Chapter 5
Inclusion

5.1 Introduction

This chapter looks at how excluded and marginalised people are affected by disasters and cope with them. It considers people who are marginalised by gender, age (the young and old) and disability, and by being ethnic or other minorities (including migrants). Gender issues in disasters have been studied extensively, and there is a growing body of knowledge on age and disability. Nevertheless, there is still much to be learnt about excluded people and the factors that make particular groups vulnerable, as well as their capacities to manage risk and be active in DRR.

The different vulnerabilities of women, old and young people are revealed clearly in data on deaths from disasters of many kinds, in different countries and over time. For example, a study in Aceh, Indonesia, after the 2004 tsunami showed that the mortality rate amongst women was 1.9 times greater than amongst men. The mortality rate for children under ten years of age was 2.3 times higher than for adults aged between 20 and 39; for adults over 60, it rose to 3.1 times higher. Similarly, research after the cyclone in Bangladesh in April 1991 showed that mortality was greatest among children under ten and women over 40 (for women, mortality levels increased sharply with age, reaching 40% among the over-60s).\(^1\) Differential mortality rates such as these are common, but they are not universal: vulnerability varies considerably according to context and culture, and every disaster is different and will have its own impacts.

In real life people do not fit into the neat categories used in many project baseline surveys and VCAs. Their vulnerabilities may be the product of different forms of marginalisation. For example, a woman’s vulnerability and capacity, and her experience of disasters, are not due simply to gender roles and differences: they may be influenced by her wealth, age, disability, ethnicity and other socio-economic factors. Case Study 5.1 (Gender and disability after disaster) illustrates how such factors can intersect.

DRR and resilience-building initiatives should not deal with marginal groups separately, but as part of the whole community, taking an inclusive approach from the start that involves all groups in the community in assessment, decision-making and action: in other words,

5.2 Gender

5.2.1 Gender and vulnerability

Gender – the roles, behaviours and activities that society defines and establishes for women and men – is a factor in everyone’s daily life. The socially defined relationships and differences between women and men are important in all societies and cultures. Their roles and responsibilities differ, there are differences in their access to resources and control over them, and society gives them different decision-making authority. Men and women are affected differently by economic and social conditions and changes, and they face different degrees of hazard exposure and risk.

In general, disasters hit women harder than men, as the examples above from Aceh and Bangladesh illustrate. In the Bangladesh example, a number of factors were probably at work. Women’s physical size and strength were generally less than men’s. They may have been less able to swim or climb trees to safety because their culture discouraged girls...
and women from learning these skills. They may have been slowed down by clothing and children. They were probably reluctant to venture far from their homes on their own and to be crowded into a cyclone shelter with men and strangers, and so may have delayed leaving for places of safety until it was too late.

Factors such as these are the immediate causes of women’s vulnerability. The underlying causes come from women’s position in society. Compared to men, women’s access to education, resources, income-earning opportunities and land is limited. Decision-making is still largely under male control, be it about the division of household labour and control of household assets, the resolution of community problems or who benefits from official development and relief programmes. In some places, traditions and cultural taboos prevent women from travelling far from their homes without their husbands. Some women are more marginalised and hence more vulnerable than others: they include women who are on low incomes, widows, female heads of households, refugees or migrants, women living alone, members of indigenous communities or women with cognitive or physical disabilities.

Disasters can accentuate such vulnerabilities. During long-running crises, women’s workloads may increase as they can be left in charge of households when their menfolk have to migrate in search of work. Even in rapid-onset disasters, women are expected to carry out their normal domestic tasks, in addition to dealing with the consequences of the disaster itself. After disasters, their bargaining position in the competition for relief aid and other scarce resources may be weaker: single women and woman-headed households are particularly likely to lose out. Relief agencies easily lose their gender sensitivity during emergencies, amid pressure to deliver aid quickly in difficult conditions. Many relief and recovery operations target male household heads or give priority to property owners or bank account holders, who are more likely to be men, and jobs and training in recovery projects tend to be provided mainly to men – although women are often expected to work as labourers in reconstruction. The increased economic pressures and psychological stress imposed by disasters may lead to a rise in domestic violence against women, and to men abandoning their families. Women and girls who are displaced or separated from their families and community networks during and after a disaster can be at heightened risk of violence and sexual abuse.

5.2.2 Gender in relief and development programming

Awareness of gender issues is standard in development and relief programmes nowadays – or should be. It is almost impossible to obtain funding without demonstrating some awareness of these issues. Few agencies are without gender policies or stated commitments to gender equity, even if it may be a challenge to put such ideals into practice. Most agencies working on DRR pay attention to gender, but not always in a systematic manner: gender can be seen as an ‘add-on’ rather than being integrated into programming, and many organisations have too few staff with relevant skills. Interventions may focus on the most visible symptoms of
women’s vulnerability and fail to look at underlying problems. For instance, they may seek to ensure that women take part in training courses and community volunteering schemes, but are less likely to look at ways of getting more women into leadership positions in those programmes and in their communities.

Participatory methods of risk and vulnerability analysis (Chapter 3) should identify gender issues, but agencies need to ensure that this happens, applying specific gender analysis tools where necessary. Special care should be taken to ensure that women’s voices are heard. Women are very aware of their vulnerability and the forces that create it; they tend to perceive and experience risks differently from men, and many are keen to become involved in participatory assessments and action planning. It has been suggested that women’s organisations and groups should train their members as community researchers and carry out their own community assessments to give a more balanced gender perspective.² DRR projects should aim for a balance of men and women among staff and volunteers throughout the project cycle. Some programmes set targets or quotas for women’s participation, but these need to cover decision-making roles as well as carrying out tasks.

Gender awareness training is usually necessary within an organisation, and it is often an entry point for work in communities. For example, a Red Cross community disaster preparedness programme in Guangxi, China, in 2006–2009 included a gender sensitisation element in all its training for the Guangxi Red Cross, government and other local partners. This emphasised the importance of identifying the different needs and capacities of women and men and collecting gender-disaggregated data. Women trainees were given opportunities to speak and report to larger groups, to boost their self-confidence. Participants felt this approach to be beneficial, whilst acknowledging that follow-up practical training and technical support would be needed to apply their knowledge to real-life situations.³

5.2.3 Building on women’s capacities

Women’s resilience and skills in coping with crisis are a valuable resource that is under-utilised by field agencies. Women’s efforts in producing and selling goods and as wage earners are central to household livelihoods, and many act as household heads if their husbands have migrated to find work elsewhere, or have abandoned them. They are usually primary caregivers, and hence experienced in looking after others, and they often take on


informal disaster management roles: managing food and water supplies during drought, for instance, or looking after people who have been injured or displaced. Research suggests that, after disasters, women are much more likely to seek support from informal structures and social networks – other women and their kinship groups – than from officials, but such informal social structures are often invisible to outsiders.

Women also possess considerable technical knowledge and skills that contribute to DRR. They are often expert in traditional farming practices, such as soil conservation and intercropping, which can reduce the damage caused by drought or sudden rainfall. Many women in Africa know a great deal about drought-resistant seed varieties and how to use them, and about roots, fruits and other food growing in the wild that families can turn to when crops fail. They know how to preserve food for use during the hungry season or more prolonged periods of scarcity. Women are often expert in home health care and knowledgeable about traditional medicines. They are likely to be responsible for keeping drinking water clean, and in some societies for building and maintaining houses.

---

**Box 5.1 Good practice checklist for gender and diversity in organisations**

Adopt a gender and diversity policy to guide people, activities and programming at all levels of the organisation.

- Demonstrate a clear commitment to gender and diversity inclusiveness at the senior management level.
- Identify how gender and diversity issues are being addressed in the organisation’s programming and procedures, and where further development is needed.
- Develop a strategy or work plan to address identified needs and make sure that adequate human and financial resources are available to implement it.
- Ensure staff and volunteers are sensitised to gender and diversity issues and can carry out gender and diversity assessments.
- Ensure equal opportunities recruitment and working conditions for male and female staff and provide a workplace environment that promotes diversity.

Building upon existing capacities can be very effective. In Sub-Saharan Africa, for instance, a number of successful drought mitigation programmes have drawn on women farmers’ and gardeners’ knowledge of how to preserve and grow traditional seed varieties. In many places disaster preparedness programmes have trained women as first-aiders, building on their customary role in giving health care. However, there are challenges in ensuring that women are adequately reached by, and represented in, DRR programmes. One of the most immediate practical challenges is to make sure that project activities fit into a woman’s working day. Training courses should be held at times when women are most likely to be free from domestic and other tasks; childcare facilities may be needed to encourage attendance. Special attention to the training approach is needed in communities where women have little or no education or experience of taking part in formal group discussions. Even where women acquire knowledge and skills as a result of training, social constraints may not offer them the opportunity to use them fully. For example, first aid training may give women living in hazard-prone areas more confidence in dealing with potential crises, but this does not

Box 5.2 Women’s capacities and DRR

Research suggests that, on balance, women are more likely than men to:

- manage and use natural resources on a daily basis;
- organise locally to address immediate family and community needs, such as lack of clean water;
- have limited economic resources to anticipate, prepare for and recover from disasters;
- respond to needs in the recovery period following a disaster;
- be strong informal leaders but under-represented politically;
- be connected with school systems and children’s education;
- have influence over others through strong social networks;
- be effective communicators;
- be attentive to emergency warnings and disaster preparedness; and
- be more safety-conscious and risk averse.

necessarily improve women’s position in their community and they may still be excluded from influence in local disaster management or preparedness committees.

5.2.4 Disasters and women’s empowerment

Participatory methods provide the practical tools for giving women a voice in project planning and implementation, though there is clearly a risk that initiatives may alienate men and traditional leaders. There are examples of women being beaten by their husbands for spending time at community meetings instead of on housework, and older women giving younger women extra domestic chores to stop them going out to meetings or training courses. Such problems may be overcome through discussions in advance with potential opponents, such as village elders, religious leaders, husbands and mothers-in-law, although a good deal of time and persuasion may be needed.

A number of DRR projects seeking to build women’s capacity and involvement focus on what are customarily accepted as women’s roles, for example by giving female health workers and traditional healers first aid training. But organisations involved in disaster recovery can also take advantage of the temporary weakening of social constraints after some events to press for more fundamental changes in gender relationships and to increase women’s control over basic assets such as food, cash, housing and land. As well as presenting new income-earning opportunities, women’s involvement in relief and rehabilitation projects can boost their confidence and improve their standing in the community, especially where they take on new roles and responsibilities (see Case Study 5.2: Empowering women as local leaders in DRR). Women’s groups formed to respond to disasters can become a resource for longer-term community development and future DRR activities. Development and emergency organisations can do much to support such groups by giving technical, institutional, financial and moral support, provided that this is sensitive to the nature of local society and structures.

The involvement of women’s groups and organisations in DRR is essential to underpin individually limited activities and make sure that gender is genuinely mainstreamed into different types of organisation and their work. Building disaster resilience is more than a series of technical interventions: it requires changes in social relationships, challenging inequality and the distribution of power. Collective organisation is a means of mobilising against shocks and stresses of all kinds: environmental, economic and social.
Case Study 5.2 Empowering women as local leaders in DRR

After the December 2004 tsunami, ActionAid launched a two-year project in the Andaman and Nicobar Islands to reduce women’s marginalisation and strengthen their resilience to disasters by integrating gender perspectives into post-tsunami recovery. The main elements of the project were a participatory vulnerability analysis (PVA), organising women into groups for action and advocacy, setting up a group savings scheme for women and promoting women’s involvement in village self-help groups. The PVA gave women better knowledge and understanding of their vulnerabilities and how to overcome them. It enabled the women and their communities to identify underlying factors contributing to vulnerability, such as poor housing and lack of education, and it also identified community capacities and knowledge. A disaster response plan was developed from the PVA findings. Safe places to evacuate to were identified and emergency task forces were formed.

Women had not been involved in community planning and decision-making before the disaster, so this was their first experience of working in a formally organised structure. Women’s collectives were formed at village and district levels, where they could share their problems and discuss issues affecting them, make their own decisions and obtain a voice in the community. One of the issues taken up by the women collectively was learning to swim: they had been prevented from learning by cultural conventions, which led to many deaths in the tsunami. Now, with the support of the collectives, they were able to press successfully for swimming lessons. Some obtained official fishing licences, entitling them to government compensation for loss of livelihood due to floods or tidal waves.

The 32 self-help groups formed through the project undertook a range of activities, including digging and restoring wells and building dykes to prevent farmland from flooding. The groups’ gender balance was monitored: nearly half were all-women groups and only six had more men than women as members. The self-help groups were formally registered as local decision-making bodies. Through group activities, women began to take part in public dialogues on community problems and their solutions.

5.3 Older people

Older people make up a significant and growing proportion of the world’s population, but they remain largely invisible and marginalised in emergencies. Aid agencies are often insufficiently aware of older people’s needs, or treat them as helpless, passive recipients of welfare rather than active members of society. Their needs may not be taken into account in disaster planning or response; they are less likely to receive warnings and obtain help in evacuating; they find it harder to go to distribution centres, queue for relief goods and carry those goods away; and emergency stockpiles often lack items which they may need, such as mobility aids or medication for chronic conditions.

5.3.1 Vulnerability and capacity

Ageing makes people more vulnerable physically: older people are frailer and less mobile; they are more likely to suffer from long-term health problems such as heart or respiratory illness, and from physical disabilities such as poor eyesight and hearing. These characteristics reduce older people’s capacity to take action before and during emergencies. They may not, for example, be able to keep their houses properly maintained and hence more secure against hazards, or they may be unable to escape quickly enough to higher ground or shelters when floods or hurricanes threaten. They are more vulnerable physiologically to extremely hot or cold weather. Their chronic health conditions are more likely to worsen during and after an emergency due to poor temporary living conditions and disruption to regular health care.

Socio-economic forces also create vulnerability among older people. Many live alone, isolated from family and community support structures (this has been a significant contributory factor to the high proportion of heatwave fatalities among older people in Europe and North America). Others have become primary carers of their grandchildren, for example where parents have to work long hours, have migrated to seek work or have died. Lack of education and conservative attitudes may limit their capacity to take independent action. Older women, for instance, may be more likely than younger ones to adhere to social or religious customs that discourage them from going far from the house on their own.

Isolation is a major factor in older people’s vulnerability to disasters and their capacity to recover from them. Families, neighbours and social networks play an important role in helping them to prepare for an emergency (for example by securing homes, making sure they receive warnings and helping them to evacuate), during the immediate post-disaster period.

---


(for example by going to collect relief supplies for them) and in supporting their psychological recovery after disasters. Displacement to emergency shelters, temporary housing or permanent rehousing often separates them from these social support mechanisms. The creation of appropriate, accessible social spaces (such as community centres and gardens) and opportunities for social interaction (such as cultural events) after disasters may help to restore psychological wellbeing. Some DRR projects establish support groups or ‘buddy’ systems prior to a disaster to assist those without access to social support networks.

In many parts of the world, older people have to remain economically active in order to survive. They are often self-employed or work in the informal economy, though many have limited livelihood options or opportunities. Protecting their livelihood assets is a priority during an emergency, and restoring livelihood activities is essential after the emergency period has passed. Support in building secure and sustainable livelihoods (see Chapter 9) should therefore be an integral part of DRR projects with older people.

Older people also have many valuable capacities, and their knowledge, skills, experience and enthusiasm can be put to good use in DRR and disaster response. In some respects they may be better at dealing with stressful events and crises than younger people. They may well have been community leaders or held other positions of responsibility, and they are economically and socially active – important points that are often overlooked by development and humanitarian organisations. They possess technical skills gained during their working lives. Where they have lived in the same place for a long time, they will have acquired considerable knowledge of their environment and the hazards within it. They are also more likely to have first-hand experience of previous disasters and environmental pressures. They are often the guardians of cultural experience and indigenous knowledge in their communities, and so more likely to possess extensive knowledge of coping strategies.

Participatory approaches (see Chapter 6) are valuable in assessing older people’s vulnerabilities and capacities. VCAs should ensure that older members of the community are identified and their situations understood. Their extensive local knowledge, experience of shocks and stresses and coping skills make them potentially important participants in community risk assessments and in the development of disaster plans. Participation in such processes strengthens a sense of belonging and encourages collaboration between different age groups. The World Health Organisation (WHO) advocates ‘active ageing’ to increase older people’s resilience: this means creating opportunities for them to participate more in society, according to their wishes and capacities, for the benefit of their physical, social and mental wellbeing. HelpAge International mobilises older people’s associations

---

(OPAs), which provide social support to older people in the community. OPAs have been trained in carrying out risk assessments, giving first aid and providing assistance in emergencies. Older people have been put in charge of assessing needs, distributing food and other relief aid and the construction of shelters and water pumps. Older people’s committees also offer an opportunity for their voices to be heard in the community and by decision-makers. Because singling out older people for special attention can lead to resentment among other members of the community, projects should find ways of helping them to make a greater contribution to their families and communities. This not only brings material benefits for the older people concerned, but can also improve their social status.

Case Study 5.3 An integrated approach to building older people’s disaster resilience

Older people in Tajikistan and Kyrgyzstan are exposed to many natural hazards, including earthquakes, landslides, floods and cold weather, as well as having insecure seasonal livelihoods. In 2009, HelpAge International began working with Youth Ecological Center (a leading Tajik environmental NGO), the Resource Centre for the Elderly (a Kyrgyz NGO) and 20 remote rural communities to build their resilience by integrating development issues, such as food and income security, with disaster preparedness.

Priority concerns were identified by older people and their wider communities. Some 300 community members (half of whom were older people) were given training in community-based DRR. They shared the knowledge in their communities and used it to produce emergency plans and develop small-scale mitigation projects; through this they also built up better links with local disaster management organisations. Greenhouses were built to grow a wider range of crops and vegetables through the harsh winters, which improved nutrition as well as giving protection against food price rises. Solar panels were installed in communal facilities, reducing fuel costs and providing warm social spaces for older people’s groups to meet. Young people from the community installed insulation in older people’s homes.

5.4 Children and young people

In the past, disaster management professionals and guidelines were likely to start from the position that interventions to help children were best made through the ‘primary caregivers’ – i.e. parents or guardians. There is some logic to this. First, children can be very or even totally dependent on their parents, according to their age, strength, skills or maturity. Second, their daily routines are closely linked to those of adults in the household, and particularly to their mothers’ work: even quite young children help their mothers with domestic and productive tasks. Third, the capacity of groups and individuals to deal with risk is greatly boosted by previous experience of disasters, from which coping strategies are learnt or knowledge of them is reinforced.

This viewpoint also has significant drawbacks. It overlooks any distinctiveness that there may be in the child’s position. It is based on the assumption that parents will always be there to inform, warn and protect their children, whereas in fact children spend a lot of time elsewhere: at school, playing with friends and in many cases working. Children are capable of independent action, providing useful knowledge and contributing to DRR efforts. Many are already taking on adult responsibilities, such as household duties, paid work and caring for other family members. This has led to agencies working increasingly with children and young people to reduce risk, and to more ‘child-centred’ DRR initiatives.

Many factors affect children’s vulnerability to hazards. Nutritional deficiencies have a significant impact on the health and growth of infants and young children. Younger children are particularly likely to suffer from protein deficiency and malnutrition at times of famine. Children are more susceptible to pollutants produced by industry and society because they absorb more in relation to their body weight. Their lack of physical strength and practical skills, such as being able to swim, can prevent them from getting to places of safety. Where they spend a good deal of time in and around the home, they can be at greater risk from sudden-onset hazards such as earthquakes or landslides. In some cases, lack of literacy and

Box 5.3 Definitions

Definitions of ‘children’ or ‘young people’ vary. For some organisations, children are any age up to 15 years (with a concentration on the 7–15 age group where children’s perception and participation are concerned); young people are 15 years and over (sometimes up to 25). A more common distinction is between infants and young children (0–5), children (6–11) and adolescents/young people (12 and over). Legal thresholds for reaching adulthood also vary between countries.
other education limits their understanding of a potentially dangerous situation and how to prepare for or react to it.

Emergency responses often give priority to children’s physical needs, such as water, food, clothing, shelter and healthcare, but they can overlook others, such as the need for psychological support to deal with trauma, protection from abuse and harm and recreation and education. Children and young people may be in particular need of psychological or emotional support for dealing with a crisis, especially if they are on their own and cannot rely on older family members. However, they can and do adapt and recover, especially if they receive appropriate help (from parents, family members, counsellors and other professionals) and live in a generally supportive environment. Interventions involving story writing, drawing and plays can help children to draw out their feelings and relieve their emotional pain.\(^7\)

Disasters leave many children without parents or carers, putting them at high risk of abuse and exploitation. The 2004 Indian Ocean tsunami orphaned more than 20,000 children; the 2008 earthquake in Sichuan, China, left over 5,000 children without an adult caregiver.\(^8\) Very little is known about the disaster vulnerability of street children, of whom there are an estimated 100–150m worldwide, but children orphaned by disasters may well end up on the streets. Here they face numerous everyday threats including malnutrition, road traffic accidents, violence, sexual abuse and police brutality, as well as having no place of refuge during floods or bad weather.

It is important to listen to young people and children. They are close to their environment and observe it acutely, and often have a clear perspective and understanding of the environmental, social and economic risks they face and the relationship between vulnerability and hazard. They can also play an important role as communicators and educators about risk (see Chapter 10). Some community-based projects give them opportunities to present their own views of their needs and the risks they face, for example by drawing risk maps or other images of hazards and vulnerability. This approach can provide new insights to outsiders, as well as helping to raise the children’s own awareness and interest.

There are a growing number of examples of child-centred approaches to DRR work. Plan Vietnam has drawn on children’s knowledge of the local environment in designing a village flood preparedness initiative, and in El Salvador Plan’s long-running programme of support to children’s disaster groups has seen a progressive development in their interests and activities. For example, a group in one village identified uncontrolled extraction of stone


Case Study 5.4 Mobilising young volunteers for DRR

In 2012 YCare International helped the Sierra Leone YMCA to implement a pilot DRR project in Kroo Bay and Dworzack, two slum communities in the capital, Freetown, which are prone to hazards such as fires, landslides and flooding. The YMCA had been active in both communities for some years through a youth livelihood and slum upgrading project. Previously, there had been disaster volunteer groups in the two communities, but these were no longer active and young people had not been much involved, even though a large proportion of the population was under 30. The project therefore recruited more young people to join their community-based disaster management committees.

The young volunteers, who received training in DRR and contingency planning from the project, were mainly involved in clearing blocked drainage channels on the hillsides (which were causing flooding), and raising awareness about risk reduction measures at community meetings and workshops, as well as going from door to door. The results were encouraging: community members began to approach the young people for advice and assistance, and the committees were invited to support DRR and response initiatives by other NGOs.

The project provided useful lessons about young people’s volunteering, mostly about widening and maintaining participation. There was clearly a need to recruit volunteers from a wider range of young people: many of the volunteers were already members of other community groups and committees before joining the disaster management committees. There was also a need to manage expectations: some volunteers joined for the travel stipends offered them to attend meetings, and left when these were withdrawn. Many young women had to miss meetings because of family and household duties (although these did not affect their participation in other community DRR actions), which meant that support for childcare would be needed.

and sand from a river bed as increasing the risk of flooding, and ran a successful campaign to ban the practice. In projects of this kind, it is important to connect child-centred initiatives with other grassroots organisations, integrating children and young people into DRR and community development planning and decision-making processes and supporting collaboration between youth groups and other community-based organisations (see Case Study 5.4: Mobilising young volunteers for DRR).

Interventions to support children must also respond to their needs in the context of their family, community and culture. Agencies whose mandate is to work for children sometimes find it difficult to strike the right balance in their interventions between concentrating on small groups of vulnerable children and more diffuse targeting of communities in which those children live. Setting the balance in favour of the first has an impact on a needy group but reaches fewer people, while a shift towards the second reaches more people but risks spreading benefits too thinly. Tricky decisions of this kind have to be made in the light of local knowledge and experience.

Engagement between children and young people and adult institutions can be a challenge. Members of a DRR youth group in Kathmandu, Nepal, interviewed in 2013 expressed their frustration at being excluded from DRR discussions and initiatives. Research in the Philippines revealed that young people used a variety of methods to communicate their views about risk and DRR to the community and people in authority (including street theatre, art exhibitions, writing newspaper articles and holding class discussions), but found it difficult to engage formally with disaster management professionals and bureaucracies unless they had the support of a sympathetic adult in a position of power. Ultimately, successful participation requires a shift in attitudes within a community and society as a whole. It is nevertheless possible to influence public opinion and official decisions (see Case Study 5.5: Young people’s activism for DRR).

---


Case Study 5.5 Young people’s activism for DRR

Following a landslide in 2006 that killed over 1,000 people, official landslide risk assessments were carried out in several locations in Southern Leyte Province in the Philippines. The community of Santa Paz was shown to be at high risk, while Santa Paz High School, with nearly 400 pupils, was found to be in the path of a potential landslide. The provincial Department of Education recommended relocation, but this was opposed by a number of people locally. Some of these opponents earned a living by selling snacks to the schoolchildren at lunchtime, but many parents were also against the move because they were worried about their children having to travel to school in a different neighbourhood. Local politicians in the two districts concerned also joined in the dispute. With the support of their head teacher, students at the school began a letter writing campaign to persuade local authorities of the need to relocate the school. They also started a campaign to educate their communities about the physical processes of landslides and landslide risk. As a result, the school was moved to a safer location. The new school, which opened in 2007, was earthquake-resistant, built above flood levels and designed for use as an evacuation centre in emergencies.


Institutions such as schools, child-care centres and nurseries can provide a focus for child-focused mitigation activity. This can take physical or structural forms (such as strengthening school buildings) and non-structural forms (such as raising awareness of hazards and risks and promoting good practice in risk reduction through the curriculum; see also Chapter 10).
Box 5.4 Children’s Charter for Disaster Risk Reduction

The Children’s Charter for Disaster Risk Reduction was launched in May 2011 at the United Nations’ Global Platform for Disaster Risk Reduction by four international agencies, Plan International, Save the Children, UNICEF and World Vision. It sets out five priorities for DRR identified by 600 children in 21 hazard-prone countries. These are:

1. Schools must be safe and education must not be interrupted.
2. Child protection must be a priority before, during and after a disaster.
3. Children have the right to participate and to access the information they need.
4. Community infrastructure must be safe, and relief and reconstruction must help reduce future risk.
5. DRR must reach the most vulnerable.

The Charter was formally launched in ten countries in October 2011, to coincide with the UNISDR’s International Day for Disaster Reduction, and a number of regional and national policy commitments to child-centred DRR have subsequently been made.


5.5 Disability

The WHO estimates that 15% of the world’s population lives with some form of disability.11 Disabled people are highly vulnerable to disasters, on account of social marginalisation as well as impairments. Although their vulnerability is acknowledged, disaster planning often overlooks their needs and capacities, and disaster managers have limited or no contact with disabled people’s groups or organisations working on their behalf. Disasters also cause injuries and, in some cases, long-term disabilities: in the 2010 Haiti earthquake, an estimated 2,000–4,000 people had limbs amputated due to their injuries.12 Disasters worsen existing

---


disabilities, as the health of those with impairments or chronic diseases may deteriorate when medication and medical support are disrupted.

5.5.1 Disability and vulnerability: a social perspective

Traditionally, disability has been viewed from a narrow medical or charity perspective. The medical approach defines disabled people by their individual impairments (which can be of many kinds, physical and mental, including impaired sight or hearing, lack of mobility and difficulty in understanding or communicating). The charity model assumes that they are to be pitied and helped. But disability should be seen in wider social terms: as the social consequence of having an impairment, or as the result of the interaction between a person’s impairment and external obstacles such as physical barriers and prevailing attitudes that prevent disabled people from participating in society.

Disability is linked to economic and social vulnerability and exclusion. Disabled people are more likely to be poor, without education, isolated and marginalised, misunderstood or avoided by neighbours, excluded from community structures and either dependent on others or assumed to be so. Some specialists in disability believe that, because disabled people lack status in their communities, little effort is made by those communities to save them from disasters: there is anecdotal evidence of them being abandoned in crises while others flee to safety.

People with disabilities are also frequently overlooked in disaster planning and marginalised in disaster practice. They are often invisible to outsiders, hidden within households by culture and stigma, fearful that identifying themselves as disabled will lead to prejudice or abuse, and missed out of census or other registration mechanisms. It is assumed that they need specialist support and so they are referred to other, usually medical, specialists, although their basic needs are the same as everyone else’s. Construction of accessible buildings and public facilities does not take place because it is thought to be too expensive.

5.5.2 Working with disabled people to reduce risk

A number of steps can be taken to support people with impairments. Many are simple and inexpensive. The first step is to identify who is disabled, the nature of their disability and how this will increase their risks to known hazards. In some countries and locations this is done through formal disability or special needs registers compiled by governments, health authorities, universities or NGOs. Pakistan’s Information Resource Centre on Disability, set up in 2009, collects data through a network of disabled people’s organisations, including such information as identity card numbers, basic facts about their disabilities and their locations. The database was used by responders to the 2010 floods.\(^ {13} \) Such databases are

not widespread, however, largely due to the difficulty and cost of collecting and updating data. On a smaller scale, VCAs (see Chapter 3) can perform this role, but conscious effort is needed here, since in practice VCAs often overlook disabled people (see Case Study 5.6: Overlooking disability in VCAs). Further steps can then be taken to raise awareness of the risks they face and how to deal with them, improve the security of homes and workplaces, assist them to move to safe places when severe hazards threaten, and attend to their specific needs during and after an emergency.

Disability specialists recommend a ‘functional’ approach to supporting disabled people’s disaster coping. This means thinking flexibly about addressing a broad set of function-based needs (e.g. communication, medical needs, maintaining functional independence, mobility) and reflecting the capabilities of the individual, irrespective of their specific diagnosis or status. Particular effort is needed to support people with mental health needs, as they tend to be even more excluded than people with physical impairments.

Methods for communicating risk and early warnings should be appropriate to the nature of the disability. Examples include printed material in large type or braille for partially-sighted or blind people, sign language on television broadcasts for the deaf and face-to-face discussions with people with learning difficulties or other problems that may affect their understanding of messages. Field staff should be trained to communicate with disabled people.

Case Study 5.6 Overlooking disability in VCAs

The aims of a VCA should be to identify vulnerable groups, the factors that make them vulnerable and how they are affected, assess their needs and capacities and ensure that projects, programmes and policies address these needs. In theory, therefore, VCA offers a good opportunity to incorporate disabled people’s needs and resources into DRR programming, and disabled people are sometimes mentioned explicitly as a category of vulnerable group in guidelines on how to carry out a VCA. However, a recent study of a number of assessments, carried out in a range of locations and at different scales by a variety of agencies, indicated that, in practice, disability was generally disregarded or received only a passing mention. Even in VCA manuals, disabled people’s capacities were overlooked, and they were not given opportunities to participate in community assessments. The study concluded that there was a need to change the core attitudes of disaster professionals towards disability, as well as those of communities.

people effectively. Public shelters need to be organised with their needs in mind (see Box 5.5 Good practice in emergency shelter management).

Improvements to the physical environment give greater protection and make evacuation easier. Homes, offices, escape routes and emergency facilities should be designed (or redesigned) with disabled people’s needs in mind. This might include securing furniture and providing ramps, handrails, pathway marking systems, special signage and wider passageways and staircases. The concept of universal design is helpful here: this is an approach to the design of products and environments to make them as usable as possible by as many people as possible, regardless of age, ability or situation.

Disaster preparedness plans must recognise that people with disabilities often need more time to make necessary preparations for an emergency and to move to a place of safety. Staff training will be needed here, in communicating with disabled people, assisting them and using relevant equipment; staff also need to be aware of the diversity of impairments and needs, to make sure nobody is left out. Many disability and disaster organisations recommend the formation of personal support (also known as self-help or ‘buddy’) groups. These groups typically comprise three or more people known to the disabled person and trusted by them – family members, friends, neighbours or colleagues – who are aware of the person’s needs, work with them to make preparations for potential disasters (including emergency bags containing essential items such as medication and assistive devices), and support them during crises.

One key principle is that a person with disabilities should always be seen as the expert on their own disability. Another is that they are often able to help themselves, given the right resources and opportunity. Although some do indeed require considerable help, many disabled people have skills, experience and other capacities that can be utilised in a disaster. In some crises they may have a psychological advantage, making them less liable to injury or panic, because they have to deal with difficult physical and environmental limitations daily.

Agency staff and community volunteers ought to be trained to support the independence and dignity of people with disabilities or impairments. Modern approaches to disability and development place greater emphasis on participation. People with disabilities are increasingly demanding that they are not simply treated as problems to be solved by planners, but as part of society, entitled to equal opportunities and rights. Some disability activists believe disabled people should be more assertive and demand to be included in DRR planning. Plans involving disabled people and partnerships between DRR and disabled people’s organisations must be developed in advance of an emergency, but it seems that there is little contact between them in normal times. Disaster managers tend to discuss disability questions with other disaster managers; disabled people’s organisations tend to discuss disaster issues with other disability agencies.
Like other marginalised groups, disabled people should be involved in DRR planning, implementation and monitoring. Their participation in VCA is key to identifying vulnerabilities, needs and resources. It can also build their confidence, raise their profile within communities and help them to create or strengthen social contacts. However, careful consideration must be given to the most effective ways to engage them, as some standard participatory methods may be unsuitable (for example, transect walks for people with mobility difficulties). Community vulnerability mapping, on the other hand, does appear to be a valuable entry point for developing a collective understanding of whom a community considers to be disabled and why, as well as starting discussion about their situation. Specific questions about disability can also be included in interviews and surveys.

**Box 5.5 Good practice in emergency shelter management**

The main elements of good disability practice in communal shelter management include:

- ensuring equal access (this includes accessible parking, exterior routes, entrances, interior routes to the shelter area and toilets serving the shelter area);
- shelter staff (professional and volunteer) are trained in meeting disabled people’s needs and plan for them in advance;
- availability of food, including special diets;
- provision of technical support (e.g. access to electricity for medical and mobility devices and refrigeration for medication);
- use of appropriate methods of communication (visual, audio and interpreters);
- appropriate and sufficient medical and volunteer assistance is available (including families, personal support networks, and where appropriate care animals);
- promoting and sustaining disabled people’s independence and safety when sheltering;
- involving people with disabilities in shelter planning;
- monitoring and evaluating shelter activity and practice; and
- assistance in returning home, or provision of/assistance in finding temporary accommodation for those unable to return to their homes immediately after an event.

Case Study 5.7 Disabled people and disaster planning

In 2012–13 the Council of Persons with Disabilities Thailand was invited by the Thai military to take part in humanitarian assistance and disaster response training exercises in order to incorporate perspectives on inclusive disaster management.

In Quang Nam Province, central Vietnam, a joint project between the government and the NGO Malteser International engaged disabled people, their caregivers and their organisations in village-level early warning and evacuation planning. Disabled people were given training and support to take part in village disaster risk management committees, with the result that all 47 villages in the project produced disability-inclusive plans that included door-to-door warnings and priority evacuations.


5.6 Minorities

Ethnicity, race, caste and other aspects of ‘otherness’ – groups perceived by their neighbours to be different, such as migrants and refugees – are generally acknowledged to be important factors in determining vulnerability. To a large extent, this is because these minority groups are socially excluded. Living on the margins of society before a disaster, they may become even more vulnerable afterwards. There is relatively little good practice guidance on this subject in the context of DRR.14 Basing projects on the key principles of inclusion and participation is essential. From this, it will be possible to identify particular vulnerabilities and capacities, and develop appropriate responses.

Dominant groups have control over resources and political power, and tend to use these to their own advantage. The needs of minority ethnic groups are likely to be overlooked by decision-makers; so are their capacities, including indigenous knowledge and coping strategies. They may even be deliberately excluded from decision-making. The displacement of communities of all kinds in the cause of socio-economic development – for example forcing them to make way for the construction of large dams, or taking over common land

---

on which they depend to graze animals or collect food – has become a highly controversial political issue. Development and humanitarian work needs to bear such matters in mind.

The indigenous knowledge and coping strategies of different minority groups can be used as a resource. Some tribal and nomadic communities have considerable experience of coping with stress and crisis, or strong social structures that can adapt to difficult conditions (see Chapter 7). In the area of warnings, one important improvement might be to make greater use of minority languages and media in order to ensure that the warnings reach minority communities.

5.6.1 Race, ethnicity and caste

The exclusion and attendant poverty of ethnic minorities may force them to settle in dangerous locations or on land of poor quality that produces little food, while language, educational and cultural barriers can restrict access to information on risk and risk avoidance. Ethnic minorities that depend heavily on natural resources are highly vulnerable to developments that affect the natural environment. Forcible displacement of ethnic groups for political reasons can make those affected highly vulnerable to all kinds of external pressures.

Case Study 5.8 Supporting indigenous communities’ recovery and resilience

After Hurricane Mitch in 1998, Garifuna communities on the north coast of Honduras were neglected by the government and international aid agencies (the Garifuna are an indigenous people of African descent). Initial relief work by community volunteers led to the creation of a formal NGO, the Garifuna Emergency Committee of Honduras, with elected community groups in 16 communities. Early activities focused on disaster recovery: obtaining funds, tools and materials for repair and reconstruction; distribution of seeds and loans of agricultural equipment to farmers. Subsequently, the committee shifted its attention to longer-term livelihood and resilience-building by promoting techniques and skills for soil conservation, organic composting, crop diversification, food preservation and marketing. An extensive reforestation programme was undertaken, both to provide income (from fruit trees) and to protect against erosion. Nine years after the hurricane, it was estimated that more than 9,000 people were benefiting from these ongoing initiatives.

Ethnic, caste, political and class divisions often overlap. Ethnicity is a significant political factor in many countries, at local and national levels. Polarisation can result from development programmes that are perceived to favour one community over another. Tensions between communities often emerge when aid for relief and recovery is targeted at one particular group. For example, it is common practice to give food aid, tools and household goods to people displaced by disasters, who have lost their possessions, but communities hosting the displaced are likely to feel that they too deserve some compensation, especially if they have given assistance such as food and shelter. It is also common for relief aid to be captured by dominant social groups, and denied to minorities.

Race and related poverty were significant factors in the Hurricane Katrina disaster in New Orleans in 2005. The city’s Afro-Americans, with a history of economic marginalisation and segregation, were concentrated in low-lying districts that were most exposed to the risk of flooding. Consequently, they suffered most when the hurricane storm surge overwhelmed the city’s flood defences. Official hurricane evacuation planning assumed that people would evacuate themselves by car when warnings were issued, overlooking the fact that in these poorer districts few families had their own cars. Afro-American families displaced by the disaster also faced bureaucratic and financial obstacles in returning to their neighbourhoods and rebuilding, and as a result have been slower to recover than other sections of the community. Overcoming problems such as these requires greater effort on all sides to communicate and collaborate. Establishing a level of trust is vital. For example, after floods in 2006 the Romanian Red Cross worked hard to build trust with marginalised Roma people, creating sub-branches in flood-affected areas with Roma communities. Red Cross National Societies in other European countries have helped Roma to register with the authorities, obtain identity papers and get access to services.

5.6.2 Migrants and transients

Migrants can be doubly vulnerable: as members of minority ethnic groups they may be neglected or even persecuted; as strangers to an area they lack the knowledge and coping strategies to protect themselves. More and more people are expected to become migrants in the coming decades as a result of environmental degradation, loss of land and livelihoods, climate-related disasters and water scarcity. Migrant workers often have to take on hazardous jobs where health and safety standards may be poor, especially if they are illegal or unregistered labour. Transient visitors, including tourists, are also at risk. Even if


they have more financial and material assets than those who live in the communities they are visiting, they may be more vulnerable. They are unfamiliar with the hazards in the places they visit and do not know how to identify, anticipate and protect against hazard threats. When a tsunami hit the coast of central and southern Chile in February 2010, for instance, most of the deaths were among holidaymakers. Local fishing communities, with knowledge of tsunamis passed down over generations, were quick to recognise the warning signs and go to higher ground.\(^\text{17}\) The tourist industry has an important role to play in ensuring that tourists are well informed about potential dangers and how to avoid them.

Camps for refugees and internally displaced people (IDPs) can be exposed to risks if they are sited in hazard-prone areas and lack adequate infrastructure. In 2009, heavy rainfall in IDP camps in Khartoum, Sudan, destroyed 10,800 shelters and over 10,900 latrines: water could not drain away because the camps’ drainage canals quickly filled up with soil and garbage washed down by the rain.\(^\text{18}\)

### 5.6.3 Sexual minorities

Evidence of discrimination against lesbian, gay, bisexual and transgender (LGBT) people in disaster response is beginning to emerge, including in countries which are relatively tolerant regarding a person’s sexual identity. This is particularly apparent in emergency shelters (where sexual minorities may face hostility from other inhabitants and emergency professionals) and in the allocation of relief assistance and housing (where official regulations may restrict distribution to ‘traditional’ families). Disaster managers do not, at present, consider the needs and capacities of LGBT people in their disaster planning or identify them as a specific audience for preparedness advice. Dialogue between disaster agencies and LGBT organisations can improve mutual understanding and lead to modifications in disaster planning and procedures: there are initial indications of this in Nepal, for example. However, in many countries people are reluctant to be identified as LGBT because of discriminatory legislation and official and social prejudice.\(^\text{19}\)

---

