**CDPF On-line Disability Equality Capacity Building Course Book**

**Module 6 Environment - focusing on the Impact of Humanitarian Situations**

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# **i) Introduction**

UN climate report a ‘red alert’ for the planet: Guterres

“2021 is a make or break year to confront the global climate emergency. The science is clear, to limit global temperature rise to 1.5C, we must cut global emissions by 45% by 2030 from 2010 levels.  Today’s interim report from the UNFCCC is a red alert for our planet. It shows governments are nowhere close to the level of ambition needed to limit climate change to 1.5 degrees and meet the goals of the Paris Agreement. The major emitters must step up with much more ambitious emissions reductions targets for 2030 in their Nationally Determined Contributions well before the November UN Climate Conference in Glasgow,” said UN Secretary-General António Guterres.  26th February 2021[[1]](#footnote-1)

“The world’s leading scientists will warn the planet’s life-support systems are approaching a danger zone for humanity when they release the results of the most comprehensive study of life on Earth ever undertaken.

Up to 1m species are at risk of annihilation, many within decades, according to a leaked draft of the global assessment report, which has been compiled over three years by the UN’s leading research body on nature.

The 1,800-page study will show people living today, as well as wildlife and future generations, are at risk unless urgent action is taken to reverse the loss of plants, insects and other creatures on which [humanity depends](https://www.theguardian.com/news/2018/mar/12/what-is-biodiversity-and-why-does-it-matter-to-us) for [food](https://www.theguardian.com/global-development/2019/feb/21/worlds-food-supply-under-severe-threat-from-loss-of-biodiversity), [pollination](https://www.theguardian.com/environment/2017/oct/18/warning-of-ecological-armageddon-after-dramatic-plunge-in-insect-numbers), clean water and a stable climate.”[[2]](#footnote-2)

We are getting used to these and many other headline hitting reports on the environment and climate. More impactfully we are all getting used to changes in our weather, insecurity in our agriculture and increasing threats to the environment we live in, with increasingly traumatic and extreme events such as wildfires, droughts, hurricanes, floods and typhoons.

There is little doubt that Covid 19 and other ongoing virus pandemics are being also caused by a cross over between humans, domestic and wild animals, as humans encroach more and more on wild habitats. Our ability to survive as human beings is in the balance and unless all people talk to each other through their Governments and these Governments collaborate on an ongoing basis we only face more human and catastrophes.

As disabled people, we learned during the Covid Pandemic our hard-won Human Rights can be dashed, as we are triaged out of scarce ventilators and don not receive the supports we need to live.

We can safeguard our rights and get the humanitarian assistance we are owed by Governments implementing Article 11 of the UNCRPD. This can only be done by getting all our countries, the Commonwealth and UN to take our Human Rights seriously, as part of greater efforts to implement the Sustainable Development Goals, develop climate justice and support peoples everywhere to live more in harmony with the limited and interconnecting live support system that is Planet Earth.

# **ii) The language the CDPF uses**

**Disabled people:** Why we still choose to call ourselves ‘disabled people’. In the Commonwealth Disabled People’s Forum (CDPF) we call ourselves ‘**disabled people’** because of the development of the **‘social model of disability’.** In the C19th and C20th, a disabled person’s medical condition was thought to be the root cause of their exclusion from society, an approach now referred to as the **‘medical or individual model’** of disability. We use the **‘social model of disability’,** where the barriers of environment, attitude and organisation are what disable people with impairments and lead to prejudice and discrimination.So to call ourselves ‘persons with disabilities’ is to accept that we are objects and powerless.We also view ourselves as united by a common oppression so are proud to identify as ‘**disabled people’** rather than **‘people with disabilities’. When we are talking about the UN Convention on the Rights of Persons with Disabilities** we will use **‘people or persons with disabilities’.**

# **iii) An Unprecedented Crisis**

“One of the most compelling reasons for studying environmental science and management is the fact that, in the view of many leading authorities, we are now experiencing an environmental crisis; indeed, many authors have claimed that the present environmental crisis is unprecedented in its magnitude, pace and severity (Park 2001). Awareness of this environmental crisis has grown since the 1970s, partly as a result of the prominence given to major so-called 'environmental' disasters such as the Sahelian droughts of the 1970s and 1980s and the nuclear accident at Chernobyl in 1986. A major assessment of the global environment published in 1999, the UNEP *Global Environment Outlook 2000* report (UNEP 1999), drew attention to two critical, recurring themes:

* the fact that the global human ecosystem is threatened by grave imbalances in productivity and in the distribution of goods and services - as evidenced by the fact that a large proportion of the human population lives in poverty, and that a widening gap exists between those who benefit from economic and technological development and those who do not.
* the fact that accelerating changes are occurring at the global scale, with rates of economic and social development outstripping progress in achieving internationally co-ordinated environmental stewardship - with the result that improvements in environmental protection due to new technologies are being 'cancelled out' by the magnitude and pace of human population growth and economic development.

Consequently, a wide range of environmental problems has emerged; those problems include anthropogenic climate change ('global warming'), the depletion of stratospheric ozone (the 'ozone hole'), the acidification of surface waters ('acid rain'), the destruction of tropical forests, the depletion and extinction of species, and the precipitous decline of biodiversity. Yet, while all of these problems have physical (environmental) manifestations, their causes - and their potential solutions - are invariably bound up with human attitudes, beliefs, values, needs, desires, expectations, and behaviours. Thus the symptoms of the environmental crisis cannot be regarded purely as physical problems requiring solutions by environmental 'specialists'; instead, they are intrinsically human problems and they are intimately related to the question of what it means to be human.

# **iv) Main features of the Environmental Crisis**

“At this point, a very brief overview of the environmental crisis may be helpful. It is important to emphasise that a wide range of views about the nature and severity of the current environmental crisis exists, and some of the issues are highly controversial. Nevertheless, there is broad agreement that the environmental crisis encompasses the following main issues.

**a) Climate change**: anthropogenic climate change due to pollution of the atmosphere by greenhouse gases (and other contaminants) is now regarded as one of the major global environmental issues. It occurs largely as a result of the combustion of fossil fuels, emissions from agriculture and pastoralism, and land-use changes that accompany the destruction, clearance and burning of forests. Climate change already has observable ecological and social effects, and its projected impacts could potentially result in profound changes in global mean surface temperature, sea level, ocean circulation, precipitation patterns, climatic zones, species distributions and ecosystem function.

**b) Stratospheric ozone depletion**: the depletion of stratospheric ozone due to the pollution of the atmosphere by halocarbons (such as chlorofluorocarbons or CFCs) is another serious environmental issue. It is a significant concern because the lack of protective ozone at high altitudes results in increased levels of harmful solar ultraviolet (UV-B) radiation reaching the earth's surface, causing a range of health-related and ecological impacts.

**c) Degraded air quality**: other forms of air pollution are also significant, particularly at regional and local scales, as they may seriously degrade air quality; worldwide, approximately one billion people inhabit areas - mainly industrial cities - where unhealthy levels of air pollution occur. Many air pollutants are responsible for the degradation of air quality, but some key pollutants include particulate matter (such as soot), tropospheric ozone, oxides of nitrogen, oxides of sulphur, lead and various aromatic compounds (such as benzene). Many air pollutants may cause or aggravate respiratory and cardiovascular illnesses; some are known carcinogens; and some can cause damage to vegetation and, in turn, produce a range of ecological effects.

**d) Degraded water quality**: similarly, water quality can be seriously degraded by contamination with pollutants, giving rise to a range of health-related and ecological effects (such as the degradation of coral reefs). A major source of water pollution is the terrestrial run-off to inshore waters that occurs in many coastal locations; such run-off may contain significantly elevated levels of nitrogen and phosphorus from agricultural land and from human settlements. Many other human activities lead to water pollution, including mining and industrial processes, which may create toxic effluent. Oil spills, accumulation of plastics and the bioaccumulation of persistent organic chemicals are some of the other causes of serious degradation of the marine environment.

**e) Scarcity of fresh water**: besides the pollution of freshwater sources, there are a variety of other reasons for the scarcity of fresh water for drinking in many parts of the world - many of which are related to poor water resource management practices. For instance, the over-abstraction of water from rivers results in water shortages and problems of salinisation downstream. Irrigation practices may also be responsible for the depletion of local water sources and the salinisation of irrigated land. Vast differences in water security exist at the global scale, reflecting both demand for fresh water and the scale of public and private investment in water supplies, treatment and distribution.

**f) Land contamination**: land contamination occurs as a result of chemical or radioactive pollution, especially by long-lived (persistent) chemical species that enter the soil. Land contamination may cause profound ecological effects and it presents severe constraints to development, since contaminated land must typically be rehabilitated before it is safe to use for agriculture, construction or recreation.

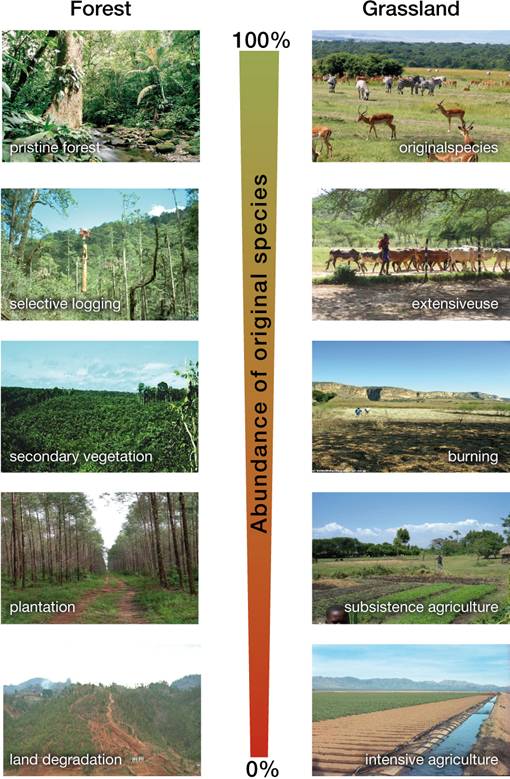
**g) Deforestation**: it has been estimated that around half of the world's mature forests have been cleared by humans. Deforestation occurs for a variety of reasons, but the majority of deforestation now occurs when tropical forests are cleared for agriculture and pastoralism; other reasons include the destruction of trees for charcoal production and the selective logging of forests for timber. Whilst tropical forests cover only around 6% of the earth's surface, they are an essential part of the global ecosystem and of the biosphere: they help to regulate climate; they protect soils from erosion; and they provide habitats for a vast number of plant and animal species. One estimate suggests that around 90% of the world's species are found in tropical forests (Park 2001).

**h) Soil erosion and degradation**: concerns about soil erosion, soil degradation and the problem of desertification have become acute. In part, these concerns are based on the historical experiences of dramatic soil erosion and transport in New World countries including the USA (during the 'Dust Bowl' of the 1930s) and Australia. Whilst analyses of the problems of soil erosion and degradation have become more sophisticated, recently, it is clear that these problems continue to have important consequences for agricultural and pastoral productivity as well as for the functioning of natural ecosystems.

**i) Land use change and habitat loss**: these issues overlap with others, such as deforestation, but they are broader and include the clearance of forest for agriculture and pastoralism, the transformation of land during urban growth, the development of new infrastructure (such as roads), the drainage of wetlands, and the destruction and removal of coastal mangrove forests. The impact of land use change on forest and grassland environments is depicted in Figure 1.

**j) Biodiversity loss**: many plant and animal species are threatened with extinction, due to the spread of disease, the destruction and degradation of their habitats, and direct exploitation. In 1999, UNEP (1999) estimated that one-quarter of the world's mammal species and around one-tenth of the world's bird species faced a significant risk of total extinction. Threats to biodiversity are not confined to terrestrial ecosystems; serious concerns have been raised about the future of marine and coastal wildlife species as a result of the pollution, over-exploitation and acidification of ocean and seas.

Figure 1. Changes in ecosystems with different intensities of land use



(c) Michel Jeuken, PBL and Hugo Ahlenius, Nordpil

Source: UNEP/GRID-Arendal (2009)

**Other related issues**

Some issues associated with the environmental crisis are not strictly 'environmental' but are closely related to environmental issues. They encompass a range of economic, social, political and technological issues.

**k) Population growth**: the total human population has expanded since the introduction of agriculture, around 12 000 years ago, and its rate of growth has generally increased over time, largely as a result of increased food production and improved sanitation and health care. Achieving the first one billion of human population took most of human history, whilst the most recent increase of one billion was achieved in little more than a decade. However, recent declines in the rate of growth of population have occurred in many parts of the world, and in some countries populations are now declining. The total human population was around 5.9 billion in 1998; it currently far exceeds 7.3 billion people and is expected to have reached 9.4 billion people by 2050. The increasing human population inevitably places greater demands on the natural environment - for habitat, resources and waste assimilation - although the extent to which the human 'population explosion' is driving environmental degradation is a complex and controversial question. Significant differences exist in cultural attitudes to the issues of human population size and the rate of population growth.

**l) Urbanisation**: the issue of urbanisation is indirectly related to that of population growth, since urbanisation is occurring in response to increasing population pressures in rural areas and to the increasing concentration of economic opportunities in cities - often in so-called 'megacities' (cities with populations exceeding 10 million people). Urbanisation is often associated with a range of social and environmental problems including overcrowding, congestion, pollution, public health issues, shortages of water for drinking, and inadequate sanitation. Urbanisation is also related to another issue: the decline of rural communities.

**m) Poverty**: whilst poverty is complex and problematic to define, the persistence of poverty at all levels (from intra-household to global) represents an ongoing challenge, as acknowledged in most current development policies, initiatives and targets (such as the United Nations Millennium Development Goals (UNDP undated)). Vast differences in patterns of income, production and consumption are evident at all spatial scales, and those patterns are reflected in distinctive patterns of environmental impact (although in some cases environmental impacts are 'exported', as in the case of radioactive waste that is generated in one country before being transported to another for processing or disposal).

**n) Food insecurity**: in general, the rate of increase in total food production has exceeded that of total population growth over recent decades, mainly due to improvements in agricultural practices and in water management techniques. However, the average values conceal enormous differences in the distribution and quality of food, and the lack of food security remains a profound challenge in many parts of the world. Debates about food production raise important environmental issues such as the use of genetically modified (GM) and genetically engineered (GE) seeds and produce.

**o) Disease**: closely related to issues of poverty and food insecurity are problems of disease due to malnutrition, scarcity of water for drinking, poor sanitation, pollution, and inadequate shelter; those are often compounded by the spread of infectious diseases such as malaria, cholera, tuberculosis and HIV/AIDS. Large differences occur in the responses of human societies to diseases, reflecting vast inequalities in health care spending and in funding for pharmaceutical and medical research.

**p) Peak oil and energy security**: peak oil refers to the time at which maximum crude oil extraction occurs, after which the economically viable reserves become depleted and the rate of oil extraction declines. Some estimates suggest that peak oil will occur - or has already occurred - early in the 21st century, with the implication that alternative energy sources will need to be developed in sufficient time to serve as a substitute for oil. Regardless of the accuracy of predictions about peak oil, the issues of climate change and conflict respectively, are now driving debates about ‘green’ (decarbonised or renewable) energy sources and energy security.

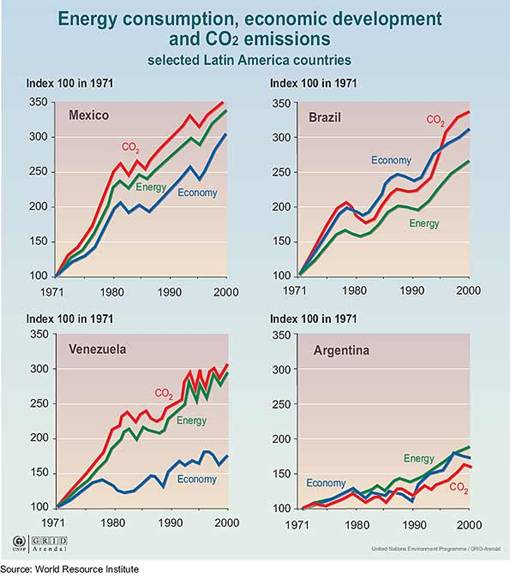
**q) Conflict and displacement**: conflict between human societies continues to create severe environmental degradation in addition to human misery and a wide range of social impacts. For instance, the use of depleted uranium munitions causes significant land contamination, whilst the effects of the displacement of large numbers of people from zones of conflict can exert pressures on adjacent ecosystems. Displacement of people does not occur only in response to violence; globally, the effects of climate change are projected to result in the displacement of as many as 500 million environmental refugees.

**r) Natural disasters :**whilst not necessarily part of the environmental crisis, human populations are also faced with ongoing threats due to the occurrence of natural disasters such as earthquakes, landslides, floods, tsunamis and wildfires. Yet whilst these hazards may be natural in origin, it is important to acknowledge that human vulnerability to natural disasters is generally increasing, not least because human populations and settlements are growing in many marginal and dangerous areas, such as floodplains. Hence unsustainable practices - such as the construction of settlements on floodplains, or the intensive cultivation of marginal hill slope lands - may greatly increase the impacts of natural disasters on human societies and economies.

**s) The causes of the environmental crisis:** The causes of the environmental crisis have been the subject of considerable debate. However, in general, its main causes are now acknowledged to be:

* **technological developments** over the course of human history - and particularly since the Industrial Revolution - which have allowed humans to exert a greater influence over natural resources and ecosystems
* **rapidly increasing human population** which has led to significant increases in human population density in many parts of the world
* **dramatic increases in resource and energy consumption** - particularly since the Industrial Revolution, and especially since around 1950 - which have accompanied economic growth and rising standards of living in some parts of the world as illustrated in 1.4.2.

**Figure 2 Energy consumption, economic development and CO2 emissions; selected Latin America countries**



Source: UNEP/GRID-Arendal (2005b)

* **the emergence and development of the capitalist world economy** in which increasing flows of people, resources, products, energy and waste have occurred, together with increasing environmental impacts
* **utilitarian attitudes towards the environment** which have allowed the unrestricted exploitation of natural resources and ecosystems
* **short-term patterns of decision-making**exhibited by many governments, companies and individuals, which place greater emphasis on short-term profit maximisation (or value maximisation) than on environmental protection.

For these reasons, amongst others, the environmental crisis presents an immense challenge to policy-makers and to many other organisations and individuals who must find creative responses to these issues - ideally, within an overall policy framework that promotes a sufficiently strong version of sustainable development”.[[3]](#footnote-3)

***Follow Up Activities 6.1***

***6.1 List the main issues that comprise the environmental crisis. As far as possible, categorise those issues according to (a) spatial scale; (b) time scale; and (c) the prospects for finding effective technological or policy solutions.***

# **v) Are the Sustainable Development Goals fit for purpose?**

“Overall, the environment was extensively incorporated into the SDGs, considerably more than in the MDGs. Many environmental targets were very broad‐ranging and ambitious. Second, at the level of the targets, the SDGs in fact adopted an integrated approach. Environment‐related targets were included in all of the other goals with some coherence. Third, however, the SDGs adopted a technocratic approach which tried to pursue both economic growth and environment, highlighting measures such as ‘decoupling’, ‘resource efficiency’ and ‘integrated management’ as key solutions. There was no alternative concept ‘beyond GDP’ to address structural barriers to sustainability. Pollution reduction was mentioned, but less emphasized, particularly in the indicators, and some governments refused to incorporate the concept of planetary boundaries. Fourth, on the negative side, environment‐related implementation mechanisms were very weak. Fifth, the environmental elements of many targets were not included in the indicators, or the indicators were not very ambitious, or were watered down, particularly in the ‘economic’ goals (8 and 9). In many cases, this significantly reduced or eliminated the integration between the environment and other issues.”[[4]](#footnote-4)

Goal 13: Take urgent action to combat climate change and its impacts

 Targets

* Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
* Integrate climate change measures into national policies, strategies and planning
* Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
* Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly $100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible
* Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities

Clearly Goal 13 interacts with the other Goals especially Goal 2 -Zero Hunger that is focused on producing sustainable food; Goal 6 Clean Water and Sanitation; Goal 7 Affordable and Clean Energy ; Goal 10 Sustainable Cities & Communities; Goal 12 Responsible Consumption & Production; Goal 14 Life Below Water and Goal 15 Life on Land. Interestingly the Goals with a specific mention of disabled people are none of these apart from 7. This does not mean that achieving or not achieving all these Goals will not massively impact on our lives as disabled people. They will!

As the Chair of the International Disability Alliance said on the SDGs adoption in 2015

Disabled People and Accountability

**“Persons with disabilities were instrumental in creating this transformational roadmap to a better future. Now the hard work of real change lies directly ahead. Persons with**

**disabilities must be leaders, guiding the world towards achieving these goals for everyone. This journey demands our persistent and unwavering duty to hold our governments accountable to their own commitments. Our full engagement in the follow-up and review mechanism is fundamental. We cannot afford to be left behind again.”**

- Maryanne Diamond, Chair of the International Disability Alliance, 2015

**IFCO Independent Forum of Commonwealth Organisations suggest in the run up to CHOGM in Kigali in June 2021**

The following are suggested as essential in achieving meaningful change:

* 'North first' or equity, whereby, for example, cities and countries in the global North offer the greatest potential for reducing carbon emissions
* participatory governance (the key guiding principle of the Foundation's work)
* policy coherence: vertical and horizontal policy integration (i.e. multi-level and cross-sectoral governance)
* alignment with Commonwealth strategy and objectives where applicable
* a preventive, or precautionary approach to policy engagement (avoiding irreversibility)
* mutual learning, especially from responses by communities developing resilience to climate change, for example learning from SIDS' responses
* identifying Commonwealth good practice (replicable case studies)
* recalibrating 'prosperity', new prosperity indices for development.[[5]](#footnote-5)

***Follow Up Activity 6.2***

***6.2 Take one of the SDGs above and tell us 3 ways they will negatively impact on the lives of disabled people if they are not achieved and three ways they will positively impact on disabled people’s lives if they are achieved.***

# **vi) Armed Conflict, War and Disabled People**

During conflicts, many challenges arise for all civilians affected. These challenges are heightened for disabled people, as institutional, attitudinal, and environmental barriers and risk factors are exacerbated in crisis or conflict situations.

There are many causes for the loss of physical or mental function. Disease, accidents and war are the three biggest causes. The damage to fellow human beings in war is intentional and usually supported by the state or different ethnic or religious groups. The disability of war casualties depends on the nature of their impairment, the quality of medical treatment, the rehabilitation they receive and how effectively the barriers they face are overcome and compensated.

Research by Human Rights Watch over the last five years in the Central African Republic, Cameroon, Iraq, Myanmar, South Sudan and Yemen shows that people with disabilities in situations of armed conflict have faced violent attacks, forced displacement and ongoing neglect in the humanitarian response to civilians caught up in the fighting. In some cases, disabled people were abandoned in their homes or in deserted villages for days or weeks, with little access to food or water. Many died because they could not flee attacks. Disabled people who reached sites for internally displaced people or refugees often faced difficulties accessing food, sanitation, and medical assistance. In South Sudan, during the conflict that has been under way since 2013, a 45-year-old woman told Human Rights Watch: “When the fighting broke out, we fled to the UN compound and we left my mother and brother-in-law behind because they couldn’t walk, and we couldn’t carry them. The son of my brother-in-law, who had a mental health condition, would not leave his father behind so they all burned together in the fire.”[[6]](#footnote-6)

As a direct result of the more than 230 regional and civil wars that have occurred since the ending of World War II, millions have developed life-long impairments. Chemicals such as Agent Orange have had long term negative health impacts on both troops and civilians in Vietnam. In most countries there is no social protection for these disabled people, though the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) holds out the promise of a better life. Land mines left in the ground impact largely on children playing and women gathering wood or farming. Since the Land Mine Ban Treaty in 1999 (now adopted by 160 countries ) the number of people killed or injured by mines each year has fallen dramatically from around 20,000 at the end of the 1990s to below 4,000. Over the last 100 years, rape and sexual abuse of women and children has moved from being seen as part of the ‘spoils of war’ and is now understood to be a gendered weapon of war. In the Amnesty Report ‘Lives Blown Apart’ this phenomenon is chronicled. "Survivors face emotional torment, psychological damage, physical injuries, disease, social ostracism and many other consequences that can devastate their lives," says Amnesty. "Women's lives and their bodies have been the unacknowledged casualties of war for too long.” In 2014 Angelina Jolie and William Hague co-hosted an international summit drawing the world’s attention to this issue.

In the aftermath of the First World War the industrial scale and widespread use of shelling, machine gun and poison gas during WWI led to a huge toll of casualties, especially on the Western Front. The dead numbered 9.5 million (an average of over 5,000 daily over the 52 month war) with 20 million injured (of whom 9.5 million were permanently disabled). The Great Powers - Britain, Germany, France, Russia and the Austro-Hungarian empire, driven by rivalry, failed to use diplomacy and were instead led by Generals who thought it would be a short war of cavalry charges and infantry attacks. The machine guns meant soldiers dug in with trenches from Switzerland to Belgium. The stalemate on the Western Front drew in soldiers from the British and the Ottoman Empires. Little was achieved and a great deal of economic and personal damage occurred.

The true cost of war in terms of impairment must include civilian deaths and disablement e.g. 170,000 deaths in Iraq and many times more disabled with long term psychological effects on service personnel and civilians. There are currently 970,000 disability claims registered with the Veterans’ Association in the USA for the Wars since 2001, mainly for Post Traumatic Stress Disorder (PTSD) and mental impairments. Due to budget cuts claimants have long waits for their claims to be resolved. One of the consequences are 22 veterans a day are taking their lives. This suicide rate is 3.4 times that for civilians (www.thecostofwar.org).[[7]](#footnote-7)

Although service people have been given a slightly better position than other disabled people, they are still subject to negative and oppressive treatment. Without their struggles we would not have the anti-discrimination legislation we have today in many Commonwealth countries. There should not be a divide between disabled veterans and other disabled people as we have a common cause. The cost of modern wars is far too high, both on service people and civilians. A recent study of the population of Northern Ireland found 10% of the population had symptoms of PTSD. A study in South Sudan where they have had five decades of civil war found the figure to be in excess of 20%. Peace has to be a better option for the world than wars, which are usually started for the sectional interests of politicians, big business or ethnic or religious divisions. Conflict resolution is better than war. Learning to live with those we do not agree with is better than war. The world spends $1.7 trillion on the military each year and $3.2 trillion on education. In poorer countries it is often more on the military than on education. However, most people would agree, when all else fails, it is necessary to oppose fascism or tyranny with force as happened in the 2nd World War and may have to occur in future.

Sustainable Development Goal 16 "Promote peaceful and inclusive societies for [sustainable development](https://en.wikipedia.org/wiki/Sustainable_development), provide access to justice for all and build effective, accountable and inclusive institutions at all levels.” The Goal has 12 targets to be achieved by 2030. Progress towards targets will be measured by 23 indicators.

The goal has ten "outcome targets":

* Reduce [violence](https://en.wikipedia.org/wiki/Violence);
* protect [children from abuse](https://en.wikipedia.org/wiki/Child_abuse), exploitation, [trafficking](https://en.wikipedia.org/wiki/Trafficking_of_children) and violence;
* promote the [rule of law](https://en.wikipedia.org/wiki/Rule_of_law) and ensure equal [access to justice](https://en.wikipedia.org/wiki/Access_to_Justice);
* combat [organized crime](https://en.wikipedia.org/wiki/Organized_crime) and [illicit financial and arms flows](https://en.wikipedia.org/wiki/Illicit_financial_flows),
* substantially reduce [corruption](https://en.wikipedia.org/wiki/Corruption) and [bribery](https://en.wikipedia.org/wiki/Bribery);
* develop effective, accountable and transparent institutions;
* ensure responsive, inclusive and representative decision-making;
* strengthen the participation in [global governance](https://en.wikipedia.org/wiki/Global_governance);
* provide universal [legal identity](https://en.wikipedia.org/wiki/Legal_person);
* ensure public access to information and protect [fundamental freedoms](https://en.wikipedia.org/wiki/Fundamental_rights).

There are also two "means of achieving targets": Strengthen national institutions to prevent violence and combat crime and [terrorism](https://en.wikipedia.org/wiki/Terrorism); promote and enforce [non-discriminatory](https://en.wikipedia.org/wiki/Discrimination) laws and policies.

***Follow Up Activity 6.3***

***Armed conflict and war can create impairment and trauma in service people and civilians. It also creates refugees and forces disabled people to leave their homes and communities. Either make a poster or write a poem of one word per line starting with the first letters- No More Fighting (14 lines) focusing on the impact of war on disability.***

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**vii) Accidents and Disabled People**

On the night of December 2-3, 1984, approximately 40 tons of the toxic gas methylisocyanate (MIC) spewed from a factory owned by the U.S. chemical giant Union Carbide Corporation (UCC), in Bhopal, a city in the heartland of India. Blown by the wind, the gas covered an area of some 40 square kilometers. The entire population of old Bhopal was affected, pregnant women miscarried as they ran, children died in their parents' arms. The hospitals were overwhelmed by the dead and dying for days after.

"That night" ultimately ended, but years of death and suffering had just begun.

The gas tragedy wasn't enough warning for Union Carbide and the Indian government. They remained indifferent about a secret second disaster from the factory: the toxic wastes from the factory site had been piped into three huge 'solar evaporation ponds' and were slowly leaking into the soil and the groundwater. This poisoned groundwater is what families were pumping out every day for washing, cooking, and drinking.

Now, in 2021, there are second and third generation children from the survivors who escaped with their lives. Children are being born with a range of disabilities not seen anywhere else in India. Cerebral palsy, muscular dystrophy (MD), Down's syndrome, attention deficit hyperactivity disorder (ADHD), blindness, learning difficulties, and gross motor delay are common and many of the children, now young adults, have multiple conditions.

**Example. Bhopal** Many of these innocent victims are completely immobile, unable to wash, to feed themselves and unable to defecate.

*“In October 1991, the Supreme Court ordered the central government to provide medical insurance to the 100,000 children born to the exposed families. To date, none of them have been covered,” said* Satinath Sarangi, Founder and manager of Sambhavna Trust Clinic. Sambhavna Trust provides free medical care to the people affected by Union Carbide’s MIC gas leakage and toxic water.[[8]](#footnote-8)

# **viii) Humanitarian Situations and Disabled People**

**UNCRPD Article 11 – Situations of risk and humanitarian emergencies**

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

According to the World Health Organisation, 15% of the world's population live with disabling barriers[[9]](#footnote-9), as a result of their impairments, including 93 million children[[10]](#footnote-10). The recent UN report, “Disability and Development 2018[[11]](#footnote-11), reveals that *despite the progress made in recent years, persons with disabilities continue to face numerous barriers to their full inclusion and participation in the life of their communities, and experience disproportionate levels of poverty; lack access to education, health services and employment; and are underrepresented in decision-making and political participation”.* These existing inequities have a snowballing effect on their vulnerability[[12]](#footnote-12) in humanitarian situations, leading to social and economic exclusion.

**The toll of climate-related disasters is rising, with poorer countries most affected.** No matter the measure—whether loss of life or economic loss— disasters cause enormous suffering the world over. From 1998 to 2017, direct economic losses from disasters were estimated at almost $3 trillion, of which climate-related disasters accounted for 77 per cent of the total (a rise of 151 per cent from 1978 to 1997). Over that period, climate-related and geophysical disasters claimed an estimated 1.3 million lives. More than 90 per cent of all disasters were caused by floods, storms, droughts, heatwaves or other extreme weather events.

Poverty is a major underlying driver of disaster risk, so it comes as no surprise that the poorest countries are experiencing a disproportionate share of damage and loss of life attributed to disasters. More than 90 per cent of internationally reported deaths due to disaster occur in low- and middle-income countries. Disasters kill 130 people for every one million people in low-income countries compared to 18 per one million in high-income countries. Economic losses resulting from disasters are also much higher in poorer countries, when measured as a percentage of their gross domestic product (GDP). Among the 10 worst disasters in terms of economic damage (when expressed relative to GDP), 8 occurred in low- or middle-income countries.[[13]](#footnote-13)

Several international studies have indicated that disabled people face heightened levels of risk and vulnerability both during and after a disaster: “Emergencies have particularly serious consequences for persons with disabilities. New physical barriers are created and support networks are disrupted. Access to information is difficult for everyone, especially persons with sensory disabilities. Relief services are often not adapted for disabled people, who struggle to cover basic needs and become increasingly dependent on outside support.” Research shows that the mortality rate among disabled people tends to be two to four times higher than among the general population, as demonstrated in cases such as the 2011 Japan earthquake and tsunami and hurricane Katrina (2005) in the USA. Moreover, for every person who dies during a disaster, it is estimated that three people sustain an injury, many causing long-term disabilities[[14]](#footnote-14).

**Impact of Emergency Situations on local population:**

1. Loss of income
2. Loss of shelters/home
3. Internal displacement
4. Loss of relatives/families
5. Loss of support services (i.e. personal assistant)
6. Loss of social assistance (pension, health coverage...)
7. Seeking asylum in third country

**Impact of Humanitarian Situations on Disabled People**

While all people in the affected region may be negatively impacted by the crisis, disabled people face specific challenges that put them more at risk. Major issues can be broadly grouped as underneath:

1. **Daily Problems of Accessibility:** It has a direct physical impact with loss of mobility, damaged and/or loss of assistive devices (wheelchair etc.) and increased dependency, loss of comfort and a disruption in daily routine. In crisis situations, based on the latest statistics, 80% of adults on the autism spectrum are dependent on some form of public transport and when disaster strikes, this may lead to the disruption in daily routine and eventually the loss of "independence". The challenges mentioned will occur in some form of disorientation, the struggle with planning, organization and crisis management.

**Example**. During the Hudhud cyclone in Vishakhapatnam in India, in 2014, Sai Padma, founder of Global-Aid and a wheelchair user, was stuck in her house for 20 days because a tree fell at the entrance and her wheelchair could not move until the tree was removed.

1. **Physical Risk:** Lack of access to medical treatment[[15]](#footnote-15), and secondary health issues like fever, infections and high rate of abuse during crises including - physical, psychological, food, water, and other forms, including sexual.

**Example.** During Cyclone Vardah in Chennai in India, a 20-year old was on a ventilator and the power shutdown because of the cyclone meant that she quickly needed to arrange an alternative. It took several hours for her life to be saved.

1. **Psychological Issues**: aggravation of depression; diminished and/or loss of self-confidence. Emotional vulnerability, general frustration, self-doubt, depression. The psychological challenges mentioned can be associated with a physical cause and effect response such as self-harm or stimming.

**Example.** In **Thailand**, the rapid mental health needs assessment after tsunami, 2004 was done by researchers as a part of public health emergency response. The report revealed that while symptoms of PTSD were found among 12% of displaced and 7% of non-displaced persons, anxiety symptoms were found among 37% of displaced, and depression was reported by 30% of displaced survivors.

1. **Acquiring new, secondary conditions:** psychological problems, or ulcers, pressure sores, contractures, or reduced hearing/vision. When overstimulated, sensory stimulus that is received from the different senses can lead to the fight/flight response. The key term here is ‘sensory or auditory blindness’ where visual and auditory sensory stimulus is restricted and can therefore effect the outcome and reaction.

**Example.** In Bhubaneswar, a study conducted on 323 households with disabled children showed 82 children who were improving in gait training or sitting balance had developed curvatures, undergone muscle weakness and lost sitting balance due to lack of therapy in lockdown period.

1. **Livelihood Issues:** Destruction of existing livelihood resources, disruption of markets and problems with Government Disability Allowance.

**Example.** According to Salma Mahbub, *General Secretary, Bangladesh Society for the Change and Advocacy Nexus* - June was a particularly difficult month for disabled people. The survival packages, financial assistance, and sanitisation support undertaken were not reaching them properly. Again, in many places, the ones who did not have the disability cards were excluded from any sort of support. We are expecting a second-wave of COVID-19, but till now no protection measures exist for those who have lost their jobs.

United Nation’s Policy Brief July 2020 - Economic effects, including unemployment, are having a devastating impact on the most marginalized. Economic and social rights have been affected, exacerbating vulnerabilities, including the right to health, social protection and decent work, as well as the rights to adequate food, water and sanitation. This particularly affects the urban poor, those in rural areas, indigenous people, disabled people, migrant workers and informal economy workers. The crisis threatens to destroy the livelihoods of South East Asia’s 218 million informal workers, who represent anywhere between 51 and 90 per cent of the national non-agricultural workforces in countries of the subregion. Without alternative income, formal social protection systems or savings to buffer these shocks, workers and their families will be pushed into poverty, reversing decades of poverty reduction.

1. **Lack of Access to Services**

Main barriers that impede access to services[[16]](#footnote-16):

* No information on what type of service existed
* No knowledge of where to access services
* The service was too far from temporary/home locations
* Couldn’t afford to get there
* Special services didn’t exist
* Special service was too expensive
* Special service was not physically accessible
* There were no trained staff to support
* The staff couldn’t understand needs
* The lack of empathy from service providers
* The lack of expert advice and prior knowledge of support staff

Considering the above stated risks in humanitarian crises, CDPF has drawn a **Charter on Inclusion of Persons with Disabilities in Humanitarian Action**. The Charter sets out five principles:

**Consideration of the fact that disabled people constitute a huge population and comprise a heterogenous group. Diverse needs must be considered before any planning.**

* **No discrimination against disabled people.**
* **Participation of disabled people and their DPOs in all stages of planning.**
* **An inclusive humanitarian response policy at global level with guidelines for local adaptations, for uniformity in action.**
* **Inter-governmental and inter-agency coordination for better response to challenging situations.**

**Specific support needed:**

Accessible information; Assistive devices; Rehabilitation services; Support services; Prosthetics and orthotics.

**Major strategies can be grouped under three sections - Advance Preparation for a Disaster, Immediate Response to a Disaster and Post Disaster Recovery:**

1. **Advance Preparation for a Disaster -** Key points for disaster planning for disabled people include
   1. Equal access to shelter facilities
   2. Equal access to evacuation/ transportation
   3. Equal access to disaster clean-up
   4. Accessible shelters
      1. physical access
      2. accessible communication and communication in alternative languages and formats
      3. accessible paths
      4. accessible toilets (at least one)
      5. accessible sleeping equipment (bed)
      6. access to food and healthcare needs
      7. assistive devices storage/parking space
      8. facilities for power for people who need to recharge power devices.

**Example**. After Cyclone Sidr in Bangladesh in 2007, a number of cyclone shelters were built using foreign aid. Despite information on the importance and how-to of accessible design, the shelters were not constructed to be accessible. As a study stated, “not a single one of them have ramps or any other accessibility features. Even the stairs are high and risky[[17]](#footnote-17).”

* 1. To extend the preparedness beyond the civil society- government partnership to increase participation of the local community. For relatively isolated communities, private sector involvement in response planning is critical. For example, fuel, food, and transportation are often supplied by the private sector.
  2. Raising awareness of the local community and in particular the private sector on the specialized needs of disabled people and other vulnerable groups in situations of natural disasters, especially the trauma of disabled people caused by the lack of inclusion in initial planning.
  3. Emergency-preparedness drills should include real participation of disabled people and other vulnerable groups. Simulations or role play exercises where non-disabled people take the role of disabled people should be avoided.

**Example.** ‘Inclusive Vulnerability and Capacity Assessments in Odisha (India)’[[18]](#footnote-18): During an accessibility audit of multipurpose cyclone shelters constructed by the Odisha State Disaster Management Authority (OSDMA), a team of HI, OSDMA, and UNDP realized that persons with disabilities had never participated in any drills in the shelters and their needs were not included in any assessments. Following this an inclusive assessment was undertaken in Bhadrak District. Persons with disabilities, and their families and caregivers were notified and given information about the assessments beforehand through household visits. When given the opportunity to participate, all persons with disabilities in the community took part in the assessment. The assessments were conducted in accessible settings and facilitated through different aids. Due to the participation of persons with disabilities and their input into the assessment, service providers gained an increased understanding of their vulnerability in a disaster situation as well as their actual capacities and needs.

8. To build a data base for emergency purposes, so the specific needs are included in the system.

1. **Immediate Response to a Disaster**
   1. Disabled People and other at-risk groups need to be accommodated first not last.
   2. Development of end-to-end early warning system[[19]](#footnote-19) is fundamental to save lives when disasters occur.
   3. Developing and maintaining all feasible channels of open communication within and across vulnerable groups.
   4. Early warning system should be accessible for disabled people and other groups, especially people who are deaf and deafblind or have learning difficulties.
   5. Establishment of a 24-hour hotline for disabled people to call the local government councils.
   6. Transportation during rescue must be accessible.

**Example**. The Centre for Disability and Development built a model boat to assist with evacuations in Bangladesh[[20]](#footnote-20), equipped with a ramp and accessible latrines. Other options are using boats with flat floors with one side that can be brought down to provide a roll-on/roll-off ramp (e.g. see Wheelyboat).

* 1. Evacuation Processes - Evacuation Training using the Twin-Track Approach:

**Example.** In Vietnam, the National Disaster Management Committees worked together with Malteser International to include disability in their Community-Based Disaster Risk Management efforts. Initiatives included a twin-track approach towards promoting accessible early warning mechanisms and priority evacuation assistance in 47 villages in the Quang Nam province. The program provides targeted training to DPOs to strengthen their capacity to implement accessible disaster management activities and empower them by improving their self-representation and self-determination. The other track focuses on making community disaster management practices and systems more inclusive through various activities such as, “Village Disaster Risk Management plans, developing inclusive early warning and evacuation mechanisms, and awareness raising”.

* 1. Healthcare facilities – Immediate medical care and first aid; regularly taken medicines, nutrients and assistive devices repair.

**Example**. KOSHISH is a mental health DPO run by persons with psycho-social disabilities. Following the 2015 earthquake in Nepal, KOSHISH, in partnership with CBM, provided emergency psycho-social support services thanks to its pre-established network.

In association with UNHCR, Nepal Red Cross Society, ICRC, Save the Children, Plan Nepal, Oxfam, WOREC Nepal, National Child Rights Council, TPO Nepal, CIVICT Nepal, IOM, Care Nepal, National Federation of the Disabled-Nepal, in Covid19 situation in 2020, KOSHISH provided

* + - In coordination with Health Cluster support mental health and psychosocial well-being of affected population and their families traumatized by pandemic, including those hospitalised or in quarantine with focus to psychological first aid and risk communication messaging.
    - Essential lifesaving relief materials and supplies including dignity kits and kishori (adolescent) kits.
    - Ensurance that the most excluded women and girls including disabled people, LGBTQI, displaced persons, migrants, and other have equal access to GBV prevention and response services.
  1. Counselling facilities.
     + **Examples.** In India, Telemedicine platforms such as the Brihanmumbai Municipal Corporation and Mpower helpline, for example, received about 750 calls a day, and a total of 45,000 calls in just two months. E-platforms such as Lybate and Practo, have reported over a 180 percent increase in tele-psychiatry consultations.
     + Central government initiatives include a telemedicine system whereby persons with mental illness can be provided with electronic medical prescriptions. A psycho-social toll-free helpline number 08046110007 was started by the National Institute of Mental Health and Neurosciences (NIMHANS) with the Ministry of Health and Family Welfare in India.
     + At the state level, noteworthy responses include the ‘psychological support team’ constituted by the Kerala government, the reviving of the ‘Happiness Department’ in hospitals set up by the Madhya Pradesh government, and the initiatives at the Outpatient Opioid Assisted Treatment (OOAT)and de-addiction centres by the Punjab government.
     + Several non-profits, private hospitals, and universities have set up helplines and e-counselling—for example, the Neptune Foundation, Trijog, Mastermind Foundation, Samaritans, Jamia Millia Islamia. Additionally, nonprofits such as CRY, The Banyan, Sangath, and others have hosted webinars on mental health, and/or are providing free tele-counselling services

1. **Post Disaster Recovery**
   1. Rapid assessment of socio-economic status of all disabled people impacted by disaster.
   2. Livelihood assessment, destruction/harmed by disaster, support needed to re-establish business and jobs.
   3. Stable, reliable, continuous, easy to repay, micro-financing systems to be in local areas.
   4. Ensure that reconstructed infrastructure is not only more resistant to future hazards, but also more inclusive of vulnerable populations, including disabled people, elderly people and pregnant women. Disaster recovery efforts should strive to improve accessibility for disabled people.

**Example.** In post-earthquake Haiti, they enacted a law to ensure that all buildings, both new and rebuilt, are accessible to disabled people[[21]](#footnote-21).

A more comprehensive analysis can be found in Inter-Agency Standing Committee (IASC) (2019) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.[[22]](#footnote-22)

***Follow Up Activities 6.4,6.5 & 6.6***

***6.4 Identify the barriers to saving and rescuing disabled people in various emergency situations. [To cover information, physical rescue and maintaining essential medication, treatment and shelter, nutrition, education and livelihood].***

***6.5 In 3 examples, based on real life situations, identify the measures that would have prevented loss of life, injury, trauma and excessive disruption to disabled people and their lives.***

***6.6 Utilising the barriers and solutions in 6.4 & 6.5 above, develop guidelines to fully include disabled people, with the full range of impairments, in humanitarian prevention and rescue plans.***

# **ix) CDPF Policy Direction**

1. As the world moves forward to achieve the 17 SDGs by 2030, CDPF proposes promoting disability-inclusive development and addressing the vulnerabilities and exclusion of disabled people, in particular disabled children and women, with special attention to situations of disaster and humanitarian crisis.
2. Raise awareness of the rights and needs of disabled people in achieving the development agenda and related efforts.
3. Incorporate disability issues and perspectives into all SDG goals, monitor progress of their relevant targets and indicators, and pay special attention to the most at risk groups of disabled people, including women, children and those in disasters and humanitarian crisis situations.
4. Advocate for removal of barriers to and promote the realization of accessibility as part of the general system of society. The positive externality of environmental accessibility to rural and urban infrastructures, facilities and public services, as well as information and communications technologies will strengthen rescue and relief services during and after disasters.
5. Create awareness for improved disability data collection, analysis, monitoring and evaluation for better policy development and programming of humanitarian situations. Disaggregated data will help to identify the gaps between disabled people and the rest of the population, and can contribute to better rescue, relief and post-disaster rehabilitation services.
6. Advocate for disabled people and their representative organizations, Disabled People’s Organisations (DPOs), to participate meaningfully in all pre-disaster meetings and activities, planning for rescue and post disaster rehabilitation processes. Support, including capacity development, should be provided for disabled people and their DPOs in order to facilitate such participation.

**CDPF will work to “Create Awareness (all), Orientation (government directly involved in disaster management) and Capacity Building of DPOs on Disaster Risk Reduction.”**

**The CDPF Charter sets out five principles:**

* **Acceptance of the fact that disabled people comprise a huge population and constitute a diverse group.**
* **Non-discrimination and respect for the diverse needs of disabled people by not following “one coat for all” policy.**
* **Disabled people must be involved in all stages of planning and at local, regional and national level.**
* **Humanitarian response and services must be inclusive in nature with priority to the most at risk.**
* **A policy must be developed at the global level with flexibility for local adaptations, to follow a uniform action across the globe.**

**Better coordination between inter-governmental agencies, civil society and development organizations to improve delivery of services to disabled people.**

**Disaster risk reduction and the Sustainable Development Goals**

Disaster risk reduction cuts across different aspects and sectors of development. There are 25 targets related to disaster risk reduction in 10 of the 17 sustainable development goals, firmly establishing the role of disaster risk reduction as a core development strategy. **CDPF will focus on:**

**Goal 1**. Target **1.5** By 2030 to build the resilience of poor people and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other shocks and disasters.

**Goal 2.** Target **2.4** By 2030, to ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality.

**Goal 3.** Target **3.d** Strengthen the capacity of all countries for early warning, risk reduction and management of national and global health risks.

**Goal 4.** Target **4.7** By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development including, sustainable development and sustainable lifestyles, promotion of a culture of peace. **4.a** To build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

**Goal 6.** Target **6.6** By 2020+, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes.

**Goal 9.** Target **9.1** Develop quality, reliable, sustainable and resilient infrastructure with a focus on affordable and equitable access for all.

Target **9.a** Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island development states.

**Goal 11.** Targets **11.1** By 2030, ensure access for all to adequate, safe and affordable and basic services and upgrade slums.

**11.3** By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.

**11.4** Strengthen efforts to protect and safeguard the world's cultural and natural heritage.

**11.5** By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product, caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.

**11.b** By 2020+, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters. Develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels.

**11.c** Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials.

**Goal 13**. Take urgent action to combat climate change and its impacts.

**13.1** Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.

**13.2** Integrate climate change measures into national policies, strategies and planning.

**13.3** Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning.

**13.a** Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly $100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation. Fully operationalize the Green Climate Fund through its capitalization as soon as possible.

**13.b** Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries, including focusing on women, youth and local and marginalized communities.

**Goal 14.** Conserve and sustainably use the oceans, seas and marine resources for sustainable development.

**14.2** By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their resilience, and take action for their restoration in order to achieve healthy and productive oceans.

**Goal 15.** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.

**15.1** By 2020+, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and drylands, in line with obligations under international agreements.

**15.2** By 2020+\*, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally.

**15.3** By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world.

**\* +Drift in achieving due to Covid Pandemic**

**15.4** By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for 17 sustainable development.

**15.9** By 2020+, integrate ecosystem and biodiversity values into national and local planning, development processes, poverty reduction strategies and accounts.

**5 key areas of action, with Strong self-help groups leading to 4 others: Self help groups work with government for disability inclusion; disability considered in local disaster plans; schools raise awareness, host drills and provide shelter; sustainable, resilient livelihoods are developed. All these equal more resilient and inclusive communities**

# **x) Case Studies from the Commonwealth**

**Case study 1: Supporting communities to engage in inclusive DRR and preparedness Partnering with local communities to promote disability-inclusive DRR in flood-prone areas, Bangladesh.**

**PRACTICE.** Since 2009, the Centre for Disability in Development (CDD), a Bangladesh NGO, has been working in partnership with CBM and a local NGO, Gana Unnayan Kendra (GUK), to enable disabled people and their communities to cope with the effects of flooding and climate change.

**At the household level,** the project partners provide targeted support for disabled people to access livelihood opportunities and register for government social protection as well as counselling for household preparedness. The additional income enables disabled people to buy materials to raise the level of their houses and take measures to protect their water supply by installing concrete tube wells. **At the community level** the project partners supported the establishment of self-help groups of disabled people and community-run Disaster Management Committees. These committees engage with the local government-run Disaster Management Committees to implement activities in their communities.

**OVERCOMING CHALLENGES.** Low levels of education, literacy and self-confidence of disabled people in rural locations make capacity building a challenge. The project partners overcame this by adapting the training and communication materials to simplify the language and use more images. Also they recruited staff from the local community to conduct the training in the local dialect.

**KEY LESSON.** The community-based Disaster Management Committees provide a critical structure for disaster response tailored to the risks and needs of the local community. They are sustainable frameworks for the representation of people who are traditionally excluded from decision-making in government structures.[[23]](#footnote-23)

**Case Study 2: Persons with intellectual disabilities lead preparedness program, New Zealand**

**PRACTICE**. In 2011, in response to the earthquake that hit Christchurch, the OPD IHC, co-developed and co-delivered a series of workshops on disaster preparedness with persons with intellectual disabilities from a local self-advocacy group. The workshops were delivered to persons with intellectual disability and their supporters across New Zealand. IHC supported the self-advocacy group to form an Earthquake Reflection Group to develop survival strategies and compile kits with essential items for future disasters. The group also established relationships with key stakeholders such as Christchurch City Council, New Zealand Red Cross, and Christchurch Earthquake Recovery Association (CERA), which ensured they had a say in the rebuilding of the city.

**OVERCOMING CHALLENGES**. Discussing preparedness soon after a disaster can trigger the re-experiencing of trauma. IHC made every effort to ensure people accessed professional and personal support to deal with ongoing emotional challenges.

**KEY LESSON.** Persons with intellectual disabilities can be active agents in disaster preparedness. This requires a genuine co-design approach, providing a safe space and ensuring accessible communication (such as easy-read or illustration) for persons with intellectual disabilities to tell their stories and take a leadership role.

**Case Study 3: Survey on the situation of disabled people in cyclone prone area, Vanuatu**

**PRACTICE.** In 2015, Tropical Cyclone Pam hit Vanuatu. A category five cyclone, it was at that time the strongest storm ever to reach Pacific shores. Despite the advocacy of DPOs and the efforts of the Gender and Protection Cluster, the situation and needs of disabled people following the cyclone were generally not captured in formal mainstream assessments led by the National Disaster Management Office. To fill this gap, a multi-stakeholder group ‘Inclusion of persons with disabilities in humanitarian action’ collaborated to conduct a comprehensive survey of the situation of disabled people in Tanna, one of the most affected islands. The survey was planned and delivered over the course of 12 months by the Nossal Institute for Global Health together with CBM Australia, Oxfam in Vanuatu, the DPO Vanuatu Disability Promotion and Advocacy Association (VDPA), and the disability service provider Vanuatu Society for People with Disability (VSPD), as well as government agencies. The household survey questionnaire used for this assessment was adapted, reviewed for cultural and technical appropriateness, piloted and translated in partnership with local stakeholders, including disabled people and people from Tanna. Disabled people were also included in the teams who administered the survey. The survey used the relevant Washington Group Questions (see below ) sets and a series of questions on well-being, rights, and access to services. The findings of the survey provided evidence to demonstrate the need for meaningful participation of disabled people in disaster preparedness activities, as well as the need to provide accessible evacuation centers, emergency shelter and WASH facilities, and targeted services.

**OVERCOMING CHALLENGES**. Making time for training and testing can be difficult in disaster-prone contexts. Data-collector training and survey piloting was disrupted by Tropical Cyclone Winston, which meant that interviewers began collecting data with less practical experience than planned. Data quality audits were undertaken throughout the fieldwork phase to identify particular interviewers and clusters where data was of poor quality and replacement interviews were completed. While this ensured the quality and validity of the results, it did delay fieldwork and may have increased recall bias as some respondents were interviewed some 11 months after the earlier respondents were interviewed.

**KEY LESSON.** Engagement and involvement of Vanuatu disabled people (including people from Tanna) and the DPIO in the planning, implementation and interpretation of results ensured that the research was relevant and respectful. The WGQs allow for the collection of disability data according to a standardized, internationally comparable definition. Collaboration with national statistics offices strengthens the understanding and capacity regarding the use of this international measure for disability identification, which will improve collection of reliable disability data in future national-level surveys.

**Washington Group Questions**

The Washington Group Questions (WGQs) have been developed by the Washington Group on Disability Statistics , a group under the UN Statistical Commission, with the purpose of generating reliable and comparable data on disabled people during national-level data collection exercises. There are various sets of questions for different use, including a Child Functioning module developed by the Washington Group and UNICEF. The WGQs have been successfully used in humanitarian settings to understand the prevalence of disabled people at population level, identify people who are at risk of not fully participating in programs, inform programming or service delivery, measure access rates, and gather comparable data for donors and coordination systems. Humanity & Inclusion (HI) piloted the use of the Washington Group Short Set of Questions in humanitarian settings and developed an online training package for humanitarian professionals. [[24]](#footnote-24)

**Six Questions on Washington Group Short Set**

Do you have difficulty seeing, even if wearing glasses?

Do you have difficulty walking or climbing steps?

Do you have difficulty with self-care such as washing all over or dressing?

Do you have difficulty hearing, even if using a hearing aid?

Do you have difficulty remembering or concentrating?

Using your usual language, do you have difficulty communicating , for example understanding or being understood?

**Case Study 4 : DPOs and disabled people conduct rapid needs assessment, Tonga**

**PRACTICE**. In 2018, the Pacific Disability Forum (PDF) conducted an eight-day rapid needs assessment in Tonga in response to Tropical Cyclone Gita using the WGQs. The assessment was part of a response supported by CBM and was included in the response plan of the Protection Cluster. The assessment survey included demographic data and needs for referrals; the long set of the WGQs; and qualitative questions on participation in community life. The data collection was performed by two Tonga DPOs, Naunau o’e Alamaite Tonga Association (NATA) and Tonga National Visual Impairment Association (TNVIA), together with the Ministry of Internal Affairs Social Protection and Disability Department. Each actor provided two teams of enumerators, who were trained by PDF. The DPOs’ teams consisted entirely of disabled people. Findings from the assessment were used to develop specific recommendations and published to inform the humanitarian response on the challenges faced by disabled people. A group of DPO members were supported under the project to map local humanitarian actors and advocate for the recommendations to be implemented in Tonga. The New Zealand Aid Programme called New Zealand-based humanitarian agencies to consider recommendations during the response and recovery.

**CHALLENGES.** The DPOs involved expressed the need for longer training to conduct needs assessments, particularly to have greater understanding of the wording and concepts used in the extended set of the WGQs. While the DPOs had some training, it was not sufficient to empower them to define the questions thoroughly during the assessment.

**KEY LESSON**. Including disabled people and their representative organizations in the planning, implementation and interpretation of needs assessment results ensures that research is relevant and respectful, strengthens the quality of data and usefulness of the findings. Employing disabled people as enumerators for gathering disability data reduces the risk of disabled people being overlooked through assessments conducted at the household level.

**Case Study 5: Supporting local DPOs to engage with Kenya Red Cross Services, Kenya**

**PRACTICE.** Since 2012, CBM has been partnering with the Kenya Red Cross Society (KRCS) to mainstream inclusion of disabled people in their humanitarian action. A critical element of this collaboration has been initiating engagement between KRCS and local DPOs. This revealed to KRCS the basic concerns of disabled people, including a lack of information and inclusion on preparedness and evacuation plans and poor access to both humanitarian and health services following a crisis. Through this partnership, KRCS scaled up its engagement with DPOs in 2017 with training, needs assessment and response activities. The capacity of DPO was strengthened to engage with the government structures around inclusive DRR and contingency planning. When flooding hit in 2018, the DPOs and KRCS were well positioned to work together on community based health outreach activities, as well as other critical emergency-response services. Following the flood response, KRCS trained focal points from the DPOs on rights-based advocacy, early warning systems, inclusive evacuation planning, and first aid, and involved them in health referral systems and livelihoods promotion. They also registered the DPO members as volunteers on local response teams and involved them in developing flood response plans alongside local authorities.

**OVERCOMING CHALLENGES**. During response there is always the urge by humanitarian actors to act fast with the intention to “save lives.” If disability considerations are not part of the preparedness plans, the response will not be inclusive, as the response stage is not conducive to changing plans or raising awareness. Community-based health outreach following 2018 floods in Kenya, made possible by the existing collaboration between the KRCS and OPDs.

**KEY LESSON.** This practice demonstrates that disabled people can undertake a range of roles in emergency preparedness and response, such as volunteers for the Red Cross; community representatives; and advocates in planning and review meetings with government officials. This collaboration empowered DPOs to advocate for their rights to access services at the local and national levels and led to institutional learnings by KRCS on requirements to enable access for disabled people in humanitarian contexts.

**Case Study 6: Disability Inclusion Committees conduct assessments in refugee camps, Kenya**

**PRACTICE**. Since 2014, HI (Humanity & Inclusion) supports disabled people to participate in assessments of barriers and enablers to access essential services in Kakuma and Dadaab refugee camps in Kenya. The assessments are conducted with Disability Inclusion Committees of disabled people and caregivers who, during focus-group discussions and observational visits, give their insights on barriers to identification, physical accessibility, information and communication, meaningful participation, as well as measures for reasonable accommodation. The findings are presented by the committee members to the agencies responsible for each sector in specific coordination meetings and are used to raise attention to barriers in community meetings. In parallel, HI conducts training and coaching for humanitarian agencies to adapt their approaches. The resulting changes include allowing alternative food collectors at distributions; prioritization of disabled people at repatriation desks; the construction of accessible toilets; and the recruitment of secondary-school teachers with experience of inclusive education. Furthermore, in Kakuma camp, four members of the Disability Inclusion Committees have been elected as representatives in the zonal governance structure established by the camp administration.

**OVERCOMING CHALLENGES.** Before the establishment of these committees, the perspectives of disabled people were not considered by the camp management actors and service providers. Disabled people were perceived as beggars and often not allowed to enter certain distribution points. It has been a challenge for HI to support the empowerment of persons with intellectual disabilities to directly participate in the activities of the Disability Inclusion Committee, as they are usually represented by parents. Together with the committee members, HI is attempting to overcome attitudinal barriers through sensitization of the wider community on the rights and capacities of all disabled people.

**KEY LESSON.** In some cases, capacity building may be an essential component for disabled people to be able to represent themselves in decision-making structures. The participation of disabled people in training, monitoring and coordination meetings increases the impact of advocacy around accessibility and inclusion.

**Case study 7: The Gaibandha Model in Bangladesh** disability-inclusive resilience. Bangladesh is one of the most vulnerable countries with respect to climate change. Water stress, sea level rise, cyclones and flooding are just some of the hazards the country is faced with. In Gaibandha district in northern Bangladesh, flooding is a recurring hazard which, apart from risking loss of life, is also proving to be extremely expensive for the communities.

CBM in collaboration with a local NGO called GUK, intervened at three levels: at the household level, were identified and supported individually with rehabilitation measures and livelihood support. At the community level, self-help groups of disabled people and community-based Ward Disaster Management Committees (WDMC) were established. At municipal level, formal DPOs were established for the first time, consisting of representatives from all self-help groups. Every member of the self-help groups received individual guidance and counselling to find themselves an appropriate livelihood and get the necessary assistive devices to enable them to sustain their employment or business. At the same time, a community plan was developed for leaving no one behind in case of flooding.

A system was developed whereby when a flood is expected, persons with disabilities who are likely not to receive the early warning are alerted through individual house visits to ensure that no one is left behind. The Gaibandha Model encompasses both targeted employment support for persons with disabilities as well as inclusive governance mechanisms that ensure that persons with disabilities are not bearing the brunt of climate change[[25]](#footnote-25).

**Case Study 8: Community Volunteers and first responders - crucial actors in emergency response**

The Emmanuel Hospital Association (EHA) has been working in India since 1970 with a mission to “transform communities through caring”. Many of EHA’s hospitals and programs are implemented in disaster prone areas and the need for systematic disaster preparedness and capacity building led to the establishment of the Disaster Management & Mitigation Unit in 2006. With the support of CBM, and building on a previous disaster preparedness project funded by ECHO, a pilot project entitled “Disaster Preparedness through Training & Capacity Building in the Northeast region of India” was developed to explore inclusion of disability in disaster preparedness programmes. The project was successfully implemented in eight states.

Local community volunteers, local healthcare and educational institutions, governmental and Non-Governmental Organisations working with disabled people were the target groups of the project. EHA trained more than 3000 community volunteers and professionals in First Aid, Basic Disaster response, Basic Life Support and Advanced Cardiac Life support and, the 127 local instructors are now linked to EHA’s capacity development unit. Building the capacity of individuals and professionals within communities prone to disaster risks is extremely important, as they can become key agents for change through raising awareness and spreading early warning messages as well as being the first to respond to disasters. With increased knowledge they can now also address authorities and urge them to take their responsibility for Disaster Risk Management and allocate sufficient resources at community level.

**Lessons Learned from Case Studies [[26]](#footnote-26)**

**Inclusive disaster risk reduction (DRR) and preparedness. Disabled People**  and DPOs can have a critical role to play in DRR and preparedness, which could be an entry point for disabled people to engage as positive contributors to their community. At the same time, humanitarian actors need to prepare themselves to address the particular challenges faced by disabled people when the crisis strikes.

**2. Collecting and using disability** disaggregated data for assessments and programming Relevant, effective and inclusive preparedness and humanitarian programming is informed by assessments and other data-collection initiatives that include disabled people. The Washington Group Questions (WGQs) is one of the tools that can be used in humanitarian settings.

**3. Participation of disabled people and** their representative organizations in humanitarian response and recovery. Disabled People and DPOs can undertake any role in humanitarian response and recovery. For example, in contexts of mass displacement, host community DPOs can put in place humanitarian programming, both as operators and by partnering with other actors. In camp settings, disabled people can also be supported to partner and self-organize, in order to facilitate their participation in decision-making processes.

**4. Removing barriers to access humanitarian assistance and protection.** Disabled People are the most effective and strongest advocates to call for the elimination of barriers to their access to services. Many humanitarian actors depend on disability mainstreaming specialists to address barriers in their programs. However, it is important that actors progressively build their own strategies, resources and expertise, in collaboration with disabled people , DPOs and actors focusing on disabilities, to mainstream disability in their organizational values and culture.

**5. Influencing coordination mechanisms and resource mobilization to be inclusive.** Advocating for an inclusive humanitarian response for disabled people in a specific crisis can have positive outcomes. This can be done through disability-dedicated task forces as part of the humanitarian coordination mechanisms, and by influencing frameworks like HRPs and pooled funding. Practices show that meaningful participation of DPOs in coordination mechanisms and resource mobilization can be challenging, for which capacity building be required.

***Follow up activity 6.7***

***6.7a Design a disability equality training session on emergency situations for municipality staff, army, police, fire and rescue services in your locality. What would be the key points you want to get across and why?***

***6.7b Write a leaflet to convince one of the following :- a) Disabled people why they need to be more involved in the environmental and climate justice movement; b) Climate activists why they need to make greater effort to involve disabled people in their campaigns and how to do this c) Local and National Government on why they need to have in place prevention and rescue plans that are fully inclusive of disabled people in any humanitarian situation.***

**C. Implementation Strategies Environment and the impact of Humanitarian Situations**

**i) Recognise disabled people are most at risk in environmental events such as earthquakes, volcanoes, flooding, famines, typhoons and hurricanes or pandemics and develop a strategy to convince the Public and Government.**

**ii) Countries to have in place pre-planned rescue plans or measures to guarantee disabled people their human rights in the crisis. Outline the moves necessary to get this policy in place.**

**iii) Plan to build preventative measures into infrastructure and the built environment to reduce risk to disabled people and others. Outline some case studies of what this will entail.**

**iv) In your country what strategies need to be developed so that Disabled People and DPOs are fully aware of why they must be involved and engage with campaigns for Justice, Democracy and Partnerships to achieve the 17 SDGs.**

1. https://unfccc.int/process-and-meetings/the-paris-agreement/nationally-determined-contributions-ndcs/nationally-determined-contributions-ndcs/ndc-synthesis-report#eq-5 [↑](#footnote-ref-1)
2. Guardian https://www.theguardian.com/environment/2019/may/03/climate-crisis-is-about-to-put-humanity-at-risk-un-scientists-warn [↑](#footnote-ref-2)
3. The Earth System and its Components <https://www.soas.ac.uk/cedep-demos/000_P500_ESM_K3736-Demo/unit1/page_11.htm#:~:text=Consequently%2C%20a%20wide%20range%20of,the%20depletion%20and%20extinction%20of> [↑](#footnote-ref-3)
4. # **The Design of Environmental Priorities in the SDGs**[**†**](https://onlinelibrary.wiley.com/doi/full/10.1111/1758-5899.12596#gpol12596-note-1002)[Mark Elder](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Elder%2C+Mark)  [Simon Høiberg Olsen](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Olsen%2C+Simon+H%C3%B8iberg) 2019 <https://onlinelibrary.wiley.com/doi/full/10.1111/1758> 5899.12596

   [↑](#footnote-ref-4)
5. https://www.ucl.ac.uk/bartlett/igp/news/2019/nov/offering-new-focus-pathways-prosperity-africa-launch-procol-kenya [↑](#footnote-ref-5)
6. [https://www.hrw.org/news/2020/12/10/call-protect-people-disabilities-armed-conflict#](https://www.hrw.org/news/2020/12/10/call-protect-people-disabilities-armed-conflict) [↑](#footnote-ref-6)
7. UKDHM 2014 War and Disability <https://ukdhm.org/v2/wp-content/uploads/2014/09/UK-Disability-history-month-2014-Broadsheet.pdf> [↑](#footnote-ref-7)
8. https://www.bhopal.org/about-us/sambhavna-clinic/20-years-of-the-sambhavna-trust-clinic/ [↑](#footnote-ref-8)
9. CDPF uses disabled people as because whatever our impairment we are disabled by environmental and social barriers so as we are subject to a common oppression we identify as disabled people and our organisations are Disabled People’s Organisations or DPOs. [↑](#footnote-ref-9)
10. World Health Organisation, World Report on disability, 2011. [↑](#footnote-ref-10)
11. <https://www.un.org/development/desa/en/news/social/report-on-disability-and-development.html> [↑](#footnote-ref-11)
12. Following international convention (Handicap International 2015) this study understands vulnerability as “the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of a major event” (Blaikie et al 2014: 11). - <https://www.un.org/disabilities/documents/2016/Disaster-Disability-and-Difference_May2016_For-Accessible-PDF.pdf> [↑](#footnote-ref-12)
13. Economic losses (relative to GDP) caused by climate-related disasters, 1998–2017 (percentage) [↑](#footnote-ref-13)
14. <https://www.un.org/development/desa/disabilities/issues/whs.html> [↑](#footnote-ref-14)
15. Inclusion of Disability in Disaster Management” By Ashok Hans & Nizni Hans. <https://www.smrcorissa.org/upload_file/1156054884-1459324014_1459324014-inclusion-of-disability-in-disaster.pdf> [↑](#footnote-ref-15)
16. Disability in humanitarian contexts - Views from affected people and field organisations. Handicap International (2015). <https://www.hi-us.org/people_with_disabilities_left_behind_in_emergencies>

    [↑](#footnote-ref-16)
17. https://cis-india.org/accessibility/blog/emergency-services-report.pdf [↑](#footnote-ref-17)
18. https://cis-india.org/accessibility/blog/emergency-services-report.pdf [↑](#footnote-ref-18)
19. End-to-end early warning system deliver accurate warning information of potential hazards dependably and in a timely manner to both, authorities and population at risk, in order to prepare them for the danger and act accordingly to mitigate against or avoid it [↑](#footnote-ref-19)
20. https://cis-india.org/accessibility/blog/emergency-services-report.pdf [↑](#footnote-ref-20)
21. Building Back Better : Achieving Resilience through Stronger, Faster, and More Inclusive Post-Disaster Reconstruction: GFDRR. [↑](#footnote-ref-21)
22. <http://www.internationaldisabilityalliance.org/art11/iasc> [↑](#footnote-ref-22)
23. CBM (2019) **CASE STUDIES COLLECTION 2019 Inclusion of persons with disabilities in humanitarian action** 39 examples of field practices, and learnings from 20 countries, for all phases of humanitarian response <https://reliefweb.int/report/world/inclusion-persons-disabilities-humanitarian-action-39-examples-field-practices-and> [↑](#footnote-ref-23)
24. Humanity & Inclusion and Leonard Cheshire, Disability Data Collection: A summary review of the use of the Washington Group Questions by development and humanitarian actors (2018), at: <https://humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action> Humanity & Inclusion, Disability Data in Humanitarian Action (2019), at: <https://humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action> [↑](#footnote-ref-24)
25. # Persons with disabilities in a just transition to a low-carbon economy ILO 2019 <https://www.ilo.org/global/topics/disability-and-work/WCMS_727084/lang--en/index.htm>

    [↑](#footnote-ref-25)
26. CBM (2019) CASE STUDIES COLLECTION 2019 Inclusion of persons with disabilities in humanitarian action39 examples of field practices, and learnings from 20 countries, for all phases of humanitarian response <https://reliefweb.int/report/world/inclusion-persons-disabilities-humanitarian-action-39-examples-field-practices-and> [↑](#footnote-ref-26)