Disability inclusion in disaster risk reduction in the Pacific: Policy Brief

1. Background

The Sendai Framework for Disaster Risk Reduction 2015-2030 (SFDRR) was agreed in 2015. The SFDRR guides the reduction and prevention of disaster risk globally and within countries. Governments from the Pacific played a lead role in shaping the SFDRR. Consultations also benefited from the active participation of persons with disabilities from the region. The SFDRR stresses that reducing and preventing disaster risk is everyone’s business and that whole-society engagement and an inclusive approach are needed. Persons with disabilities and their representative organisations are included in the SFDRR as contributing stakeholders. The SFDRR reminds us that it is only through inclusive and meaningful collaboration that the safety of all can be achieved.

The SFDRR promotes disability inclusive DRR as good DRR. It is how DRR should be done. However, a lack of data and evidence has been an obstacle to transforming commitments to disability inclusive DRR into action. This brief outlines key findings from the research component of the Building Evidence and Capacity for Disability Inclusive Disaster Risk Reduction project implemented in Vanuatu following Tropical Cyclone Pam in 2015. The findings are based on research from 648 households conducted by the Nossal Institute and in-country partners including disabled people’s organisations from 2015 to 2016.

2. Key findings

The findings confirm that disasters disproportionately affect persons with disabilities. Disproportionate risk for persons with disabilities related particularly to difficulties an individual may have functioning, such as walking or hearing, and barriers to accessing information and services. Persons with disabilities had less access to safety information prior to the cyclone and to response services following the cyclone in comparison to persons without disabilities. The following are key findings:


• Persons with disabilities were over two times (2.45 times) more likely to be injured during the cyclone than persons without disabilities.

• The most common difficulties reported by adults with disabilities concerned walking (36%) and seeing (34%).

• Almost half of all persons with disabilities (47%) reported having more than one functioning difficulty.

• 78% of adults with disabilities reported needing an assistive device. For example, crutches, wheelchair or cane. During the cyclone, 14 persons with disabilities reported losing their assistive device.

• 60% of persons with disabilities reported a lack of information on what to do in an emergency before the cyclone.

• 62% of adults with disabilities did not have information on evacuation centres prior to the cyclone.

• 74% of women with disabilities reported barriers to accessing evacuation centres compared to 50% of men with disabilities.

• Access to services prior to and following the cyclone was consistently lower for women with disabilities than men with disabilities. This includes access to information. Relatedly, only one third of women with disabilities reported they had ever attended school compared to two thirds of men with disabilities.

3. Key recommendations

The following recommendations are based on the above findings and support commitments to disability inclusion in the SFDRR:

i. Strengthen community preparedness initiatives and mechanisms, including forums and committees, and promote the leadership of persons with disabilities and particularly women with disabilities.

ii. Leave no one behind, by ensuring households and communities are prepared to safely evacuate all community members including women, children and men with disabilities along with any assistive device they may use.

iii. Strengthen the organizational capacity of all actors to work in a disability inclusive way and to ensure equal access to services, by training staff and through establishing effective partnerships with persons with disabilities and their representative organisations.

iv. Ensure persons with disabilities are identified and included in any assessment of risk and the related design of appropriate safety measures.

v. Address the specific needs of men, women and children with disabilities in all stages of DRR planning and implementation.

vi. Take active measures to remove the barriers that increase risk for women with disabilities and ensure the meaningful participation of women with diverse disabilities in the development and implementation of DRR policy and programming.

vii. Ensure child-friendly DRR activities at all stages of preparedness and response are inclusive of children with disabilities and their families.

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