



BRIEFING PAPER

Disability, disasters and displacement

INTRODUCTION

Whether it is triggered by cyclones, wildfires, floods or other hazards, disaster displacement is a growing global phenomenon, whose effects are especially severe for people with disabilities.

Discrimination and barriers in access to services often amplify the challenges and risks internally displaced people (IDPs) with disabilities face. They also hinder their ability to achieve durable solutions to their displacement.

There is growing awareness of the need to include people with disabilities in humanitarian action and sustainable development.¹ Data and research on the number, location, and experiences of IDPs with disabilities, however, is still lacking. Such information is crucial to ensuring that they are consulted and actively participate in displacement settings. It is also critical to tailoring interventions to address their needs.

This paper is intended to be a first step towards bridging that gap. It presents the current state of knowledge on how men, women and children with disabilities are disproportionately affected in disaster settings and explains why better data disaggregated by disability is essential to fostering more inclusive responses.

It also emphasizes the key role people with disabilities can play in improving disaster planning, risk management and data collection on displacement, and highlights examples of tools and promising practices to guide governments and aid providers.

FIGURES AND KNOWLEDGE GAPS

About a billion people, or 15 per cent of the globe's population, are estimated to have a disability, of whom 80 per cent live in low- and middle-income countries (see Box 1).² The global number of people with disabilities is increasing, partly because of ageing populations and a rise in chronic health conditions.³

BOX 1: What is a disability?

People with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.⁴



An older woman living in a Jilab 4 camp in the Garowe area of Puntland, Somalia. She is dependent on the walking frame that her neighbours in the camp gave her after she broke her leg. Source: Ingrid Prestetun/NRC.

It is not known how many people with disabilities live in internal displacement associated with disasters. IDMC estimates that 5.1 million people were still displaced as a result of disasters at the end of 2019, but this figure is highly conservative.⁵ This is because data on the number of people living in displacement after a disaster event is scarce. The figure of 5.1 million people is based only on those events for which at least some time-series data is available. This represents only 7 per cent of the disasters IDMC monitored in 2019 and about 50 per cent of events for which data on housing destruction exists.⁶

The limited data collected following disasters and the scarcity of data disaggregated by disability make it difficult to determine how many IDPs have disabilities at the global, regional and national levels. Accessibility issues, stigmatisation and variations in definitions tend to render IDPs with disabilities invisible during data collection. They are, as a result, often under-identified.⁷

For example, when Ambae Island in Vanuatu was evacuated in 2017 because of increased volcanic activity, there were concerns that a significant number of people with disabilities had not been identified among the evacuees.⁸ The International Organization for Migration's Displacement Tracking Matrix (IOM-DTM) reported 37 people with disabilities out of 5,125 people located in one evacuation centre. This represented less than one per cent of the total displaced popula-

tion.⁹ Sources vary on the prevalence of disability in Vanuatu, but 2019 data from the UN placed it at up to 12 per cent.¹⁰

The prevalence of disabilities is likely to be higher among displaced populations than among the general population for various reasons, including their lack of access to quality healthcare and other essential services.¹¹ Higher poverty rates among people with disabilities and inadequate housing also tends to heighten their exposure and vulnerability to hazards.¹² This, in turn, may increase their risk of displacement.

Injuries caused by disasters also contribute to elevated rates of disabilities among displaced populations. For instance, during the 2010 earthquake in Haiti, which displaced some 1.5 million people, more than 300,000 people were injured and 4,000 amputations performed.¹³

In other situations, however, the prevalence of disabilities is lower among displaced populations. This is particularly the case when people with disabilities are left behind in their community of origin or do not survive a disaster. An assessment following the Great East Japan Earthquake of 2011 found that people with disabilities were twice as likely to die in the earthquake as the general population.¹⁴

This lack of accurate data on the number of IDPs living with a disability and their location poses challenges to monitoring their needs and allocating resources. It also makes it difficult to tailor support and assess the inclusivity of responses.

DIFFERENTIATED IMPACTS

The limited evidence available suggests that people with disabilities face unique risks in disaster settings that may heighten the support needed during displacement.

This section highlights some of the main challenges displaced men, women and children with disabilities experience as a result of disasters, and how these can affect their ability to achieve durable solutions to their displacement.

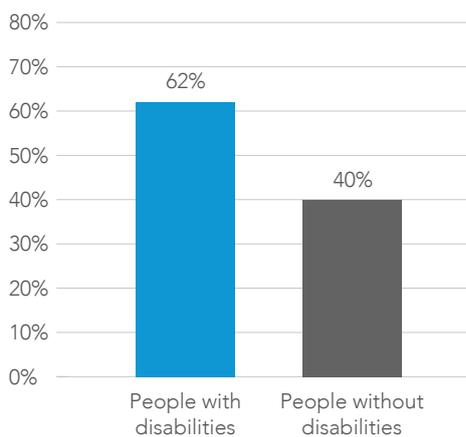
I CHALLENGES TO FLEEING SAFELY

People with disabilities are often excluded from early warning systems and evacuations. This may prevent them from fleeing in a safe and timely manner and lead to higher death rates.¹⁵ After Cyclone Amphan struck Bangladesh in May 2020, for example, 71 per cent of people with significant hearing difficulties said they could not access early warning systems.¹⁶

Those who do manage to escape often confront physical obstacles, as well as a dearth of information. This may slow their arrival to a safe place and their access to humanitarian assistance, while increasing their risk of further injury and trauma.

A survey was conducted of 648 households in Vanuatu affected by Tropical Cyclone Pam, which struck in 2015.¹⁷ In the survey, a higher proportion of people with disabilities said there was insufficient information on evacuation shelters than people without disabilities (see Figure 1).¹⁸ Women with disabilities also reported less access to training and information on what to do in emergencies than men with disabilities.¹⁹

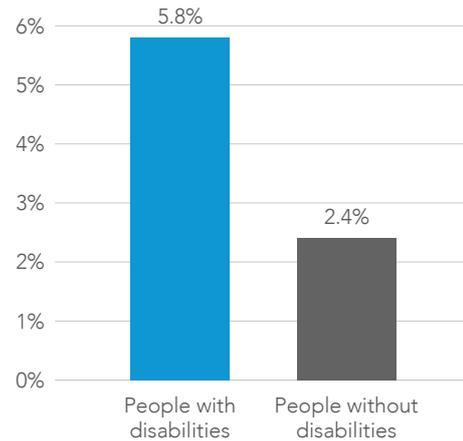
FIGURE 1: Percentage of people reporting a lack of information on evacuation shelters prior to Cyclone Pam



Source: CBM-Nossal Institute Partnership for Disability Inclusive Development, Oxfam, VSPD, DPA, et al. (2017).

The study also found that people with disabilities were up to 2.45 times more likely to suffer cyclone-related injuries than those without disabilities (see Figure 2).²⁰ Limited knowledge of evacuation processes, a lack of accessible evacuation shelters and evacuation delays because of functional impairments were all cited as contributing factors.²¹

FIGURE 2: Percentage of people reporting injuries related to Cyclone Pam



Source: CBM-Nossal Institute Partnership for Disability Inclusive Development, Oxfam, VSPD, DPA, et al. (2017).

People with disabilities also face a significant risk while fleeing of being separated from those who usually care for them and from their assistive devices. This could increase their displacement needs.

IDPs with disabilities in Vanuatu, for example, said they had been separated from vital support networks during their evacuations from Ambae Island and had been asked to leave behind their assistive devices.²² This resulted in difficulties with self-care, such as grooming, using the toilet, washing and eating.²³

I BARRIERS TO HOUSING, LIVELIHOODS, HEALTHCARE, EDUCATION AND SECURITY

Displacement often exacerbates the barriers people with disabilities face in accessing decent housing, livelihoods, healthcare, and education and exposes them to new risks.

HOUSING

Evacuation centres, camp facilities and other temporary shelters are often inaccessible to people who are blind or partially sighted and people with physical disabilities.²⁴ Ninety per cent of people with significant mobility difficulties displaced by Cyclone Amphan said they could not access evacuation centres and/or toilet facilities.²⁵

Following the 2011 earthquake in Japan, many IDPs with disabilities struggled to move around evacuation centres and the prefabricated collective houses that were later constructed to house the displaced.²⁶ The challenges they faced navigating the stairs and using common facilities even prompted some to abandon the shelters altogether and seek assistance elsewhere.²⁷

Even when there is a recognised need for accessible shelter, the scarcity of financial resources following a disaster often limits the availability of specially tailored housing. Humanitarian workers responding to the 2010 earthquake in Haiti were faced with the dilemma of how to spend resources.²⁸ That is because the added cost and lengthier construction time of building accessible housing would mean erecting fewer shelters.²⁹

Shortages of accessible shelter may push IDPs with disabilities into more unstable and precarious living situations. It can cause them to miss out on vital aid and relief services, which are often provided at evacuation centres or camps.

LIVELIHOODS

Higher levels of unemployment, discrimination, and lack of access to quality education makes it harder for people with disabilities to find decent work during their displacement.³⁰

An estimated 70 to 80 per cent of working-age people with disabilities in Africa are unemployed.³¹ The high rate of unemployment among people with disabilities can make it even more difficult for them to access the labour force once they are displaced. A woman with a disability confronts a double disadvantage. Women with disabilities are less likely to have attended school than men and have unequal opportunities for training.³²

Disasters can also separate people with disabilities from family members or caregivers, including those who had provided financial support. Following the 2004 Indian Ocean tsunami, there were concerns that people with disabilities in India, including children with intellectual disabilities, were left destitute after their family members could no longer afford to help them.³³

HEALTH

Displacement often disrupts access to healthcare for people with disabilities, hindering their ability to get vital medication, assistive devices, and rehabilitation and psychosocial services.³⁴ Lack of timely medical treatment, unstable living conditions and poor nutrition during their displacement can lead to deteriorating health and new disabilities.³⁵ There is evidence that humanitarian crises may also have a particularly profound psychological impact on older people with disabilities, worsening their mental health and pre-existing cognitive difficulties.³⁶

EDUCATION

Children with disabilities are among the most marginalised people in disaster settings, facing significant disruptions to their education. Temporary schools may not be accessible during their displacement, and teachers may lack the training to know how to include them in alternative schooling arrangements.³⁷

Financial barriers may also prevent them from going to school. A study following the 2015 earthquake in Nepal found that many children with new disabilities were unable to attend school while their parents struggled to restore their homes and livelihoods, and cover the medical costs associated with those disabilities.³⁸ Children with disabilities who do not have access to adequate education during their displacement often end up encountering various disadvantages. These may undermine their ability to find future employment.³⁹

SECURITY

People with disabilities face a greater risk of discrimination, exploitation and violence during their displacement and often struggle to access protection services and complaint mechanisms.⁴⁰ People with disabilities displaced during the 2011 famine in Somalia risked forced evictions, violence, and exploitation.⁴¹ Young women with disabilities displaced by the 2015 earthquake in Nepal were especially at risk of sexual abuse and trafficking in IDP camps and collective living situations.⁴²

The barriers people with disabilities face in accessing services and humanitarian assistance during disaster displacement often have lasting repercussions and hinder their ability to return, locally integrate or resettle (see Box 2, p5).⁴³

TOWARDS MORE INCLUSIVE APPROACHES

People with disabilities still face challenges in displacement settings across the globe, but there are signs of progress. This section discusses three elements that are key to fostering more inclusive approaches to disaster displacement and highlights some promising practices.

1. TAILORED PLANNING, PREPAREDNESS AND RISK REDUCTION

The 2015 Sendai Framework calls for a disability perspective to be integrated into disaster management.⁴⁴ In countries like Kenya and the Philippines, steps have been taken to enhance early warning systems.⁴⁵ In Nepal, training on disability-inclusive evacuation processes and shelter arrangements has been implemented, and in Japan, people with disabilities facing protracted displacement have been prioritized for public housing.⁴⁶

Targeted support should also be provided to people with disabilities in their communities of origin to reduce their risk of displacement (see Box 3, p6).

2. GREATER PARTICIPATION

People with disabilities are best placed to identify the support and inclusion needed in displacement, but they are rarely consulted. In a 2013 UN global survey of over 5,700 people, 86 per cent of people with disabilities said they had not participated or been consulted in community disaster management and risk reduction processes.⁴⁷ That is despite the fact that more than half of the respondents wanted to be involved in such activities.⁴⁸

BOX 2: Longer-term impacts of displacement for people displaced by Hurricane Katrina



An aerial view showing massive flooding in sections of New Orleans, Louisiana. Source: Gary Nichols, CIVIUS. National Archives

A study of 39 people with disabilities displaced by Hurricane Katrina shed light on some of the longer-term repercussions of displacement on housing, livelihoods, health and social networks.⁴⁹ The people studied were displaced by the hurricane for at least 60 days and were interviewed about their recovery experiences three years following the disaster.

They said it had been difficult to find stable and affordable housing. Most of them had moved various times after leaving their first post-disaster shelter, including between cities and states. Although most of them had been employed or had been living with a household member with a stable job before the hurricane struck, they had lost their jobs after being displaced, were working fewer hours, or were in a job they liked less than their previous one.

Along with these financial hardships, they also said their physical health had declined and that they continued to face barriers in accessing transportation and medical and recovery services.

A key focus of the study was on the impacts of displacement on social relationships. Participants in the study generally enjoyed rich social relationships and a feeling of social inclusion before their displacement. They expressed grief over their loss of social networks and community belonging afterwards. That was true even for those who had returned to their area of origin.

This loss of social capital is worrisome. Other studies have shown the vital role of social networks and informal support in facilitating the inclusion of people with disabilities in post-disaster settings.⁵⁰

In order to ensure greater participation, people with disabilities must be included in needs assessments before and during displacement. They should also be involved in the design, implementation, coordination, monitoring and evaluation of responses to displacement, and in broader disaster management and risk reduction.⁵¹

Organisations of persons with disabilities (OPDs) have a key role to play. Projects in Nepal and the Philippines have focused on building the local capacity of OPDs and engaging them in disaster risk reduction.⁵² In Indonesia, a dedicated disability inclusion unit, which includes representatives of OPDs, has been established within local disaster management offices.⁵³ It is intended to support better monitoring and evaluation of inclusive disaster risk reduction and disaggregated data management.⁵⁴

3. BETTER DATA

Better data is needed on the prevalence, location, support needed and resources of IDPs with a range of disabilities to enhance such efforts. Better data can also illuminate how intersecting factors, including age, sex and gender, affect the displacement experiences of people with disabilities.⁵⁵

This includes collecting quantitative data to compare the situation of people with disabilities before and during their displacement.⁵⁶ It also involves gathering in-depth qualitative information on the specific challenges they face, and what they believe would improve their situation.⁵⁷ In the process, IDPs with disabilities should be given the opportunity to participate actively in collecting data and training other researchers and enumerators on inclusive practices.⁵⁸

BOX 3: Strengthening resilience and reducing displacement risk in Bangladesh

A project in Gaibandha, Bangladesh holds important lessons for how to build local capacity in an inclusive way and tailor risk reduction to the needs of people with disabilities.⁵⁹

Targeted support has been provided to people with disabilities in flood-prone areas so they have access to livelihood opportunities and can register for social protection from the government. The additional income reduces their risk of displacement by enabling them to buy materials for improving their homes and protecting their water supplies.

Self-help groups for people with disabilities and a community disaster-management committee have also been established to strengthen resilience. Households are offered preparedness counselling. Training and communication materials have been produced in plain language, and members of the local community have been recruited to conduct training sessions in the local dialect.

Mapping people with disabilities in a community before a disaster strikes may be the best way to ensure their inclusion is incorporated into disaster planning. Assessments designed to rapidly identify people with disabilities in the aftermath of a disaster, however, can help allocate resources. It can also inform immediate responses to displacement.

Tools and guidance already exist to improve data collection on people with disabilities in displacement settings.⁶⁰ The governments of Colombia and Ukraine have incorporated data disaggregated by disability into national registration systems of people displaced by conflict.⁶¹ This has been used to inform national strategies and programmes that assist IDPs. Such progress is encouraging and may hold important lessons for strengthening data on disabilities in disaster displacement.

CONCLUSION

The evidence presented in this paper highlights the importance of tailoring support for IDPs with disabilities and ensuring that they are consulted and actively participate in disaster management and risk reduction. For that to occur successfully, better data is needed on their experiences in a range of displacement settings.

People's growing exposure and vulnerability to hazards as a result of climate change is expected to increase the risk of displacement from slow- and sudden-onset disasters.⁶² Now is the time to act to foster more inclusive approaches to internal displacement and guarantee that people with disabilities are not left behind.

NOTES

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Cover photo: Two women displaced by heavy flooding assist another at a food distribution center in Afgoye, Somalia. Source: OCHA

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