OUR LESSONS

AN APPROACH TO DISABILITY-INCLUSIVE DISASTER RISK REDUCTION – BASED ON CONSULTATIONS WITH PEOPLE WITH DISABILITIES IN THE ASIA AND PACIFIC REGIONS.

Full research report – March 2022

cbm global disability inclusion
inclusion advisory group
International Disability Alliance
Pacific Disability Forum
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    - Guma’ Mami – Guam
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  - DRF – Indonesia
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CONTENTS

ABBREVIATIONS

APMCDRR	Asia-Pacific Ministerial Conference on Disaster Risk Reduction
ASSOD	Association of the Deaf
CBM IAG	CBM Global's Inclusion Advisory Group
DFAT	Department of Foreign Affairs and Trade
DRR	Disaster Risk Reduction
FGD	Focus Group Discussions
GEDSI	Gender Equality, Disability and Social Inclusion
IASC	Inter-Agency Standing Committee
IDA	International Disability Alliance
KII	Key Informant Interviews
OPD	Organisation of Persons with Disabilities
PDF	Pacific Disability Forum
SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sexual Characteristics
TCI	Transforming Communities for Inclusion
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WASH	Water, Sanitation and Hygiene

EXECUTIVE SUMMARY

Full and substantive participation of people with disabilities must be at the core of effective disaster risk reduction (DRR). People with disabilities are capable of navigating risks and it is crucial to ensure they have an active and central role as leaders and agents of change in DRR, as required under the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the Sendai Framework for Disaster Risk Reduction 2015-2030.

The Asia-Pacific region has the highest rate of natural hazard events in the world. Communities across this region need to be prepared for disasters. Within this region one in six people have a disability. Although the Sendai Framework recognises that people with disabilities are crucial contributing stakeholders, people with disabilities across Asia and the Pacific continue to be systematically excluded from disaster preparedness activities, which places them at greater risk.

To help disability-inclusive DRR become a reality, the Pacific Disability Forum (PDF), the International Disability Alliance (IDA), and CBM Global's Inclusion Advisory Group, worked together to conduct inclusive consultations across Asia and the Pacific, to seek the perspectives, experiences and priorities of the diverse range of people with disabilities in relation to disaster preparedness, response and recovery.

A total of 506 people from across Asia and the Pacific completed an online survey to share their experiences of disability and disasters. An additional 80 people participated in virtual focus group discussions and key informant interviews in the South and East Asia regions. 274 people participated in face-to-face focus group discussions and key informant interviews in five Pacific Island Countries.

Drawing upon these consultations, this report highlights the stories and experiences of people with disabilities from Asia and the Pacific in recent disasters, including COVID-19. The report also delivers findings and recommendations from the sub-regions to inform governments, the development and humanitarian sectors, and other actors involved in disaster policy, mitigation, and response.

KEY FINDINGS

The findings of the consultation process revealed that despite people with disabilities being more likely to have taken their own action to prepare for disasters compared to people without disabilities, they were more likely to be excluded from participation in community DRR activities.

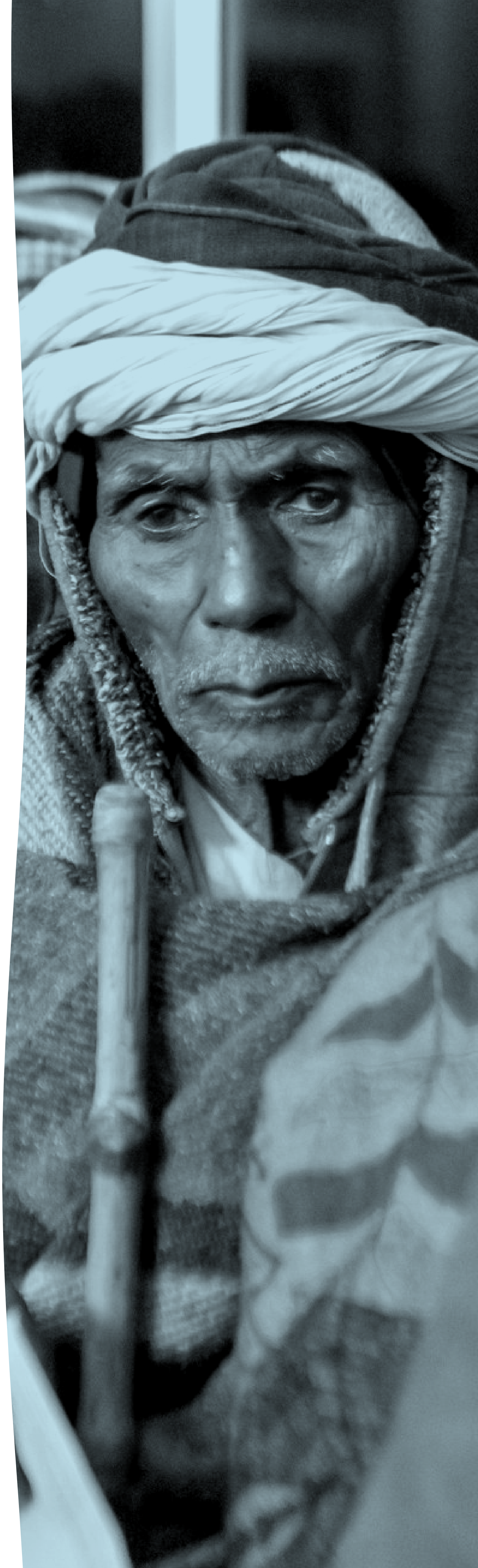
Social exclusion was reported as a key contributor to the impact of disaster events experienced by people with disabilities. The consultation found that some groups, such as people with sensory impairments, are more vulnerable to social exclusion. Exclusion from social networks, in addition to the lack of accessible information channels (e.g., radio, social media) further limit the access of early warning information to people with disabilities.

- 94.2% of respondents had personally experienced a disaster in the past three years.
- Even more survey respondents (96.3%) believed themselves to be at risk of future disasters.
- In addition to the global COVID-19 pandemic the most common disasters people reported experiencing were: floods (37.8%), earthquakes (35.4%), air pollution (32.9%), extreme heat/heatwaves (29.8%), tropical cyclones/typhoons (28.6%), droughts (14.5%), extreme cold (9.8%), insect infestations (9.2%), conflicts (8.9%), and volcanic eruptions (7.1%).
- When asked how important disaster risk reduction (DRR) is to them, 90.5% of survey respondents stated that DRR was important or very important to them.
- Fewer than half of all survey respondents (41.2%) had participated in DRR activities. 65.5% of people with disabilities reported that a lack of accessibility prevented them from being included in DRR activities.

- Respondents revealed their reasons for not participating in disaster risk reduction or disaster preparedness activities: I wasn't invited to participate (61.0%), lack of access to information (55.9%), lack of communication support (33.9%), lack of physical accessibility (27.7%), no accessible transportation available (16.9%), no reasonable accommodations/adjustments provided (20.9%), don't know (16.9%), and cost of participating too high (10.7%).
- More than 81% of survey respondents indicated they would have difficulty evacuating to a safer location in the event of an emergency. Fewer than one in five respondents (19.1%) said they would have no difficulty evacuating in the event of an emergency. Other respondents said they would have some level of difficulty (36.0%), could only evacuate with help (27.1%) or needed sufficient time or warning (14.5%). A small proportion (3.4%) indicated they wouldn't be able to evacuate at all.
- Roughly half of survey respondents (49.5%) were aware of DRR activities in their community. Fewer than half (41.2%) had also participated in DRR activities. A further 9.2% were not sure if they had participated previously in DRR activities.
- Of those who had previously engaged in DRR activities, most commonly people were involved in meetings about disasters (60.2%), training on DRR and disaster preparedness (53.6%), and evacuation drills/simulations (39.2%). People also reported having participated in activities led by Organisations of Persons with Disabilities (OPDs), such as delivering training, sharing information, hazard-mapping exercises, and participating in cluster meetings.
- Most survey respondents (85.2%) had previously taken some sort of action to prepare for disasters. The most common actions were preparing an emergency kit to help in an emergency, talking to an OPD about disasters, communicating information about hazards to others, and learning more about hazards.
- Respondents were asked what needs to be done to make people with disabilities safer in disasters. The top four responses given related to accessible early warning messages (45.8%), inviting people with disabilities to participate in meetings about disaster preparedness (40.6%), making evacuation centres fully accessible (including transport) (37.2%), and allocating budget for accessibility and reasonable accommodations in DRR activities (30.2%).

FINDINGS SPECIFICALLY ON COVID-19

- 87.3% of survey participants reported receiving enough health information about COVID-19 to protect themselves and their family from becoming infected. Of the 12.7% who reported not getting enough health information about COVID-19, more than half of them noted that information was delayed or outdated (56.4%), not accessible (51.3%), or that they did not understand the information (28.2%). 12.8% reported not receiving any information at all.
- When asked whether their daily life had been affected by COVID-19, respondents said that they had experienced not being able to continue working/loss of income (44.1%); difficulty accessing medicine and other essential supplies (35.8%), food and household items (35.5%); and not being able to attend regular medical appointments (31.9%). Only 10.8% said that daily life had not been affected.
- Nearly two-thirds of respondents (63.3%) agreed that health information and other important messages should be received, understood and acted upon by all people with disabilities, 57.6% stated that it was important to make sure that people with disabilities could continue to access support for independent living, half (49.6%) believed that people with disabilities should be consulted when developing responses, 40.6% agreed that priority should be given to people with disabilities to access health and other essential services, 38.1% stated that community actions to prevent COVID-19 spread (like public handwashing stations) should be made accessible for people with disabilities, and 34.2% believed that government staff and other frontline COVID-19 actors should be trained on disability inclusion.



KEY RECOMMENDATIONS

People with disabilities were asked what needs to be done for them to be safer in disasters. Their highest priorities were:

1. Accessible early warning messages.
2. Inviting people with disabilities to participate in meetings about disaster preparedness.
3. Making evacuation centres fully accessible (including transport).
4. Allocating budget for accessibility and reasonable accommodations in DRR activities.

People with disabilities gave their recommendations on how to make COVID-19 responses more inclusive and accessible, including:

- Ensuring people can still access support for independent living.
- Making information accessible.
- Consulting with people with disabilities when developing responses.

1.0 INTRODUCTION

The Asia-Pacific region has the highest rate of natural hazard events in the world, including cyclones/typhoons, tsunamis, floods, landslides, droughts, and earthquakes. When natural hazard events compound with disproportionate risks, they can turn into 'disasters' which overwhelm a state's capacity to respond. Disasters across the Asia and Pacific have taken more than two million lives in the past 50 years.[1]

Within the Asia-Pacific region, over 690 million people have a disability;[2] that's one in six people. Alarmingly, people with disabilities are up to four times more likely to die during a disaster event, in comparison to people without disabilities.[3] People with disabilities are disproportionally affected by disasters, in part because they are repeatedly excluded from participating in disaster risk reduction (DRR) policies, plans, and processes.[4]

The disproportionate risk faced by people with disabilities in disasters has become even more apparent during the COVID-19 pandemic. Globally, data is showing that people with disabilities are at increased risk of contracting COVID-19, and where data is available it shows that people with disabilities are more likely to die from COVID-19. For example, in the United Kingdom, more than 60% of people who have contracted or died from COVID-19 have been people with disabilities.[5]

‘Disability’ itself is an evolving concept. The most widely accepted and endorsed description of disability is within the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) which states: “persons with disabilities include those who have long-term physical, mental [psychosocial], intellectual [cognitive] or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”[6]

The UNCRPD makes it clear that people with disabilities have the same human rights as others and are an integral part of human diversity. The UNCRPD also includes a specific focus on disasters and emergencies, with Article 11 requiring States parties to take all necessary measures to ensure the protection and safety of people with disabilities in situations of risk.

Furthermore, the Sendai Framework for Disaster Risk Reduction 2015-2030 highlights that:

> “Disaster risk reduction requires an all-of-society engagement and partnership. It also requires empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters, especially the poorest. A gender, age, disability and cultural perspective should be integrated in all policies and practices…”

Although both the UNCRPD and the Sendai Framework recognise that people with disabilities are crucial contributing stakeholders, the voices of people with disabilities across Asia and the Pacific are still being left out of key DRR planning and decision-making efforts.

To help disability-inclusive DRR become a reality, the Pacific Disability Forum (PDF), the International Disability Alliance (IDA), and CBM Global’s Inclusion Advisory Group (CBM IAG), worked together to conduct inclusive consultations across Asia and the Pacific, to seek the perspectives, experiences, priorities, and recommendations of a diverse range of people with disabilities in relation to disaster preparedness, response and recovery.

More than halfway through the implementation of the Sendai Framework, upcoming regional gatherings such as the Asia-Pacific Ministerial Conference on DRR (APMCDRR) offer a crucial opportunity to consider these perspectives, and to support people with disabilities to actively participate and partner as key contributors.

Ultimately, disability inclusion cannot be considered an optional add-on for DRR; it is fundamental to good and effective practice. This report presents a range of recommendations, emerging from consultation with people with disabilities, that can help achieve effective, disability-inclusive DRR.

2.0 METHODOLOGY

The consultation process conducted by PDF, IDA, and CBM Global's IAG and partners gathered the perspectives, experiences and priorities of a diverse range of people with disabilities in relation to disaster preparedness, response and recovery throughout Asia and the Pacific.

The aim of this project has been to raise awareness of the importance of disability-inclusive DRR among policy makers and implementing agencies, and to develop a clear and compelling set of recommendations for action, based on the priorities of people with disabilities themselves. The consultation process sought practical advice for how disability inclusion could be increased within DRR policies and programs, in order to ensure that people with disabilities across Asia and the Pacific are included in all DRR activities.

The project involved the following interlinked steps:

1. The implementation of a consultation process to gather the diverse perspectives of people with disabilities across Asia and the Pacific on the extent to which they are included throughout DRR and disaster response processes, via both quantitative and qualitative data collection methods.
2. A mixed-methods data analysis of primary qualitative and quantitative data, including: a brief review of existing academic and grey literature, analysis of survey responses, focus group discussions, and key informant interview data.
3. Coding and thematic review of qualitative data to create disability-inclusive DRR recommendations for policy and practice, based on the perspectives of people with disabilities themselves.

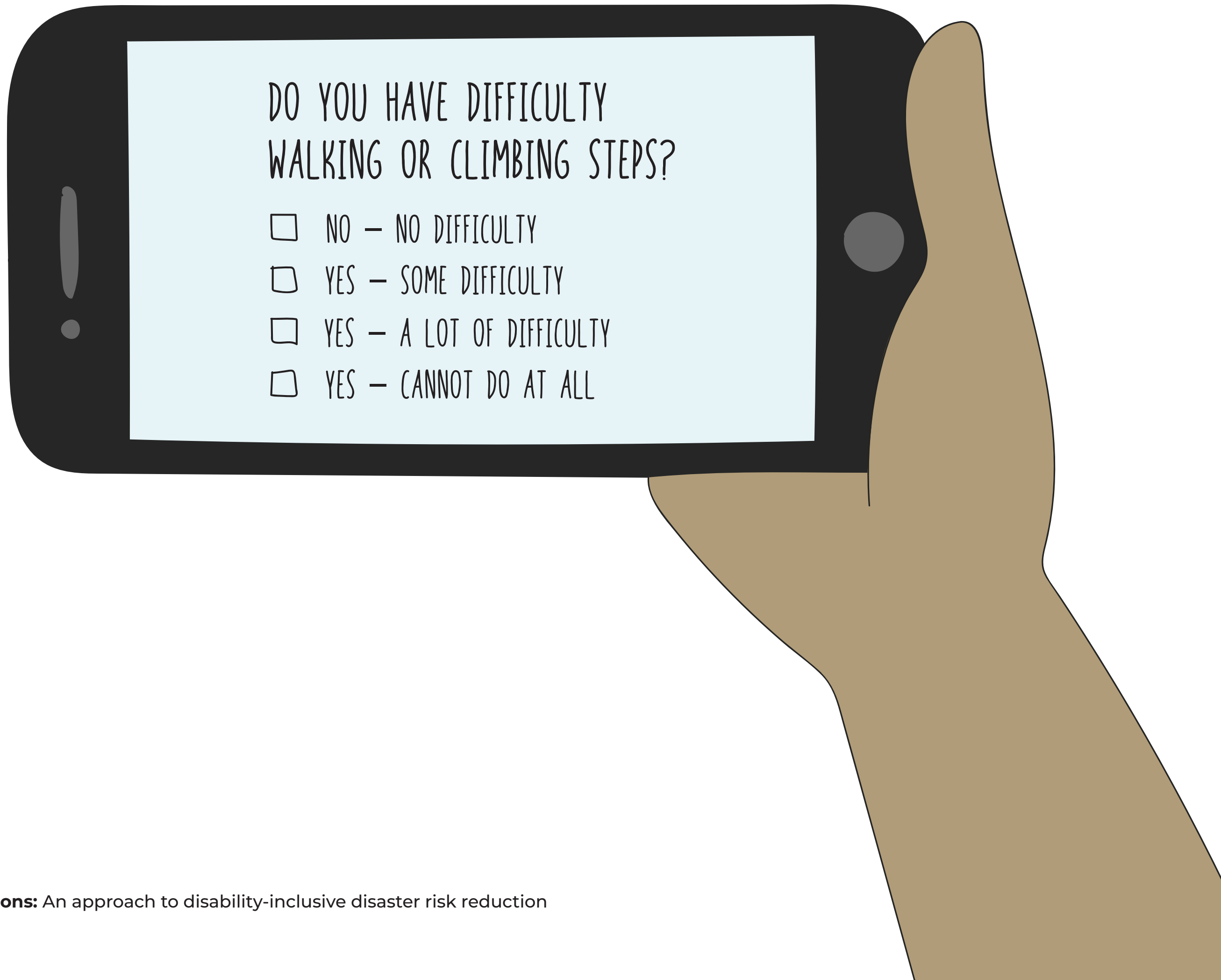
2.1 QUANTITATIVE DATA

An online survey gathered perspectives from 506 people from 26 countries.

Considerable efforts were made to maximise accessibility of the survey, including providing the surveys in 11 different languages (English, Bengali, Mandarin, Bahasa Indonesia, Nepali, Tagalog, Thai, Urdu, Vietnamese, Auslan (Australian Sign Language) and International Sign). An Easy Read English version was also provided. Survey responses were translated into English prior to analysis.

The survey was available in multiple formats, including SurveyMonkey and Google Form options, to increase accessibility for people using screen readers.

The survey was disseminated widely, including via communications shared by OPDs in the region, direct email to regional disability stakeholders, as well as through social media channels. The survey encouraged people with disabilities from Asia and the Pacific to share their perspectives, and approximately two thirds of respondents self-identified as a person with disability. The inclusion of people without disabilities amongst survey respondents allowed for some comparisons to be made on the experiences of different groups.



DO YOU HAVE DIFFICULTY WALKING OR CLIMBING STEPS?

☐ NO – NO DIFFICULTY
☐ YES – SOME DIFFICULTY
☐ YES – A LOT OF DIFFICULTY
☐ YES – CANNOT DO AT ALL

2.2 QUALITATIVE DATA

Qualitative data was collected through focus group discussions (FGDs) and key informant interviews (KIIs).

2.2.1 PACIFIC CONTEXT

In the Pacific, qualitative data collection included:

- Eight country-based FGDs which included participants from Pacific Island countries (Kiribati, Samoa, Tonga, Palau, Guam, Marshall Islands, Fiji, and Federated States of Micronesia).
- Seven local-level FGDs and KIIs in Samoa.

A total of 274 participants from the Pacific participated in FGDs and KIIs.

Participants were identified through existing networks of OPDs, to ensure the diverse representation of people with various types of disabilities. One FGD in Fiji was conducted to collect the understanding and experience of carers and parents of people with disabilities.

FGDs were conducted by Pacific Disability Forum (PDF) alongside national OPDs. The discussions were conducted in local languages, with the provision of sign language interpreters where required.

Transcripts were translated by the OPDs into English for data analysis. FGD data was coded according to a set of themes: experience of disasters, impact of disasters, barriers to disability inclusion, facilitators of disability inclusion, and ideas/recommendations for future inclusion in DRR and response.

2.2.2 SOUTH AND SOUTH-EAST ASIA CONTEXT

In South and South-East Asia, qualitative data was collected through:

- Eight country-based FGDs across four countries in South Asia (Nepal, Bangladesh, India, and Sri Lanka).
- Four country-based FGDs across four countries in South-East Asia (Laos, Indonesia, Cambodia, and the Philippines).
- KIIs conducted by phone or video call.

Focus group discussions were conducted by IDA Fellow Rajiv Rajan.

Participants were people with disabilities selected through existing networks via local OPDs to ensure the adequate representation of people with disabilities. Some specific FGDs were conducted with members of TCI Global and OPDs from Bangladesh and Nepal to ensure the perspectives of people with psychosocial disabilities were included.

2.3 DISABILITY-INCLUSIVE APPROACH TO CONSULTATION

This project was led by people with disabilities themselves, through OPDs. The consultation activities were designed and conducted with the full engagement of people with disabilities and their representative organisations (OPDs). The consultation process gathered the perspectives of the full diversity of people with disabilities, including: men; women; people of diverse sexual orientation, gender identity and expression and sexual characteristics (SOGIESC); youth; older people; and indigenous people. The project actively involved people with all impairment types, including people with physical impairments, people who are d/Deaf and Hard of Hearing, and people who are blind and with low vision. It had a particular focus on reaching under-represented groups such as people with cognitive disabilities and psychosocial disabilities.

2.4 LIMITATIONS AND CHALLENGES

The main limitations and constraints facing this project were:

THE COVID-19 PANDEMIC

The project commenced in 2020 during the COVID-19 pandemic; a large and complex emergency. COVID-19 had a significant impact on people with disabilities and their organisations, resulting in increased workload, isolation and overall disadvantage on multiple fronts such as service provision, demand for information and government-community liaison, and needs of members. People with disabilities and OPD staff members experienced the COVID-19 pandemic and its associated economic impacts, service delivery interruptions, lockdowns and restrictions. This placed great strain on communications, project implementation, and the health and wellbeing of individual people with disabilities. The pandemic also meant that some FGD and KIIs took place remotely, as face-to-face consultations were not possible.

ENSURING ADEQUATE REPRESENTATION OF DIVERSE PEOPLE WITH DISABILITIES

As highlighted above, efforts were made to encourage the involvement of diverse people with disabilities amongst consultation participants, however people with physical impairments represented the majority (58.4%) of survey respondents.

ADDITIONAL BARRIERS FACED BY SOME PEOPLE WITH DISABILITIES

Limited internet coverage and access to ICT equipment and support may have hindered people with disabilities from effectively participating in the online survey and remote FGDs and KIIs.

3.0 RESULTS

3.1 CONSULTATION PARTICIPANTS

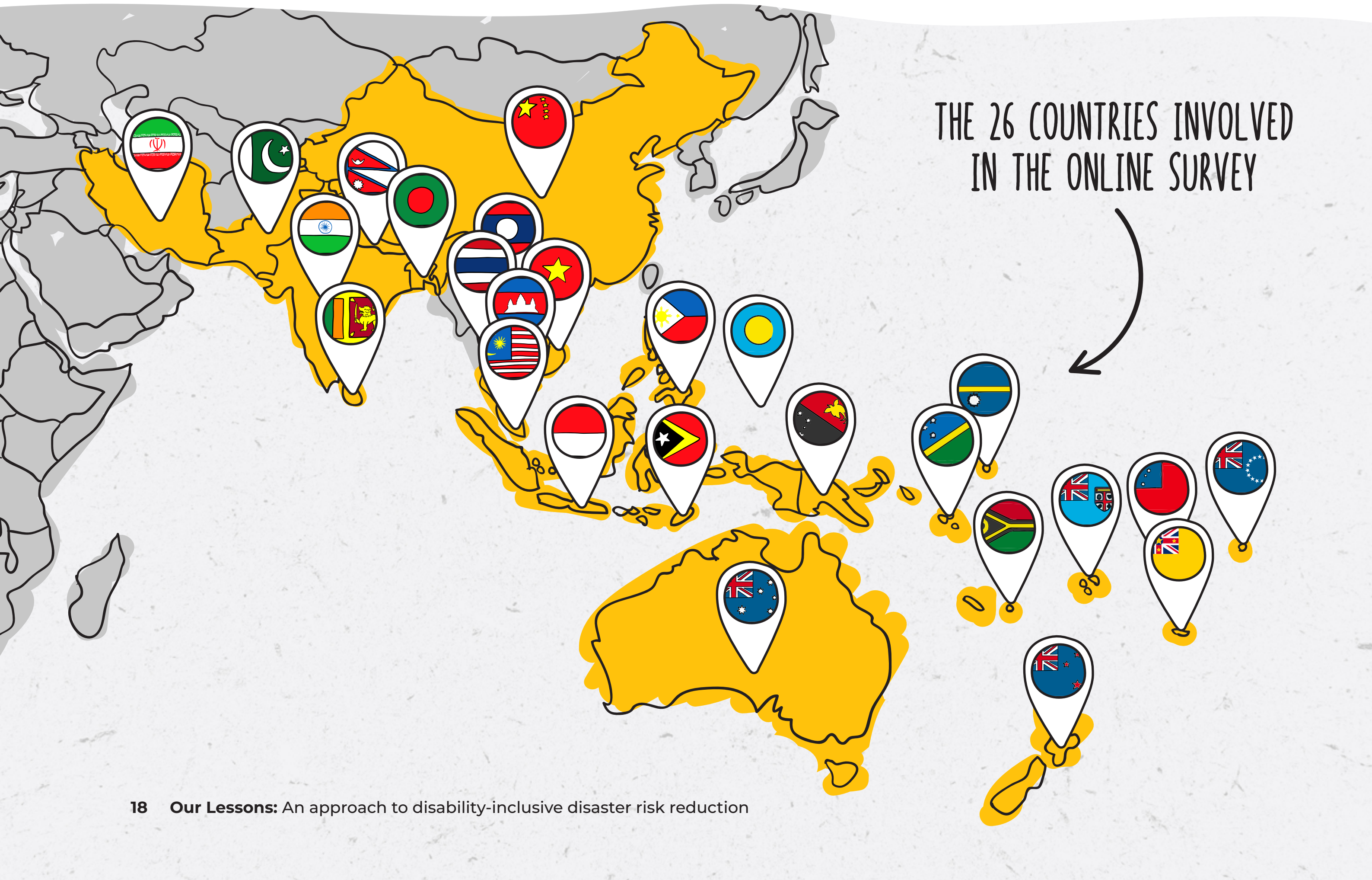
3.1.1 DEMOGRAPHIC INFORMATION

Nationality

- The online survey gathered the perspectives of people from 26 countries.
- The 506 people surveyed came from the Philippines (20.6%), Nepal (18.6%), Vietnam (11.1%), Pakistan (10.5%), Indonesia (7.1%), Australia (6.7%), and the Pacific (Cook Islands, Fiji, Nauru, Niue, Palau, Samoa, Solomon Islands, Vanuatu) (6.2%).
- The remaining 18.8% came from 12 other countries across Asia (Bangladesh, Cambodia, China, India, Iran, Laos, Malaysia, New Zealand, Papua New Guinea, Sri Lanka, Thailand, and Timor-Leste).

> "Those who lived on the edge of the village and largely stayed at home due to their impairment were the least likely to receive early warning information… in some cases family members withheld information from women with disabilities because they were concerned it would be stressful and upset them."
>
> **– Participant from Cambodia**

> "[There is] no access to support for disability in villages."
>
> **– Participant from Fiji**



Urban vs rural location

- Survey respondents were distributed between living in a capital city (35.4%), large town or city (33%), rural area or village (30%), and a maritime island (1.6%).
- Qualitative data indicated that respondents living in remote areas were more likely to experience limited engagement in DRR.

Age

- Over 83% of survey respondents were aged between 25-59 years.
- Just 6.4% of survey respondents were aged 18-24 years.
- 10% of survey respondents were aged 60 years and above.

Gender

- 48.6% of survey respondents identified as female, 50.2% as male, and 0.6% (or two people) self-identified as 'other'. A further 0.6% selected 'preferred not to say'.
- Through FGDs and KIIs across South and South-East Asia, inputs were received from 70 people with disabilities, in which 71% (42) were women with disabilities.

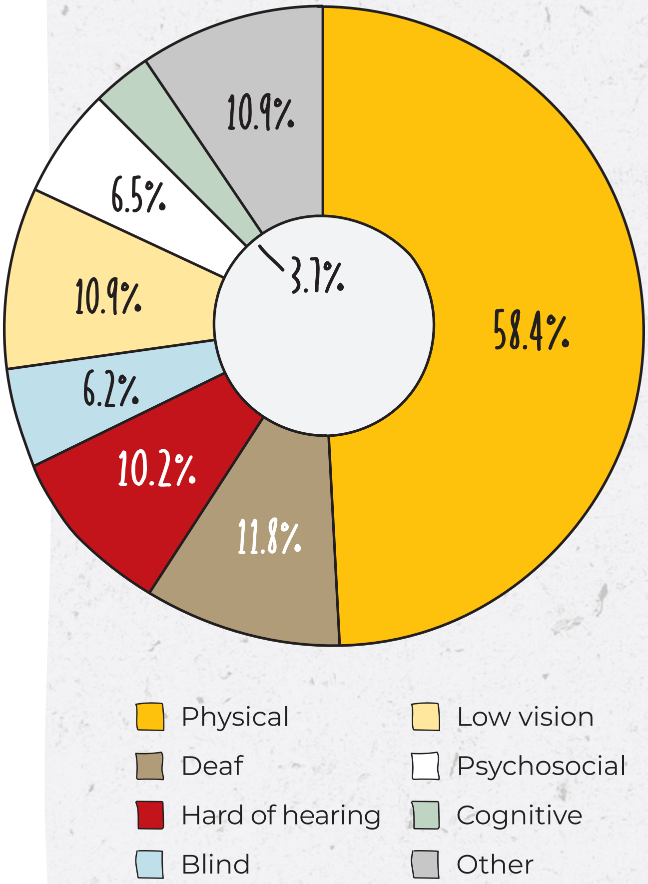
Belonging to an indigenous group

- Approximately one in four survey respondents (26.5%) identified as a member of an indigenous group. The high representative number was influenced by the representatives of an Indigenous OPD via snowball survey sampling.

3.1.2 DISABILITY STATUS

- Nearly two thirds of survey respondents or 63.4% self-reported as having a disability.
- Of those who did identify as people with disabilities, the largest proportion of survey respondents identified as having a physical disability (58.4%); followed by identifying as d/Deaf (11.8%) or Hard of Hearing (10.2%); identifying as blind (6.2%) or having low vision (10.9%); having a psychosocial disability (6.5%); having a cognitive disability (3.7%); or other type of disabilities (10.9%).

TOTAL RESPONDENTS WITH A DISABILITY, BY TYPE



3.2 EXPERIENCE OF DISASTERS

- 94.2% of survey respondents had personally experienced a disaster in the previous three years.
- The most common disasters experienced were epidemics/pandemics, e.g., COVID-19 (66.5%)*[10], floods (37.8%), earthquakes (35.4%), air pollution (32.9%), extreme heat/heatwaves (29.8%), tropical cyclones/typhoons (28.6%), droughts (14.5%), extreme cold (9.8%), insect infestations (9.2%), conflicts (8.9%), volcanic eruptions (7.1%), landslides/avalanches (6.5%), technical disasters, e.g., infrastructure collapse, industrial accident (5.5%), sea level rising (4.3%), costal erosion (4.0%), and tsunamis (1.2%).

3.2.1 FUTURE DISASTERS

- 96.4% of survey respondents believed themselves to be at risk of future disasters.
- The most common disasters anticipated were epidemics/pandemics, e.g., COVID-19 (59.4%), floods (42.5%), earthquakes (38.8%), air pollution (33.8%), tropical cyclones/ typhoons (28.9%), extreme heat/heatwaves (27.7%), droughts (23.1%), conflicts (13.8%), technical disasters, e.g., infrastructure collapses, industrial accidents (12.9%), bushfires/wildfires (10.2%), volcanic eruptions (9.5%), extreme cold (9.5%), tsunamis (9.2%), sea level rising (9.2%), landslides/avalanches (8.3%), costal erosion (4.9%), and insect infestations, e.g., a locust plague (4.3%).

3.2.2 IMPORTANCE OF DRR

When asked how important DRR is to them, most survey respondents stated DRR was "very important" (71.1%), or "important" (19.4%).

MOST COMMON DISASTERS EXPERIENCED

COVID-19	**66.5%**
Floods	**37.8%**
Earthquakes	**35.4%**
Air pollution	**32.9%**
Extreme heat/heatwaves	**29.8%**
Tropical cyclones/typhoons	**28.6%**
Droughts	**14.5%**
Extreme cold	**9.8%**
Insect infestations	**9.2%**
Conflicts	**8.9%**
Volcanic eruptions	**7.1%**
Landslides/avalanches	**6.5%**
Technical disasters	**5.5%**
Sea level rising	**4.3%**
Costal erosion	**4.0%**
Tsunamis	**1.2%**

* Note the online survey was launched in early 2020 before the COVID-19 pandemic affected many countries, specifically those in the Pacific Region, who did not have cases until 2021.

3.3 IMPACT OF DISASTERS

3.3.1 PEOPLE WITH DISABILITIES FACE SIGNIFICANT BARRIERS DURING A DISASTER EVENT

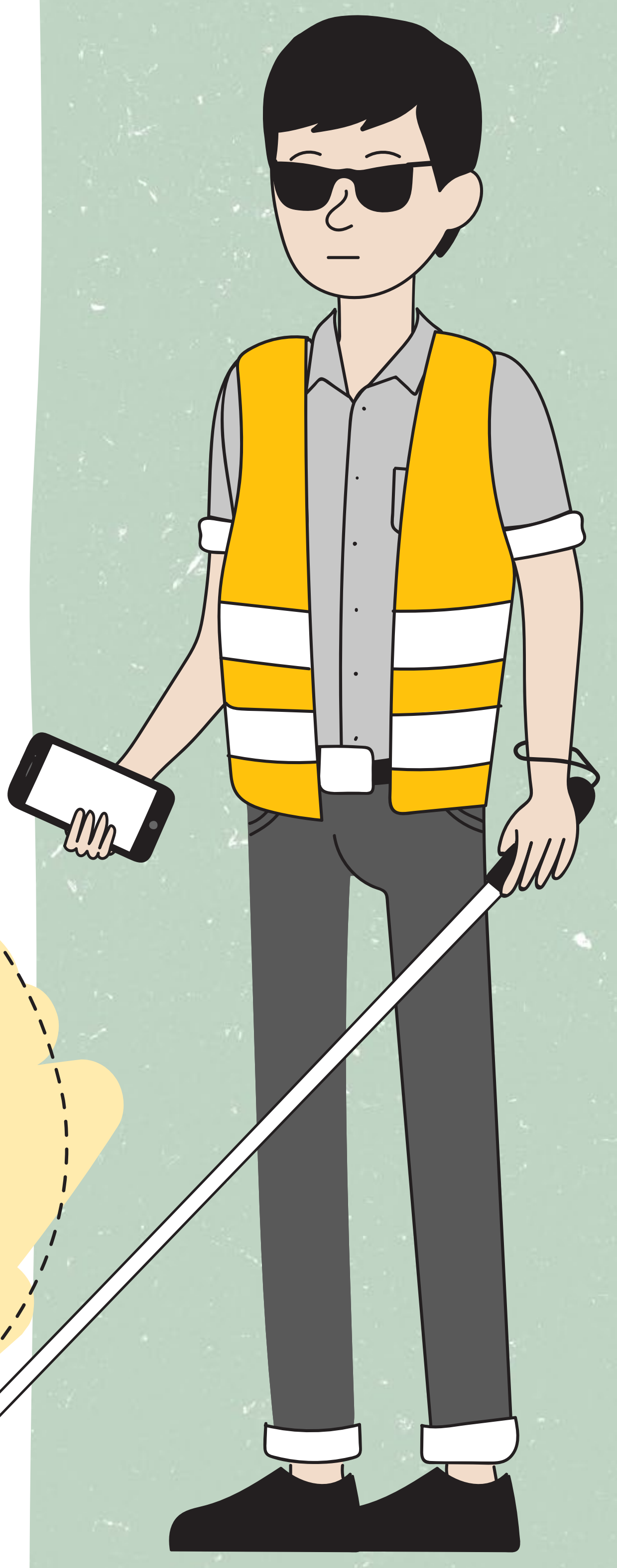
Lack of access to information and lack of support compounded by social exclusion are key contributors to the way people with disabilities experience and are impacted by disaster events.

Social exclusion was reported as a key contributor to the impact of disaster events experienced by people with disabilities. The analysis of focus group discussions demonstrates that some groups are more likely to experience social exclusion and social isolation, including people with sensory impairments and people with physical impairments. This is particularly due to:

a) A lack of inclusive communications for d/Deaf people and,

b) Minimal support provided to people with physical and vision impairments.

> "We have a lot of typhoons here in the Philippines and of course I am not aware about that because I can't hear anything on the news... The government will send out those SMS messages about disasters, but those messages are in Filipino, and I cannot understand Filipino, and so basically, whether it's on television or the radio, or in whatever form, we get paranoid because we are the last to know whatever is going on. And so, I am really, really concerned about myself and what would happen if there was an emergency and we had to evacuate and what would happen to me as I will be the last to know."
>
> **– Participant from the Philippines**



“Two years back there was a flood in my community and my home was taken away by the flood. Being a Deaf person, I was unaware about the problem, I was unaware about what to do in those situations, I was not being informed by the government about the possibility [of the flood] and what to do... After the flood I did not have good communication with the community or with my family.”

– Participant from Nepal

“One of my most terrible experiences I had was in 2005, there was a mock drill organised by some international organisation, about the earthquake, you know an earthquake is one of the frequent disasters that happen in Bangladesh. So, in that mock drill we were a few persons with disabilities working on the fourth floor of the building, many of them are visually impaired like me, so we were excluded from the mock drill. So, after one hour there was a real earthquake that happened and we, people with disabilities who were working here, we did not know what to do. All of the other colleagues they go out and they do what they need to do, but we didn't know what we could do, we are running here and there, and we became very afraid, and that was a very terrible experience I had.”

– Participant from Bangladesh

3.3.2 COMPOUNDING OF EXISTING IMPAIRMENTS AND HEALTH CONDITIONS

Qualitative data demonstrated that impairments and health conditions become more difficult to manage for people with existing disabilities during disasters, that disaster events contribute to further marginalisation, and contribute to the compounded decline in overall physical and psychological health.

"People with psychosocial disabilities can often get heightened anxiety, particularly as it gets worse, some members get PTSD [post-traumatic stress disorder] with typhoons, they feel shelters are unsafe, people at the shelters don't understand disability and don't accommodate them. Staff at shelters are ill informed and not competent. The ones who take care of shelters yell to get over the noise and this is not liked by many members. It can trigger anxiety. I had considered leaving the shelter during a storm."

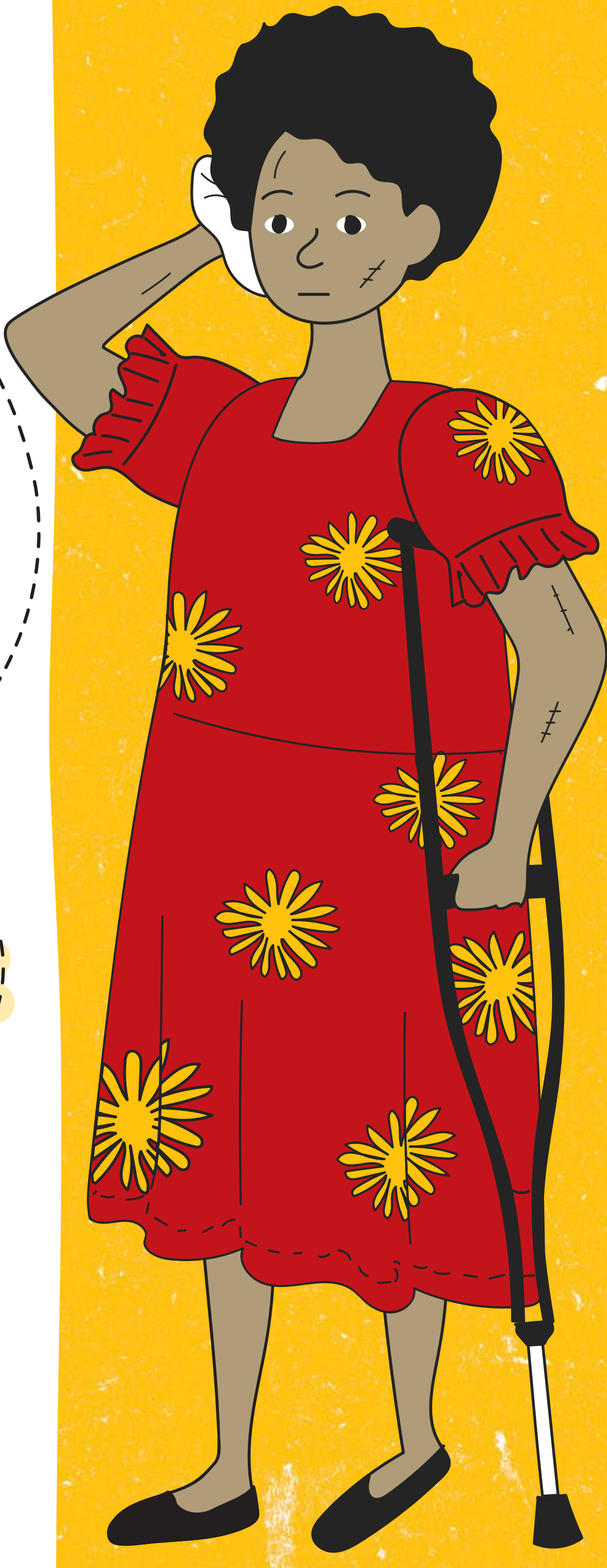
– **Participant from Guam**

"Difference in the way it affects people with disabilities. It is harder to move around fast, compared to those without disabilities."

– **Participant from Fiji**

"I wanted to drive our car and take it with us as I was sure the water would enter the car and we do not have resources for any repairs. Frankly, the recovery from any mishap is a cause of fear for me as I do not earn enough to manage the additional costs of disability. We left the car, and my wheelchair behind"

– **Participant from India**



3.3.3 ACCESS TO ESSENTIAL SERVICES IS DISRUPTED

Access to essential services was a significant challenge for people with disabilities during and after disasters. Access to water, sanitation and hygiene (WASH), food and shelter were highlighted as key challenges.

> "Without any help or assistance, we cannot do anything. There is a big difference especially for us who are blind, we don't know and [can't] see where to go."
>
> **– Participant from Kiribati**

> "Water stations became inaccessible for people with disabilities."
>
> **– Participant from Palau**

> "[It is] difficult to access and/or receive healthcare assistance due to the infrastructure damages and low household income. For example, a wheelchair user was not able to go to the hospital after the TC Harold because the household vehicle had a fallen tree on it, and he cannot take the bus."
>
> **– Participant from Tonga**

3.4 EVACUATION IN DISASTERS

Survey respondents were asked whether they felt they would be able to evacuate or move to a safer location in the event of an emergency.

- Less than one in five respondents (19.1%) said they would have no difficulty evacuating.
- More than 80% of survey respondents indicated they would have difficulty evacuating to a safer location in the event of an emergency. Respondents reported they would: have some level of difficulty evacuating (36%), only be able to evacuate with help (27.1%), need sufficient time or warning to be able to evacuate (14.5%), or wouldn't be able to evacuate at all (3.4%).

Reasons for difficulty evacuating included the following responses:

"Because I am Hard of Hearing and using hearing aids, I might not be able to hear when my hearing aids are taken off... My neighbours don't know how to reach me, and they don't know how much I am facing barriers in hearing sounds."

– Participant from Nepal

"I am a wheelchair user living on the seventh floor. In an emergency, lifts are out of action and I cannot get downstairs. I talked to the building manager and the fire brigade department about how to get out in an emergency, including when they do practice drills. I still have no plan from them, although non-disabled persons are planned for. To date, I have been left in my apartment during every drill with no one checking on me or informing me if it is a real emergency or a practice drill."

– Participant from New Zealand

"In my place there is no alert system and safety places to be gathered. After the earthquake I still afraid and use to be alert. Sometimes I sleep deeply. So, I think I may sleep deeply during earthquake or fire when I am alone."

– Participant from Nepal

3.4.1 DETERMINANTS OF EVACUATION

Qualitative data demonstrated a lack of personalised plans or priority assistance for people with disabilities. People with disabilities face multiple barriers and considerations that impact their decision of whether to stay or evacuate during a disaster.

[During] Cyclone Thomas, “[name removed] – a wheelchair user – was isolated in the farm when the warning came... He decided to stay back – as a result he passed away.”

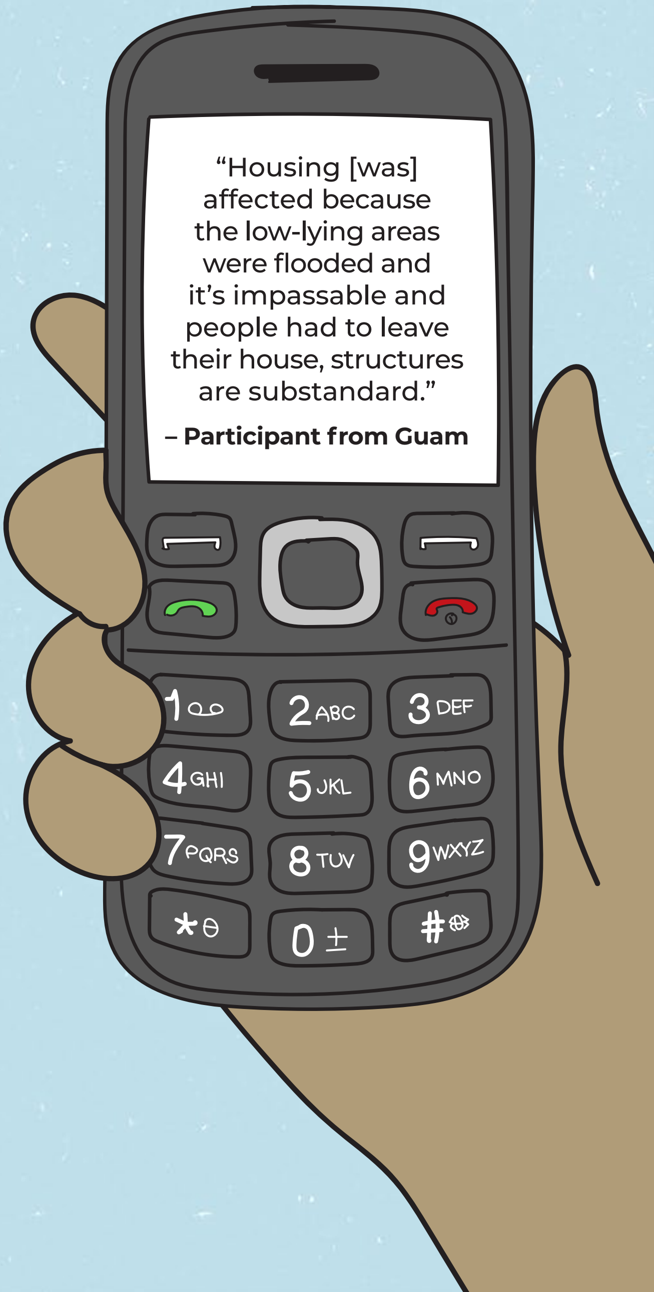
– Participant from Fiji

“Within our village our mayor was informing me that an older person was using oxygen and there was no power or water and he couldn’t access the device. He didn’t want to leave his house and refused service when people came to get him.”

– Participant from Guam

“During the 2015 flood in Chennai, because of me, my wife could not escape, she stayed with me. If I didn’t have a disability, we could have gotten out. In the Titanic movie, the hero gives up his life, I thought that it might happen to me. I may not have sacrificed my life for my wife, but when I was in the water, scenes from the movie played themselves to me. If an unreal movie could give rise to such strong emotions... Imagine what it would be to actually live it.”

– Participant from India



“Housing [was] affected because the low-lying areas were flooded and it’s impassable and people had to leave their house, structures are substandard.”

– Participant from Guam

3.4.2 INACCESSIBLE AND UNSAFE EVACUATION CENTRES

Inaccessible evacuation centres have prevented people with disabilities from seeking safety during disasters. Having to relocate to find an alternative accessible evacuation centre caused flow-on effects that compounded existing impairments or created additional challenges, such as, food rations being destroyed, crowded shelters, and personal distress.

"During a typhoon, the responders were evacuating the village people... When the typhoon [hit], everyone had to be evacuated to the capital building, but the building was not accessible for a few people with disabilities who had to be relocated."

– Participant from Palau

"During a disaster my daughter took me to a shelter, people in that place accused my daughter of bringing disabled people like me and they bullied me all the time."

– Participant from Bangladesh

"During Cyclone Winston, we went to an evacuation centre that wasn't accessible, I as a PA [personal assistant], asked some boys to transfer my husband to a Styrofoam to help transport him, as the water level was rising, to another evacuation centre that was more accessible."

– Participant from Fiji

Women and girls with disabilities face additional risks of gender-based violence in evacuation shelters or displacement settlements.

"[Women are] prone to be abused by a predator while in the evacuation centres. For example, a blind young girl was abused by an older male relative while trying to get to the bathroom without assistance while everyone was asleep."

– Participant from Tonga

"A woman with an 18-year old daughter with Down syndrome was living in an earthquake shelter camp post the earthquake with their whole extended family in Nepal. Initially it was fine, but later it got very difficult with fights over resources that were limited. She would not voice her concerns because she was scared that the others may retaliate by harming her daughter. She was also constantly ensuring that her daughter was in her sight, she felt unsafe that her daughter may be taken advantage of by some of the men in the community. The staff was unable to support her to look after her daughter and the other community members were also unwilling."

– Participant from Nepal

PEOPLE WITH PSYCHOSOCIAL DISABILITIES IN DISASTER EVENTS

THE IMPACT OF EXCLUSION FROM PREPAREDNESS FOR PEOPLE WITH PSYCHOSOCIAL DISABILITIES

Consultations were conducted with specific focus groups to ensure that the perspectives of people with more marginalised disabilities, such as people with psychosocial disabilities, were included throughout the report.

People with psychosocial disabilities experience greater levels of stigma and marginalisation and are often excluded from community activities such as disaster risk reduction (DRR) activities, because of fear and misunderstanding. Due to pre existing conditions, they may also experience more distress during disasters, particularly in evacuation centres, if they are even granted access. People with psychosocial disabilities are often in institutions, shackled or locked up in the community, and can be forgotten altogether during an evacuation. A further danger is that people with psychosocial disabilities are often institutionalised after a disaster event due to a lack of inclusive services which cater for their specific needs and allow them to live in their chosen family or community setting.

Specific focus groups held with people with psychosocial disabilities revealed that they often feel unsafe and unsupported during disaster events – especially at the time of evacuation and while in evacuation centres.

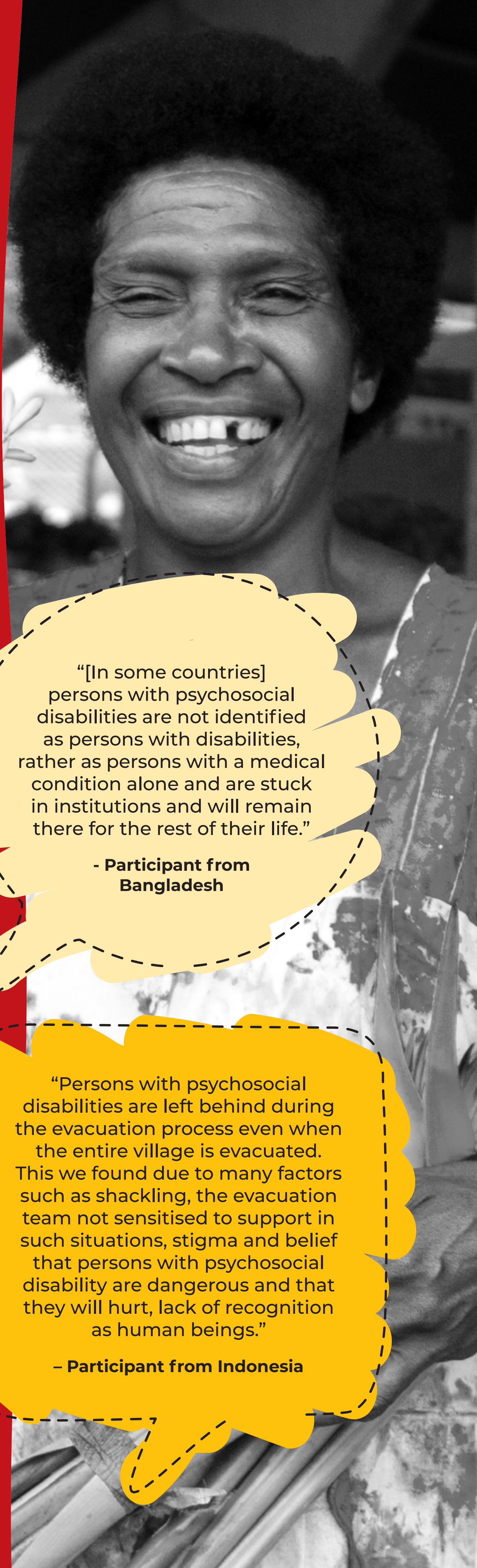
KEY FINDINGS

People with psychosocial disabilities are excluded from disaster event planning, response and recovery. They are not involved in decision-making processes, consultative meetings, and policy meetings.

A disaster event can be especially triggering for people with psychosocial disabilities – heightening pre existing conditions and triggering stress responses. The focus groups revealed that people with psychosocial disabilities reported experiencing much higher levels of stress and anxiety during disasters, especially in evacuation centres.

When it comes to evacuation time, people with psychosocial disabilities are left behind.

People with psychosocial disabilities who are in an institution at the time of a disaster event, are left behind and often die. They are forgotten about, and not provided with the means to evacuate and survive the event.



> "[In some countries] persons with psychosocial disabilities are not identified as persons with disabilities, rather as persons with a medical condition alone and are stuck in institutions and will remain there for the rest of their life."
>
> **- Participant from Bangladesh**

> "Many people with psychosocial disabilities die in Institutions during disaster, no body notices it or help them out of the situation. This is a situation in the whole of Asia Pacific Region. Such institutions are prone to fire accidents and people are not rescued."
>
> **– Participant from India**

> "Persons with psychosocial disabilities are left behind during the evacuation process even when the entire village is evacuated. This we found due to many factors such as shackling, the evacuation team not sensitised to support in such situations, stigma and belief that persons with psychosocial disability are dangerous and that they will hurt, lack of recognition as human beings."
>
> **– Participant from Indonesia**

If a person with a psychosocial disability can overcome the multiple barriers to evacuation, they then have the choice of an evacuation shelter that is designed and staffed by people who do not understand the needs of people with psychosocial disabilities. These shelters are often overcrowded and can feel unsafe.

> "I will not go to the shelter because I don't think it's safe. I have anxiety about being around people I don't know, and the crowding feels like I am 'smooshed', contained and it's a lot of anxiety around shelters… The issue is the lack of basic understanding by those who run the shelters because they are not certified to work with people with psychosocial disabilities. Inside shelters it's so cluttered that people using a wheelchair can't get around. We don't want to go because everything is so close together."
>
> – **Participant from Guam**

ADDRESSING THE BARRIERS FACED BY PEOPLE WITH PSYCHOSOCIAL DISABILITIES

People with psychosocial disabilities are primarily left behind in the DRR process due to lack of awareness among all stakeholders. This results in a lack of inclusion of the specific issues of people with psychosocial disabilities at all levels including within the disability movement.

Governments, National Disaster Management Offices (NDMOs), Community Service Organisations and Organisations of Persons with Disabilities, can foster the inclusion of people with psychosocial disabilities in DRR efforts through implementing efforts to address social marginalisation. This could be achieved through conducting community awareness-raising programmes to reduce the stigmatisation and social exclusion of people with disabilities, particularly the discriminatory attitudes towards people with psychosocial disabilities.

3.5 PARTICIPATION IN DRR ACTIVITIES

3.5.1 AWARENESS OF DRR ACTIVITIES

The survey found that whilst half of respondents (49.5%) were aware of DRR activities, only 41.2% had personally participated in one of these activities.

A further 9.2% of survey respondents were not sure if they had participated previously in DRR activities.

Awareness of DRR activities was associated with a range of factors including:

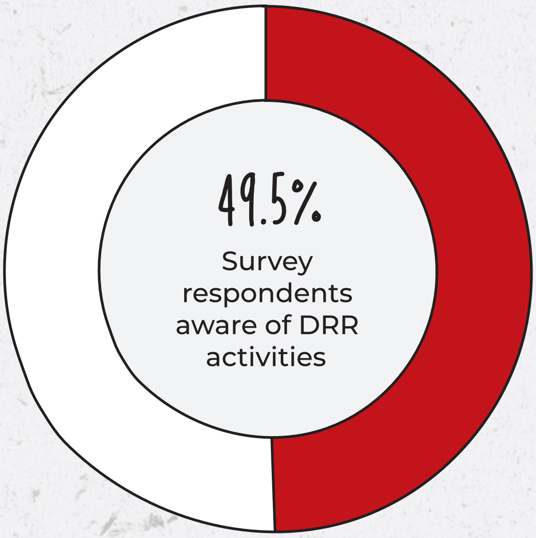
- Geographical location, with those living in urban areas more likely to be aware (p<0.01).
- Gender, with men more likely to be aware of DRR activities than women (p<0.01).

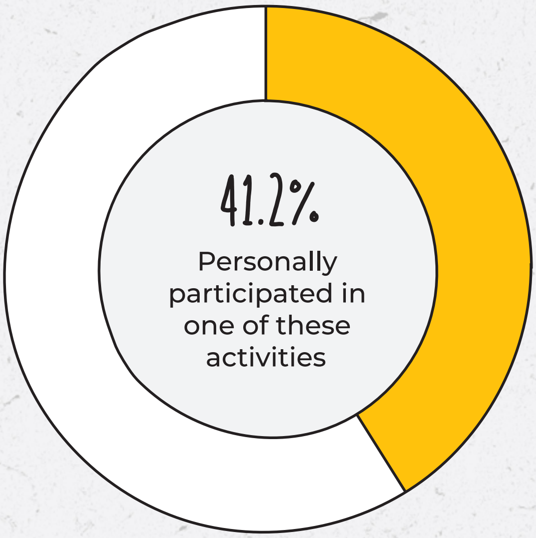
3.5.2 PRIOR PARTICIPATION IN DRR ACTIVITIES

Of the 41.2% of survey respondents who had participated in DRR activities, the most common type of activities were: being involved in meetings about disasters (60.2%), training on DRR and disaster preparedness (53.6%), and evacuation drills/simulations (39.2%).

Survey respondents also reported having participated in OPD-led activities, such as delivering training, sharing information, hazard-mapping exercises, and participating in cluster meetings.

PARTICIPATION IN DRR ACTIVITIES





Previous participation in disaster risk reduction or disaster preparedness was associated with a range of factors including:

- **Age:** with respondents over 25 years more likely to have participated than younger respondents ($p<0.01$).
- **Gender:** with men more likely to have participated in DRR activities than women ($p<0.001$).
- **Disability:** with people identified as having moderate to severe levels of difficulty (based on answers to the Washington Group Short Set of Questions) being less likely to have participated compared to people without disabilities (approaching significance, $p<0.56$).
- People who reported experiencing a disaster in the previous three years were also more likely to have participated in DRR or disaster preparedness activities (83.9% of those who reported experiencing a disaster vs. 67.6% who had not experienced a disaster in the previous three years, $p=0.015$).

"98% of the participants were not aware of such [DRR] plan and were also never informed that there is one in the community or national disaster preparedness plan. Slim percentage of people with disabilities participated in community consultations but never participated in decision making."

– Participant from Tonga FGD

REASONS FOR NOT PARTICIPATING IN DRR ACTIVITIES

I wasn't invited to participate	**61.0%**
Lack of access to information	**55.9%**
Lack of communication support	**33.9%**
Lack of physical accessibility	**27.7%**
No accessible transportation available	**16.9%**
No reasonable accommodation / adjustments provided	**20.9%**
Don't know	**16.9%**
Cost of participating too high	**10.7%**

"Nothing [regarding DRR consultation exists] in our community and in our villages. We would like to be involved, yes."

– Participant from Kiribati

3.5.3 EXCLUSION FROM PARTICIPATION IN COMMUNITY DISASTER PREPAREDNESS PLANS

Despite their willingness and desire to be included in disaster preparedness planning, people with disabilities were not included or consulted in their community's disaster preparedness plan process.

"They have a disaster plan, but no disabled persons are included."

- Participant from Fiji

"We want to be involved in community consultations."

- Participant from Fiji

"[No-one here has participated in a meeting or activity about disasters] because in the discussion we don't hear anything. We hardly hear about any information on disaster."

– Deaf participant from Kiribati

3.5.4 BARRIERS TO INCLUSION IN DRR EFFORTS

Survey respondents who had not previously participated in DRR activities were invited to identify the top reasons for not participating. The most common reasons included: not being invited to participate (61%), lack of access to information (55.9%), and lack of communications support (33.9%).

Communication barriers

Qualitative data found that people with particular types of disabilities, such as d/Deaf people, people with cognitive disabilities, and people with vision impairments, face communication barriers to accessing DRR information.

> "[No-one here has participated in a meeting or activity about disasters] because in the discussion we don't hear anything. We hardly hear about any information on disaster."
>
> **- Participant from Kiribati**

Policy/institutional barriers

Qualitative data indicated a lack of inclusive policies, or implementation of existing policies, which provided support to people with disabilities during DRR activities and response actions. This meant that there was a lack of attention to inclusion in services and prevention protocol.

> "Lack of accessible transportation, lack of awareness of laws/rules/guidelines related to persons with disabilities among the public authorities resulting in lack of implementation of those laws, policies etc. This makes it difficult for persons with disabilities to access any facility."
>
> **- Participant from India**

Attitudinal barriers

Analysis of qualitative data identified many attitudinal barriers present during disasters for people with disabilities, affecting the way they are treated and included in DRR efforts. Many of these relate to stigmatisation, fear, and a lack of understanding of disability.

> "Due to stigmatisation, people with disabilities were already labelled as useless and worthless human beings which cannot contribute any valuable assets to the community. Therefore, the people with disabilities were not invited or considered to be heard."
>
> **– Participant from Tonga**

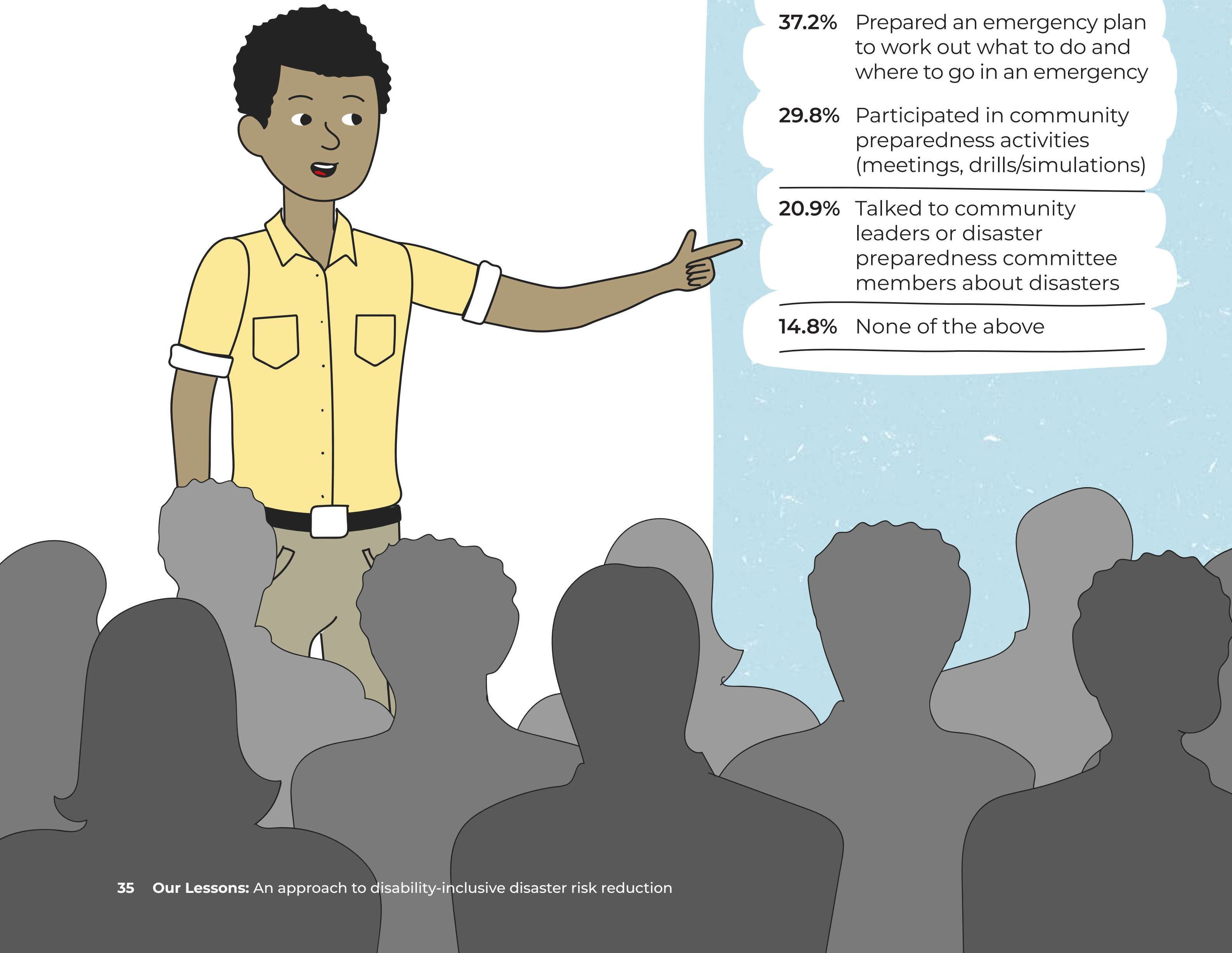
3.6 ACTIONS TAKEN TO PREPARE FOR DISASTERS

Although more than half (58.8%) of survey respondents reported being excluded from general DRR activities, most (85.2%) had previously taken some sort of personal action to prepare themselves or their household for disasters. The most common actions were preparing an emergency kit to help in an emergency (47.1%), talking to an OPD about disasters (46.2%), communicating information about hazards to others (41.8%), and learning more about hazards (41.5%).

Whilst other demographic characteristics did not correlate with taking action, people with disabilities were more likely to have taken action to prepare for disasters than people without disabilities.

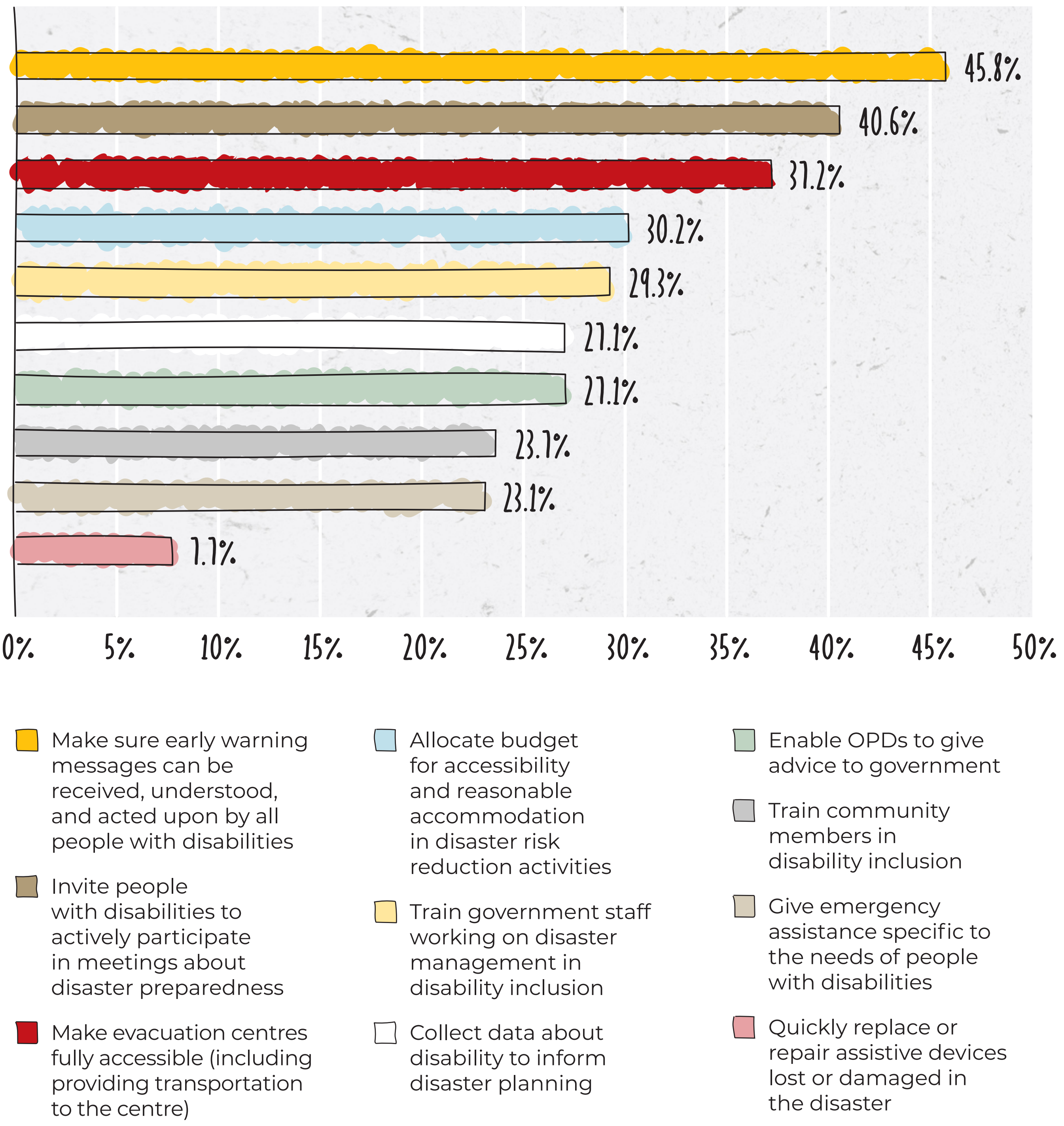
WHAT ACTIONS HAVE YOU TAKEN, EITHER BY YOURSELF OR WITH YOUR FAMILY/HOUSEHOLD, TO PREPARE FOR DISASTERS?

47.1%	Prepared an emergency kit of important items to help in an emergency
46.2%	Talked to a disabled people's organisation or other disability group about disasters
41.8%	Communicated information about natural hazards and disasters to others
41.5%	Learned more about natural hazards and how they could impact your community
37.2%	Prepared an emergency plan to work out what to do and where to go in an emergency
29.8%	Participated in community preparedness activities (meetings, drills/simulations)
20.9%	Talked to community leaders or disaster preparedness committee members about disasters
14.8%	None of the above



3.7 FACILITATORS AND OPPORTUNITIES

Consultation participants were asked what needs to be done to make people with disabilities safer in disasters. Each respondent was asked to nominate the three most important actions. The actions prioritised by the most respondents are related to accessible early warning messages, inviting people with disabilities to participate in meetings about disaster preparedness, making evacuation centres fully accessible (including transport), and allocating budget for accessibility and reasonable accommodations in DRR activities.



Participants from focus group discussions also shared their perspectives of what is needed to help prioritise the safety of people with disabilities in disaster events.

"Continue collaboration with the community and advocacy. If people don't get involved, they can get neglected so we need to advocate for system change, always need for increased public awareness and training for disasters."

– Participant from Guam

"Have a plan for someone to stay with people with disabilities living alone, creating a formal structure of support at times of disasters and help activate support and help mobilise individuals to get assistance."

– Participant from Guam

"For persons with disabilities... there should be enough communication, which is accessible... for Deaf people as well. So I would focus on communication accessibility of the information system, so that is the first thing. The second thing is that we should have data on who are people with disabilities that are affected by disasters. Third thing is that we need to have more awareness programmes for people with disabilities. Fourth thing is that we need to have more involvement and participation, so we would be part of these awareness raising programmes and participating at that level."

– Participant from Nepal

People with disabilities want to be included in all DRR discussions, workshops, and trainings.

"We must be included in all discussion/planning discussion. As we are [people with] disabilities, but we can contribute, and they should understand what our needs are...we should be attending all trainings and workshops."

– Participant from Kiribati

"People with disabilities should be considered to contribute to disaster preparedness and risk reduction plans."

– Participant from Kiribati

"We need to have more involvement and participation."

– Participant from Nepal

"People with disabilities are being used as a token, effectively we are there but that is only on paper. During a disaster or post disaster, we may get some relief, we may get some rehabilitation service, but we want [them] to see we are not only a recipient, we'll be a contributor also, because we know better than anyone what we need, how we can contribute for our community. We know the people with disabilities, where we're living. So, this is very important, we want to see many people with disabilities are coming forward and treated as experts, treated as contributors, and we can work as a vital part of the disaster management process."

– Participant from Bangladesh

3.8 PEOPLE WITH DISABILITIES' EXPERIENCE OF THE COVID-19 PANDEMIC

3.8.1 THE IMPACTS OF COVID-19 ON PEOPLE WITH DISABILITIES

COVID-19 is having significant impact on the lives of people with disabilities.

> "Persons with disabilities are the ones who are wholeheartedly accepting the safety regulations with regard to this pandemic. Due to the unfair accessibility, persons with disabilities are used to an isolated routine which is known these days as home quarantine."
>
> **– Participant from India**

> "The effect of the COVID-19 Pandemic which has thrown all our work routines into a dizzy... As a person with disability, who commutes a lot, this curfew is indeed a difficult thing to follow, but have to do it for the benefit of all of us. My biggest concern is about essentials, albeit I have stocked enough for the time being, there's a sense of 'what-if'... I am thinking of those for whom there are environmental barriers and attitudinal barriers imposed by the society when trying to access."
>
> **- Participant from Bangladesh**

Survey respondents reported: being unable to continue working or experiencing a loss of income (44.1%), difficulty accessing medicine and other essential supplies (35.8%), difficulty accessing food and household items (35.5%), and not being able to attend regular medical appointments (31.9%).

Access to healthcare and health information

Medicines and essential healthcare support related to one's existing impairment were difficult to access, creating significant challenges for some people with disabilities.

In response to the question, 'Are you receiving enough health information about COVID-19 to protect you and your family becoming infected?' 91.6% of participants responded favourably with the majority (87.3%) saying they had received enough information about COVID-19. Nearly one in six said they did not.

> "In such a crucial situation of pandemic, one of the greatest fears is of the availability of medicines. The safety measures have been made strict and no one is allowed to leave their home. But still there is no clarity in the arrangements of any kind regarding any facilities for delivering the medicines to home."
>
> **– Participant from India**

> "Another challenge that pops up is the catheter change for persons who are bedridden. Catheter change is the medical procedure of replacing the urine tube with a new one (every 15-30 days) done by trained nurses. In my area this procedure is carried out by palliative care, home care department by reaching out to every such person's home. In the current situation, it's hard to figure out how these services shall continue".
>
> **– Participant from India**

Additionally, survey results found that more than one in four respondents had lost the support they needed to be independent, while one in five had been unable to access rehabilitation services.

3.8.2 ACCESS TO INFORMATION ABOUT COVID-19

Survey results found that more than one in four people had lost the support they need to be independent, while one in five had lost access to therapy or rehabilitation services.

Survey participants were asked whether they had been receiving 'enough health information about COVID-19 to protect you and your family becoming infected?'. The majority (87.3%) said they had received enough information about COVID-19 (during 2020).

Those responding that they had not been receiving enough health information were then asked why. More than half noted that information was delayed or outdated (56.4%), not accessible (51.3%), or that they did not understand the information (28.2%). 12.8% reported not receiving any information.

Focus group discussions revealed that people with disabilities across South Asia faced communication barriers. Many shared that they had not been receiving any information about health or available support.

> "[We] do not get any information regarding accessing relief. There is lack of support for accessing relief services. Persons with disabilities from marginalized communities and persons with disabilities who face communication barriers are always left behind in getting information in times of disaster and pandemic."
>
> **– Participant from India**

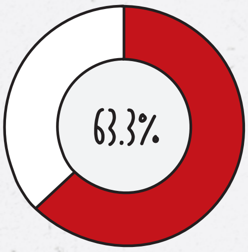
3.8.3 WHAT IS REQUIRED TO ENSURE COVID-19 RESPONSES PROTECT AND INCLUDE PEOPLE WITH DISABILITIES

The survey asked respondents what they believed needed to be done to ensure COVID-19 responses protect and include people with disabilities. Participants were able to select the top two options which they believed to be the most important.

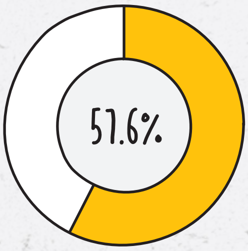
Nearly two thirds of respondents (63.3%) agreed that health information and other important messages should be received, understood and acted upon by all people with disabilities; 57.6% said ensuring that people with disabilities could still access support for independent living; half of respondents (49.6%) believed that people with disabilities should be consulted when developing responses; 40.6% agreed that priority should be given to people with disabilities to access health and other essential services; 38.1% stated that community actions to prevent COVID-19 spread (like public handwashing stations) should be made accessible for people with disabilities; and 34.2% believed that government staff and other frontline COVID-19 actors should be trained on disability inclusion.

> "I am not questioning the Government's decision to lockdown but asking them to keep persons with disabilities in mind too, when they come across such circumstances."
>
> **– Participant from Bangladesh**

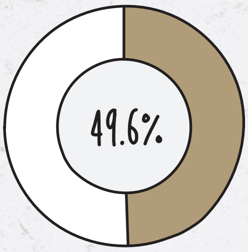
SURVEY RESPONDENTS' OPINIONS



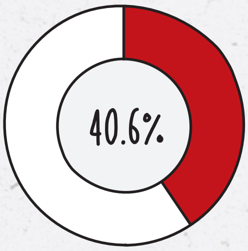
Health information and other important messages should be received, understood and acted upon by all people with disabilities



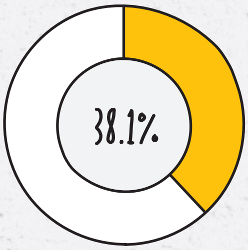
People with disabilities could still access support for independent living



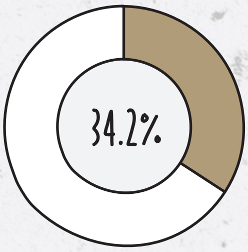
People with disabilities should be consulted when developing responses



Priority should be given to people with disabilities to access health and other essential services



Community actions to prevent COVID-19 spread should be made accessible for people with disabilities



Government staff and other frontline COVID-19 actors should be trained on disability inclusion

4.0 DISCUSSION

The findings of this consultation process provide a clear and compelling overview on the current situation of disasters affecting people with disabilities across Asia and the Pacific. Disasters are a real and persistent problem for people with disabilities. Their continued exclusion from disaster preparedness and reduction efforts at both national and local levels must be addressed.

4.1 DISABILITY IDENTIFICATION

The online survey questionnaire incorporated two approaches to gather information about a respondent's disability status. First, respondents answered the Washington Group Short Set on Functioning – Enhanced (WG-SS Enhanced) questions to self-report their level of difficulty performing a range of daily activities. In addition, respondents were directly asked if they identified as a person with a disability.

Data analysis found that far fewer people were identified as having a disability by use of the WG-SS Enhanced tool compared to the direct question approach, with nearly two-thirds of survey respondents (63.4%) identifying as being a person with a disability, while 29.4% of respondents were categorised as having a disability based on their WG-SS Enhanced responses using the standardised cut-offs recommended for population survey purposes.

This difference may be due to the limitations of the WG-SS Enhanced requirements, which indicate disability is determined if a respondent answers "cannot do at all" or "a lot of difficulty" in any of the functional domain areas.

Despite including the indicators of depression and anxiety within the Enhanced Set, it ultimately focuses on impairments as barriers to inclusion, rather than social exclusions as barriers to inclusion, i.e., the ability to partake in education, community activities, or the ability to have and maintaining relationships. As articulated in the CRPD, it is the social barriers which limit participation on an equal basis as others which is what defines disability.

The WG-SS Enhanced focuses on measuring disability status by using the proxy of difficulties a person may have in undertaking basic functioning activities, including seeing, hearing, walking, or climbing stairs, remembering or concentrating, self-care, communication, upper body activities, and anxiety and depression.[7] When the cut-off was expanded to also include respondents reporting they had “some difficulty” in addition to “cannot do at all” or “a lot of difficulty” in any of the functional domain areas, 46.8% of respondents were identified to have a disability.

As people with disabilities are experts themselves, the discrepancies between the WG-SS Enhanced and the direct response method of disability identification indicate that people may be excluded when using the Washington Group Questions if they do not meet the functional requirements for disability identification, regardless of their experience of social exclusion due to their disability. This may be consistent with the findings of the 2011 World Report on Disability,[8] which indicates that while 15% of the world’s population has some form of disability, just 2-4% of those experience significant functional difficulties.[9]

Additionally, the snowball sampling of participants from OPD referrals could have affected the difference in disability identification methods. Existing data suggests that OPD networks have increased understanding of disability, particularly the social and rights-based models of disability,[10] which considers the impact of social barriers. The influence of OPD referral networks may have been a factor which influenced the higher number of direct self-reporting in comparison to standardised question sets.

4.2 PEOPLE WITH DISABILITIES ARE SIGNIFICANTLY IMPACTED BY DISASTERS

The findings of this research are consistent with other international evidence and reveal that people with disabilities across Asia and the Pacific are impacted significantly by disasters.

People with disabilities are not more vulnerable to disasters, they experience exclusion from participation. People with disabilities have the knowledge, skills, and individual capacities to be able to prepare for, and respond to, disaster events but often experience heightened risks which arise from social exclusion and existing barriers. Robinson (2017) argues that such disproportionate risks “relate to a person’s lack of opportunities and not being able to participate fully in society in comparison to others”. It is these gaps in capacity which equate to vulnerability, not the outdated charity model of disability which labels people with disabilities as inherently vulnerable. However, because of the barriers that exist in society, including discrimination, stigma, and social exclusion, they are more likely to be left out of DRR activities, leaving them unprepared and at a disproportionate risk when a disaster eventuates.

Additionally, social exclusion was reported as a key contributor to the impact of disaster events experienced by people with disabilities. People with different types of disabilities reported being adversely affected by exclusion and barriers in different ways. People with physical disabilities reported being left trapped at home, while people with sensory and cognitive disabilities including d/Deaf people did not receive information in a comprehensive or timely way. People with psychosocial disabilities reported experiencing much higher levels of stress and anxiety during disasters, especially in evacuation centres. Overarching all themes, social exclusion was reported as a key contributor to the impact of disaster events experienced people with disabilities.

4.2.1 THE INTERSECTION OF DISABILITY AND GENDER

While the intersection of disability and gender during disasters was not specifically explored by this study, the results of the focus group discussions indicate that women and girls do experience heightened discrimination and risk during disaster contexts, as noted by several other global studies.[11, 12, 13] This is an area which requires further exploration. Women and girls with disabilities are at increased risk of experiencing exclusion from DRR due to the compounding and intersectional experience of both their disability and gender.[14]

The qualitative data found that women with disabilities reported being especially at-risk, uncovering that sexual harassment of young women and girls occurs in evacuation shelters. The study found that women and girls with disabilities experienced physical and sexual abuse when they sought to access hygiene facilities by themselves. This not only increases the potential risks of girls with disabilities, but also, attempts to reinforce the stereotype that people with disabilities need constant care, a stereotype of incapability that the disability community has worked hard to overcome. Furthermore, an example of this systematic issue is described by one woman whose daughter has a disability, reporting that she could not voice her concerns of the scarce resources across shelter camps in fear that others may retaliate and purposefully harm her daughter. The findings highlight that even in the efforts to seek support from emergency response staff and community members, limited, and at times, no help was provided to ensure the safety of women and girls with disabilities.

4.2.2 IMPACTS OF COVID-19

It is important to note that the online survey component of this consultation project was launched in early 2020, as the COVID-19 pandemic was emerging and impacting the world. However, many countries in the Pacific region had no reported COVID-19 cases until mid-2021. This delayed experience of the pandemic and its effects is evident from the survey data, which revealed that, although it would be assumed that everyone across the globe would be impacted by COVID-19, only 66.5% of survey respondents recorded personally experiencing a “pandemic” in the previous three years.

FGD participants in South Asia reported that the pandemic had made accessing essential healthcare supports and medicines, which they required to manage their existing impairment, very challenging.

The consultation findings indicate that people with disabilities may not have been adequately targeted or prioritised during COVID-19 responses. One in six survey respondents said they had not received enough health information about COVID-19 to protect them and their family from becoming infected. Furthermore, one in six also reported that they had not been receiving up-to-date information about COVID-19, including disruptions impacting their daily life (e.g., restrictions on movement, changes to services).

4.3 A RANGE OF BARRIERS CONTINUE TO PREVENT PEOPLE WITH DISABILITIES FROM PARTICIPATING IN DRR

To implement effective and inclusive disaster preparedness and response, people with disabilities must be included. People with disabilities are experts at identifying barriers, and managing risks, because they do it every day.[15] Engaging directly with people with disabilities to understand the underlying risk factors and particular barriers they face, and identifying strategies to remove those barriers, is crucial to facilitate inclusive and local disaster preparedness and response.

Participation in DRR activities can mean the difference between life and death during a natural hazard or disaster event, regardless of disability status. The survey found that whilst half (49.5%) of respondents were aware of DRR activities, less than half (41.2%) had personally participated in one of these activities. More than 80% of respondents indicated they would have difficulty evacuating to a safer location in the event of a disaster.

The consultation findings suggest that a range of barriers continue to prevent people with disabilities from engaging in DRR activities. The four key categories of barriers emerging from the findings are: physical/environmental, communication, attitudinal including stigma and discrimination, and policy.

- People with particular types of disabilities (i.e., d/Deaf people, people with cognitive disabilities, people who are blind or have low vision) face numerous communication barriers which repeatedly exclude them from participating in DRR activities and accessing disaster information in a timely manner. Deaf people reported higher unmet needs for accessible information.

> "When the declaration or pre-warning of the disasters come through media, we often cannot understand, so if they use a sign language or subtitles then it will be very convenient for us".
>
> **– Participant from Bangladesh**

> "For deaf members, there were no news updates, due to an unavailability of interpreters."
>
> **– Participant from Fiji**

> "We have a lot of typhoons here in the Philippines and of course I am not aware about that because I can't hear anything on the news... The government will send out those SMS messages about disasters, but those messages are in Filipino, and I cannot understand Filipino, and so basically, whether it's on television or the radio, or in whatever form, we get paranoid because **we are the last to know whatever is going on.** And so, I am really, really concerned about myself and what would happen if there was an emergency and we had to evacuate and what would happen to me as I will be the last to know."
>
> **– Participant from the Philippines**

- Not only have people with disabilities experienced physical barriers preventing them from participating in DRR activities, but the consultation indicates that, for communities which did have designated evacuation centres, they were rarely accessible for people with disabilities, and were not designed to consider the diverse needs of people with disabilities. This proves to be a critical issue, as accessibility is a factor determining whether a person with disabilities can evacuate, and survive, disaster events.
- A story was shared of family members deliberately withholding information about disasters from women with disabilities because of a concern that the information would be stressful and upset them.
- Another story highlighted the experience of people with disabilities who were receiving hospital treatment during the time of a disaster and were left behind in the hospital as other patients were evacuated, despite a hospital's responsibility to provide a duty of care.[16]

4.4 TRAINING OF DRR AND EMERGENCY WORKERS

The study findings uncovered that a lack of disability-inclusive DRR training for staff, particularly those who worked at evacuation centres, was a common issue across the region. Focus group discussions revealed that multiple people with disabilities had past negative experiences at evacuation centres, and avoided them in subsequent disaster situations. Whilst evidence suggests that evacuation centres are among the safest places for people during disaster events, compared to 'sheltering in place' at home,[17] this study highlights that people with disabilities who face additional barriers and have accessibility requirements, may not have the same experience of safety and protection at an evacuation centre.

4.5 INCLUDING PEOPLE WITH DISABILITIES IN DRR EFFORTS

This study found that, regardless of disability type, the negative stigma associated with disability meant people with disabilities were not prioritised to be included in DRR planning and decision-making. The study found that people with disabilities experienced being considered 'useless' and 'worthless' human beings who were believed to be unable to contribute to society. Many participants reported that these discriminatory attitudes were the reason they were excluded from DRR activities. This finding corresponds with international evidence[18, 19] which indicates that discriminatory attitudes are a key barrier to inclusion.

4.6 PROGRESS IS BEING MADE

Despite continued exclusion and barriers, this study has documented important positive progress, showcasing the extent to which people with disabilities are becoming more involved in DRR efforts, particularly self-led or disability movement-led DRR efforts.

This survey found that the majority (85.2%) of survey respondents had previously taken some sort of action to prepare themselves for disasters, despite more than half (58.8%) being excluded from participating in other DRR activities. The most common actions were: preparing an emergency kit to help in an emergency, talking to an OPD about disasters, communicating information about hazards to others, and taking initiative to learn more about natural hazards. This indicates that people with disabilities and their representative organisations are stepping up to the gap left by mainstream DRR actors.

Information sharing between people with disabilities was a common theme. Focus group discussions in Guam revealed that individuals with disabilities are sharing DRR information amongst established OPD networks, particularly for those they know who are d/Deaf.

Though it is evident that more must be done to address such barriers, positive steps are also being made in the process of achieving inclusion. A survey participant from Vanuatu shared a perception that people with disabilities were more actively involved in disaster response efforts in the aftermath of a recent tropical cyclone, compared to the level of involvement in previous cyclone responses. Another survey participant from Fiji shared information that the province of Naitasiri in Fiji has reportedly taken action to ensure that people with disabilities are supported to be evacuated first, via a systematic community process.

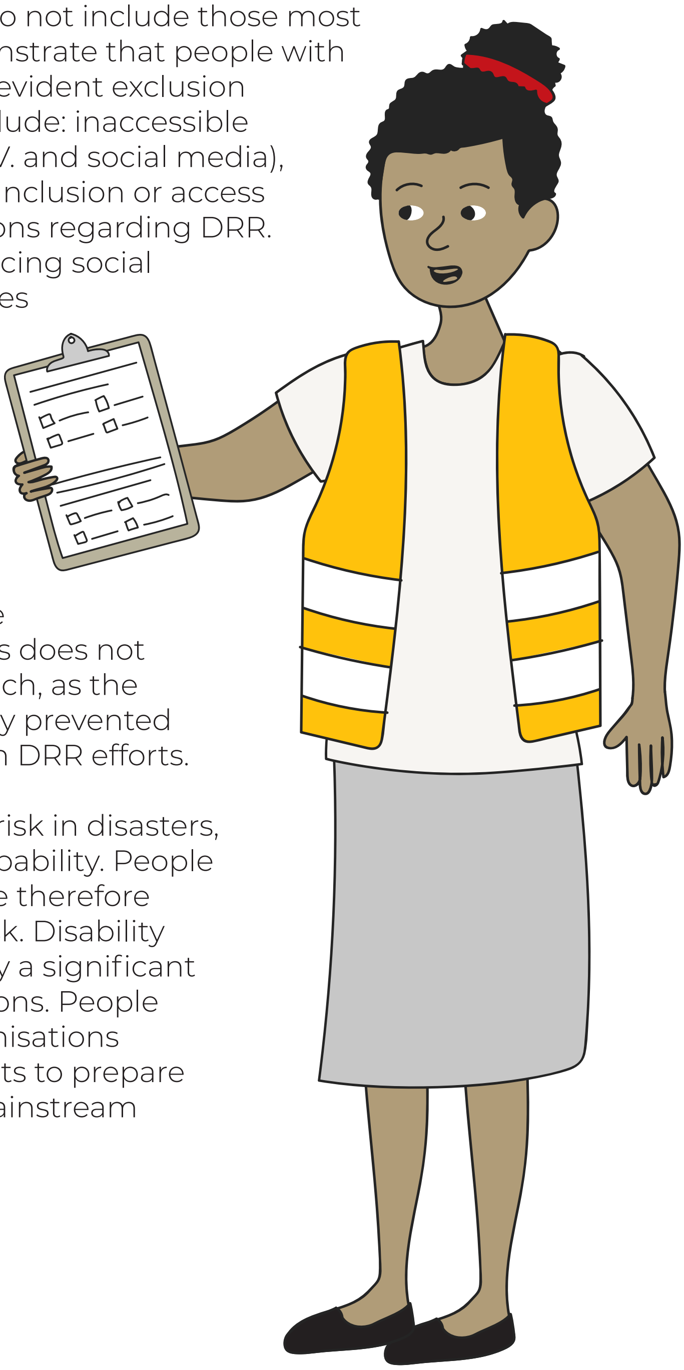
5.0 CONCLUSION

This consultation project has found that, past the midway point of the Sendai Framework implementation period, people with disabilities are not yet systematically participating in DRR activities.

People with disabilities want an active and central role as leaders and agents of change in DRR, in line with the UNCRPD. Inaccessible disaster preparedness efforts are *incomplete* as they do not include those most at risk. The key findings of this research demonstrate that people with disabilities experienced heightened risks and evident exclusion from participating in DRR activities. These include: inaccessible traditional communication methods (radio, T.V. and social media), inaccessible evacuation centres, and a lack of inclusion or access to community outreach programs or discussions regarding DRR. People with disabilities also reported experiencing social exclusion influenced by discriminatory attitudes towards disability, further limiting their access to timely information and effecting their ability to evacuate.

The research found that despite their willingness and desire to be included in DRR, the majority of people with disabilities were still not included or consulted in their community's disaster preparedness plans. The disproportionate risk of people with disabilities does not detract from their capacity and capability, which, as the findings of this study discussed, has historically prevented people with disabilities from being included in DRR efforts.

People with disabilities face disproportionate risk in disasters, but they also have significant capacity and capability. People with disabilities manage risk every day and are therefore already experts in preventing and reducing risk. Disability advocates, particularly through OPDs, can play a significant role in disaster policy, planning and interventions. People with disabilities and their representative organisations are increasingly implementing their own efforts to prepare for disasters, stepping up to the gap left by mainstream DRR actors.



Despite the willingness and desire of people with disabilities to be included in DRR activities, and despite the valuable perspectives they bring, the majority of people with disabilities consulted in this project have not yet been included in their community's disaster preparedness planning process. Formal disaster management agencies tend to have limited interaction or collaboration with the disability movement.

The continued exclusion of people with disabilities means DRR efforts across Asia and the Pacific cannot fully succeed, as those most likely to be negatively impacted are being excluded.

This study indicates that there is significant value in engaging with people with disabilities and their representative OPDs to limit their heightened disaster risks, often influenced by exclusionary practices in DRR activities. People with disabilities are capable of navigating their own risks, and also have the knowledge, capacity and lived experience to be effective leaders, key resources, and agents of change in disability-inclusive DRR (DiDRR) across Asia and the Pacific.

6.0 RECOMMENDATIONS

There is significant value in engaging with people with disabilities and their representative organisations in DRR activities. The meaningful and active participation of people with disabilities is essential for the achievement of effective DRR. The following recommendations can help achieve effective, disability-inclusive DRR (DiDRR).

6.1 WHAT ALL DRR ACTORS (INCLUDING COMMUNITY LEADERS, LOCAL RESPONDERS, NATIONAL AND INTERNATIONAL NGOS, AND HUMANITARIAN AGENCIES) CAN DO

All DRR actors can play an active role to support the inclusion of people with disabilities through the following recommendations.

1. **Actively consult with people with disabilities:** people with disabilities and their representative organisations (OPDs), must be consulted and included in all phases of DRR efforts. Through engaging directly with people with disabilities, DRR actors can better understand the particular barriers and identify strategies to remove such barriers.
2. **Recognise the capacity of people with disabilities:** people with disabilities have knowledge, skills, and individual capacities to be able to prepare for, and respond to disaster events, but often experience heightened risks which arise from social exclusion and existing barriers. Shift from thinking of people with disabilities as a 'vulnerable group', towards recognising them as experts in their own lives, who hold key capacities and important perspectives.
3. **Commit to actively include people with disabilities:** ensure people with disabilities have an active and central role as leaders and agents of change in DRR, as required under the UN Convention on the Rights of Persons with Disabilities, the Sendai Framework, and other global and regional DRR policy frameworks.
4. **Celebrate the efforts achieved so far:** celebrate the progress that has been made since the implementation of the Sendai Framework in 2015. Though it is evident that improvement must be made to address barriers, it is undeniable that positive steps are also being achieved in the process of implementing inclusive DRR processes. Utilise these research findings as proof that change is possible.

6.2 WHAT GOVERNMENTS AND NDMOS CAN DO

Governments and National Disaster Management Offices (NDMOs) can foster the inclusion of people with disabilities in DRR efforts through the following recommendations.

1. **Implement efforts to address social marginalisation:** conduct community awareness-raising programmes to reduce the stigmatisation and social exclusion of people with disabilities, particularly the discriminatory attitudes towards people with cognitive and psychosocial disabilities. Consider partnering with an OPD to conduct disability awareness workshops throughout communities and across municipalities.
2. **Engage with OPDs:** governments should proactively reach out to and consult with OPDs to identify and address specific barriers to the inclusion of people with disabilities throughout DRR activities. OPDs must be renumerated for their valuable time and skills.
3. **Ensure accessibility across all DRR processes:**
    - **a)** Embed minimum standards and checklists for all disaster-related communications to be delivered in an array of accessible formats (i.e., with sign language, in Easy Read formats, with pictorial versions,), particularly for traditional communications methods (i.e., radio, social media) which are commonly inaccessible.
    - **b)** Ensure early warnings can be received, understood, and acted upon by people with disabilities. Ensure people with disabilities are included in the design and selection process of early warning systems.
    - **c)** Ensure evacuation facilities are fully accessible, with accessible communications and signage, sanitation facilities, buildings and space capacity, equipment, and adequate and cost-free accessible transport provision. OPDs can be consulted to determine budget allocation (i.e., 3-5%) to ensure accessibility.

4. **Address protection risks including disability discrimination:** make shelter and evacuation centres safer for people with disabilities, particularly women and girls.
    - **a)** Ensure all shelter and settlement staff and volunteers, especially those working at evacuation centres, are trained in disability-inclusive practices, including how to apply and adhere to reasonable accommodation requirements.
    - **b)** Consider training and designating Gender Equality, Disability and Social Inclusion (GEDSI) Safety Officers at shelter sites to ensure that people with disabilities, specifically women and girls, can seek support if they require additional assistance to ensure their safety and inclusion.
5. **Support healthcare providers to mainstream disability inclusion:** ensure healthcare workers and hospital staff are trained on disability rights, particularly the right to priority assistance during disasters. Encourage healthcare providers to undertake evacuation drills and to develop their own procedures which ensure people with disabilities are included in evacuation processes.
6. **Develop a Community of Practice (CoP):** establish a virtual CoP with disaster actors, disaster preparedness committee members, OPD staff, and people with disabilities to share lessons and successes supporting the application of DiDRR. Ensure this is developed in partnership with OPDs to support accessibility on a virtual platform across Asia and the Pacific.

6.3 WHAT OPDS CAN DO

OPDs are already working tirelessly to ensure people with disabilities are included across all DRR efforts. OPDs can continue to champion disability rights through the following recommendations.

1. **Build your constituency:** continue to consult with your members about their concerns, needs and ideas regarding DiDRR. Relay these needs by consulting actively with your local government, relevant ministries and emergency services involved in DRR planning and response efforts.
2. **Communicate with your members:**
   - **a)** Support disability networks by sharing information about DRR activities with those who have a disability (including those outside your OPD membership circle). Encourage other members to expand the existing network to ensure more people with disabilities are included.
   - **b)** Work with your local community services and local disaster management authorities as DRR plans are developed, in order to ensure DRR activities reach, and are inclusive of the needs of people with disabilities, including those who are not members of an OPDs.
3. **Strengthen your disability networks:** connect with other OPDs in your region to share information on DRR programs, identify support needs and options (transport, accessible evacuation centres, common issues of concern) and to strengthen and coordinate your collective advocacy voices.
4. **Target decision makers:** continue to build and strengthen relationships with government officials and humanitarian/development actors engaged in DRR policy making, planning and response. Encourage them to develop a Community of Practice to share lessons regarding inclusive DRR.
5. **Continue to advocate:** advocate for people with disabilities and their support networks (including carers, personal assistants, family caregivers, and interpreters) to have access to all DRR activities and accessible preparedness plans.

ENDNOTES

† CBM Inclusion Advisory Group, person with a disability

§ CBM Inclusion Advisory Group, person with a disability

¶ CBM Inclusion Advisory Group, person with lived experience of a disability

‡ Ektha & International Disability Alliance, person with a disability

International Disability Alliance, person with a disability

ф CBM Inclusion Advisory Group

∆ CBM Inclusion Advisory Group

∑ Pacific Disability Forum

REFERENCES

1. ESCAP. (2017). Disaster Resilience for Sustainable Development: Asia-Pacific Disaster Report 2017, The Economic and Social Commission for Asia and the Pacific, Bangkok.
2. United Nations. (2018). Beijing Declaration including the Action Plan to Accelerate the implementation of the Incheon Strategy. Economic and Social Commission for Asia and the Pacific. Bangkok.
3. Fujii,K. (2012). The Great East Japan Earthquake and Disabled Persons, in Disability Information Resources, Japan.
4. Quaill, J, Barker, R, & West, C. (2018). 'Experiences of Individuals with Physical Disabilities in Natural Disasters: An Integrative Review', Australian Journal of Emergency Management, vol. 33 no. 3, pp. 58-63.
5. Rotenberg, S., Downer, M. B., & Cooper, J. (2021). Making COVID-19 vaccinations accessible for people with disabilities. Vaccine, 39(40), 5727–5728.
6. United Nations. (2008). The UN Convention on the Rights of Persons with Disabilities (UNCRPD). United Nations, New York.
7. Washington Group on Disability Statistics (2021). WG Short Set on Functioning – Enhanced (WG-SS Enhanced). https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-%e2%80%93-enhanced-wg-ss-enhanced/
8. United Nations. (2008). Convention on the Rights of Persons with Disabilities.
9. WHO. (2011). World Report on Disability. World Health Organization.
10. Disability Rights Fund. (2016). https://disabilityrightsfund.org/faq/what-is-a-dpo/
11. Rohwerder, B. (2017). Women and girls with disabilities in conflict and crises. Institute of Development Studies. K4D.
12. Basnet Bista, Sapana & Sharma, Shaurabh. (2019). Violence against women and girls with disabilities during and after the 2015 Nepal earthquake: thematic analysis of qualitative data. The Lancet Global Health. 7. S45. 10.1016/S2214-109X(19)30130-5.
13. CBM Australia (2018). Saving Lives and Leaving No One Behind: The Gaibandha model for disability-inclusive disaster risk reduction.
14. Blyth, J. & Woolf, L. (2020). Out of the Margins: An intersectional analysis of disability and diverse sexual orientation, gender identity, expression & sex characteristics in humanitarian and development contexts. CBM Australia and Edge Effect.
15. Robinson, A. (2017). Disability inclusion and disaster risk: principles and guidance for implementing the Sendai Framework. The Norwegian Association of Disabled (NAD).
16. A. K. Simonds, D. K. Sokol. (2009). European Respiratory Journal. Vol 34. pp. 303-309.
17. IFRC, HI & CBM. (2015). All Under One Roof: Disability-inclusive Shelter and Settlements.
18. Handicap International. (2012). The Disability Inclusive Community Based Disaster Risk Management: A toolkit for practice in South Asia.
19. CBM-DiDRR. (2016). Disability Inclusive Disaster Risk Management: Voices from the Field and Good Practices.

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