WBU Report on Disability-Inclusive Disaster Management

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November 2014

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Acronyms and Definitions

UNHCR – The United Nations High Commissioner for Refugees

DIDM – Disability-Inclusive Disaster Management. A term that is used to emphasize the need for inclusive ways to make sure disadvantaged groups benefit from all phases of emergency preparedness and response efforts. The term occurs with slight variations in other documents but have the same meaning.

SADDD – Sex, age and disability disaggregated data.

Forced Displacement – any person who escapes persecution, conflict natural and man-made disasters, ecological degradation or other situations that endanger their lives, freedom or livelihood.

Natural Disaster – Any event causing great damage or loss of life due to geophysical, meteorological, hydrological, climatological or biological factors.

Armed Conflict – According to the Uppsala Conflict Data Program, an armed conflict is a "contested incompatibility that concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths in one calendar year.

Refugee – Anyone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country".

Internally Displaced Person (IDP) – Anyone who have been "forced or obliged to flee or to leave his/her home or place of habitual residence, in particular as the result of or in order to avoid affects of armed conflict, situations of

generalized violence, violation of human rights or natural or man-made disasters, and who have not crossed an internationally recognized State boarder".

PWD – an acronym for all persons with disabilities.

Introduction
This report addresses challenges and existing gaps in disaster management practices from a disability perspective. It has a dual scope on both natural disasters and armed conflict, for which the term humanitarian crisis applies. Since the early 1900s, the number of humanitarian crises has increased multifold and tend to have adverse effects on the world´s largest minority. At the same time, emergency response efforts have not been successful in minimizing the harmful effects of such crises. Experience tells us that persons with disabilities, compared to the general population, face barriers and are likely to be left behind in all phases of disaster management. PWDs are typically excluded from the initial planning (prevention) phase and therefore have less chance to evacuate when the crises arise.

In recent years, a new approach has emerged, "disability-inclusive disaster management". DIDM emphasize the need to integrate disability in disaster risk reduction strategies and to include PWDs in all phases of emergency preparedness and response efforts. This is further recognized in the Convention on the Rights of Persons with Disabilities through Article 11 (Situations of Risk and Humanitarian Emergencies)[1] and 9 (Accessibility)[2].

The first section of the report explains the interrelation of displacement in natural disasters and armed conflict with regard to PWDs. The second section provides information on relevant international actors within the UN system and civil society organizations. The third section highlights good and bad disaster practices from a disabled persons´ perspective. The last sections are appendices with specific

recommendations/checklists to blind and partially sighted people, the WBU and non-governmental organizations.

Previous Work by WBU in Response to Humanitarian Crises

In 2011, the World Blind Union (WBU) adopted an internal policy paper related to situations of emergency and disaster within member countries. The policy paper was developed to determine when and how to appropriately respond to requests for assistance during situations of emergency or disasters within member countries.[3] It clarified that the WBU should not directly provide emergency aid or engage in first-response activities. Moreover, the paper emphasised in what ways the WBU could assist its members through a statement of nine principles. Additionally, the growing recognition of the adverse effects of disaster situations on blind and partially sighed people led to further action in capacity building.

The WBU Workplan 2013-2016, through the Development Committee initiative on disaster and emergency preparedness[4], continued the work that was initiated in 2011. The initiative identified practical steps for the Development Committee to undertake and present to WBU members at the 9th General Assembly. These included four specific points aimed at improving overall survival, cooping and protection mechanisms for blind and partially sighted people.

Drawing upon the WBU policy paper and the Development Committee initiative on disaster and emergency preparedness, this report identifies gaps in emergency preparedness and response efforts where current practices fail to protect blind and partially sighted people. The goal of this report is to find practical solutions for stronger resilience and better protection during humanitarian crises where blind and partially sighted people are at risk.

Methodology
The information in this report comes from a variety of sources. Besides facts about the humanitarian system, the author has obtained information from the Development Committee and WBU members on natural disasters. Reports by civil society organizations have also contributed with insights and examples of good and bad practices. Although this report is primarily concerned with how blind and partially sighted people are affected by humanitarian crises, some sections will unavoidably mention "persons with disabilities" as a larger group. This is simply due to the lack of available sex, age and disability disaggregated data (SADDD). Throughout the report, the author has tried to provide the most accurate information and terminology possible.

This report contains a few acronyms or abbreviations. When writing about such a complex issue with a huge variety of stakeholders and specific terms, it becomes a necessity. Most of the terms I have used relate to different organizations but one term is probably foreign to many readers, DIDM. DIDM will be explained in upcoming sections but I should point out that this term occurs with variations in the area of emergency relief. I chose to use this specific term because it refers to all phases of disaster management whereas other variations may shift focus onto risk or risk reduction measures.

Natural Disasters, Armed Conflicts and Forced Displacement
Between two and three million of the world´s forcibly displaced population are PWDs.[5] Natural disasters and armed conflicts force people out of their communities with little or no notice in advance. Most people have no choice but to flee and leave everything behind. Despite all measures to avoid danger, evacuation in itself is no guarantee for a better life or even survival. PWDs, probably more then any other group, have experienced this.

UNHCR, United Nations refugee agency highlights several elements that adversely affect all PWDs who have been forced to leave their home. Poorly adapted services, gaps in identification and referral procedures, lack of accessibility, long distances to shelters, isolation from community life and shortages of food and water are only some of the challenges facing those who flee. But the challenges PWDs face in the wake of humanitarian crises actually begin in the planning phase when preparedness measures are decided without considering the needs for persons with disabilities. By setting this incredibly low and discriminatory standard in disaster management, governments lay the foundation for poor emergency preparedness and response efforts.

Natural disasters and armed conflicts occur with various frequency and cause damage differently depending on the political, economical, social, cultural and geographical circumstances. While far from all populations are likely to experience armed conflicts, natural disasters can occur virtually anywhere at any time. Whereas armed conflicts are typically a by-product of political or military instability, natural disasters vary in form and scope because of the environment and geographical location.

The website Preventionweb.net have collected disaster statistics between 1980-2008 and divided the number of natural disasters into type of event and affected continent. The data reveals that floods and storms have been numerically overrepresented in the Americas[6], Asia[7], Europe[8] and Oceania[9]. In contrast, Africa[10] has been more frequently affected by Epidemics than any other natural disaster. However, these types of disasters do not necessarily constitute the most damaging or devastating humanitarian crises in each region.

Millions of people are forced to live outside of their community because of armed conflict, violence, disasters and/or human rights violations. Until they cross a boarder, they are called internally displaced persons (IDP). In the end of 2011, the Norwegian Refugee Council estimated

the global number of IDPs to be over 26 million people whereof Colombia had the most IPDs of all.[11] Although the term IDP basically encompasses all people fleeing from danger, one should remember that the persons themselves are as diverse as the reason for which they flee.

The risks that IDPs face - whether from natural disasters, conflicts or violence - are similar. Although not all risks can be removed in these situations, a modified approach can decrease them substantially. Experience tells us that physical safety and integrity; access to basic facilities and services as well as participation in rehabilitation and reconstruction are very important for all persons following a disruptive event. This requires a new approach that will be addressed in the next section.

Disability Inclusive Disaster Management
Blind and partially sighted people face the same risks as non-disabled people during natural disasters, armed conflicts or any other disruptive event. In that sense, nature and violence does not discriminate against PWDs. However, while blind and partially sighted people share the same needs as the general population, they face additional barriers in accessing basic services and acquiring equal protection. They tend to become "invisible" to relief operations as they are not included in assessments, relief and evacuation measures.[12] In addition, women and children with disabilities are further at risk of physical, sexual and emotional abuse. Nonetheless, article 11 of the UN CRPD clearly states that States Parties "shall take…all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters".[13]

In response to the growing recognition of how humanitarian crises affects everyone, disabled persons' organizations are calling on stakeholders to rethink their

approach to disaster management. The emerging alternative is known as "disability-inclusive disaster risk management" and focus on the following key principles: non-discrimination, accessibility and participation.[14] Non-discrimination is closely linked to equal opportunities and requires taking into consideration that PWDs does not have the same starting point while making sure to not create new barriers. Accessibility, in turn, implies that non-discrimination is ensured but also demand equal outcome in access to services and facilities. Effective and active participation presupposes support and is necessary to overcome isolation and for integration in planning and implementation processes.

A common strategy to establish disability-inclusive disaster risk management is by utilizing what´s called a twin-track approach. This combines addressing the needs and rights of PWDs through an inclusive system for all with providing more focused activities aimed specifically at empowering and participation. Twin-track refers to the understanding that no one-sided set of actions can fully realize inclusiveness. Instead, disability needs to be mainstreamed into programs and services combined with specialized services for PWDs where needed.[15] Mainstreaming means to ensure access and inclusiveness for all people whereas specialized services are aimed at a specific group (persons with disabilities). A successful twin-track approach requires implementation in all phases of disaster management; prevention, preparedness, response and recovery.

Disability-inclusive disaster management can be achieved by removing barriers to participation, ensure accessible facilities, adopt universal design and implement disability-specific services. More then anything, actions in these areas must be preceded by knowledge on disability and the link between aggravated vulnerability and PWDs in disaster situations. A DIDM approach to humanitarian crises will not only benefit PWDs but also other disadvantaged groups such as pregnant women and senior citizens. As such, this relatively new approach to

disaster management is not only an issue for persons with disabilities.

Looking forward – DRR, SDGs and post-2015
The current challenges with disability-inclusive disaster management should not be considered as a separate and closed-off issue. Instead, they are important pieces of a larger puzzle. This section will put DIDM in a macro context where sustainable development is the bigger picture.

We are approaching the end date of the United Nations Millennium Development Goals, the eight overall development targets since the year 2000. It´s predecessor - the Post-2015 Development Agenda - strives to eradicate poverty by 2030 and deliver the promise of sustainable development. The agenda was adopted at the United Nations Conference on Sustainable Development in Rio de Janeiro where the new Sustainable Development Goals (SDGs) were agreed on.[16] SDGs are an umbrella under which many different challenges are bundled together. One of these is Disaster Risk Reduction or DDR.

DDR is an integral part of social and economic development[17] and has been a core area of the United Nations International Strategy for Disaster Reduction (UNISDR) since 1999. As one of many terms with the same goal, DDR aims to reduce damage and minimize casualties caused by natural hazards.[18] For the past nine years, the Hyogo Framework for Action has been the international plan for DRR but it is soon to be replaced at the 3rd UN World Conference on DRR in Sendai, Japan in 2015. Preparations and negotiations for the Conference is long underway as a wide range of stakeholders try to influence the outcome. The World Blind Union, as being one of them, is working closely with the International Disability Alliance to include PWDs in the outcome document.

Who Does What Where?

The Humanitarian System
The humanitarian system is not a formal structure but rather a complex network of actors. It includes a wide range of agencies and organizations with various capacities that unite to protect all people affected by an emergency. However, since all crises are unique there is no universal model or practice of coordinating humanitarian action. Instead, the United Nations often carry a lead role together with government authorities within an affected country or region.

The wide range of agencies and organizations responding to large-scale disasters can be categorized into four groups: Donors, NGOs, the Red Cross Movement and UN agencies. Donors typically provide donations through foreign governments in two ways: Bilaterally or through UN agencies, The Red Cross and NGOs. This section will briefly address the various UN agencies and return to the civil society in sections below.

The UN has its own humanitarian system of UN agencies to prevent, prepare and respond to humanitarian emergencies. The key actors are –the UN Office for the Coordination of Humanitarian Affairs (UNOCHA), the UN High Commissioner for Refugees (UNHCR), World Food Program (WFP), UN Children`s Fund (UNICEF), Food and Agriculture Organization (FAO), World Health Organization (WHO) and the UN Development Program (UNDP). These actors are organized in a cluster system. Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action.[19] One of the UN agencies below always assumes the role as lead agency in a cluster but may also participate in other clusters where they contribute with expertise as focal points. The clusters are active on both the international and country level to strengthen predictability, response capacity, coordination and accountability through partnerships in key sectors of humanitarian response.

Although the primary responsibility for the safeguarding of a population always lies with the national government, the UN may sometimes lead and oversee the humanitarian response in its place. Once the national government has requested support from the UN for coordination of the humanitarian response, the UN appoints a Humanitarian Coordinator (HC) to lead this effort. The HC is responsible for leading and coordinating the humanitarian action of relevant organizations in the country. The HC is the most senior UN humanitarian official on the ground. In addition to the HC, in any country with a UN operation there is a Resident Coordinator (RC). The RC is the highest UN official and the chief of UN diplomatic mission in a country. During humanitarian crises, the RC is often asked to assume the functions of the HC and lead coordinated relief efforts.

A large-scale humanitarian crisis typically attracts the attention of a substantial number of NGOs, including the Red Cross Movement. These may be local, national, regional or international organizations and often specialize their work in some way. Although many of them are small with scarce resources, they tend to play an important role in reaching affected areas. What local NGOs lack in resources, international involvement and technical expertise, they make up for by connectedness to local populations and their needs. They are often easily accepted by the community, have good understanding of local context and underlying cultural dynamics.

Due to the large number of actors involved in disaster preparedness and emergency relief, most of the organizations will not be mentioned in this report. However, a more detailed description of relevant UN agencies, a few NGOs and the Red Cross Movement can be found in the Appendices.

What Have We Learned from Previous Disasters?

Christchurch Earthquake, New Zeeland 2011

On the 22nd February 2011, New Zeeland experienced an earthquake causing major infrastructural damage and human suffering as 185 people from 15 countries lost their lives and thousands more were injured. The total cost to insurers of rebuilding has been estimated to $40 billion in New Zeeland`s costliest natural disaster ever. In the aftermath of the disaster, many people were dissatisfied about the first-response from governmental and international agencies concerning the inclusiveness and preparedness to respectfully and effectively help PWDs.

Following the earthquakes in Canterbury and Christchurch, a symposium was organized on the theme "disability-inclusive emergency preparedness and response" where a variety of stakeholders were invited to reflect and learn. PWDs who survived the earthquake participated and told their stories first-hand. They reported a number of different factors that led to marginalization, isolation, abandonment, fear and dependency on others.[20] The highlighted gaps below can help identifying key points for stronger resilience and disability-inclusive disaster management in the future:

- Very few accessible shelters and/or referrals to shelters in rural areas.
- Inadequate facilitation of sanitation and medical supply needs
- Inadequate resources and/or support for staff
- Difficulties in dealing with the Earthquake Commission (EQC) and insurance companies with respect to the needs of blind and partially sighted people.
- Government agencies on multiple levels were not prepared for disasters of this scale. As a result, they

had to invent best-practice and learn new methods along the way.

- Lack of unanimously agreed guidelines and working methods combined with poor information-sharing made first-response slow and ineffective.
- Locating PWDs in affected areas proved to be difficult but the use of text message services was emphasized.
- The need for disability-inclusive disaster management became evident after the earthquake.
- PWDs who had emergency preparedness plans and household kits could be self-reliant and resilient, particularly in the first days or weeks after the earthquake.
- Print/Text material did not work for blind or partially sighted persons. They also reported that important information was communicated in far too complicated language. Therefore, any printed material must be in large print for people with low vision but should be combined with the same information in Braille.

Haiti Earthquake 2010

On January 12th 2010, Haiti was shook by a very destructive earthquake that killed between 100,000 and 300,000 people, injured several hundreds of thousands and destroyed countless of residential and commercial buildings. The situation was comparably worsened by the country`s fragile infrastructure, large proportion of low-income citizens and deteriorating security situation. The earthquake had even more disruptive effects on the country`s disabled population because of the combination of poverty, disability and overall vulnerability. PWDs in Haiti seem to face a culturally rooted discrimination through the way they are described in the local Creole

language: "Cocobe – a word meaning can`t do anything".[21]

The Haitian Association for the Blind and Partially Sighted (SHAA) reported early that the disability community in Haiti lost 98 percent of the physical plants they operated, including four programs that served blind and partially sighted persons and the SHAA office. Even more discouraging was the fact that SHAA lost several members as a direct consequence of the earthquake. To this date, there are no accurate estimates to describe the number of persons who lost their sight in as a consequence of the natural disaster. Nonetheless, the number of PWDs increased with several thousands, adding to the already staggering 800,000+ of disabled people in Haiti. CBM estimates that the earthquake left 300,000 people with life altering disabilities.[22]

CBM was one of the few organizations for PWDs that responded to the Haiti earthquake. They coordinated on-the-ground actions with Handicap International (HI) and the State Secretariat for Inclusion of Persons with Disabilities (SEIPH) to help persons with disabilities and persons who became disabled as a result of the earthquake. In a report released by CBM a year after the earthquake, the organization emphasized the importance of including the affected community in disaster prevention and preparedness activities such as:[23]

- Setting up and training of search and rescue teams
- Implementation of an inclusive early-warning system
- An evacuation process that take persons with disabilities into consideration
- Identification of safe and accessible shelters
- Risks and resources mapping
- Vulnerability, capacity assessment and contingency plans

The 2011 Tōhoku Earthquake, Tsunami and Fukushima Disaster

On Friday March 11 2011, an underwater earthquake occurred of
f the east coast of Japan. The earthquake was the fifth most powerful earthquake since modern record-keeping begun and triggered tsunami waves reaching several kilometers inland. The corresponding natural disasters moved the main island of Japan two meters, killed 15,000 people and collapsed hundreds of thousands of buildings. The tsunami also caused nuclear accidents and meltdowns at the Fukushima Daiichi nuclear power plant which resulted in increased radiation levels in the nearby area and the evacuation of hundreds of thousands. It has been estimated that the most radiated affected areas will be uninhabitable for decades.

In a report from the National Committee of Welfare of the Blind in Japan (NCWBJ), the estimated number of blind and bartially sighted persons who died was between 100 and 120. Surviving blind and partially sighted persons reported accessibility issues in washroom facilities at emergency shelters. Primitive solutions caused great embarrassedment and discomfort. To avoid this, blind and partially sighted persons tried to reduce their water and food intake, refrain from using the washrooms and/or leave the shelters for their own damaged homes. Also, communicating information in inaccessible formats made it profoundly difficult, if not impossible, for blind and partially sighted people to obtain basic but crucial information.

The NCWBJ reported about difficulties in providing immediate support after the disaster due to extensive damages and disruption on infrastructure but also lack of information regarding blind and partially sighted person's whereabouts. To solve this problem, a support headquarters was set up within the NCWBJ where lists were compiled to find blind and partially sighted persons in the most affected prefectures. They visited affected regions with relief supplies and sleeping bags, made

phone calls and tried to locate blind and partially sighted persons in person. Approximately 6,000 persons with physical disabilities lived in this region whereof 600 visually impaired persons received humanitarian aid.

It was particularly difficult to dissiminate information to the estimated 80% of all blind and partially sighted persons who were not registered with an organization since local governments did typically not disclose any information about them. The government in the Miyagi Prefecture was more forthcoming and shared contact information with the NCWBJ who reached 1,400 blind and partially sighted people. Many of them were unaware about assistive technology but asked for radios, white canes, talking thermometers and blood measure monitors.

The Japan Federation of the Blind conducted interviews with 46 blind and partially sighted persons who lived in the affected regions of Japan.

- 20% of the respondents had prepared some emergency goods in advance. Radios were useful according to some people. Many respondents said they wished having prepared emergency goods such as radios, batteries, cash and health insurance cards. Others said they should have checked the location of temporary shelters in advance.
- 70% of the respondents said they obtained disaster information by radio when the disaster occurred.
- Most local governments had not prepared brochures in Braille or audio format and it made it very difficult to obtain information about temporary shelters and how to get there. Those who did provide such information in accessible formats shared very little of it.

- A fire station broadcasted emergency information by radio but it was hardly audible and therefore not helpful.
- Generally, cell phones, radio and neighbours was most useful to obtain general information in contrast to the television that broadcasted emergency information in on-screen text. Some organizations provided information specifically to blind and partially sighted persons.
- Many respondents evacuated with neighbours or family into groups because local temporary shelters had been destroyed or were unreachable because of the tsunami.
- Government officials or staff evacuated some respondents from social welfare centers.
- Most respondents say they didn`t get enough support as a blind or partially sighted person. Many did not have a private space or access to medications or medical check-ups. Respondents also wanted more individual support for using the bathrooms and receiving meals.

Good Practices from Typhoon Haiyan
In November of 2013, Typhoon Haiyan (Typhoon Yolanda in local language) hit the Philippines as one of the strongest tropical cyclones ever recorded. The typhoon killed thousands and left 4 million people in internal displacement.[24] Both national and international actors launched a large humanitarian response to the disaster, including many NGOs. One of the NGOs that responded was CBM, which together with partners, used DIDM with a twin-track approach to help persons with disabilities. A year after the disaster, CBM released a report to tell about their initiatives and projects after the typhoon.[25] The following section will highlight a few of the good practices

in DIDM undertaken by CBM and its partners according to their report.

- In November, CBM partnered with local and international partners (including: HelpAge International, Coalition of Services of the Elderly, Handicap International and the National Council on Disabilities Affairs from the Philippines) to establish an Ageing and Disability Task Force (ADTF). The task force formed goals to meet the needs and challenges of elderly and PWDs and assigned objectives to members within the coalition.
- By December, CBM partnered with a disabled persons' organization and designed a plan of action to facilitate sustainable inclusion by setting up two Ageing and Disability Focal Points (ADFPs). The focal points identified existing services and the people who needed them. The ADFPs had twin effects because of an overall improvement for individuals combined with an increase of disability inclusion in existing mainstream services.
- CBM and its partners worked with local, national and humanitarian stakeholders to build capacity in accessibility and universal design. They also recruited and trained staff members to increase their knowledge on disability in the community.
- One of CBM's partners, The Association of Disabled People Iloilo (ADPI) actively involved persons with disabilities to plan, coordinate and conduct relief distributions.
- An organization called Resources for the Blind (RBI), works to ensure that blind and partially sighted children in the Philippines have the chance to access education. Since the typhoon destroyed several buildings used by RBI in education and training, CBM supported a project to rebuild, furnish and equip the Carles School on Panay Island. The project also aims to make sure that, through orientation and skills training, encourage inclusion of children with disabilities in mainstream schools.

Forced Displacement in Syria
The Syrian Uprising began in early spring 2011 when protests against president Bashar-al-Assad´s government were met with brute military force. The situation quickly deteriorated and has now become a large-scale humanitarian crisis. United Nations High Commissioner for Refugees, Antonio Guterres, said "Five years ago Syria was the world´s second-largest refugee hosting country. Syrians are now about to replace Afghans as the present biggest refugee population worldwide".[26]

In October 2013, Handicap International and HelpAge International engaged in a research project to investigate the number and needs of Syrian refugees in Jordan and Lebanon living with a disability, injury or chronic disease.[27] This section is largely based on that report. Because almost no data exists on blind and partially sighted refugees as a group, this text will inevitably deal with PWDs as a homogeneous group.

Of the 3,202 refugees interviewed for the research project, 22% experienced a disability. In turn, 28% of all interviewed refugees with disabilities were blind and partially sighted. Families with and without persons with disabilities prioritized basic concerns in the following order: secure an income, access to shelter, healthcare, food and essential household items. However, the research shows that the failure to meet basic and specific needs for PWDs has greater consequences on their living conditions. As more and more refugees from Syria enter Jordan and Lebanon, finding suitable shelter has become increasingly challenging. But refugees with disabilities face worse things then difficulties of finding shelter. They are twice as likely, compared to the general refugee population, to show signs of psychological stress. This is usually caused by at least one the following four factors: past experiences in Syria, Lack of a sense of daily life, growing insecurity and loss of dignity. Children with

disabilities risk additional psychological distress from sexual violence during their displacement.

Despite being adversely affected and more disadvantaged, refugees with disabilities have limited access to mainstream humanitarian aid and they risk becoming "forgotten" in serious humanitarian crises. Confined to inaccessible shelters without any real opportunities of work and income, refugees with disabilities risk becoming a very excluded group under certain circumstances.

Persons with disabilities typically experience similar challenges and barriers regardless of the type of humanitarian crisis and whether they are internally displaced or refugees. Once the initial emergency response phase is over, the main challenge becomes to find the best durable solution for anyone in exile. The UNHCR - as one of the main actors in this process – pursue the following three durable solutions: voluntary repatriation; local integration; and resettlement to a third country.[28] But returning home after a humanitarian crisis can be very complicated, particularly if the community has been destroyed by a natural disaster or armed conflict. Voluntary repatriation depends on a variety of legal, political, economic and social factors; including the circumstances of displacement. Although refugee camps may not be accessible for PWDs, life in camps is generally free from the stigmatization and prejudice of the outside world. Depending on the reason, length and dynamics of the displacement, returning home may not be possible. Instead, resettlement or local integration might be the only viable option left. Despite the efforts by the UNHCR and other stakeholders to limit effects of humanitarian crises, the number of displaced persons worldwide increases but also their average length of stay.

Recommendations for World Blind Union
- Initiate and strengthen partnerships with humanitarian organizations that have a disability-inclusive approach to disaster management, for instance Handicap International.

- Advocate for personal preparedness to member organizations through the Development Committee or regional presidents. For instance, guidelines.
- Actively participate in UN forums related to disaster management to advocate for DIDM. Whenever the WBU cannot participate, advocate through partners.
- Encourage cooperation on the national level between organizations of/for blind and partially sighted people with other disabled persons' organizations to advocate for better resilience and stronger protection.

Conclusion

When a humanitarian crisis occurs, blind and partially sighted people are not reached by mainstream emergency preparedness and response efforts. Governments seem, in general, surprised and become incapacitated unless their country is particularly prone to natural disasters or conflicts. This, in turn, limits the time between indications of an emergency and response.

The current disability-specific data indicates overall gaps in disaster management. When PWDs are not included in early stages of planning and preparedness, they become invisible and left behind as the humanitarian crisis unfolds and the non-disabled population evacuates. The blind and partially sighted people who manage to reach shelters face inaccessible facilities, information in inaccessible formats, few opportunities to resume daily routines and heightened levels of stress and risks of sexual violence. Early recovery is gradually replaced with segregation and stigmatization as the humanitarian crises act as a multiplier of vulnerability.

Despite large gaps in current disaster management practices, there are a few good practices to be pointed out. First, a few small societies have implemented simple but inclusive early warning systems where a combination of audio and visual alerts are used. Second, some organizations provided information in accessible formats

during the disaster in Japan 2011. Third, Handicap International and Action Against Hunger have empowered persons with disabilities through a training course in DIDM. As a result, more people want to learn and "students" are happy to pass on lessons to their peers. Fourth, a disaster-prone community reported that they have a database of persons with disabilities that will help others to locate and reach them during a disaster. Fifth, a disabled persons' organization in the Philippines have radio programmes that spread messages about DIDM.

Summarily, lessons learned can turn good practices into reality, often with a small financial means or help to initiate a project. From the information in this report, the same ideas can turn into action with support and commitment. Although there is some awareness about DIDM at the international and level, this theory has yet to trickle down to on-the-ground practice. In order to live up to the true potential of emergency preparedness and response, all stakeholders must strengthen their efforts. The lesson is this: If persons with disabilities are not initially and fully included on equal terms with others, they undoubtedly fall behind and become further isolated throughout the whole relief process. To counter this, information sharing alone is not likely to solve the issue. However, by turning information into practice many lives can be saved.

Appendix A, World Blind Union Policy Paper: Responding to Situations of Emergency in Member Countries

Date Prepared: **April 2011**

Prepared by: **Penny Hartin, CEO and Arnt Holte, 1st Vice President**

Date Approved:

Approved by: **WBU Executive, May 2011**

Purpose

The purpose of this internal policy statement is to set forth guidelines regarding how the WBU might respond to requests for assistance, during situations of emergency or disaster within member countries.

Background

Over the past number of years, many of our members have suffered through the impact and effects of both man-made and natural disasters. Some of these have included the devastating Tsunami in Southeast Asia in 2004, displacement of persons in Pakistan in 2009, and in 2010: the Haiti earthquake, the Chilean earthquake, the floods in both China and Pakistan. Such disasters impose significant burdens on the population of the affected countries, and we believe that blind and low vision persons suffer disproportionately given their already lower socio-economic status and the difficulties they encounter in accessing mainstream aid that is provided to the general population.

The WBU has responded to some of these situations and not others, likely causing uncertainty among our members and possibly even a feeling of favouritism. We need therefore to clearly define what our role should be, what it should not be and how we can best support our members through our international networks.

Statement of Principles

1. While the WBU is very sensitive to the plight of and the effect of disasters on blind and partially sighted persons and their families, we believe that the WBU should not be an organization of first response.
2. The WBU does not have the expertise or resources to provide emergency aid directly nor to assess or validate specific requests for aid assistance.
3. The WBU Development Committee will coordinate emergency response initiatives on behalf of the WBU,

assisted by the Human Rights & Advocacy Committee as appropriate.

4. The WBU will look to its Regional Unions for advice and information when determining how to respond to requests for assistance in emergency situations given that the Regions are most knowledgeable about the situation in a given country.

5. If requested by Regional Unions, the WBU office can distribute an appeal to the WBU membership via email distribution.

6. The WBU office may sometimes receive donations from those who wish to contribute. These should be disbursed to the affected country through the most appropriate vehicle, which may include the Regional Union. In any event, the advice of the Regional Union should be sought as appropriate.

7. The WBU can and should play a role in advocating for appropriate inclusion of blind and partially sighted persons and their organizations in the first response emergency aid and assistance programs being provided by governments and emergency relief organizations. This should include the development of advocacy and best practice tools to be used at the international and local levels. WBU should engage with our international members in this process, who have considerable expertise and experience to support these efforts.

8. WBU Regional Unions should support their affected national members in the immediate aftermath of a disaster and subsequent reconstruction efforts, by providing information and supporting their efforts to access available resources.

9. The WBU should engage with the appropriate UN bodies to ensure that their efforts related to emergency and disaster relief and subsequent reconstruction include blind and partially sighted persons and their families. These advocacy efforts will be strengthened through collaboration with Vision Alliance partners and other disability organizations.

Appendix B, Full Text of Article 11 in CRPD

Article 11

"Situations of risk and humanitarian emergencies
States Parties shall take, in accordance with their
obligations under international law, including international
humanitarian law and international human rights law, all
necessary measures to ensure the protection and safety
of persons with disabilities in situations of risk, including
situations of armed conflict, humanitarian emergencies
and the occurrence of natural disasters".

Appendix C, Additional information on organizations working in humanitarian crises

OCHA
OCHA is the United Nations Office for the Coordination of
Humanitarian Affairs and is the part of the UN Secretariat
responsible for "bringing together humanitarian actors to
ensure a coherent response to emergencies". OCHA`s
four-parted mission is to: Mobilize and coordinate
effective and principled humanitarian action in partnership
with national and international actors to alleviate human
suffering in disasters and emergencies; advocate the
rights of people in need; promote preparedness and
facilitate sustainable solutions.[29]

UNHCR
The United Nations High Commission for Refugees
(UNHCR) is mandated to "lead and co-ordinate
international action to protect refugees".[30] Although its
primary purpose is to safeguard the rights and well-being
of refugees, UNHCR is also involved in the distribution of
food and non-food commodities to other affected
populations. Although no specific UN agency is mandated
to cover internally displaced persons (IDPs), UNHCR co-
chairs the Shelter Cluster with the IFRC in which it has the

lead role for conflict generated IDPs.[31] It also Co-chairs the Camp Coordination and Camp Management (CCCM) Cluster[32] and is the lead agency of the Protection Cluster.[33]

WFP

The World Food Program is mandated to "use food aid to support economic and social development, meet refugee and other emergency food needs as well as the associated logistics support, and promote world food security in accordance with the recommendations of the UN and FAO".[34] WFP is the lead agency of the Emergency Telecommunications Cluster[35] and the Logistics Cluster[36] and co-chairs the Food Security Cluster[37] with FAO.

UNICEF

The United Nations Children`s fund (UNICEF) has an overall aim to save lives, alleviate suffering and protect the rights of women and children including a mandate to ensure that violations against children are better documented and acted on. UNICEF is the lead agency of the Water, Sanitation and Hygiene Cluster[38] and the Nutrition Cluster[39] and co-chairs the Education Cluster with Save the Children[40].

WHO

The primary goal of the World Health Organization (WHO) is to reduce avoidable loss of life, burden of disease and disability in emergencies and post-crisis transitions. WHO works with governments to establish national policies on strategies and provides emergency medical supplies during humanitarian emergencies. It is also the lead agency for the Health Cluster.[41]

FAO

The Food and Agriculture Organization is an UN agency whose primary responsibility is to provide technical advice and coordination to agricultural interventions undertaken

by all partners. It`s mandate is to "raise levels of nutrition, improve agricultural productivity and better the lives of rural populations and contribute to the growth of the world economy".[42] FAO co-chairs the Food Security Cluster together with the World Food Programme.[43]

UNDP

The United Nations Development Fund (UNDP) has two purposes in respect to the humanitarian system. These are: To work closely with governments on emergency preparedness and to assume to role of Resident coordinator (RC) at country level which is the often the role of Humanitarian coordinator in emergencies. UNDP is also the lead agency for the Early Recovery Cluster.[44]

IOM

The International Organization for Migration (IOM) is the leading inter-governmental organization in the field of migration and works with a wide range of challenges related to migrants, refugees and internally displaced persons.[45] Although it is not a UN-agency, IOM works very closely with it and other governmental, intergovernmental and non-governmental partners. IOM is the lead agency of the Global Camp Coordination and Camp Management (CCCM) cluster in which it co-chairs with the UN High Commissioner for Refugees.

The International Red Cross and Red Crescent Movement

The International Red Cross and Red Crescent Movement is an international humanitarian movement with approximately 97 million volunteers, members and staff. The Movement consists of several distinct organizations that share basic principles, objectives, symbols and statutes. Mainly they are: The International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies and National Red Cross and Red Crescent Societies. They are independent and have

individual status but unite under a shared commitment to the seven principles – humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

The International Committee of the Red Cross (ICRC) primary objective is to ensure protection and assistance for victims of armed conflict and war but it also responds to disasters and promotes respect for international humanitarian law.[46] It has gained global recognition for The Geneva Conventions and their additional protocol, the body of international law that regulates the conduct of armed conflict and seeks to limit its effects.

The International Federation of Red Cross and Red Crescent Societies (IFRC) is primarily engaged in disaster preparedness and emergency response together with national members. It relies heavily upon this network of national members for its functioning as well as support and unhindered access from national governments. In 2010 alone, the IFRC responded to more than 400 disasters worldwide.[47] It also co-chairs the Shelter Cluster in which it is the organization in disaster situations.[48]

Oxfam International
Oxfam International was formed in 1995 by a group of NOGs with the intention to work together for a greater impact on the international level to reduce poverty and injustice. Although being a relatively young organization, Oxfam International has gradually become a more influential organization within the field of disaster relief and emergency response. According to it`s website, Oxfam typically provides clean water, food and sanitation in disaster zones. During the first decade of the 21st century, the organization has responded to almost a dozen humanitarian disasters including the earthquake in Haiti, Crises in Syria, South Sudan, Gaza and the Pakistani floods in 2013.

Oxfam international does not mention persons with disabilities in any of its response plans nor in its role in

humanitarian action. Oxfam states however that they don`t discriminate people in their aid services which can both mean that they don`t want to priority status to specific groups but it could also mean that they try to ensure that everyone receives the assistance they provide. Oxfam is a member of the largest global humanitarian non-governmental organizations with representatives in the Steering Committee for Humanitarian Response (SCHR). SCHR also includes Care International, Caritas Internationalis, the International Committee of the Red Cross, the International Federation of the Red Cross and Red Crescent Societies, the International Save the Children Fund Alliance, Lutheran World Federation, Doctors Without Borders International and the World Council of Churches.[49]

Handicap International
Handicap International is an international non-governmental organization that was founded in Thailand in response to landmine injuries suffered by Cambodian people living in refugee camps. Since then, Handicap International has grown in size and scope with projects in 60 countries worldwide ranging from the prevention of disabilities and support for persons with disabilities to disaster relief and continued support for anti-personnel mines. The organization advocates for disability rights on an international level as well emergency response to disasters, always with a disability focus. Because Handicap International is an INGO with a clear and continuous focus on disability, we might consider advocating to them the special challenges and needs of blind and partially sighted persons especially in their emergency response actions.

Appendix D, DIDM Checklist for non-governmental organizations
This short checklist is designed for organizations responding to humanitarian crises. It should be seen as general recommendations and suggestions as to how

improve disaster management efforts in an inclusive manner. All of the points should be considered throughout the whole mission.

- Has our organization implemented universal design to all our services?
- Are our facilities accessible for all persons with disabilities?
- Does our staff have training in how to treat persons with disabilities in a way that show respect for their inherent dignity, individual autonomy and independence?
- Do we communicate all relevant information in multiple and accessible formats, such as, Braille, tactile communication, large print or audio?

Has our organization adopted a twin-track approach to disaster risk management that combine generally inclusive services and facilities with disability-specific whenever needed?

Appendix E, Checklist for personal preparedness
Personal preparedness can greatly increase your chance of surviving a disaster. In case you experience a disaster, you cannot only rely on first-responders to find and help you. Instead, make sure that you have prepared yourself and/or your family and guide dog for the most likely disaster. This entails to know your own needs and have a way of conveying those needs during a disaster. In the event of a disaster, you will need to know who will help you and how they will help you if you are unable to evacuate yourself. However, having enough supplies to stay indoors for a few days up to three weeks. This short guide should be able to help you prepare yourself but may need modification to fit your personal needs. Be sure to thoroughly go through the list in good time before a disaster and take necessary action to prepare yourself.

- Compile a folder with paper copies of basic personal information, medical history, current medical information, and emergency contact information.

- Prepare an evacuation plan with reliable friends, family members, neighbours and/or colleagues that live close to you. This should include who you will call for transportation, where you will go, who should be contacted once you have been relocated, where the closest shelter is and where you will go once the shelter closes
- Can family members, neighbours and other sources of assistance reach you? What barriers (e.g. distance, transportation shut downs, disruptions) could prevent someone from getting to you?
- Do you know how to reach your local emergency service department? Do you know the number to the national emergency number by heart?
- Think about the location of your home and workplace, the nature of your community and region. What type of disasters are the most likely?
- Do you know what type of emergency warning systems exist in your locality and how that will notify you of danger?
- Prepare a household emergency supply-kit with the following items:
  - Non-perishable food (should be easy to open, easy to prepare)
  - Bottled water
  - Personal care & medications
  - First aid kit
  - Flashlight and solar-powered or wind-up radio
  - A way to call for help and receive calls that does not depend on constant electric power or telephone lines
  - Provisions for your guide dog
  - Extra white cane
  - Copies of identification card, insurance and medical prescriptions

- Telephone number to family members, close friends and organizations of/for blind and partially sighted
- Any other information that is helpful and relevant to first-responders and medical personnel

- Do you have a way to communicate with family or friends to let them know about your location and health?
- Create buddy system/network with co-workers, family or friends and prepare plans and meeting places in the event of emergencies.

Appendix F, Additional Resources
NOTE! These resources have not yet been checked for accessibility

1. The humanitarian early warning system (HEWS) provides continuously updated information on all forecasted and ongoing disasters in the world. www.hewsweb.org/

2. Reliefweb is the world`s foremost humanitarian website. It provides the latest information on emergencies worldwide and is managed by UN OCHA. http://reliefweb.int/

3. Google Person Finder is a web application that allows individuals to post and search for the status of relatives or friends affected by a disaster. It is typically launched after a large-scale disaster, when a large number of people are missing. https://google.org/personfinder/global/home.html.

4. Tips for personal preparedness from American government agency FEMA. In English http://www.fema.gov/media-library-data/1392389843033-75460345a2f4adcc5418a1da7cb25eef/2014_PrinterFriendly_DisabilitesSpecialNeeds.pdf. In Spanish http://www.fema.gov/media-library-data/1392390236882-8106947d7b1eee6386b821e9a7232c33/2014_PrinterFriendly_DisabilitiesSpecialNeeds_ES.pdf.

5. Link to a United Nations website with a list of international organizations and NGOs responding to humanitarian crises. http://www.unhrd.org/?page_id=853

Websites of International Organizations

1. United Nations Office for the Coordination of Humanitarian Affairs. http://www.unocha.org/.

2. United Nations Refugee Agency. http://www.unhcr.org/cgi-bin/texis/vtx/home.

3. United Nations Food and Agriculture Organization. http://www.fao.org/home/en/.

4. International Organization for Migration. http://www.iom.int/cms/en/sites/iom/home.html.

5. World Health Organization. http://www.who.int/en/.

6. United Nations Development Programme. http://www.undp.org/content/undp/en/home.html.

7. United Nations Children´s Fund. http://www.unicef.org/.

8. United Nations World Food Programme. http://www.wfp.org/.

9. Oxfam International. http://www.oxfam.org/.

10.   International Committee of the Red Cross. https://www.icrc.org/en.

11.   International Federation of Red Cross and Red Crescent Societies. http://www.ifrc.org/.

12.   United Nations Office for Disaster Risk Reduction. http://www.unisdr.org/.

References

[1] Convention on the Rights of Persons with Disabilities, G.A. Res. 61/106, 76th plen. Mtg., U.N. Doc A/Res/61/106 [adopted by consensus at the UN on Dec. 13, 2006] [CRPD], Article 11, online: UN Enable http://www.un.org/disabilities/convention/conventionfull.shtml (last accessed: 10 October 2014).

[2] Convention on the Rights of Persons with Disabilities, G.A. Res. 61/106, 76th plen. Mtg., U.N. Doc A/Res/61/106 [adopted by consensus at the UN on Dec. 13, 2006] [CRPD], Article 9, online: UN

Enable http://www.un.org/disabilities/convention/conventionfull.shtml (last accessed: 10 October 2014).

[3] Responding to Situations of Emergency in Member Countries. Internal Policy Paper. World Blind Union, April 2011.

[4] Workplan 2013-2016. World Blind Union, May 2013.

[5] http://www.unhcr.org/pages/4a0c310c6.html.

[6] http://www.preventionweb.net/english/countries/americas/.

[7] http://www.preventionweb.net/english/countries/asia/.

[8] http://www.preventionweb.net/english/countries/europe/.

[9] http://www.preventionweb.net/english/countries/oceania/.

[10] http://www.preventionweb.net/english/countries/africa/.

[11] People Internally Displaced by Conflict and Violence: Global Overview 2011. Norwegian Refugee Council, 2012.

[12] Empowerment and Participation – Good Practices from South & South-East Asia in Disability Inclusive Disaster Risk Management. Handicap International, 2014.

[13] Convention on the Rights of Persons with Disabilities, G.A. Res. 61/106, 76th plen. Mtg., U.N. Doc A/Res/61/106 [adopted by consensus at the UN on Dec. 13, 2006] [CRPD], Article 11, online: UN Enable http://www.un.org/disabilities/convention/conventionfull.shtml (last accessed: 10 October 2014).

[14] Empowerment and Participation – Good Practices from South & South-East Asia in Disability Inclusive Disaster Risk Management. Handicap International, 2014.

[15] Mainstreaming Disability into Disaster Risk Reduction: A Training Manual. Handicap International, January 2009.

[16] http://sustainabledevelopment.un.org/index.php?menu=1565.

[17] http://www.unisdr.org/we/advocate/sustainable-development.

[18] http://www.unisdr.org/who-we-are/what-is-drr.

[19] http://www.humanitarianresponse.info/clusters.

[20] Office for Disability Issues, New Zeeland. Key themes from a symposium in Christchruch. Disability-inclusive emergency preparedness and response: learning from the Canterbury earthquakes. September 2012.

[21] CBM. One Year After: Rising From the Ruins. November 2010.

[22] CBM. One Year After: Rising From the Ruins. November 2010.

[23] CBM. One Year After: Rising From the Ruins. November 2010.

[24] http://www.iom.int/files/live/sites/iom/files/Country/docs/The-Evolving-Picture-of-Displacement-in-the-Wake-of-Typhoon-Haiyan.pdf.

[25] http://www.cbm.org/article/downloads/54741/CBM_Typhoon_Haiyan_-_One_year_report.pdf.

[26] http://www.reuters.com/article/2014/02/25/us-syria-crisis-un-idUSBREA1O1MA20140225.

[27] Hidden Victims of the Syrian Crisis: Disabled, Injured and Older Refugees. Handicap International and HelpAge International, 2014.

[28] UNHCR Global Report 2013 – Finding Durable Solutions.

[29] http://www.unocha.org/about-us/who-we-are.

[30] http://www.unicef.org/nutrition/training/1.3/3.html.

[31] https://www.sheltercluster.org/AboutUs/Pages/TheShelterCluster.aspx.

[32] http://www.globalcccmcluster.org/about/who-we-are.

[33] http://www.globalprotectioncluster.org/en/about-us/who-we-are.html.

[34] http://www.unicef.org/nutrition/training/1.3/3.html.

[35] http://ictemergency.wfp.org/web/ictepr/emergency-telecommunications-cluster.

[36] http://www.logcluster.org/logistics-cluster.

[37] http://foodsecuritycluster.net/about.

[38] http://washcluster.net/about-us/.

[39] http://nutritioncluster.net/gnc/.

[40] http://educationcluster.net/who-we-are/.
[41] http://www.who.int/hac/global_health_cluster/about/en/.
[42] http://www.unicef.org/nutrition/training/1.3/3.html
[43] http://foodsecuritycluster.net/about.
[44] http://www.humanitarianresponse.info/clusters/early-recovery.
[45] http://www.iom.int/cms/about-iom.
[46] http://www.icrc.org/eng/who-we-are/mandate/index.jsp.
[47] http://www.ifrc.org/en/who-we-are/vision-and-mission/disaster-and-crisis-management/.
[48] https://www.sheltercluster.org/AboutUs/Pages/TheShelterCluster.aspx.
[49]
http://www.oxfam.org/sites/www.oxfam.org/files/oi_hum_policy_coordination_0.pdf, p.2.