

When natural or man-made disasters* occur some people, because of personal limitation and external factors, (such as being unable to access information or services and discrimination) can have additional difficulties to cope with the situation. These include people with disabilities, older people, people who have been injured or have chronic diseases, women and children, and people from minorities. All are at greater risk in a disaster. An Inclusive Disaster Risk Management (DRM) which combines disaster relief, emergency response and recovery with Disaster Risk Reduction (DRR) strategies such as prevention, preparation, and mitigation in an effort to reduce vulnerabilities of those who are **'most at risk'** during a disaster, as well as to increase their capacity.

*Natural hazards: **Hydro meteorological** (typhoon, floods); **geological** (earthquakes, landslides, tsunami); **biological** (Ebola, Chikungunya, Swine flu) *Man-made or technological hazards: **technological or industrial**, including accidents, dangerous procedures, infrastructure failures and specific human error.

GAPS IN DISASTER RISK MANAGEMENT

Experience from the field shows that **disabled people, and people most at risk, often get forgotten** during the risk assessment phases making them 'invisible' when a disaster strikes. Furthermore, those most at risk are less likely to be consulted and included in the decision-making processes further impeding a good understanding of their needs. To neglect contingency planning, collection of data, design and delivery of humanitarian relief and recovery actions for these groups will only worsen the long term impact of a disaster for them. While progress has been made at the policy level through the adoption of the **Sendai Framework for DRR**, stakeholders now need to translate inclusion policies into action.

QUICK FACTS

- 15% of the world population lives with a disability.⁽¹⁾
- **Women and girls** are 14 times more likely to die than men in a disaster.⁽²⁾
- Almost **100 million people** were affected by natural disasters in 2013, with 90% from the Asia Pacific region.⁽³⁾
- The fatality rate among persons with disabilities **was twice that of the rest of the population** during the 2011 Japan earthquake and tsunami.⁽⁴⁾
- **85%** of people with disabilities don't participate in community Disaster Risk Reduction processes.⁽²⁾

PRINCIPLES IN INCLUSIVE DRM

The official UNISDR (2009) definition of **Disaster Risk Management** is: "the systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster."⁽⁵⁾

Specifically, **Inclusive DRM** (including DRR processes) is the right of those who are most at risk to benefit from and participate, as an actor, in all Disaster Risk Management policies and practices.



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Major principles in inclusive DRM are:

- Ensure the **full and meaningful participation** of all groups and individuals in identifying and reducing risk.
- Ensure that those at risk of being excluded are included in the response thus ensuring **equal rights for all**.
- Appreciate and respond to their **diverse characteristics, capacities and vulnerabilities**.
- Contribute to resilience for everyone by **removing barriers** that keep excluded people out of the planning and decision making process and transforms power relations.

LEGAL AND POLICY FRAMEWORKS

International: the Sendai Framework for Disaster Risk Reduction⁽⁶⁾: is a 15-year plan to make the world safer from natural hazards. It was adopted by the UN General Assembly in March 2015 following the 2005-2015 Hyogo Framework for Action and states that disaster risk management must be inclusive.

Regional: The Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific sets out a 10 year plan for a regionally agreed inclusive Asia-Pacific development goals - one being to “ensure disability-inclusive disaster risk reduction and management”.⁽⁷⁾

Human rights provisions: The UN Convention on the Rights of Persons with Disabilities (CRPD), Articles 11 and 32 require that persons with disabilities benefit from and participate in disaster relief, emergency response and Disaster Risk Reduction strategies.

WHAT CAN DRM ACTORS DO?

Practitioners

- Collect information on those most at risk and excluded groups using amended indicators based on the Washington Group questions⁽⁸⁾ to identify appropriate DRM actions related to impairment. For example, “Has difficulty moving/seeing so could be at high risk of not reaching the evacuation center”.
- Take steps to ensure non-discrimination, participation and the removal of barriers in emergency responses, such as ensuring **physical access** to food distribution points, water, sanitation and hygiene areas, health provision and shelters.
- Identify ways to ensure people with disabilities and those at risk have access to DRM measures, such as producing hazard maps and early warning communications systems in accessible formats (e.g. large print).
- Ensure that people with disabilities and those most at risk are participating in local, regional and national disaster risk committees and that there is coordination between those levels.
- Support those who are most at risk in developing inclusive community and family contingency plans.
- Ensure consultation with groups who are at risk of being excluded and encourage their participation in the crisis response’s decision-making and planning process (e.g. assessment and coordination mechanisms, clusters etc.).

In the Indonesian province of Yogyakarta, six organizations have joined forces to advocate for new regulations on inclusive Disaster Risk Management.

The Civil Society Organisation (CSO) Ciqal - supported by Handicap International - advocates with other CSOs and NGOs to include persons with disabilities and has seen a change of practices thanks to an Inclusive DRM plan and training to government official and NGO staff in Indonesia and Timor Leste.

One member of Ciqal recalls: “When the earthquake struck Yogyakarta in 2006, not much attention was given to persons with disabilities. Five thousand people died. Thousands more sustained a disability as a result. During the 2012 eruption of nearby Mount Merapi volcano, however, the emergency responses were more appropriate to the needs of vulnerable people, including people with disabilities.” This time shelters were equipped with ramps and accessible toilets and trauma healing activities were provided to children at evacuation camps.

States

- Ensure **that those most at risk are included** in the goals, targets and indicators in accordance with the Sendai Framework in national policies and action plans related to DRM.
- Ensure national disaster action plans reduce the risk for the entire population including women, children and youth, older people, people with disabilities and socially marginalized groups.
- Incorporate the ‘**Universal Design**’ theory⁽⁹⁾ ensuring that buildings, products and environments are inherently accessible from the outset.
- Build in mechanisms for full consultation and participation of excluded groups.
- Provide technical and financial support at national and local level to implement **Inclusive DRM** policies.

Donors

- Fully engage all key stakeholders, including representatives from groups of people who are most at risk as well as DRM practitioners in all DRM strategies and plans.
- Provide funding mechanisms for **Inclusive DRM** strategy development and response.

HOW TO MEASURE PROGRESS?

Access to services:

Physical access to evacuation centres is ensured • Lists of services relevant to those at risk are compiled • Communications are accessible to people with sensory and learning impairments • Action is undertaken to ensure those at risk have personal preparedness plans in place • Community DRM plans are in place that people with disabilities and at risk groups participated in devising • Early Warning Systems have actions that ensure those most at risk are reached.

Legislation and policies:

Guidelines and strategies ensure partners pay specific attention to ‘at risk’ groups at all stages of design and implementation • Contingency policies include disabled and at risk groups in the planning processes.