Living with Disability and Disasters

UNISDR 2013 Survey on Living with Disabilities and Disasters - Key Findings

2014

UNISDR
The United Nations Office for Disaster Risk Reduction

UNISDR 2013 Survey on Living with Disabilitiesand Disasters

Key Findings

EXECUTIVE SUMMARY

The results of the first-ever UN global survey of persons living with disabilities (PWDs) on how they cope with disasters, illustrates why they die, or are injured, in disproportionate numbers in disasters.

Survey responses from 5,717 persons from all over the world reveal that persons living with disabilities are rarely consulted about their needs in potential disaster situations

Perhaps the most significant finding in the survey is that 85.57% of the respondents from 137 countries state that they have not participated in community disaster management and risk reduction processes currently in place in their communities. In effect, they have been excluded from the decision making and planning of such processes.

72.20% of respondents say that they do not have a personal preparedness plan in the event of a disaster. Of the 29.29% of PWDs who do have a personal disaster preparedness plan, the most important stated element of that plan is support from family.

50.94% of respondents express a desire to participate in community disaster management and risk reduction processes. Yet only 14.29 % of respondents say they are aware of a national disaster risk reduction plan in their countries. That percentage increases only marginally to 17.32% when questioned about awareness of disaster risk reduction or disaster management plans in their local communities.

Another key finding reveals that only 20.6% of respondents believe they can evacuate immediately without difficulty in the event of a sudden disaster event. And while 38.1 % can do so with some difficulty, 34.93 % of respondents believe they will experience a lot of difficulties; 6.3 % state that they will not be able to evacuate at all.

If given sufficient time, the percentage of those who can evacuate with no difficulty rises from 20.65 to 38.22% but 57.71% still feel they will have either some, or a lot of, difficulty; 4% would still not be able to evacuate.

Priority 4 of the Hyogo Framework for Action calls for a strengthening of the implementation of social safety-nets to assist the poor, the elderly and the disabled. Yet only 9.71% of respondents believe that the HFA completely addresses their needs; 26.14% believe that the Framework only partially addresses their needs, while 64.15% feel that the HFA does not address their needs, or don’t know whether it has.

The most common priority identified by PWDs for inclusion in a new disaster risk reduction framework is for the involvement of persons with disabilities in disaster risk management/reduction activities with many stating that countries should put policies and laws in place to halt the exclusion that is the current norm.

Respondents also cite the creation of a national/community register of those who may need assistance in an emergency and with other key data on PWDs which shall be updated each year so that authorities are aware of persons with acute vulnerabilities. In concert with this, respondents stress training for all emergency workers in augmentative and alternative communication skills.

The top six hazards or disaster risks faced by survey respondents were: floods (56.67%); extreme weather (42.58%); drought (39.52 %); tornados (38.31%); earthquakes (32.52%) and cyclones (30.64%).

INTRODUCTION

On 8 November, 2013, Typhoon Haiyan, one of the strongest storms in recorded history, hit the Eastern Visayas Region of the Philippines. It subsequently tore through Cebu, Iloilo, Leyte and Palawan provinces.

The U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported that Typhoon Haiyan affected up to 14 million people. It displaced approximately four million, leaving them in need of food, safe drinking water, basic shelter and sanitation.

According to the Secretariat for the Convention on the Rights of Persons with Disabilities (UN-ENABLE) thousands of persons with disabilities were hard hit by the typhoon and although government task forces were starting rescue and relief operations, they were not sensitive to the need to include persons living with disabilities (PWDs) in the critical work before them.

When an earthquake struck California in 1994, a man was turned away from a shelter because the staff could not understand sign language. People with cerebral palsy were ignored because shelter volunteers thought they were on drugs, according to Handicap International. This lack of know-how in responding to persons living with disabilities in disaster situations is just one unfortunate dimension of a much larger problem.

According to the World Health Organization (WHO) there are one billion people on the planet who are living with some form of disability. Unfortunately, there is also a lack of rich data on disability issues generally, particularly in disaster scenarios.

Scattered evidence and emerging lessons suggest that PWDs, by-and-large, still have no significant representation in the planning and decision-making processes in order to reduce disaster risks or build disaster resilience. Many of them live with increasing disaster risks and exposure; they are invisible, highly exposed to risk and more likely to die or be injured in a disaster than able-bodied persons.

It was reported that after the 2004 Indian Ocean Tsunami, there were many examples of persons with disabilities who were unable to escape the waves and who drowned. In Sambodhi Residential Home in Galle, Sri Lanka, only 41 of its 102 residents living with disabilities survived; many of those who died were unable to leave their beds or failed to comprehend in time the need to escape.

A Rapid Assessment of Disability survey[1] carried out in December 2011 in Fiji on disability inclusiveness in disaster preparedness and risk reduction found that PWDs are not considered in disaster evacuation processes. The Pacific Disability Forum Programme went even further and stated that the summary of findings found that persons with disabilities were not part of any processes at all - before, during and after disasters.

In 2011, a federal judge ruled that the city of Los Angeles in the USA was unprepared to meet the needs of PWDs in the case of a disaster and was discriminating against them by failing to include them in its emergency preparedness plans. Siding with disability-rights groups who sued the city on behalf of an estimated 800,000 Los Angeles residents living with disabilities, a U.S. District Court Judge found that Los Angeles did not have a plan to notify and evacuate persons with disabilities or provide them with transportation and shelter in a disaster.[2]

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1 http://ni.unimelb.edu.au/__data/assets/pdf_file/0011/686414/Newsletter_6th_issue_Final.pdf. 6 December 2012

2 http://www.disabilityrightslegalcenter.org/preliminary-approval-granted-drlcs-class-action-against-county-los-angeles - Preliminary Approval Granted in DRLC's Class Action against the County of Los Angeles, 20 March 2013

PURPOSE

This reality confronting PWDS is a multi dimensional problem; one which triggered the UN Office for Disaster Risk Reduction (UNISDR) and its partners to launch a survey in July 2013 to begin a process of ascertaining the needs of PWDs in disaster scenarios. Primarily the survey sought to find out:

- How excluded are PWDS from disaster risk reduction processes in their communities?
- Do PWDS have effective coping mechanisms for disaster situations?
- Are they more likely to die or be injured than able-bodied persons in a disaster?
- Do national and local disaster risk management/reduction (DRM/DRR) programmes address the needs of PWDs?
- Do PWDs wish to be included in the planning, decision-making and implementation of national and DRR/DRM programmes;
- How do the needs of PWDs in disaster zones diverge or converge around the globe?

The survey was released as part of the lead up to the International Day for Disaster Reduction which is observed every year on 13 October and whose theme in 2013 was 'A not so obvious conversation -- Living with disabilities and disasters'.

The survey invited persons living with disabilities as well as their caregivers to express concerns, needs and recommendations that will enhance implementation of the Hyogo Framework for Action (HFA) – the ten year global disaster risk reduction plan that was adopted in 2005.[3]

The HFA explains, describes and details what is required from all different sectors and actors to reduce disaster losses. It was developed and agreed on with governments, international agencies, disaster experts and many others. It outlines five priorities

3 http://www.unisdr.org/we/coordinate/hfa

for action, and offers guiding principles and practical means for achieving disaster resilience. Its goal is to substantially reduce disaster losses by 2015 by building the resilience of nations and communities to disasters. Priority 4 specifically calls for a strengthening of the implementation of social safety-net mechanisms to assist the poor, the elderly and the disabled, and other populations affected by disasters.

Additionally, Article 11 of The Convention on the Rights of Persons with Disabilities (2006)[4] - the only human rights treaty of the new millennium, specifically states that "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."

In 2015 the HFA will complete its 10 years. Findings from the survey will be used to influence the on-going implementation of the HFA and as well as the post-HFA consultations which began in March 2012. The goal is a second generation Framework that is more disability inclusive.

4 http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

METHODOLOGY

"I am writing on behalf of our daughter. She lives in her own home with support, but not all the time as the government provides insufficient resources to provide the full support which is required. We have a fire plan only and a food kit. If we were to die in any disaster and she did not, then she would be left extremely vulnerable. We have advised staff that if they cannot get her to leave the house then after doing their very best, they must save their own lives. All the general plans and best advice on safety won't work unless she is sedated and forcibly removed. Medication must be administered by a medical person with an ambulance on standby. That's not going to happen in an emergency situation. Removed To where? That's when the fun begins. There will be a solution and response and it depends at this stage on her family not dying or being incapacitated in an emergency."

- Mother of a 27 year-old woman with a disability in New Zealand

From 18 July to 15 November 2013, UNISDR conducted the survey among 5,717 persons living with disabilities in 137 countries and 8 non-self governing territories.[5]

Design

The initial English-language survey was designed by UNISDR with guidance and inputs from its partners: the Disability-inclusive DRR Network for Asia and the Pacific (DiDRRN) which includes Arbeitet Samariter Bund (ASB), CBM (formerly the Christian Blind Mission), Centre for Disability in Development (CDC), Handicap International, Malteser International, Pacific Disability Forum and the South Asian Disability Forum), Superando.IT, World Bank/ Global Facility for Disaster Reduction and Recovery (GFDRR), University of Connecticut Center for Excellence in Developmental Disabilities and the UN Secretariat for the Convention on the Rights of Persons with Disabilities (UN-ENABLE).

Defining Disability

The survey used universal language developed by the Washington Group (WG) to formulate the six questions on the types of disabilities

5 Cook Islands, Martinique, Montserrat, New Caledonia, Northern Mariana Islands, Puerto Rico, Taiwan, and theTurks and Caicos Islands.

that people live with every day[6] which was crucial for the survey to achieve its objectives with clarity.

According to the Washington Group, disability, as an umbrella term, refers to problems, such as impairment, activity limitation or participation restrictions that indicate the negative aspects of functioning. While it is important to collect information on all aspects of the disablement process, it is not possible to do so in censuses or surveys not dedicated to disability. Important information, however, on selected aspects of disability can be obtained from censuses or surveys.

The Washington Group (WG) agreed that measurement of disability is associated with a variety of purposes which relate to different dimensions of disability or different conceptual components of disability models. Equalization of opportunities was agreed upon and selected as the purpose for the development of an internationally comparable general disability measure.

The questions identify persons who are at greater risk than the general population of experiencing restrictions in performing tasks (such as activities of daily living) or functioning in other roles such as in the world of work. Measurements intended to identify this 'at risk' population represent the most basic end of the spectrum of activities (i.e. functional activities such as walking, remembering, seeing, hearing). This 'at risk' group includes persons with limitations in basic activities who may or may not also experience limitations in more complex activities and/or restrictions in participation, depending in some instances on whether or not they use assistive devices, have a supportive environment or have plentiful resources.

The Washington Group developed the six-question set for use in national censuses for gathering information about limitations in basic activity functioning among national populations.

The questions are designed to provide comparable data cross-nationally for populations

6 http://www.cdc.gov/nchs/washington_group/wg_rationale.htm Washington Group on Disability Statistics Rationale for the Short Set - Statement of rationale for the Washington Group general measure on disability.

living in a great variety of cultures with varying economic resources. The objective is to identify persons with similar types and levels of limitations in basic activity functioning regardless of nationality or culture.

It is not the purpose to identify every person with a disability within every community. The WG recognizes that this may not meet all the needs for disability statistics, nor will it replicate a population evaluated across a wider range of domains that would be possible in other forms of data collection or in administrative data.

The census format requires that a limited number of questions be devoted to any one statistic that needs to be produced. For reasons of simplicity, brevity and comparability, the choice was made to identify limitations in domains of basic activity functioning that are found universally, which are most closely associated with social exclusion, and which occur most frequently.

The information that results from the use of these questions is expected to: represent the majority, but not all persons with limitation in basic activity functioning in any one nation; represent the most commonly occurring limitations in basic activity functioning within any country; capture persons with similar problems across countries.

The questions identify the population with functional limitations that have the potential to limit independent participation in society. The intended use of this data would compare levels of participation in employment, education, or family life for those with disability versus those without disability to see if persons with disability have achieved social inclusion.

In addition the data could be used to monitor prevalence trends for persons with limitations in the particular basic activity domains. It would not represent the total population with limitations nor would it necessarily represent the “true” population with disability which would require measuring limitation in all domains and which would require a much more extensive set of questions.

Survey Languages

The English language version of the survey - 23 questions comprised of 14 closed and nine open-ended responses - was launched online on 18 July 2013. This was followed by online versions in Spanish (16 August), Russian (20 August), French (21 August),

Chinese (21 August), and Arabic (21 August). Partner organizations then voluntarily submitted versions in Japanese (27 August), Italian (10 September) and Bahasa (16 September),

In addition to the online survey versions, partners from the DiDRRN translated the survey into local languages in Indonesia, Bangladesh, the Philippines, Thailand and Vietnam and manually administered it in remote parts of these countries. The responses were transferred to spreadsheets, tabulated and submitted to UNISDR for inclusion in the overall analysis.

The online target population was defined as any person living with disability and disaster risks, or their caregivers if the PWD was unable to operate a computer. Responses to the questionnaire were limited to one per computer.

UN-ENABLE and the other partners disseminated information on the survey through extensive global networks engaged in disability issues and advocacy – some 12,000-plus organizations helped to spread the word.

Sample Population

The survey is not intended to be entirely representative of the one billion persons living with disabilities around the globe. The exercise simply seeks to enrich the emerging base of evidence by identifying common trends around the world and begin the process of providing basic trends for policy makers and scientists to act on.

"I have a list from a government site of what items would be needed for x number of days. These would be all ready for me to put in my car; some items I just leave in my car all the time. I would then put my cat in her carrier, go out to the car and drive up to my brother's house, 10 miles north, where I will be helped by family members and be safe … I have permanent physical disabilities with walking, stairs, etc. I must use canes, crutches, walkers and or a wheelchair depending on the day. But I must say that being this way for more than 30 years has been quite a learning experience as well as one for teaching myself how to be resourceful, how to modify personal items for carrying, etc. I may be slow, but I'll always get there. Also, consistent practice, planning, and reading and re-reading your list of things to do, should, hopefully, get you to the place where it's second nature as opposed to having to stop and try and think what to do next."

- Female respondent from the USA

As such the survey sample population can best be defined as persons who belong to a specific group (in this case PWDS or caregivers) in a specific setting who have responded to the survey on a voluntary basis motivated by the information campaign launched by UNISDR and its partners and, more importantly, based on their own personal interest and experience with the topic.

Hazard Selection

The list of hazards that can contribute to a disaster which was used in the survey was based on the list of hazards defined by UNISDR on its PreventionWeb page.[7]

The information management unit (IMU) of UNISDR collects and classifies information of all types relating to DRR. This has produced a thematic classification system that has been developed, with the aim of promoting a better understanding of DRR, and the development of an internationally recognized information classification and exchange standard. The goal is a clear set of well defined themes that will help non-specialists such as journalists and newcomers make sense of a complex area of work. The definitions of hazards are not meant to be a glossary of DRR terminology, but rather serve as a broad overview of the DRR domain.

Main Global Findings

The results of the UNISDR survey reveal that the key reason why a disproportionate number of disabled persons suffer and die in disasters is because their needs are ignored and neglected by the official planning process in the majority of situations. They are often totally reliant on the kindness of family, friends and neighbours for their survival and safety.

A significant finding in the survey is that 85.57% of the respondents from 137 countries state that they have not participated in community disaster management and risk reduction processes currently in place in their communities. In effect, they have been excluded from the decision making and planning of such processes.[8]

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7 http://www.preventionweb.net/english/hazards/

8 Question 15

72.20% of respondents say that they do not have a personal preparedness plans in the event of a disaster.[9] Of the 29.29% of PWDs who do have a personal disaster preparedness plan, the most important element identified is support from family.

Other key elements identified are knowing where and how to get emergency services; knowledge of established meeting points in the event of a catastrophe; having a safe place to go; flood prevention; minimizing potential damage from earthquakes and hurricanes; having readily available information and lists of things to do; emergency stocks of food, water as well as clothing and disaster kits.

50.94% of respondents express a desire to participate in community disaster management and risk reduction processes.[10] Many wish to share their experiences so that DRR programmes can be more disaster inclusive. Respondents also call for more communication tailored to their needs, particularly via sign language interpreters, as well as for emergency response teams and volunteers who are trained to handle the needs of PWDs.

Yet only 14.29% of respondents say they are aware of a national disaster risk reduction plan in their countries.[11] That percentage increases only marginally to 17.32% when questioned about awareness of disaster risk reduction or disaster management plans in their local communities.[12]

Another key finding from the survey reveals that only 20.6% of respondents believe they can evacuate immediately without difficulty in the event of a sudden disaster event. And while 38.1% can so with some difficulty, 34.93% of respondents believe they will experience a lot of difficulties; 6.3% state that they will not be able to evacuate at all.[13]

If given sufficient time, the percentage of those who can evacuate with no difficulty rises from 20.6% to 38.22%, but 57.71% still feel they will still have either some, or a lot of, difficulty; 4% would still not be able to evacuate.[14]

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9 Question 8
10 Question 16
11 Question 12
12 Question 13
13 Question 9
14 Question 10

And if assistance is required to evacuate before a disaster only 30.9% of the respondents always have someone there to help them. 55.8% can count on assistance some times, while 13.18% never have any human support systems.[15]

The challenges of evacuation are obvious from the high percentages of survey respondents who have a degree of difficulty either hearing (39.01%), seeing (53.23%), walking or climbing steps (68.17%), communicating (44.73%), remembering and concentrating (51.97%), and self-care such as washing all over or dressing (52.1%).[16]

As stated before, Priority 4 of the HFA calls for a strengthening of the implementation of social safety-nets to assist the poor, the elderly and the disabled, and other populations affected by disasters. Yet only 9.71% of respondents believe that the HFA has completely addressed their needs; 26.14% believe that the Framework has only partially addressed their needs while 64.15% feel that the HFA has not addressed their needs, don't know whether it has or do not care whether it has.[17]

The most common priority identified by PWDs for inclusion in a new disaster risk reduction framework is for the involvement of persons with disabilities in disaster risk management/reduction activities with many stating that countries should put policies and laws in place to halt the exclusion that currently takes place.[18]

A second priority cited by respondents is for multi-mode early warning systems sensitive to the needs of persons living with disabilities. Respondents see alternative and appropriate communication including low-tech mediums as the solution to counter problems faced by PWDs when they cannot access information from cell phones, television, or radio.

Respondents also cite the creation of a national/community register of those who may need assistance in an emergency together with other key data on PWDs which should be updated each year so that authorities are aware of persons with acute vulnerabilities. In concert with this, respondents once again stress training for all emergency workers in augmentative and alternative communication skills.

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15 Question 11
16 Questions 2-7
17 Question 12
18 Question 19

Table of responses to Question 1

Natural Hazards	%	Responses	Rank
Avalanche	1,53%	86	18
Cyclone (hurricane, storm surge, tropical depression or storm, typhoon)	30,65%	1721	6
Drought	39,52%	2219	3
Earthquake	32,52%	1826	5
Epidemic/pandemics	19,07%	1071	8
Extreme weather (blizzards, coldwave, heatwave)	42,58%	2391	2
Flood (flashfloods, river erosion)	56,67%	3182	1
Insect infestation	17,42%	978	9
Landslide	12,98%	729	11
Technical disaster (infrastructure collapse, industrial accident)	13,20%	741	10
Tornado (twister, vortex)	38,31%	2151	4
Tsunami	6,02%	338	14
Volcanic eruption	3,13%	176	17
Wildfire	12,54%	704	12

Common among the priorities identified is the need for the continuation of critical medical treatment and the availability of medical supplies for persons in need where such supplies are part of the daily regimen of a PWD. Continued or alternative sources of electricity, inclusive emergency responses and first aid, safe places and the security of PWDs were also priorities identified by respondents.

The top six hazards or disaster risks faced by survey respondents were: floods (56.67%); extreme weather (42.58%); drought (39.52 %); tornados (38.31%); earthquakes (32.52%) and cyclones (30.64%).[19]

19 Question 1

Age Group	Total	% of Total
12-17	92	3%
18-24	156	6%
25-34	445	16%
35-44	536	20%
45-54	644	24%
55-64	471	17%
65-74	196	7%
75+	82	3%
Under12	79	3%
Grand Total	**2701**	**100%**

Global Demographics

Of the 5,717 survey respondents 52 % are women and 48 % are men. 47,2 % of the total respondents (2,701) responded to the survey question on age. Of those respondents the 45-54 age group was the most dominant range (24 %), followed by the 35-44 group (20 %).

THE AMERICAS – REGIONAL FINDINGS

According to the Centre for Research on the Epidemiology of Disasters (CRED), from 2000 to 2012[20], there were 1,253 reported major disaster events in the Americas region (USA, Canada, Caribbean, Central America and South America). These catastrophes took 260,335 lives, injured 2.5 million, and affected a total of 100.1 million people. The estimated economic damage is US$622 billion.

As stated previously there is a lack of data on disability issues in general. The World Bank estimates that one-fifth of every population lives with some form of a disability. The Great East Japan Earthquake and Tsunami of 2011 provides further evidence that persons living with disabilities are twice as likely as able-bodied persons to lose their lives or be injured in a disaster. It is therefore plausible to forecast that the disaster events in the Americas have had a disproportionate effect on PWDs.

The Americas, one of the world's most disaster-prone regions, generated 1,718 responses from PWDS which represent 30% of the survey. Respondents represented: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Trinidad and Tobago, United States, Uruguay and Venezuela.

The top five responses came from the USA (62.11%), Mexico (11.7%), Chile (6%), Canada (4.3%) and Venezuela (2.9%).

Reinforcing the overall global trend, 86.74% of survey responses from the Americas state that they have not participated in community disaster management and risk reduction processes currently in place in their communities.[21]

72.9 % of respondents say that they do not have a personal preparedness plans in the event of a disaster.[22] Of the 27.46% % of PWDs who do have a personal disaster preparedness plan, the most prevalent element identified is still support from family.

Other key needs identified are food storage for lengthy periods of time, health care kits

20 At the time this report was written the 2013 statistics were incomplete.
21 Question 15
22 Question 8

"With the help of my father and advice from an expert we have a complete plan that goes from knowing the risks to which we are exposed, analysis of those risks, risk reduction and contingencies measures as well. We have an evacuation plan for ourselves and our neighbors; we have emergency kits in every house on the block, and even some emergency equipment including one stretcher among other crucial items."

- Male respondent from Colombia

"In the Centre of Special Education we have a committee that carries out a number of projects such as teaching parents and students about disability inclusive flood, earthquake and fire drills."

- Woman living with multiple disabilities in Mexico.

including trauma treatment and critical medication; access to information; alarms and warnings that are disability sensitive; having an emergency bag ready; having an emergency plan; knowing where safe areas are and having assistance to get there; and insurance. Respondents also call for more organizations such as the fire services, the Red Cross, police and the civil protection systems to be trained to respond to PWDs.

53.49 % of respondents express a desire to participate in community disaster management and risk reduction processes.[23]

A large percentage of respondents expressed their desire and willingness to get involved in educating and sensitizing able-bodied people on what to do when they encounter a person living with disabilities. Many wish to participate in community training and education including the sensitization of emergency responders.

Respondents also call for education on persons with disabilities to begin at school level with the support of parents and for children with disabilities to do disaster drills in addition to being educated about disasters risks.

Recommendations

Among the priorities identified for a post 2015 framework[24] a large percentage of respondents call for:

23 Question 16
24 Question 19

- The integration of PWDs into DRR and DRM planning and processes;
- The creation of community registers for the most vulnerable such as the elderly and PWDs - prioritize those most at risk, the most impoverished and marginalized;
- The creation of disaster protocols of care for PWDs in situations of dependency;
- Training for people, communities and responders on what to do in an emergency with PWDS – this must include alternative forms of communication such as sign language;
- The full weight of local and national government support for the efforts to make DRR disability inclusive – this requires political commitment with a focus on rights, responsibilities and accountability;
- For authorities to address the underlying causes of vulnerability to disasters;
- Promote public participation and partnerships.
- The education of all PWDs, on disaster risks, risk reduction and what to do in an emergency;
- Education, outreach and awareness for the general population about issues of PWDs;
- Ensuring the protection of bedridden patients in the event of a disaster;
- Evacuation plans for PWDs in wheelchairs.
- The provision of life-saving medication and treatment for PWDs particularly where such medicines can only be acquired by prescription.

The top five hazards or disaster risks faced by survey respondents in the Americas are: extreme weather (58.3%); floods (56.2%), earthquakes (38.5%), drought (32.9%), and tornados (32.5%).

Of the 1,718 persons surveyed, 61,5% are women and 38.5 % are men.

ASIA – REGIONAL FINDINGS

"When it rains we don't have an issue. When it exceeds a limit, however, we are on the look out especially when the excess rainwater rises over a specific location, such as our portico. This means that a flood is on the way. Then we lift everything from the floor, and place them up high. Sometimes we lose stuff. Sadly the government doesn't look in to it and only gives us only bogus promises. Yet they provide aid to the people who are not affected while people who don't have anything get nothing. It's a big headache. When we have to cook we have to be in the water. Reaching the store is out of the question as the road is inaccessible. Using the toilet is also a headache because the septic tank is flooded. It's also hard to sleep as the bed is under water. The drainage and culverts have not being cleaned for years. They only clean it after the flood has come and gone - after the damage is done. If you report it to the authorities and ask for help, they don't pay any attention. It requires months and years, of continuous visits and letters. This is our problem."

- Disabled male respondent, Sri Lanka

According to CRED there have been an estimated 2,620 reported catastrophic events in Asia from 2000-2012 that have taken 1.3 million lives, affected 2.5 billion people with economic losses estimated at 704.2 billion dollars.

Asia is the most disaster-prone region in the world and it has generated 3,006 responses from a diverse array of socio-economic groups who represent the biggest share of this survey (52.6%). The highest percentage of responses came from: Bangladesh (57.6%), Viet Nam (24.4%), Thailand (7.7%), Japan (3.7%), and the Philippines (1.9%) – all of which are very experienced in disaster management and understanding disaster risk.

Overall, respondents come from: Afghanistan; Azerbaijan, Bangladesh, Cambodia, China, Cyprus, Democratic People's Republic of Korea, Georgia, India, Indonesia, Iran, Iraq, Israel, Japan, Lebanon, Malaysia, Maldives, Myanmar, Nepal, Pakistan, Philippines, Republic of Korea, Saudi Arabia, Singapore, Sri Lanka, Tajikistan, Thailand, United Arab Emirates, and Viet Nam.

In Asia, 12.4 % of respondents are aware of national disaster risk reduction plans. This figure rises marginally to 15.3 % vis-à-vis awareness of local community disaster risk reduction or disaster management plans. And of those who are aware of community processes only 33 % feel that these processes and plans address their needs. Only 15.89% have participated in community-based disaster management and risk reduction programmes where they are in place.

73.7 % of respondents do not have a personal preparedness plan for disasters and only 17 % would have no difficulty evacuating in the event of a disaster. That figure rises to 29.9 % if they are given sufficient

warning. 29.9 % always have someone to provide assistance in extreme situations. Family support is a key component of most plans.

Only 10.4 % of respondents believe that Priority 4 of the HFA has addressed their needs while 33. 7 % believe it has done so partially. The remainder, either feels it has not done so at all, don't know (46.3%) or don't care.

The top five hazards or disaster risks faced by survey respondents in Asia are: floods (55.2%), tornados (51.4%) drought (47.5%), cyclones (37.5%), and extreme weather (35.4%).

Of the 3,006 persons surveyed, men comprise 52.2% and women, 47.7%.

Recommendations

Identifying priorities for a new HFA the issue of accessibility is the main focus – accessible evacuation exits, accessible evacuation transport and inclusive disaster risk reduction appear frequently in the responses.

Training and awareness for PWDS and the able-bodied members of communities as well as emergency responders is another response that is reiterated frequently, Many respondents also call for proper and systematic identification of high-risk areas and for proper prevention measures to ensure that disasters do not occur.

The desire for clear and understandable information such as "where should we call, what should we do, how can we get assistance", mirrors the trends in the global findings. Again the need for officially recorded data on PWDs is stressed as is the practical experience PWDs can bring to the efforts to implement practical and workable solutions.

"Investigate and document the gender biased attitudes and practices of the authorities and institutions that are responsible for land and house (accessible) allocation to the Tsunami survivors. Trace the historic reasoning and structural causes of such discriminatory policies and practices. Investigate the impact of such policies and practices on women with disabilities. Collect evidence of such impacts on the ground and document them. Identify concrete actions that can be taken in each country to help women resolve their claims for land or reclaims; i.e. legal aid; public education; conflict resolution at the village level etc."

- Female respondent with multiple disabilities from India

EUROPE – REGIONAL FINDINGS

CRED estimates that from 2000 to 2012[25] there were 243 reported disaster events in the Europe region. These catastrophes took 137, 830 lives, and affected a total of two million people. The estimated economic damage is US$44.1 billion.

There were 432 responses received from Europe, which represents 7.6 % of total respondents. The top five responses came from Italy (57.2%), United Kingdom (13%), Ukraine (3.8%), Armenia (3.5%) and Spain (3.5%).

Respondents also came from: Albania, Belarus, Belgium, Bosnia and Herzegovina, Czech Republic, Denmark, Estonia, France, Germany, Greece, Ireland, Latvia, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Switzerland, Sweden, and The former Yugoslav Republic of Macedonia.

Unlike the other regions, 58.9 % of the respondents from Europe say that have a personal preparedness plan for disasters. For most, family is a key component of this plan.

And while 26.35% can evacuate without difficulty in the event of a disaster, that figure rises to 54% if sufficient warning is given. And 36 % of respondents always have someone to assist them with evacuation and 55 % sometimes do.

Only 8% of respondents, however, are aware of a national disaster risk reduction and risk management programmes; and only 12.91% are aware of such programmes at community level. Only four percent believe the latter addresses their needs while a mere 8.9 % have participated in local planning and implementation of disaster risk reduction and risk management programmes. The majority of respondents, however, 55.6 % express a desire to be included in these programmes.

30.3% of respondents believe that the HFA has either fully or partially addressed their needs.

The top five hazards or disaster risks faced by survey respondents in Europe are: extreme weather (46.78%), earthquakes (39.86%), floods (27.21%), technical disasters (23.15%) and wildfires (22.67%).

25 At the time this report was written the 2013 statistics were incomplete.

Of the 432 survey respondents, 52.61% are men and 47.39% are women.

Recommendations

Among the priorities identified is the recurring request for clear explanations and information on what to do before the occurrence of a disaster and how to do these actions.

Respondents are also keen for buildings to have entrances and exits that cater to the needs of PWDs, stating that most of the time doors are too heavy, or impossible to open, even in so-called disabled-accessible buildings. For persons who have difficulties seeing, for example, too often, the door-opening mechanisms are impossible to find.

Again, municipal and local authorities are called upon to create a register of PWDs that will assist emergency and humanitarian responders.

Many express concerns about not having personnel to help them evacuate and criticize the lack of general earthquake preparedness in particular.

Respondents also stress the need for risk management and disaster-awareness capacity-building that is linked to disability issues. Education of PWDS and the community-at-large is once more a repeatedly cited priority.

"Rescue camps have to be accessible and barrier-free. Disabled people have to have access to water and sanitation. Evacuation planning has to include disabled people. In the case of a disaster, disabled people, especially the deaf, blind as well as intellectually impaired have to get accessible information about the situation Peer counseling an peer support have to be provided to disabled people after a disaster."

- Female respondent from Germany with a mobility disability.

"If a disaster occurs, accessible information should be spread immediately: this means information should be spread in both sign language and written language.

Information provided by caregivers should be made accessible by means of sign language interpreters. Caregivers should have basic sign language skills and awareness about dealing with deaf people. Visual alarm systems should be present".

- Male respondent from Belgium who has difficulties with hearing

AFRICA – REGIONAL FINDINGS

CRED estimates that between 2000 and 2012 there were 1,525 reported disaster events in Africa which caused 80,458 deaths, affected 252 million people and resulted in economic damages of US$13 billion.

The Africa region generated 237 responses from PWDS which represents 4.2% of the total respondents. The top five responses came from South Africa (43.88%), Kenya (8%), Nigeria, (7.7%), Uganda (5.5%) and Ghana (2.5%).

Other respondents came from Algeria, Botswana, Burundi, Cameroon, Comoros, Republic of the Congo, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Ethiopia, Gambia, Liberia, Malawi, Mali, Mauritius, Mozambique, Niger, Rwanda, Senegal, Seychelles, Sierra Leone, Somalia, South Sudan, Sudan, Swaziland, Togo, Tunisia, United of Republic of Tanzania, Zambia, and Zimbabwe. Of the total responses, 41.2% were from women and 58.7% were from men.

Only 23.4% of the respondents say they are aware of national disaster risk reduction and risk management programmes. And this percentage drops to 18.5% vis-à-vis local and community programmes. Where there are community programmes, 89.52 % of respondents do not believe these programmes address their needs as PWDS. Only 10.5 % claim to have participated in these programmes. A considerable 82% expressed willingness to participate in community DRR programmes and planning - some 30% higher than most responses from other regions.

14.3% of all respondents have a personal disaster prevention plan. Again, family support is a key component of this plan.

23.2% always have someone to help them evacuate in an emergency; 64.4 % say they have someone sometimes. And 37,50% of respondents feel that the HFA has either completely or partially addressed their needs. The rest do not know or do not care.

Recommendations

Identifying priorities for inclusion in a new disaster risk reduction framework the key issues highlighted were:

- Access to safety, shelter, food and clothing, transport/ mobility and aid;
- The need for awareness of the critical issues surrounding PWDs ;

- Catering to the basic needs of PWDs;
- Capacity building (community involvement and education - education for PWDs, able-bodied persons);
- Training of personnel involved in disaster response on how to handle PWDs so as not to aggravate or further compound problems;
- Ensure that equipment (e.g. vehicles) used are appropriate for PWDs;
- The need for trained PWDs among the staff of disaster management agencies;
- The provision of information in accessible formats for PWDs on how to respond to emergencies.
- The inclusion of trained and experienced social workers on the staff of agencies responsible for disaster management.
- Early Warning systems that cater to PWDs;
- Availability of life-saving medication and treatments;
- Inclusion of PWDs in DRR processes and planning at national and community levels;
- Stronger Government support and policies e.g. “All countries must put in place policies and laws that will ensure that persons with disabilities are included in all disaster risk reduction plans”.
- The provision of funds for PWDs in the event of, and after, a disaster.

The top five hazards or disaster risks faced by survey respondents in Africa are: floods (46.9%), drought (39.6%), epidemics/pandemic (28.4%), technical disasters (26.6%) and extreme weather (22.5%).

“I try to avoid leaving in an area which is disaster prone. In addition, I listen to news and current event so I can start evacuating in case of disasters. However, on the occasions that I have been caught by certain disasters, I was helpless and had to navigate it all by myself.

- Male respondent from Nigeria with mobility disability.

“Droughts cause hunger and famine, so I always make sure that I have extra grain in stock which can last me and my family between four and six months at any time”.

- Disabled male respondent from Zimbabwe

OCEANIA – REGIONAL FINDINGS

According to CRED data between 2000 and 2012 there have been 157 reported disaster events that have taken 1,383 lives, affected 1.6 million people and resulted in damages of up to 47.5 billion dollars.

The Oceania region generated 100 responses from PWDs which represent 1.8 % of the total respondents. There were only responses from five countries: Australia (48%), New Zealand (48%), Palau (1%), Papua New Guinea (2%), and the Solomon Islands (1%).

In line with global trends, 71.4 % of all respondents do not have a personal preparedness plan for disasters.

Only 29,2% of the respondents say they are aware of national disaster risk reduction and risk management programmes. And this percentage drops to 28,9% when asked if they are aware of local and community programmes DRR and disaster risk management programmes.

Where there are community programmes, only 22.9 % believe these programmes have fully or partially addressed their needs; 56,3% do not know whether these programmes have or have not done so.

Only 11.1 % claim to have participated in community disaster management and risk reduction programmes currently in place while 49% express a desire to be included in these programmes.

For those who do have a personal plan for disasters, family and neighbours are again key support components in any situation. Emergency supplies of food and clothing are also cited by respondents as critical elements of any plan.

Identifying priorities for inclusion in a new disaster risk reduction framework the key issues highlighted continue to make a strong case for the emerging global trend. The most poplar recommendation cited by respondents is once again accessibility and access. This includes more accessible public transport for PWDs, more access to disaster education for persons living with disabilities, representation and inclusion of PWDs on the committees for disseminating information on risk reduction and, more access to socio-economic protection and economic empowerment. Information in accessible formats is a recurring demand in Oceania and across the world as is the

issue of training emergency and humanitarian responders as well as employees of civil defense organizations.

The issue of mapping and creating registers and databases on PWDs is yet another frequently cited request.

Respondents call on governments also to ensure the participation of PWDs in all national and institutional DRR planning processes and for resource allocation to consider the needs of PWDs.

A key request is for animals that provide assistance to PWDs to be protected and factored into any DRR planning at community levels.

The top five hazards or disaster risks faced by survey respondents in Oceania are: earthquakes (51.5%); drought (5.5%); floods (40.4%); extreme weather (35.4%); and cyclones (29.3%).

Recommendations

- There must be access at all levels by PWDS – this must be a guiding component of all national and local DRR plans and programmes.
- Integration of Persons living with disabilities into disaster risk reduction and disaster risk management planning processes;
- PWDs must participate in DRR programmes from start to implementation;
- Create community registers to map the most vulnerable such as the elderly and PWDs - prioritize those most at risk, the most impoverished and marginalized;

"I often rely on my neighbors for up-to-date information within my community especially since I live close to an industrial area so it is vital to always be on the alert about what is taking place in and around the area. Recently, an earthquake struck (a mild frightening vibration) and because I was all alone it was traumatizing. It was also late in the night which meant I couldn't run out to find out, But because of technology, I am able to keep in touch with friends via Facebook and other social media on my mobile phone so I really got a good response. My plan is that whenever I am stuck, I use my phone and social media to reach out for information and help."

- Disabled female respondent from Australia

"I protect important documents by moving them to safe place and this makes them easier to grab in case of evacuation. I have an established «Out of Area Contact» if there is a need to evacuate to a family member or a friend's house in a disaster situation. I have taught my family about pandemics and have discussed a plan for caring for my immediate and extended family when there is a pandemic outbreak. I have also sensitized them and myself to listen to radio stations for updates. I have a list of emergency supplies in advance of any situation."

- Disabled female respondent from Australia

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- Create community registers to map the most vulnerable such as the elderly and PWDs - prioritize those most at risk, the most impoverished and marginalized;
- Create protocols of care for persons with disabilities in situations of dependency;
- Training responders (emergency, humanitarian and civil defense) on what to do in an emergency with PWDS – this must include alternative forms of communication such as sign language;
- The full weight of local and national government must support the efforts to make DRR disability-inclusive – this requires political commitment with a focus on rights, responsibilities and accountability: “All countries must put in place policies and laws that will ensure that persons with disabilities are included in all disaster risk reduction plans”.
- Authorities must address the underlying causes of vulnerability to disasters particularly as they affect PWDs;

- Provide education and training for PWDS on disaster risks and disaster prevention;
- Provide education, outreach and awareness for the general population about issues of PWDs;
- Ensure the protection of bedridden patients in the event of a disaster;
- Have evacuation plans for PWDs in wheelchairs in place;
- Ensure the provision of life saving medication and treatment for PWDs particularly where such medicines can only be acquired by prescription;
- Clear and understandable information on disaster risks, prevention, and reduction must be made available for PWDs;
- There must be systematic identification of high risk areas;
- Provide personnel to assist with evacuation and protect pets that assist PWDs;
- Ensure access to safety, shelter, food and clothing, transport/ mobility and first aid;
- Early warning systems musts cater to the needs of PWDs;
- Provide special funds for PWDs in the event of, and after, a disaster.
- Provide better socio-economic protection and economic empowerment.

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