disabilities as necessary.

Ensuring meaningful participation in disaster risk management may also require facilitating cross-sector learning, training, and capacity building to assist persons with disabilities to better identify risks, barriers, and solutions, and assist other actors in working collaboratively with community members with disabilities to achieve disability-inclusive disaster risk management solutions. The Arbeiter-Samariter-Bund program in Indonesia is an example of such capacity building (Box 1).

The inclusion of persons with disabilities in disaster risk management processes is the foundation for the other four actions, each of which can succeed only with the meaningful participation of persons with disabilities.



Benjamin Tampadong Jr., a person with a disability works with FTI (DPO) to collect disability data in this community. ASB Indonesia & Philippines, Community Resilience Program. Photo copyright: Foundation of TheseAble Persons, Inc. (FTI) 2017.

BOX 1

CAPACITY BUILDING TO ENSURE DISABILITY-INCLUSIVE RISK REDUCTION IN INDONESIA

THE ARBEITER-SAMARITER-BUND PROGRAM aims to sustainably enhance the skills and technical capacity of Local Disaster Management Offices (LDMOs) in eight provinces in Indonesia, enabling the LDMOs to provide technical and operational support before, during, and after disasters occur, as well as promote good practices. The Technical Assistance and Training Teams (TATs) program, meanwhile, promotes more proactive, inclusive, and effective policy and planning processes at national, provincial, and district levels. Local DPOs are involved with this process to ensure that resources for disability-inclusive disaster risk reduction (DiDRR) are available, and that strengthened DPOs are able to partner with LDMOs to sustain their capacity in DiDRR planning and delivery. Through the TATs program, DPOs benefit from technical training on DRM, and their participation in national and local DRM forums enables them to better influence DRM policy and planning, share good practices, and learn from other stakeholders. The program promotes DPO leadership in DRM, especially in contributing to training of LDMO staff. DPOs are involved in developing national DRM training curricula, module review, and trials, ensuring that the DRM training content and the training methodology are inclusive of disability.

Building on the mutual understanding that has developed between the LDMO and DPOs, the program has facilitated the creation of a Disability Inclusion Service Unit for Disaster Management within LDMO in Central Java. The unit personnel are representatives of LDMO officials, DPOs, and nongovernment DRM actors. The function of the unit includes monitoring and evaluation, as well as disaggregated data management to support DiDRR realization and scaling up, including replication of good practices at district level.

Source:

Arbeiter-Samariter-Bund, Yayasan Mercy Corps Indonesia, Perkumpulan Lingkar, and Indonesia University Forum for DRR and CARDNO, funded by the United States Agency for International Development (USAID).

TWO

2

REMOVE BARRIERS TO THE FULL PARTICIPATION OF PERSONS WITH DISABILITIES

BARRIERS TO FULL PARTICIPATION in disaster risk management for persons with disabilities can be physical, informational, and communicational and can involve legislation, regulation, policy, and social attitudes. These barriers may be long-standing consequences of discrimination and bias or they can arise from an emergency or in the processes related to disaster risk management.

Physical barriers related to inclusion in disaster risk management include the location of essential facilities and their accessibility. Public consultations during disaster risk planning, for example, may be held in locations that are inaccessible, limiting the contributions of persons with disabilities. In planning for natural hazard risk reduction, among the important considerations are the location and accessibility of water collection points, accessible evacuation by public transportation, accessibility of emergency shelters and the facilities within them, and temporary housing that is located convenient to public transportation links to essential support services.

Informational and communicational barriers can affect the ability of persons with disabilities to engage fully in community consultations related to disaster risk management. Meaningful participation first requires outreach that helps inform persons with disabilities about such activities. Second, it requires efforts to make those activities as accessible as possible to the many different types of disability. Consultations to develop disaster preparedness plans need to ensure that the discussions and associated materials are accessible to people with hearing or vision disabilities, as well as to people with cognitive disabilities. Persons with disabilities

who are serving as members of disaster risk management teams may also require reasonable accommodations to facilitate their participation. Planning to reduce disaster risk requires consideration of such matters as early warning systems that rely solely on audible methods and video or televised messages that do not include sign language interpretation or captions for the hard of hearing, or audio descriptions for persons with low vision or blindness. Communication with first responders also needs to be accessible to persons with disabilities, and persons with disabilities need to have the devices they require to communicate with first responders.

Legislative and regulatory barriers related to disaster risk management include the physical, communication, and information barriers already noted. In addition, barriers to employment in government positions effectively restrict the voice of persons with disabilities and limit internal awareness and responsiveness to the needs of persons with disabilities related to disaster risk management. Important considerations during disaster risk planning include restrictions on the ability of persons with disabilities to exercise legal capacity, own land, or own their own home, which can negatively affect their resilience. Failure to enforce regulations related to accessibility also reduces access. Financial protection systems and insurance schemes intended to provide essential support in an emergency may be inaccessible due to legal restrictions on the ability of persons with disabilities to contract insurance services, hold a bank account, or for other reasons, or they may operate in ways that perpetuate societal barriers.



Evacuation in process in Bangladesh. Photo copyright: Centre for Disability in Development.

Policy barriers can reduce the options for persons with disabilities in an emergency. Policies that promote separate facilities or services for persons with disabilities may result in their being turned away from general shelters or being separated from family. Similarly, policies that prohibit evacuation or housing of animals in shelters may discourage those who rely on support animals from choosing to evacuate to stay with their animals. Policies that are based on the medical model of disability can leave persons with disabilities without adequate or timely support to assist them in eating, getting dressed, going to the bathroom, or other activities of daily life and thus less independent. Such policies can also result in referrals to specialized disability services that are often inadequate for routine or emergency medical care that would be better handled by a general health center.

The attitudes of others can be the most significant barriers for persons with disabilities. Stereotyping and stigmatizing of persons with disabilities can lead to both overt and more

subtle forms of discrimination, which can permeate the policies and practices associated with disaster risk management and create or perpetuate other types of barriers. For example, disparaging societal views of persons with disabilities, or even beliefs that they will bring bad luck, may lead to them being turned away from shelters or relief centers by aid workers or other survivors. Such barriers are difficult to change and take long-term, concerted effort, but that should not be a reason to ignore them.

For disaster risk management to successfully include persons with disabilities, all tools and methods for collecting, analyzing, and disseminating risk information need to be accessible in every sense of that word. Accessibility is essential to ensuring the effective participation of persons with disabilities in vulnerability assessments, information mapping, and other activities to prepare for disasters. Persons with disabilities need to be able to use available disaster risk information and they need to be included in impact assessments when a disaster occurs.

3

INCREASE AWARENESS AMONG GOVERNMENTS AND THEIR PARTNERS OF THE SAFETY AND SECURITY NEEDS OF PERSONS WITH DISABILITIES

THE SECOND PRIORITY of the Sendai Framework is “strengthening disaster risk governance to manage disaster risk.” This priority necessitates building political commitments, leadership, and coherence in managing disaster risk, with a multisectoral approach that strengthens stakeholder coordination mechanisms. As noted earlier, other international frameworks and institutional policies also motivate a need for increased awareness among governments and their partners of the disaster risk management needs of persons with disabilities.

Perhaps the most effective progress in strengthening risk governance has been with decentralization of disaster risk management and the engagement of communities in the process. Yet, few efforts have been made to ensure the inclusion and empowerment of marginalized groups to participate, including persons with disabilities. In part this is because of a persistent perception of persons with disabilities as passive recipients of assistance, rather than as agents of change on their own behalf. This view negatively affects the willingness of many local authorities and others to make their meetings and services accessible to persons with disabilities. To overcome this barrier and ensure successful and inclusive risk governance, much greater awareness about disaster risk management is needed within the disability community, and much greater awareness of disability is needed among governments and other stakeholders.

In addition to ensuring that relevant information about the risk management needs of persons with disabilities reach all relevant government agencies and their partners, other specific actions would help to improve the disability inclusiveness of disaster risk management.

For example, partnerships can be used to help address the creation or improvement of national accessibility standards. This would require the engagement of international organizations with the relevant expertise, as well as direct engagement with persons with disabilities and DPOs to ensure the creation of locally appropriate standards. Among the specific concerns to be addressed by accessibility standards are the need to establish usable evacuation centers, transportation links, temporary shelters and settlements, housing transportation, schools, health care, drinking water, sanitation, telecommunications, and other services. As noted in the previous section, accessibility should include all related information and communication channels as well.

Another important area for government engagement is on the implementation of financial protection schemes used to prepare for and respond to hazard events to ensure access and inclusion of persons with disabilities. Beyond difficulties they face in qualifying for such schemes due to deficiencies in data or other required information, persons with disabilities often experience barriers in the form of inaccessible information about the schemes, inaccessible registration procedures, or inaccessible distribution mechanisms. In addition, DPOs and employers involved in cash-for-work programs that help provide emergency support should identify activities in which persons with disabilities could participate and assess the need for any reasonable accommodations that may be needed. Although some programs will exempt qualifying beneficiaries from the work requirement, many persons with disabilities would nevertheless like to be able to contribute by working.



Baako Jamilla with her children in Uganda. Source: Leonard Cheshire

National, regional, and global forums to report on successful inclusion of disabilities should promote replication and empower DPOs and others in their advocacy for disability-inclusive implementation of the Sendai Framework with their governments. Regional and global disaster

risk reduction platforms could also be used as a venue for governments to demonstrate innovative disability-inclusive programs that can then be used as models or adapted and replicated in other countries.

4

COLLECT DATA THAT IS INCLUSIVE OF PERSONS WITH DISABILITIES

SIGNIFICANT DATA GAPS hinder the inclusion of persons with disabilities in disaster risk management activities and in their safety and security in emergencies. The lack of disability-disaggregated data collection makes it likely that assessments of the well-being of persons with disabilities following disasters underestimate the number affected and exactly how they are affected. Lack of data or inaccurate data also affects the ability of persons with disabilities to participate in financial protection schemes and in reconstruction and recovery efforts.

One major problem is that data are not typically collected in a manner that would allow for the disaggregation of information about persons with disabilities. This issue is addressed in the Guiding Principles of the Sendai Framework: “Disaster risk reduction requires a multi-hazard approach and inclusive risk-informed decision-making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability, as well as on easily accessible, up-to-date, comprehensible, science-based, non-sensitive risk information, complemented by traditional knowledge.” The issue is also addressed in the CRPD, which highlights the need to undertake collection of appropriate information, including statistical and research data, to enable the formulation and implementation of policies to give effect to the CRPD.

Countering data gaps requires support for the collection of disability data, for example, through censuses, household surveys, and supporting statistics offices. These data collection activities should seek to determine whether persons with disabilities are being served by social safety net programs, and to identify those unable to participate due to

qualification, registration, or dissemination-related barriers (Ethiopia is an instructive positive example, Box 2). In addition, data collected for risk, vulnerability, and capacity assessments should be disaggregated by sex, age, and disability, or at least ensure that existing disability data (from social protection registers, national census, service provision data, or other sources) is used and integrated in the key elements of assessments. A variety of techniques may be used to develop community-based risk, vulnerability, and capacity assessments, such as community mapping, transect walks, and seasonal calendars, and such approaches should ideally include gender and cross-disability perspectives. Risk assessment should take advantage of existing information that can be used to identify people with disability in the community. The Washington Group on Disability Statistics measurement questions should be incorporated in disability assessment to help narrow data gaps. Personal data should be collected, stored, shared, and used according to data protection laws and with the informed consent of the individuals providing their information.

Finally, research is needed on the costs of exclusion. This would include identifying the return on investment for social protection systems, risk financing, and contingency funds, to enhance understanding of the importance of including persons with disabilities in such mechanisms. Research on the benefits of inclusion of persons with disabilities will support the identification of investments benefitting not only persons with disabilities but also their families and communities.



Children participate in a mock drill. Photo copyright: Centre for Disability in Development.

BOX 2

INTEGRATING DISASTER AND CLIMATE RISK MANAGEMENT IN ETHIOPIA'S SAFETY NET PROGRAM

ETHIOPIA'S PRODUCTIVE SAFETY NET PROGRAM is a large national social safety net program that responds not only to chronic food insecurity among Ethiopia's poor but also to shorter-term shocks, mainly droughts. The program finances labor-intensive public works and social services infrastructure. Cash is paid for up to five days of work a month per household member, for six months a year, until the recipient household graduates from the program by accumulating an asset and income level that enables them to meet 12 months of food needs and to withstand modest shocks. In addition, about 20 percent of the participating households with members unable to work receive unconditional cash or food transfers. The program's Risk Financing Mechanism and contingency budget helps to protect the income and assets built up by program beneficiaries from being eroded by recurring shocks. Chronically food-insecure households that cannot provide labor to public works are given an unconditional cash or food transfer of equivalent value to that received by labor-contributing households. The Direct Support beneficiaries have included orphans, pregnant and nursing women, persons with disabilities, older people, chronically ill individuals, and female-headed households that are labor poor (lack time, mobility, or members to work on project sites). A 2011 impact evaluation found that households receiving Direct Support had considerably lower average income and asset values and owned and cultivated less land than households participating in the Public Works component, highlighting the need to develop mechanisms to ensure that such program benefits accrue equally to all member of the community.

Source:

<http://documents.worldbank.org/curated/en/893931468321850632/pdf/806220WPOP12680Box0379812B00PUBLICO.pdf>

5

ENSURE THAT NEW CONSTRUCTION, REHABILITATION, AND RECONSTRUCTION IMPROVE ACCESSIBILITY FOR PERSONS WITH DISABILITIES

AS NOTED EARLIER, persons with disabilities and DPOs are critical in the assessment of disaster risk, but they are also important in designing and implementing plans to increase the resilience of communities, assets, and infrastructure following a disaster. Here, the “build back better” principle should be considered more broadly than building back infrastructure to withstand more severe hazard impacts. The reconstruction phase of disaster response should seek to improve accessibility, including universal design as part of the regulatory framework for disaster risk management.

“Building back better” should include accessibility to develop and strengthen resilient communities. Yet, initiatives to do so remain isolated. Universal design and accessibility are not typically included as criteria for approval or clearance of reconstruction plan and designs. Though in some cases specific attention is given to households including persons with disabilities, such interventions are rare. Haiti provides a positive example for building back better with social inclusion in mind (Box 3). Moreover, such an approach only addresses accessibility of the house and not the wider societal context in which the person lives. Although an admirable start, such restrictive approaches fall short of achieving the vision of “building back better.” Addressing the full scope of that concept would not only address physical infrastructure, but also encompass other community-based supports, such as access to rehabilitation services, mental health support, supported decision-making, independent living, and other support activities that promote the ability of persons with disabilities to assume or resume their place as fully included and actively contributing members of society.

Progress has been made in including persons with disabilities in preparedness plans. It is widely recognized doing so helps emergency services personnel to understand and plan for the needs of persons with disabilities if they are involved in such drills. However, persons with disabilities are more often invited to role-play disaster victims than to be a part of the coordination cells to support inclusion, not only in search and rescue but also in the whole humanitarian response cycle.

Emergency preparedness and response can help make even the most marginalized group visible. Contingency plans and stockpiling of goods can readily include specific disability-related actions or items. For instance, persons with disabilities are often separated from their assistive devices, unable to access important medicines, or require power to charge their assistive device(s). A disability-inclusive contingency plan would take these issues into account. Furthermore, the recovery and reconstruction phase should ensure the restoration of disability-specific services and, ideally, ensure improved access to such services. For example, improvements could include better physical accessibility of services, better transportation infrastructure to reach services, or developing community-based services that promote inclusion in all sectors, including rehabilitation, psychosocial and mental health, education, health, and livelihoods.

One challenge for achieving inclusion can be ensuring representation of a cross-disability perspective and avoiding limiting disability inclusion to those with the most visible disabilities. Some sectors have developed guidance on including persons with disabilities in emergency preparedness, response, and reconstruction. However, even these efforts must consider dissemination strategies and face the



Fery Naldi, a deaf facilitator from West Sumatera (in blue shirt) facilitating a session in Inclusive DRR Training for LDMO's Pool of Facilitators ASB Indonesia and the Philippines, Technical Assistance and Training Teams (TATTs) Program. Photo copyright: ASB Indonesia & the Philippines 2017.

challenge of competing agendas between cross-cutting issues, such as gender, ethnic minorities, and older people, which need to be addressed simultaneously.

Urban resilience and urban development practices need to adapt to reduce risk for all, including persons with disabilities. This can be accomplished by engaging DPOs in the piloting, monitoring, and evaluation of urban

development investments. Where possible, disability-disaggregated data and accessibility audits should be used in decision-making to determine what urban resilience investments and policy changes should be made. Urban resilience should encompass aspects of physical and information and communication accessibility for the benefit of people with a wide variety of disabilities.

BOX 3

BUILDING BACK BETTER AFTER THE HAITI EARTHQUAKE

FOLLOWING THE 2010 EARTHQUAKE IN HAITI, and the massive reconstruction needed, the Secretary of State for the Integration of People with Disabilities, in partnership with local DPOs and international organizations, worked to establish standards for making all reconstruction accessible. Resource documents have been published and training on universal design to engineers and university students has been implemented. The state secretary, in conjunction with other governmental bodies, developed an accessibility law to ensure that all Haitian buildings (new and rebuilt) are accessible. On June 30, 2017, this law was approved by the Council of Ministers; and it was ratified in August by the Senate. The objective of the law is to build an inclusive society and to ensure that persons with disabilities have better capacity to cope with disasters, escape routes from public buildings, or access to shelters in time of disasters. If the law is successfully implemented, it will greatly improve the overall resilience of Haitian society.

Sources:

<http://www.haitilibre.com/en/news-21967-haiti-politics-good-news-for-people-with-disabilities.html>

<http://www.sgcm.gouv.ht/communique-projet-de-loi-sur-les-normes-daccessibilite-de-lenvironnement-bati>

CONCLUSION

THE IMPACTS OF NATURAL HAZARDS and climate extremes are not neutral. Nor are relief and recovery processes neutral in the way they affect people. Disasters disproportionately impact persons with disabilities, just as they do other groups of people that experience a higher level of social exclusion. The inclusion of persons with disabilities in disaster risk management is not only of benefit to them, it helps to ensure that the needs of others are also addressed. For example, early warning systems designed using the principles of disability inclusion will reach more people through more channels providing everyone with more time to protect their lives and assets. Applying the principles of universal design to the reconstruction phase will improve access for pregnant women, older people, and many others in addition to persons with disabilities.

The five actions described in this brief—treating persons with disabilities as valued stakeholders in DRM; removing barriers to their full participation; increasing awareness of governments and partners to the needs of persons with disabilities; collecting data disaggregated by disability; and ensuring that “build back better” ensures accessibility—will help to improve the safety and wellbeing of persons with disabilities and allow them to contribute to broader community resilience.

Implementation of these actions will require developing corps of staff, including staff with disabilities, to provide internal consultations, as well as guidance notes, training, information, and professional development to build capacity for disability inclusion in disaster risk management and response. As always, what is measured gets attention, so monitoring and reporting on inclusion in the disaster risk management portfolio is also important. Indicators in results

and monitoring and evaluation frameworks should specifically assess disability inclusion or be disability-disaggregated where possible. Another important role for international institutions is to educate governments, other stakeholders, including the disability community, and the public about disability-inclusive disaster risk management. This would also help to catalyze consultations and create synergies for information exchange and engagement with persons with disabilities and other stakeholders.

Taking the time to identify and empower those that experience exclusion can go a long way to strengthening the resilience of all members of society. If persons with disabilities are excluded or treated as passive beneficiaries of assistance, we miss out on the perspective and experience they offer, and the opportunity to build more inclusive, resilient communities.

ANNEX.

POLICIES AND INTERVENTIONS TO PROMOTE DISABILITY INCLUSIVE DRM

TO BOLSTER ITS COMMITMENT to ensuring disability-inclusive disaster risk management, GFDRR commissioned a report to review the state of practice in this area around the globe, and developed an Action Plan to operationalize its recommendations over the coming years.

The report identifies four key domains to understand and address the increased disaster risk faced by persons with disabilities and support their empowerment for strengthened resilience: (i) social and economic capital; (ii)

accessibility of infrastructure; (iii) access to services; and (iii) agency and participation. These domains capture the individual, community and system level factors that interact and collectively shape how persons with disabilities may be impacted during hazard events and how they may benefit from DRM services. The tables below details why and how these domains impact resilience and disaster vulnerability and provides examples of policies and interventions to promote disability inclusion.

SOCIAL AND ECONOMIC CAPITAL

IMPACT ON PERSONS WITH DISABILITIES

SOCIETAL DISCRIMINATION AND STIGMA results in systemic and sustained diminished access to social, economic, and civic participation. These barriers can become magnified in disasters heightening disaster vulnerability.

RESEARCH INDICATES that women with disabilities report higher barriers during disasters, are at greater risk particularly with increased incidence of gender-based violence, and remain responsible for caregiving roles during evacuation/response.

INVISIBILITY IN ASSESSMENTS and analytics often means the needs of persons with disabilities are overlooked in mitigation and preparedness.

PERVASIVE LEGAL RESTRICTIONS on the ability of persons with disabilities to exercise legal capacity, manage financial assets, access financial protection schemes, and own land and property can negatively affect the resilience of persons with disabilities to withstand natural disasters.

PERSONS WITH DISABILITIES have lower earnings and are most likely to be in low-skilled, part-time, and informal job settings with sub-minimum wages.

EXAMPLES OF POLICIES AND INTERVENTIONS

BUILD capacity of all relevant stakeholders to better identify risks, barriers, and solutions. Facilitating disability and disaster risk management cross-sector learning, training, and capacity building.

IDENTIFY legislative and policy elements to improve coordination and inclusion at the national and local levels.

IDENTIFY community-level gaps and challenges for access to disaster risk management services.

DISAGGREGATE analytical data by disability.

OFFER technical assistance in making financial protection schemes disability-inclusive. Address the inclusion of persons with disabilities in financial protection schemes and break any barriers to participation due to disability.

FACILITATE research and increase the evidence base on costs of exclusion, risk financing, disaster vulnerability for persons with disabilities, and impact evaluations.

ENGAGE DPOs and employers in identifying cash-for-work program activities for persons with disabilities.

ACCESSIBLE INFRASTRUCTURE

IMPACT ON PERSONS WITH DISABILITIES

PHYSICAL:

INACCESSIBLE TRANSPORTATION AND EVACUATION equipment and systems may leave persons with disabilities and their families stranded; shelters may be physically inaccessible or place critical services such as medicine or food facilities in inaccessible locations; lack of space to manage additional needs of maintaining personal hygiene.

EMERGENCY HOUSING may be inaccessible or located away from accessible transport options or crucial support networks.

OFTEN, accessibility design considerations are left out of new infrastructure built in the recovery phase.

INFORMATION AND COMMUNICATION:

CONSULTATIONS, drills, and other preparedness activities can exclude persons with disabilities if discussions and materials are inaccessible for lack of using Braille, large print or audio materials, sign language interpretation or captioning, and other disability-related accommodations.

EARLY WARNING SYSTEMS that rely purely on audio will be inaccessible to persons who are deaf or hard of hearing; similarly, text-only warnings will be accessible to persons with low vision or blindness.

EXAMPLES OF POLICIES AND INTERVENTIONS

INCLUDE accessibility in resilient city construction and/or policy reforms.

ASSIST countries in the development, adoption, and effective implementation of physical and technology accessibility standards.

CONSIDER strategic partnerships to address accessibility standards.

PROVIDE accessible and diversified communication media and channels including print, text, audio, video, and graphics.

PROMOTE the use of accessible early warning and weather forecast systems.

SUPPORT country clients through strengthening the institutional/legal framework for inclusive disaster risk management.

ACCESS TO SERVICES

IMPACT ON PERSONS WITH DISABILITIES

PART OF THE HEIGHTENED RISK faced by persons with disabilities can be related to their functional capacities. Thus, access to rehabilitation services, assistive devices, and information adapted to their needs can facilitate their self-sufficiency, in turn enabling them to contribute to disaster risk management and enabling family members and their social support networks to dedicate more time to mitigating risks.

IN THE AFTERMATH OF DISASTERS, persons with disabilities are often separated from their assistive devices, are unable to access important medicines, or require power to charge their assistive device(s) such as wheelchairs, ventilators, or augmented communication devices.

EXAMPLES OF POLICIES AND INTERVENTIONS

HELP COMMUNITIES develop disability-inclusive contingency plans that include power provision for devices, and stockpiling initiatives including assistive devices that could be distributed as relief items.

THE RECOVERY AND RECONSTRUCTION PHASE should ensure the restoration, and ideally improvement, of disability-specific services. For example, better physical accessibility of services, or developing community-based services that promote inclusion in all sectors, including rehabilitation, psychosocial and mental health, education, health, livelihoods.

AGENCY AND PARTICIPATION

IMPACT ON PERSONS WITH DISABILITIES

PERSONS WITH DISABILITIES, especially those with cognitive and psychosocial disabilities, are often viewed only as passive beneficiaries. Although sometimes well-intentioned, such approaches violate people's autonomy, marginalize and disempower persons with disabilities, lead to substituted decision-making, and can lead to inaccurate or incomplete information collection.

PERSONS WITH DISABILITIES and DPOs have valuable relevant knowledge and can make important contributions through their unique expertise at each stage of disaster risk management.

ACHIEVING DISABILITY-INCLUSIVE disaster risk management can empower persons with disabilities to take their rightful place as agents of change, and active contributors to the development and effective implementation of disaster risk management policies, plans, and standards.

EXAMPLES OF POLICIES AND INTERVENTIONS

ENSURE that persons with disabilities are aware of relevant activities and included as contributing stakeholders.

EMPOWER and include persons with disabilities and DPOs in mapping activities.

ENSURE that all tools and methods for collecting, analyzing, and disseminating risk information are accessible.

PARTICIPANTS with disabilities may benefit from capacity building to facilitate their participation on an equal basis with other stakeholders.

ENGAGE DPOs across the project life cycle and particularly in identifying critical infrastructure

