

Tsunami & people with disabilities: Summary issues for consideration

- The death toll has been put at more than 225,000 from the Indian Ocean earthquake and tsunamis of 26 December 2004. The casualty list continues to grow. The UN estimates that the tsunami has displaced over one million people and deprived five million of basic services¹.
- Globally, it is estimated that about 10% of the world's population live with some form of disability². Given most people with disabilities are less able to flee to safety from disaster, they are probably disproportionately represented in the death toll.
- Following a disaster, the WHO estimates 5 - 7% of people in camps or temporary shelters have a disability³. As a result of the tsunami, a 20% increase in the number of people with disabilities is estimated⁴. A third to half of all people affected by disaster suffer from mental distress⁵.
- This document aims to summarise some practical ways that NGOs involved in the Tsunami response can mainstream disability into their relief, recovery, rehabilitation, reconstruction and development activities to enhance their effectiveness and fulfil their humanitarian obligations.

1. Disability in an emergency situation: why bother?

1.1 Disability and emergency relief work⁶

Anecdotal evidence from acute emergencies suggests that people with disabilities suffer particularly high rates of mortality and morbidity. This can be the result of a range of factors including:

- people with disabilities tend to be invisible to emergency registration systems. They are frequently left unregistered, which means that they fail to receive their basic entitlements to food, water and clothing and their specific needs are not met either.
- exclusion from disaster response efforts due to problems of access which may be aggravated by change of terrain, and loss of support people, mobility, and accessibility/supportive aids (e.g. glasses etc)

1.2 Disability and the post-crisis reconstruction phase

- Planners of reconstruction often miss the opportunities to improve access by failing to adapt the designs of built environments. Depending on the type of building, the cost of providing accessibility for people with disabilities can be as low as 0.5 - 1% of the total cost of a project⁷.
- By including disability considerations in reconstruction plans, disabilities can be prevented and the impact of impairments minimised (e.g. by incorporation of occupational health and safety measures, adequate health and rehabilitation services).
- Is it also essential that future disaster preparedness planning includes the needs of people with disabilities⁸.

2. How to include people with disabilities in emergency plans? Some guidelines

Most of the following guidelines are based on the Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response⁹, please see Sphere handbook and full document by Barbara Oosters¹⁰ for more details.

2.1 General guidelines

- **Registration:** People with disabilities are frequently left unregistered, which means that they fail to receive their basic entitlements. Hence, awareness amongst aid workers, special effort to identify and locate people with disabilities is required to ensure registration.
- **Main needs of disabled person are the same as anyone else:** Many of the items that people with disabilities need in emergencies are no different from other peoples needs, but might need some specific utilities. For example: it can be harder for people with physical impairments to keep warm, due to lack of movement and poor circulation, so they may have increased need for warm clothing, blankets, firewood. Enabling aids (hearing aids, glasses, crutches etc.) should be provided. In addition, ensuring the rights and needs of people with disabilities is addressed could also improve access/services for people living with HIV/AIDS, the elderly, children, pregnant women and other vulnerable groups.
- **Cross cutting issue, representation and inclusion:** The participation of disaster-affected people in decision-making throughout the project cycle helps to ensure that programmes are equitable and effective. Special effort should be made to ensure accessibility and participation of people with disabilities.
- **Anti-discrimination:** A significant amount of disability is not due to functional impairment, but rather due to environmental factors like built environment designs and negative societal attitudes towards people with disabilities³. Hence it was important to raise the awareness of aid /development workers and the community with regards to the rights and needs of people with disabilities.

2.2 Water, sanitation and hygiene promotion

- **Water access:** Additional measures may be needed to ensure that access to water is equitable. Some hand pumps and water carrying containers may need to be designed or adapted for use by people with disabilities. All users should be fully informed of when and where water is available.
- **Excreta disposal: design, construction and use of toilets:** Toilets should be designed and built in such a way that they can be used by all sections of the population, including people with disabilities.

2.3 Food security, nutrition and food aid

- **Nutritional risks:** People with disabilities can face greater nutritional risks which can be further exacerbated by the living environment. Nutritional risks include difficulties in swallowing, and discrimination affecting food access. Efforts should be made to determine and reduce these risks by ensuring physical access to food, developing mechanisms for feeding support (e.g. provision of spoons and straws) and access to energy-dense foods.

2.4 Shelter and settlement

- **Minimal accessibility needs:** Shelters must meet minimal accessibility levels so that all members of a community can find safety.
- **Protection:** People with disabilities are especially vulnerable to physical, sexual and emotional abuse and may require additional protection considerations including proximity to facilities and care-giving/protective services¹¹.
- **Household items:** Clothing, bedding and personal hygiene items may need to be adapted or required in additional quantities for people with disabilities, in particular those with incontinence problems. Cooking and eating utensils may need to be adapted for usage.

2.5 Health services

- **Utilisation rate of health services:** In analysing utilisation rates, consideration should be given to people with disabilities, to ensure that vulnerable groups are not under-represented. Also, by early intervention, severity of functional impairment can be minimised.
- **Provision of supportive/assistive devices:** (e.g. crutches, prosthetics, hearing aids, glasses): These are essential for restoring the functional ability of people with disabilities, rehabilitation, and allow for enhanced participation in the project cycle.
- **Control of non-communicable diseases - mental and social aspects of health:** All people, including people with disabilities, should have access to an ongoing, reliable flow of credible information on the disaster and associated relief efforts which is not only a human right, but also reduces unnecessary distress. Individuals with pre-existing psychiatric disorders should continue to receive relevant treatment where possible, and harmful, sudden discontinuation of medications avoided.
- **Community-based care:** It is important that care givers be supported and not undermined; this includes feeding, hygiene, health and psychosocial support and protection. Existing social networks can be used to provide training to selected community members to take on responsibilities in these areas.

¹ AusAID website, www.aid.gov.au/hottopics/tsunami/history.cfm, accessed 24 Jan 05.

² Hope, T. 2003, 'DISABILITIES: Aid Groups Call for A UN Convention To Protect Rights', UNWire, 14 Feb.

³ WHO 2005, *Disasters, disability and rehabilitation*, Department of Injuries & Violence Prevention, Geneva. Available: www.who.int/violence_injury_prevention/

⁴ World Bank 2005, *Overview of Disabled Persons Organizations (DPOs) Working in Tsunami-Affected Areas*. Available : http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20319525~pagePK:148956~piPK:216618~theSitePK:282699,00.html#Asia_and_Pacific_Development_Center_on_Disability__APCD

⁵ WHO 2001, *World Health Report 2001: Mental health: new understanding, new hope*, WHO, Geneva.

⁶ Harris, A. & Enfield, S. 2003, *Disability, Equality and human rights: a training manual for development and humanitarian organisations*, Oxfam publication, Great-Britain.

⁷ Metts, R. 2000, *Disability Issues, Trends and Recommendations for the World Bank*, World Bank.

⁸ ARC, *Disaster preparedness for people with disabilities*. Available: www.redcross.org/services/disaster/beprepared/disability.pdf

⁹ Available www.sphereproject.org

¹⁰ Oosters, B, 2005, *Looking with a disability lens at the disaster caused by the Tsunami in South-East Asia*, CBM International.

¹¹ ITDG 2005, *Guidelines for planning in the re-building process – resource pack, Chapter 5: Disability Sensitive Planning for rehabilitation / reconstruction*. Available: www.itdg.org/docs/region_south_asia/guidelines-planning-rebuilding.pdf

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