



Health, disability and donor response

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Disability and Donor Response during Disasters

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Introduction

The Draft Convention of the Rights of Persons with Disabilities passed by the United Nations Ad Hoc Committee on Disability on 25th August 2006 under Article 11 which proposes that “State parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights necessary measures to ensure protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”.

The article in the Convention is the result of a number of campaigns across the globe by disabled people and groups. With a rough estimate of 10% or more of the population being disabled, this group it is inevitable would feel the need to demand attention in regards to disaster management and response.

Disabled people are coming to be included along with other ‘vulnerable groups’ i.e. children, older people, women and ethnic minorities, but as their specific vulnerabilities influences peoples’ ability to cope and survive in a disaster and those most at risk need to be identified and action taken so that they are not discriminated. In this funding play a crucial role and this paper reviews the funding availability for specific disability needs during disasters.

With the assumption that minimum standards are required in a disaster response especially for disabled people constituting > 10% of the world’s population , this paper attempts to determine to what extent this has been followed in the natural disasters in the immediate past e.g., the tsunami in SE Asia. The aim is to identify the degree to which disability was included in the disaster response, the finances available and whether these policies were implemented. Donor funding, particularly the highlighted equity and pro-poor is followed with many gaps and therefore leave many vulnerable groups outside their work.

While writing this paper despite letters to donor agencies in India requesting data on disability in disasters no response was received. Some data was collected after discussion and visits to some donor agencies in India working in the field of disasters. The paper has generally depended on these and secondary data from published reports which was collated and analyzed.

Disasters, Disabled Health and Response

Studies following the recent disasters i.e. Tsunami, Katrina and Kashmir earthquake suggest that the disability needs were not taken into account and there was no preparedness for the same. The *mortality* of the physically disabled during the Tsunami was very high. A report from Andaman

Islands suggests that none of the 700 people with post polio paralysis in an island had not survived as they were not able run to reach the hill tops. Similarly reports from Indonesia & Thailand suggest high mortality among the physically disabled. Lack of access to shelters for the disabled and the absence of any plan for disaster response in the community is the root cause.

Worsening of disability: Disabled people are rehabilitated following any disaster. Their special needs are not available leading to worsening of their status i.e. bedsores, urinary and respiratory infection etc. . . . Inadequate support system and care can lead to severe problems and death.

Trauma: Disasters can lead to severe injuries to spine, head and limbs. Inadequate recognition and appropriate care can lead to irreversible disabilities.

During most disasters psychological trauma affects a large number of people disabling them for life when psychological counseling is not provided.

Though early identification and care can limit the extent of disability arising from injuries following disasters and adequate manpower training, planned response, i.e. triage, referral and prompt medical care can significantly reduce or prevent disabilities to occur very little seems to have been done even during the Tsunami, Katrina and other Disasters.

Recent research has shown that immediate mortality of the disabled during a disaster can be altered with sufficient planning, accessible shelters and preparedness of emergency personnel. The disaster responses for the disabled who survive and for those that can become disabled due to injury are of great concern. Inclusion of the disabled in planning for this response, adequate funding, involvement of DPO in disaster response and change in attitude are urgently necessary to address these issues. The first norm is to create awareness, the second to allocate specific finances and third services and thus create an environment of inclusion that worse.

INGOs, DPOS, Disability and Inclusion

There is a change in perception of donor agencies and disability is now included in the disaster response by few but in a very limited way. Inclusion has not been perused in terms of agenda setting and decision making. It is striking that agencies now use the language of social model and inclusion, but have misunderstandings and do to really apply it in practice. Disabled persons are still lumped under 'vulnerable groups' rather than be perceived as rights-holders.

Many INGOs receiving funds from donor agencies have initiated policies / commitments to include disabled persons, but usually this meant referring them to specialist organizations, or including them as the vulnerable group for receiving relief.(IDDC Research Report June 2005). Written policies in many instances do not translate to into practice on the ground. E.g. latrines in Sri Lanka or shelters in India without ramps although there are published manuals for access. These inclusive guide lines and manuals are rarely known about by the grass root worker and therefore rarely used.

Realizing the need of the disabled community the Humanitarian Charter and Minimum Standards in Disaster response (The Sphere Project 2004 edition) has included Disabled people and their special needs in their latest edition.

At the international level lobbying of the EU has produced a written response for inclusion of the disabled in disaster response but in practice it still means delegation to a specialist agency. It is

only disability specialist INGOs such as Handicap International which are involved in wide range of relief & accessible reconstruction. And most importantly collaborating with local DPOs in capacity building and support. In general inclusion of disabled people seems to be limited to surveys, receiving relief, aid and equipment and does not involve inclusion in planning, decision making and management.

Donors and Disabled during Disasters

At an International Meeting on “Good Humanitarian Donor ship”, in Stockholm, June 2003, donor countries agreed to the Stockholm principles:

- **Humanity:** Central is saving human lives and alleviating suffering wherever it is found.
- **Impartiality:** Actions must be implemented solely on the basis of need, without discrimination between populations or within an affected population.
- **Neutrality:** Humanitarian action must not favor any side in an armed conflict or other dispute where such action is carried out.
- **Independence:** All actors’ humanitarian objectives must be autonomous from their political, economic, military, or other objectives in the affected areas.

Reviewing the available data of existing policies , practices in providing funding and the disaster responses illustrates that very little has been done as yet.

As per data available in the Financial Tracking System: Global Humanitarian Database, of the total donations for disasters coming into India US \$ 2,860,714 in 2006 and US \$ 97,468,423 from countries varying from Sweden, Canada, USA, European Commission (ECHO) Denmark, Germany, Finland and Luxembourg no mention of disability was made (<http://www.reliefweb.int/rw/dbc.nsf/doc102?OpenForm>). No mention of disability was made.

After the Tsunami some of the larger funding agencies for instance IDRC (Canada) at Davos overlook disability (outcome of the IDRC Davos 2006 http://www.davos2006.ch/Declaration/IDRC_Davos_Declaration_20060908.pdf)

NOVIB-OXFAM in India a large donor it was communicated that no finances were earmarked for disabled and a field review only would tell even if any disabled were included in their programmes. The other organization involved ed with relief work e.g., CONCERN provided the same answer. The only donor found to have made special provision for disability was Dan Church Aid of Denmark working in India.

It can be argued that the present status of decision making for disaster response in relation to inclusion of disability was made by those with influence, finances and power. There is little evidence of horizontal networking and including the DPOs and poor communities in needs assessment & decision making. These are donor driven, so that is not influenced by the need of the local agencies during disaster response. Although there was huge amount of funds available for the Tsunami, this was a missed opportunity for putting into practice the inclusion practices in reconstruction.

Funding agencies have to recognize that these additional facilities will cost more but their utilization will benefit many more than the classically disabled. Evacuation services, plan for prioritizing referring severe head injuries to specialist centers, developing a community plan to intervene (with a pre-exercised protocol) for disaster response to reduce deaths, optimizing care to avoid new disabilities and care to prevent worsening of disabilities help all people esp., old

age people and women esp. pregnant who can benefit from many of the relief benefits, accessible buildings etc.

Suggestions for Policy, Planning, Implementation, Preparation for Such Eventualities

Issues specific to disasters:

Social inequality stems from a set of three basic problems¹. First and foremost is maintaining a social hierarchy. Placement on a hierarchy determines one's access to all types of resources, for example: power and decision-making; health; education; income; employment; and even the media. Dominant groups use different means to maintain their position on the hierarchy: non-disabled routinely pathologizes disabled people; the perspective of non-disabled people defines what are seen to be societal issues, and where funding and resources should go. In disasters, this means that few donor funds are ever directed to disabled peoples organizations (DPOs) or to address the needs of disabled people, contravening their equality rights.

The second problem is failing to recognize differences. Social policies and programs routinely fail to recognise the differing contexts of disabled people lives, and their differing needs. Situations of disasters vividly expose the *gross violation of the human rights* of disabled people that result: Communications and evacuation plans and relief and reconstruction efforts give little thought to these differences, putting in place warning systems, emergency shelters, latrines, emergency kitchens that are inaccessible to disabled people and in other ways fail to meet their basic needs.

The third problem is using double standards. Societal practices that treat one group of people differently from another -- include some people and exclude others are overt double standards. Being involved in decision-making that affects you as a person is a *basic human right*. For disabled people, this basic right is *violated* routinely. Disabled people are *excluded from governance structures* -- in local communities, in national governments and in the international community. They are also *denied access to other resources* such as medical care, income, employment and education. Rarely do the media give voice to their human rights concerns.

In this context we therefore should:

1. Promote the inclusion and active involvement of disabled persons in the governance of general health and emergency/conflict response.
2. Create a system whereby collaboration between key stakeholders (DPOs, Governments, UN, donors, NGOs etc) actively considers disability issues during disasters to assure the health, safety and other human rights of disabled people.
3. Provide a set of policy guidelines or principles to stakeholders in the region (Governments, NGOs, etc.) to follow during disasters. Standards should include measures to:???
4. Ensure that disability organizations are actively involved with disaster relief organizations and governments in the overall governance of response coordination offices during disasters.

¹ See: Eichler M., Burke M.A. The BIAS FREE framework: A new analytical tool for global health research. *Can J Public Health* 2006; 97(1): 63-68.

Issues related to structural changes:

1. Address measures to eradicate the extreme poverty and social sanctions that the majority of disabled people across the world experience, to enhance their full and active participation, their quality of life, and their overall health and well-being.
2. Create a "level playing field" by providing funding for the active participation of members of the disability community in governance, including for attendance at meetings and policy making initiatives at all levels, to ensure that their right to participate is not violated.
3. Engage States in the active design and revision of laws and the transformation of traditions and practices that discriminate against anyone, to uphold the full and equal rights of all people and to ensure that all people enjoy full and equal protection of their rights
4. Engage the media and broader public to transform their understanding of disabled people from victims and burdens to people with intrinsic dignity and value, and from stakeholders to rights-holders.
 - a. Bring to the fore, the continuous disaster facing disabled persons – employment, rural/urban, other social activities – different approach applies – not included in standard programmes – have special programmes etc. and how this contributes to lack of inclusion in preparedness and response to natural and man-made disasters

Issues specific to funding

Ensure that services and funding are in place to provide care. Donors need to acknowledge the importance of a disability-inclusive response. To achieve this, advocacy initiatives should be undertaken to highlight the pressing need to address the increasing level of risk and vulnerability, and the vicious cycle of poverty caused by recurrent disasters in risk prone zones. However, care must be taken that this does not result in good words like “inclusive” but little in the way of real action. Monitoring of a disability inclusive response will be required. Agreement needs to be reached about appropriate disability specific protocols that will ensure comprehensive support is afforded people with disabilities. (For example Spheres appears to be more of a medical model rather than a rights or social approach)

The policy environment at national, regional and international levels must be influenced to include people with disabilities at all level of dialogues. Unless Disability finds a place in policy dialogue, it will remain challenging to secure sufficient funding.

Accountability in the use of resources dedicated to disasters will require constant review and reporting to highlight situations like hurricanes Katrina and Rita where funding did not reach most in poverty situations.

This paper sets forth research ideas that are important to create the above environment:

Research for establishing Standards

Funding for health research in the context of disability is a basic problem, especially in donor agendas in low- and middle-income countries (LMIC). During Disasters as funding goes to large CBOs the DPOs are left out of the Donor circle or only little is allowed to trickle down to them. DPOs therefore suffer from the double constraints of limited financial resources to

fund necessary research and action themselves, and the low priority given to disability problems in LMICs by the global research community acerbates the existing situation. Given the influence of major international health research funders on resource allocation decisions it is time that attention is given to this existing gap.

Research on current situation, weakness of existing laws, policies, programmes, services, responses

Review of legislation on existing international standards.

- i. What has been done, what gaps there are for instance in sphere project and national legislation.
- ii. Use research to effect social change and constructing new inclusive, equality-seeking structures
- iii. Look at intersections of social hierarchies and marginalization, exclusion (employment, income, savings, etc.) and other cultural practices that undermine identity/inclusion/rights – through research and disability studies.
- iv. Recognition of difference but see that this difference is taken care off there is no discrimination and disaster as a new situation is going to create possibility of constructing new structure that are not hierarchy.
- v. Need better data, registration – planning budgeting on basis of Census registration
- vi. Rapid Assessment of needs during each disaster as all disasters has different impact.
- vii. Response – should include prevention of disability. Monitoring and Evaluation of whole system
- viii. Issues of governance, inclusion and decision making, Key Players:
- ix. Research around what is already happening around disasters and the needs to integrate disability in it. Identify existing networks, international activities so that there can be coordination of efforts
Finances
- x. Research around educational pedagogy, best practices – and inclusion principles and budgetary needs.
Finances
- ix. identify resources needed for disabled
- x. track finances to review the amounts allocated and spent on the disability sector

Conclusion

To conclude there are no guidelines to have an effective process of identifying the needs of the disabled in a disaster response, ability of the decision makers to understand the complexities of delivering an inclusive response and taking appropriate steps to allocate funds which can be used after consultation with DPOs in a community. All this requires proactive planning, training and sensitizing bureaucracy that inclusive policies are feasible and be beneficial to the community at large.

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