Background paper for Regional Consultation on Facilitating Innovative Action on Disability-inclusive and Gender-responsive Disaster Risk Reduction in Asia and the Pacific

Review of Disability-inclusive and Gender-responsive Disaster Risk Reduction in Asia and the Pacific
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
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<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>DRM</td>
<td>Disaster Risk Management</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<tr>
<td>DiDRR</td>
<td>Disability Inclusive Disaster Risk Reduction</td>
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<tr>
<td>ESCAP</td>
<td>The Economic and Social Commission for Asia and the Pacific</td>
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<tr>
<td>OPD</td>
<td>Organization of Persons with Disabilities</td>
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<td>SFDRR</td>
<td>Sendai Framework for Disaster Risk Reduction</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDRR</td>
<td>United Nations Office for Disaster Risk Reduction</td>
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Introduction

Background

The Asia-Pacific region is the most disaster-prone region in the world. The estimated 690 million persons with disability living in the region are disproportionately affected by disasters and are excluded from many aspects of services as well as participation at various stages of disaster risk reduction. The impacts of disasters on populations are expected to grow as urbanization continues at a rapid pace along with unsustainable economic practices.

Disasters have negative impacts on lives of all but especially on persons with disabilities. The mortality rate of persons with disabilities from natural disasters is four times higher than that of the average population. Experience from previous disasters show that persons with disabilities are more likely to be left behind or abandoned during evacuation efforts due to a lack of preparation and planning. Accessibility is a key issue for persons with disabilities and most shelters are not equipped. Women with disabilities, in particular, are even turned away due to a perception that they need “complex medical” services. For example, in the aftermath of the 2015 earthquake in Nepal, women with disabilities were last to receive support and were at a greater risk of violence in shelters. Additionally, needs of persons with disabilities have rarely been included in the discussion of “build back better” from disasters. The COVID-19 pandemic has thrown the inequalities into sharp focus where the lives and livelihoods of persons with disabilities are being threatened by the intersections of pandemic and natural disasters.

The Sendai Framework for Disaster Risk Reduction, 2015 to 2030; the Sustainable Development Goals (SDG 11), Incheon Strategy (Goal 7) to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, the Beijing Declaration and Action Plan, as well as the Article 11 of the CRPD all have underscoring importance of disability-inclusive disaster risk reduction (DiDRR) placed in policy and practiced on the ground.

However, operationalization of DiDRR has not become commonplace in Asia and the Pacific. In the 2017 ESCAP survey on the midpoint review of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, only eight Governments of the 35 that responded said that national disaster risk reduction plans and strategies had integrated some perspectives of disability. Only nine Governments reported that they had integrated disability perspectives into disaster risk management training programmes, and the thoroughness of the integration and training is highly uneven.

Against this background, the current paper aims to provide preliminary assessment of the overview of policy and institutional set-ups on DiDRR in Asia and the Pacific, and to identify policy and its implementation gaps.

Structure and scope of the review

1 https://www.maketherightreal.net/learning
This report comprises five chapters. It first provides key DiDRR conceptual components and its benefits to the wider population. The second chapter provides an overview of the international and regional normative frameworks related to DiDRR. The third and fourth chapters provide a desk review of existing policy frameworks on DiDRR and the setup of institutional mechanisms on disaster, disability, and gender, consecutively. The final chapter provides a few illustrations and examples of good practices of DiDRR in the region including those from Thailand, Viet Nam, Philippines, and Japan. In addition, discussion on impacts of the COVID-19 pandemic on persons with disabilities are also included. While the focus of this paper is on DiDRR, it also includes discussions on issues and policy solutions on gender responsive DRR in the context of women and girls with disabilities.

**Methodology**

The primary methodology for the paper is a desk review. In addition to the desk review, the ESCAP project team further summarize results of several informal consultations with and United Nations entities, as well as DiDRR practitioners and stakeholders, particularly representatives of organizations of persons with disabilities in Asia and the Pacific. Currently, ESCAP and the University of Tokyo are also conducting an online survey to identify the policy overview of DiDRR and gender responsive DRR. Results of the survey and discussions to be taken place at the Regional Consultation will be integrated to finalize this paper.

**Key concepts and terminologies**

**Disability**\(^5\): Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

**Disaster**\(^6\): A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts. The effect of the disaster can be immediate and localized but is often widespread and could last for a long period of time. The effect may test or exceed the capacity of a community or society to cope using its own resources, and therefore may require assistance from external sources, which could include neighboring jurisdictions, or those at the national or international levels.

**Disaster risk reduction**\(^7\) is aimed at preventing new and reducing existing disaster risk and managing residual risk, all of which contribute to strengthening resilience and therefore to the achievement of sustainable development. Disaster risk reduction is the policy objective of disaster risk management, and its goals and objectives are defined in disaster risk reduction strategies and plans.

**Disaster risk management**\(^8\) The systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies, and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster

**Disaster management**\(^9\): The organization, planning and application of measures preparing for, responding to and recovering from disasters.

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\(^6\) UNDRR Terminology. Available at https://www.undrr.org/terminology/disaster

\(^7\) Ibid.

\(^8\) Ibid.

\(^9\) Ibid.
Disability Inclusive Disaster Risk Reduction (DiDRR)\textsuperscript{10} is a human rights issue. The ultimate goal of DIDRR is to enable equitable access for people with disability to community-level DRR by transforming collaborative and inclusionary mechanisms that structure how emergency management and community service sectors work together with people with disability and their representatives at the local level to increase the resilience of people with disability to disaster.

Resilience: The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions\textsuperscript{11}

Chapter 1: Disaster Risks Reduction and Disability in Asia and the Pacific

1.1 Disaster Risks in Asia and the Pacific

Populations in the Asia-Pacific region are highly exposed to disaster risk and contend with the impacts from intersections of multiple risks from disasters, climate change, biological hazards, inequalities of income, opportunity, and poverty to name a few.\textsuperscript{12}

Disaster risks in Asia and the Pacific are borne from geophysical (e.g., earthquakes, landslides, tsunamis and, volcanic activity), hydrological (e.g., avalanches and floods), climatological (e.g., extreme temperatures, drought and wildfires), and meteorological (e.g., cyclones and storms/wave surges) hazards found in this region. In 2019, ESCAP has identified four distinct “hotspots” across the region, where fragile environments are converging with critical socioeconomic vulnerabilities with disastrous consequences. The first is located within the transboundary river basins of South and South-East Asia – home to hundreds of millions – where poverty, hunger and under-nourishment are coupled with intensifying floods that alternate with prolonged droughts. Other hotspots include the Pacific Ring of Fire; Pacific small island developing States; and sand and dust storm corridors where environmental fragility combined with land degradation, desertification and climate change could lead to devastating storms\textsuperscript{13}. In 2021, ESCAP has identified biological hazards and the impacts of climate change, all of which are occurring simultaneously.

The Asia-Pacific Disaster Report 2021 reveals that between 1970 and 2020, natural hazards in Asia and the Pacific affected 6.9 billion people and killed more than 2 million, that is 41,373 lives per year, or one life every 13 minutes\textsuperscript{14}. Nevertheless, there has been substantial reduced in numbers of fatality: from 2011 to 2020, the average loss of life per year fell to 10,936 lives, and in 2019 and 2020, the average annual loss fell to around 6,200 lives. Despite the lower loss of life as years go by, the number of people affected by disasters has fallen only slightly; from 139 million people between 1970 and 2010 to 122 million people between 2011 and 2020.

\textsuperscript{11} UNDRR Terminology. Available at https://www.undrr.org/terminology/disaster
\textsuperscript{12} The Asia Pacific Disaster Report 2019: The Disaster Riskscape across Asia-Pacific: Pathways for Inclusion and Empowerment, ESCAP, 2019
\textsuperscript{13} Ibid.
Disaster impacts are likely to intensify because of climate change. An increase in temperature and sea levels leads to more frequency and intensity of extreme events such as heatwaves, tropical cyclones, prolonged drought, intense rainfall, tornadoes, snow avalanches, thunderstorms, severe dust storms, which make certain places and population groups much more vulnerable. Super Typhoon Goni became the world's strongest landfalling cyclone on record with 195 mph (315 kph), 1-minute average sustained winds, when it struck the Philippines. La Niña amplified seasonal monsoon flooding in Asia leaving a financial toll topping USD55 billion; more than half of the economic cost occurred in China. Australia cites its fourth-warmest year on record following historic 2019/2020 bushfire season. Cyclones Harold and Yasa struck the South Pacific Islands as Category 4-equivalent storms; causing extensive damage in Vanuatu and Fiji.

Recent decades have seen an increase in the risk of climate-related diseases leading to illness and death. For vector-borne diseases, such as malaria and dengue, rising temperatures can reduce the incubation period for mosquitos and facilitate the transmission of the disease. Several countries in the region report Malaria and Dengue outbreaks. It is estimated that, the number of people at high risk will increase by around one-third in the Asia-Pacific region.

Disasters not only threaten economic of a country, but also can deprive households of their well-being and standard of living, destroy their livelihoods and income source, assets, reduce their access to basic services, such as social service, health and education. When disasters occur, poor households and vulnerable populations suffer disproportionate. The impact of disaster on poor households is usually high, because they usually live in disaster-prone area, have less resources and capacity to cope with disaster risk and usually have limited access to protection scheme.

### 1.2 Impacts of natural disasters on persons with disabilities including women and girls with disabilities

Persons with disabilities are disproportionately affected by immediate and long-term effects of disasters. The mortality rate of persons with disabilities due to natural disasters is two or four times higher than that of the average population\(^{15}\). During the tsunami in Japan on 11 March 2011, the mortality rate among persons with disabilities registered with the government was double that of the rest of the population. Persons with physical disabilities are two to four times more likely than the general population to die or sustain injuries during disaster events\(^{16}\).

Poverty is both an underlying risk driver and consequence of disasters. When disaster strikes, poor households are disproportionally affected. Persons with disabilities are especially vulnerable when disaster strikes not only due to aspects of their disabilities but also their poverty and inequality. Poverty and inequality contribute to their limited access to education, employment, and economic opportunities. They have to live on limited resources which may affect their capacity to protect themselves from disaster risks and to recover from disaster strikes\(^{17}\).

However, disability is also an evolving concept, capturing the interaction between those with a long-term physical, mental, intellectual or sensory impairments and societal barriers hindering their full and effective participation. World Health Organization and World Bank estimate that 15 percent of the world population is living with a form of disability. This means that one of every six persons is living with disabilities, while one in five women is likely to experience disability during her lifetime. One of ten children is a child with disability. Among older populations, 46 Per cent of persons aged 60 years and

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\(^{15}\) Including persons with disabilities in disaster risk reduction efforts, United Nations, 2015, Sendai, Japan


\(^{17}\) United Nations’ Disability and Development Report 2018
over have a disability. More than 60 Per cent of the world's an estimated one billion persons with disabilities live in Asia and the Pacific.

Persons with disabilities are not a homogeneous group; they include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others; and there are those with mental health conditions or psychosocial disabilities.

All different stages of disasters such as preparedness, warning, evacuation and recovery pause a wide range of challenges for persons with disabilities. Some indicative examples are provided in Table 1.

**Table 1: List of challenges faced by persons with disabilities in disaster situation**

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<thead>
<tr>
<th>Disaster Phases</th>
<th>Challenges</th>
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<tr>
<td>Preparedness</td>
<td>Lack of accessible knowledge and information on disaster risk</td>
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<td></td>
<td>Not aware of how to preparing for or responding to different types of emergencies</td>
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<tr>
<td>Warning and communication</td>
<td>Lack of warning information in accessible formats (sign language, simplified language, Braille)</td>
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<td></td>
<td>Lack of redundant and accessible mediums to deliver emergency messages (television and radio alerts, door-to-door warnings, social media)</td>
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<td></td>
<td>Evacuation orders usually appears as flashing text, or graphic on television without voice communication for the blind</td>
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<td></td>
<td>Vocal evacuation announcements by wire broadcasting in the village, radio, television, or an alarm do not hear by persons with hearing impairment</td>
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<tr>
<td>Evacuation</td>
<td>Uncertainty of situations and unknown information may delay the decision of persons with disabilities and family to evacuate.</td>
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<tr>
<td></td>
<td>Lack of accessible shelter, services and transportation systems for diversity of disabilities</td>
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|                     | 54 per cent of respondents with disabilities state they experienced direct physical impact, sometimes causing new impairments

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18 United Nations Convention on the Rights of Persons with Disabilities
19 United Nations General Assembly, Human Rights Council 26 September 2017
20 Disability in humanitarian contexts: Views from affected people and field organizations, Handicap International, 2015
<table>
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<tr>
<th>Post disaster</th>
<th>Losing usual support system such as care givers, or sign language interpreter</th>
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<tr>
<td></td>
<td>Losing assistive devices such as wheelchair, crutches, prosthetic legs, hearing devices, and white crane which makes them more dependent on others.</td>
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<td></td>
<td>Separation from their families, peers, networks, relatives, and friends</td>
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<td></td>
<td>Great concern about managing their health and hygiene, especially among the older persons with disabilities and women with disabilities.</td>
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<tr>
<th>Recovery and build back better</th>
<th>Lack of accessible temporary housing,</th>
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<tr>
<td></td>
<td>Continuing lack of support systems and assistive devices and separation from families and networks.</td>
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1.3 Disaster impacts on women and girls with disabilities

Research shows that persons with disabilities who experience disaster have decreased self-esteem, increased anxiety, extreme stress, diminished personal safety, and potentially loss of life. Research also indicates that persons with disabilities may be psychologically affected harder than other non-disabled persons. Property damage may prolong the recovery process and negatively affect living standards for persons with disabilities. Even though persons with disabilities may not be directly affected by a disaster, the aftereffects may be harmful to their well-being, for example, pollution, polluted water, collected waste, polluted air, and damaged roads. Some families may lose the head of the family or a breadwinner during severe disasters, affecting the stability of every family member.

Disasters and poorly planned disaster response and recovery efforts can exacerbate these disparities, leaving persons with disabilities struggling to cope even more both during and after the emergency. The lack of capacity building on disaster risk reduction and disaster-related services for persons with disabilities increase their vulnerability, leading to unnecessary injury, further impairment, and even death.

Several post disaster assessments show that women accounted for 61 percent of fatalities caused by Cyclone Nargis in Myanmar in 2008, 70–80 percent in the 2004 Indian Ocean tsunami, and 91 percent in the 1991 cyclone in Bangladesh. This relates to gender specific barriers and inequalities that exist in some societies. Women tend to be excluded from decision-making and have lower decision-making power in many societies. For example, Women usually do not hold property or land rights, have less political voice, fewer educational opportunities, and less mobility due to cultural restrictions. Women are not invited to community meetings because their roles are related to domestic affairs, while disaster

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21 Ibid.
22 Quail, Jennifer, Barker, Ruth, and West, Caryn (2018) Experiences of individuals with physical disabilities in natural disasters: an integrative review
23 Disability-Inclusive Disaster Risk Reduction and Emergency Situations, UN Department of Economic and Social Affairs
24 UNDP Policy Brief No. 3 Gender and Climate Change Asia and the Pacific
risk reduction has remained largely male dominated\textsuperscript{26}. In some society, women including women with disabilities are not allowed to enter a sacred place which can be used as the only flood shelter in the community. These circumstances increase vulnerability of women and girls to disasters, heighten exposure to risk and restrain their capacity to withstand the impacts of disaster.

Women and girls with disabilities also face multiple and intersectional discrimination. They have difficulties in accessing humanitarian aid, including lack of sanitation facilities, adequate and accessible information on relief projects, access to distribution points, communication with staff, and access to helplines and hotlines\textsuperscript{27}. Women and adolescent girls with disabilities are particularly vulnerable to discrimination, exploitation, and violence, including gender-based violence (GBV) during crisis\textsuperscript{28}.

\section*{1.4 COVID-19 pandemic- exacerbating impacts of disasters on persons with disabilities}

COVID-19 has thrown a sharp focus on the cascading nature of disasters. Countries in the region have traditionally faced the intersections of natural and biological hazards, but the addition of the pandemic has led to breakdowns of institutional setups and mechanisms\textsuperscript{29}. For example, during the pandemic, health protocols by the government cause isolation, disconnect, disrupted routines, and diminished access to health services have greatly impacted the lives and mental well-being of persons with disabilities\textsuperscript{30}. For example, persons with visual impairment are not able to respect social distancing and hygiene rules because they must touch objects and the physical environment to orientate themselves. Some face many challenges from the lack of accessible information on COVID-19, as well as medical masks and hand sanitizers. The restricted movement bars them from ongoing medical care. Lockdown may result in scarcity of necessaries. Limited contact with others and social functions amplifies the exclusion. In addition, the livelihoods of persons with disabilities are affected due to the economic downturn. Many are facing difficulties in daily living due to reduced income, loss of employment and loss of business.

Disaster also intersects with gender, stigma, and inequality. The limitation of disability and gender equality laws, policies, and practices has already caused their needs to be unattended. The situation of women and girls with disabilities before this COVID-19 crisis is significantly worse than for others. During the COVID-19 pandemic, women and girls with disabilities face more significant challenges as they struggle to maintain basic hygiene measures, access to healthcare, seeking health insurance. Many face barriers to accessing sexual and reproductive health (SRH) information, goods, and services due to social distancing, closure of clinic and lack of transportation\textsuperscript{31}. Women and girls with disabilities tend to be at risk of domestic violence, discrimination, and sexual harassment during COVID-19 pandemic. Many are confined at home with of families who are new caretaking responsibility. Some lost their usual systems of support, tensions rose, leading to physical, sexual, emotional, and psychological violence against them. However, there is lack of disaggregated data about women and girls with disabilities generally and particularly as related to violence\textsuperscript{32}.

\section*{1.5 The concept and practice of inclusion in Disaster Risk Reduction}

To promote DiDRR and gender responsive DRR, incorporating inclusion practices into disaster risk management is key. Inclusion is a fundamental right of everyone, regardless of race, age, gender.

\begin{itemize}
\item \textsuperscript{26} UNDRR, Gender perspective: working together for disaster risk reduction, 2017
\item \textsuperscript{27} Using the CRPD to promote Inclusive Humanitarian Action, IDA
\item \textsuperscript{28} OCHA/UNDP Connecting Business initiative, Gender and Disasters (Part I), 14 September 2020.
\item \textsuperscript{29} The Asia Pacific Disaster Report 2021
\item \textsuperscript{30} 2021 IDPWD Theme: "Fighting for rights in the post-COVID era", available at https://idpwd.org/
\item \textsuperscript{31} UNFPA and Women Enabled International, the Impact of COVID-19 on women and girls with disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights, 2021
\item \textsuperscript{32} Ibid.
\end{itemize}
disability, religious and cultural beliefs, and sexual orientation. When implemented properly, everyone shall feel included and supported in whatever circumstances they are in. This is related to the concept of ‘social inclusion’ that has been defined as “the process by which efforts are made to ensure equal opportunities – that everyone, regardless of their background, can achieve their full potential in life. Such efforts include policies and actions that promote equal access to services as well as enable citizen’s participation in the decision-making processes that affect their lives.”

The challenge for policy makers and practitioners is operationalize the concept of social integration and inclusion - to be used to promote a realistic set of policy measures geared towards a “society for all.” This requires a paradigm shift from recognizing population in each society as one “general” social group to recognize dignity, value and importance of each person. The concept of inclusion is not about imposing unified ethical norm and moral imperative to all social groups, but about embracing diversity and individuality as a legal principle, a societal goal, and ultimately, practice. To operationalize inclusion, three sets of indicators are applied measuring (1) access to opportunities like education, health and other basic services; (2) access to employment and income; and (3) participation in political, civic and cultural life.

While social exclusion is defined as a lack of access to civil society institutions (legal and political systems), inclusion represents means mean to ensure equality for all, which is important to socially marginalized populations, including persons with disabilities.

Inferring from this concept, disability inclusion is the inclusion of persons with disability in development scheme by providing social support, opportunities in education, health, employment, finance and social activities without discrimination. To practice disability inclusion, it requires understanding of disabilities and removing barriers to inclusion through ensuring accessibility so that persons with disabilities can participate in all spheres of life on equal basis with persons without disabilities. Disability inclusion is a human right based approach.

### 1.6 Disability-inclusive disaster risk reduction (DiDRR): Gaps and challenges in Asia and the Pacific

Disability-inclusion is addressed in disaster risk reduction through the Sendai Framework for Disaster Risk Reduction since 2015. The Sendai Framework of Disaster Risk Reduction acknowledges that disaster risk reduction requires an all-of-society approach to promote empowerment, accessible and non-discriminatory participation of those affected by disasters, including persons with disabilities. DiDRR must be integrated at every phase of the disaster management cycle, from preparedness, prevention, and mitigation, relief and reconstruction. Persons with disabilities need to be consulted in DRR planning, implementation, and evaluation.

The Global Facility for Disaster Reduction and Recovery identified five broad actions that development institutions and governments, as well as their partners and stakeholders, can take to improve disability-inclusive disaster risk management. Those five actions are:

- Include persons with disabilities as valued stakeholders in disaster risk management activities;
- Help remove barriers to the full participation of persons with disabilities;

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33 IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action
• Increase awareness among governments and their partners of the safety and security needs of persons with disabilities;
• Collect data that is disaggregated by disability; and
• Ensure that new construction, rehabilitation, and reconstruction are accessible to persons with disabilities.

UNDRR’s new Strategic Framework for 2022-2025, disability inclusive disaster risk reduction activities are not only mainstreamed throughout strategic objectives but also included for the first time as dedicated results and deliverables in support of disability inclusive disaster risk reduction. This is an important step recognizing the importance to move from selected engagement to systematic implementation. In practice, persons with disabilities need to be consulted and fully engaged in the development and implementation of national and local strategies.

Persons with disabilities must be positioned as one of the stakeholders in disaster risk reduction to ensure that they are aware of the risk, know how to prepare and able to take action to reduce disaster risks. Thus, persons with disabilities and organization of persons with disabilities need capacity building in all phases of disaster risk reduction to understand and efficiently engage with other stakeholders when emergencies occur. On the other hand, policymakers must provide an enabling environment and remove barriers to establish meaningful participation of persons with disabilities from local to national level, such as providing accessible infrastructure and equal opportunities for knowledge sharing. Until the inclusion of persons with disabilities in disaster risk reduction is achieved, most of persons with disabilities continue to face unmet needs before, during and after disasters occurrence.

1.7 Benefits of investment in accessibility in DiDRR

Benefits for wider population

Persons with disabilities face numerous barriers that restrict their full and effective participation in society on an equal basis with others. As demonstrated by a section outlining examples of challenges faced by persons with disabilities at different phases of disasters, the challenges have a lot to do with the lack of accessible infrastructure, information including ICT and services. Through ensuring these dimensions of accessibility for persons with disabilities during the preparedness stage, evidently, persons with different disabilities would not face challenges. But ensuring accessibility could also benefit other populations such as older persons, pregnant women, families with infants, persons with heavy luggage, persons who do not understand primary language used in a country where they live or persons who are temporarily injured.

In this regard, DiDRR underpins the concept of “universal design,” wherein environments, services, and information are designed to be as accessible and usable by all persons to the maximum extent possible. Universal design recognizes the common needs of persons with and without disabilities. Similarly, the Convention on the Rights of Persons with Disabilities (CRPD) defines “Universal design” as the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

References:
38 UNDRR
39 ESCAP, Disability at a Glance 2019: Investing in Accessibility in Asia and the Pacific — Strategic Approaches to Achieving Disability-inclusive Sustainable Development
40 ESCAP Committee on Disaster Risk Reduction, Disability-inclusive disaster risk reduction, note by Secretariat, 2015
41 Convention on the Rights of Persons with Disabilities (CRPD), Article 2 – Definitions
If steps are removed and a ramp is installed to enter and exit a building through applying this universal design, pregnant women and a baby in a stroller, persons with temporary injuries, persons with heavy luggage, and older persons will be able to move without significant difficulties. In the same vein, accessible bathrooms would be much more usable for these people. This will help them evacuate from or go into shelters with ease. If information of disaster preparedness is in audio formats which is helpful for persons with visual impairments, old persons who are losing sight will also benefit. Similarly, visual information or picture-based information of warning can significantly help not only deaf and hard of hearing persons, but also older persons who are losing hearing abilities, or those who do not understand a language used in a given country, or persons with intellectual disabilities can understand what to do. Similarly, easy-to-understand language catering for persons with intellectual disabilities may also be helpful for persons who are not fluent in a language used in a country they live in. In the case of those injured from disaster or incidents such as broken arm or leg patients, they will be able to make use of assistive devices, the existing accessible infrastructure and environment.

However, investment in DiDRR among Asia Pacific countries still need improvement. According to the 2017 ESCAP midpoint review of the Incheon Strategy, regarding accessibility of emergency shelters and disaster relief sites, only 10 governments reported that they had national accessibility standards applied to emergency shelters and disaster relief sites. Most of their standards only address the requirements of persons with mobility disabilities, such as wheelchair users.

Cost saving and safety assurance

Investing in accessibility and universal design can also save governments money in the long run. For instance, accessible warning system and inclusive evacuation will save lives and injuries, resulting in reduce pressure to medical system and expenditure. Accessible shelter can help prevent and reduce the risk of falls and subsequent injuries, particularly for older persons, for example, installing non-slip floors, handrails on ramps and stairs, and grab bars in toilets can improve safety and prevent falls.

Asia and the Pacific region is experiencing population ageing because of falling fertility rates and increasing life expectancy. Between now and 2030, the number of persons aged 65 and over is expected to increase by 50 per cent, totaling 605 million people and representing 12 per cent of the total population in the region. Older persons face challenges such as impaired physical mobility, diminished sensory awareness or chronic illness, as well as social and economic disadvantages. They become highly vulnerable in disaster emergencies. Investing in fully accessible environments will benefit the entirety of the population by creating an equal basis for participation that leave no one behind. It will prevent economic loss from disasters from households to national level. For example, a community trained on risk reduction can decide to retrofit their houses and arrange for alternate escape route in emergency. A local disaster unit that have installed accessible warning system can help persons with disabilities, or the elderly to evacuate to accessible shelter instead of waiting at homes and risk the lives of rescuers to rescue them. Accessible shelters help people to make decision to evacuate which is convenient for the government to organize support system.

Chapter 2: International and regional instruments to guide disability inclusion in Disaster Risk Reduction

Several international and regional instruments serve as foundation and guiding principles for national policy formulation and implementation on DiDRR. This section introduces them.

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43 ESCAP, Investing in Accessibility in Asia and the Pacific, Policy Brief No.2020/02
2.1 The 2030 Agenda for Sustainable Development Goals

The Sustainable Development Goals, adopted by 193 member states at the United Nations in 2015, is a universal call for action to end poverty, protect the planet, and ensure that by 2030 all people on the planet will enjoy peace and prosperity. The SDGs contain 17 goals and 169 targets with 232 indicators interlink as a “blueprint to achieve a better and more sustainable future for all.” The SDGs put people at the center of sustainable development and carefully consider environmental usage for the present and next generation. It addressed social inclusion as the core for policy and though its principles of to “leave no one behind. Disability is referenced in various parts of the SDGs and specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs. Among the 17 goals, there are five Goals that directly include disability, as follow:

**Goal 4** Guaranteeing equal and accessible education by building inclusive learning environments and providing the needed assistance for persons with disabilities.

**Goal 8** Promoting inclusive economic growth, full and productive employment allowing persons with disabilities to fully access the job market

**Goal 10** Emphasizing the social, economic and political inclusion of persons with disabilities

**Goal 11** aims to Creating accessible cities and water resources, affordable, accessible and sustainable transport systems, providing universal access to safe, inclusive, accessible and green public spaces

**Goal 17** Underlining the importance of data collection and monitoring of the SDGs, emphasis on disability disaggregated data.

The SDGs Report is submitted every year to the High-level Political Forum (HLFP), drawing on data collected and reported by countries annually.

2.2 Convention on the Rights of Persons with Disabilities (CRPD)

The Convention on the Rights of Persons with Disabilities (CRPD) was adopted on 13 December 2006 by the United Nations General Assembly and entered into force on 3 May 2008. The CRPD is an international treaty to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities.

The CRPD states that “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” This means that the Convention adopted the social model which frames that the disability is not merely due to a health condition or impairment but due to interaction with social barriers such as institutional, environmental and attitudinal barriers. These barriers must be removed so that persons with disabilities can enjoy life to equally to the persons without disabilities.

Article 11 of the CRPD reflects implication of human rights-based approach and calls for countries’ obligations to ensure the protection and safety of persons with disabilities in situations of risks such as armed conflict, humanitarian emergencies, and natural disasters. The disability inclusive principle requires the government to create enabling environment for persons with disability to fully participate in disaster risk reduction process such as consultation with persons with disabilities in making plan, legislation and policies as well as programme development, implementation, monitoring and evaluation.
2.3 Sendai Framework for Disaster Risk Reduction 2015-2030

Disaster risk reduction is at the heart of the 2030 Agenda. It addresses that the development that is not risk informed cannot be sustainable and the recurring disaster losses are a significant brake on poverty eradication. Therefore, implementation of the Sendai Framework for Disaster Risk Reduction is a pathway for achieving Sustainable Development Goals.

The Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted at the Third United Nations World Conference on Disaster Risk Reduction (WCDRR), in March 2015, in Sendai, Japan, with a significant presence of persons with disabilities and their representative organizations. The Sendai Framework sets four priorities for action to guide the development and implementation of policies on disaster risk reduction. Those priorities are: understanding disaster risk; strengthening disaster risk governance to manage disaster risk; investing in DRR for resilience; and enhancing disaster preparedness for effective response and to “build back better” in recovery, rehabilitation and reconstruction. It is realized that disaster can be one of the barriers to achieving development goals while it can give an opportunity to build back better, more accessible, more inclusive and more sustainable.

The Sendai Framework 2015-2030 establishes Inclusion as an inseparable element of Disaster Risk Reduction. It relies on CRPD which is ratified by 184 parties and legally binding in those parties as a strong foundation that pushes disability-inclusive development and disaster risk reduction at the international, national, and sub-national levels.

2.4 Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end discrimination against women. It provides the basis for realizing equality between women and men through ensuring women's equal access to, and equal opportunities in, political and public life -- including the right to vote and to stand for election -- as well as education, health and employment.

As climate change has been critical issues related to disaster risk and disruption, it has been widely acknowledged that the degree to which people are affected by climate change impacts is partly a function of their social status, gender, poverty, power and access to and control over resources. Women have lesser economic, political and legal status which expose them to the adverse effects of the changing climate and risk of disaster impact. Building on the Sendai Framework on Disaster Risk Reduction which address a gender-sensitive disaster risk reduction approaches, the United Nations Committee on the Elimination of Discrimination against Women has issued the General Recommendations No. 37 on Gender-related dimensions of disaster risk reduction in the context of climate change (CEDAW/C/GC/37). This recommendation underscores the urgency of mitigating climate change, and to highlight the steps that need to be taken to achieve gender equality in the context of climate change and disasters in 2018. The general principle includes 1) Substantive equality and non-discrimination against women, 2) Participation and empowerment, and 3) Accountability and access to justice. CEDAW is ratified by 189 parties and legally binding in those countries.

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The UNDRR Asia-Pacific Action Plan 2021-2024 is the successor of the 2018-2020 Action Plan focused on the development of national and local disaster risk reduction strategies. The new plan put into consideration the risk from natural hazard and climate change as well as that of COVID-19. It delineates role, responsibility and action of each stakeholder from international organizations to local community to accelerate resilience. The new plan was launched at the Asia-Pacific Partnership for Disaster Risk Reduction (APP-DRR) Forum on December 9, 2021.

The Plan emphasizes the principle of social inclusion; realizing the physical and social isolation of persons with disabilities which limits persons with disability to prepare themselves for disasters and unaware of the crucial roles in disaster risk reduction, while realizing that disaster management personnel may have limited awareness, knowledge and skills needed to assist persons with disabilities in emergency. It identifies action points needed at national and sub-national levels. The strategy to enhance resilience involves, for example, data sharing, building on the lessons of the past, exchanging good practices, and adopting innovative approaches.

The Plan further identifies the implementation of disaster risk reduction actions that promote gender equality, particularly in the context of the COVID-19 recovery, including through the implementation of the Ha Noi Recommendations for Action on Gender and Disaster Risk Reduction and the implementation of the Dhaka Declaration on Disability and Disaster Risk Management.

2.6 Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific

The Incheon Strategy, launched in late 2012 as the course of action for the Asian and Pacific Decade of Persons with Disabilities, 2013–2022 was built on the CRPD and the Biwako Millennium Framework for Action and Biwako Plus Five towards an Inclusive, Barrier-free, and Rights of persons with disabilities. It offers ten regionally agreed disability-specific development goals, 27 targets, and 62 indicators. It is a document agreed by member States in Asia and the Pacific.

Goal 7 of the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific focuses on promoting disability-inclusive disaster risk reduction. Governments are encouraged to develop DiDRR plans, provide DiDRR training for disaster organizations to ensure accessible facilities and information, and collect, analyze and disseminate disability-aggregated disaster statistics. Central to the Incheon Strategy is the establishment of reliable and comparable disability baseline data for the core indicators by the midpoint of the Asian and Pacific Decade of Persons with Disabilities (2013-2022), as source critical means of tracking progress towards the achievement of the goals and targets.

The Goal 7 addresses two targets:

Target 7.A Strengthen disability-inclusive disaster risk reduction planning

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46 UNDRR: With a new action plan in hand, Asia-Pacific eyes opportunities in 2022, 19 December 2021


48 Note on Disability-inclusive disaster risk reduction, UNESCAP, 2015.
Target 7.B Strengthen implementation of measures on providing timely and appropriate support to persons with disabilities in responding to disasters

There are core and supplementary indicators for tracking progress

Core indicators

7.1. Availability of disability-inclusive disaster risk reduction plans
7.2. Availability of disability-inclusive training for all relevant service personnel
7.3. Proportion of accessible emergency shelters and disaster relief sites

Supplementary indicators

7.4. Number of persons with disabilities who died or were seriously injured in disasters
7.5. Availability of psychosocial support service personnel that have the capacity to assist persons with disabilities affected by disasters
7.6. Availability of assistive devices and technologies for persons with disabilities in preparing for and responding to disasters

The Incheon Strategy “To Make the Right Real” and the Sendai statement to promote disability-inclusive disaster risk reduction. They have all recognized persons with disabilities as essential stakeholders who meaningfully participate in enhancing community resilience and reducing risks. The Sendai Framework for Disaster Risk Reduction aligns with the CRPD and the Incheon Strategy in recognizing knowledge and leadership skills building for persons with disabilities to create resilient, inclusive, and equitable societies.


2.7 The Dhaka Declaration for Disability Inclusive (2015+)

While the Sendai Framework for Disaster Risk Reduction is considered a blueprint of DiDRR, the Dhaka Declaration is a practical guideline for countries to implement DiDRR, and report on the Sendai Framework for Disaster Risk Reduction and SDGs the inclusion of persons with disabilities. It identifies concrete actions to rollout the framework with meaningful participation and contributions by persons with disabilities and their organizations in planning, implementation, monitoring, and reporting processes.

49 Beijing Declaration, Including the Action Plan To Accelerate the Implementation of the Incheon Strategy: Note by the Secretariat, UN, 14 Feb. 2018
The Dhaka Declaration calls for a people-centred approach to facilitate the meaningful participation, and leadership of women, men, girls, and boys with disabilities and organizations of persons with disabilities (OPDs) within disaster risk management system at local, national, regional and global levels. The Dhaka Declaration calls for, for example:

- Gender and age-sensitive representation of persons with disabilities within all levels of Disaster Risk Management Committees.
- Inclusive community Risk Assessment and Risk Reduction Action Plan framework and inclusive guidelines for disaster risk management programs
- Establishment of multi-stakeholder engagement platforms to implement the Sendai Framework.
- An effective mechanism and guideline to compile sex, age, and disability disaggregated data at pre-and post-disaster situations.
- People-centred multi-hazard early warning system.
- Enforcement of accessible infrastructure models including schools, hospitals, and shelters.
- Accessible and affordable technology, device, and equipment for humanitarian response; and
- Regional focal points to represent in the advocacy group on Inclusive DRM to be formed by UNDRR, and National and Regional organizations of persons with disabilities.

2.8 The Ha Noi Recommendations for Action on Gender and Disaster Risk Reduction, 2016

Gender-based violence could result from disaster situations that put women’s boys’ and girls’ lives at more risk due to physical vulnerability. In addition to the lack of knowledge, the lack of awareness, social attitude towards a traditional perspective on gender, and socio-economic disadvantages are common barriers to gender inclusion.

To ensure that the implementation of the Sendai Framework in the region will be disability and gender responsive, a Regional Asia-Pacific Conference on Gender and Disaster Risk Reduction was held between 16 and 18 May 2016, organized by UN Women and the Government of Viet Nam, in collaboration with UNISDR, UNDP, and other partners, with support from the Government of Japan. The conference brought together over 300 participants from Viet Nam and twenty-two countries across the Asia-Pacific region to identify actions to ensure that implementation of the Sendai Framework in the region will be gender-responsive and inclusive. The participants agreed on the following set of recommendations for action. They decided to work towards incorporating these into regional and national DRR decision making processes, including the Asia Regional Plan for Implementation of Sendai Framework that was adopted at the Asian Ministerial Conference on Disaster Risk Reduction in November 2016 and the Strategy for Climate and Disaster Resilient Development in the Pacific, which was endorsed by the Pacific Islands Development Forum leaders in 2016.
Chapter 3 ESCAP Desk review of National DiDRR Policy and Government Institutional Mechanisms on Disaster, Disability and Gender in Asia and the Pacific

3.1 Overview and summary of key finding on current DiDRR policies in Asia and the Pacific

ESCAP conducted a literature review of availability of disaster risk reduction policies and their references to disability. The literature review aims to identify and analyze government policy environment on DiDRR in Asia and the Pacific and provides a baseline of information for the region on the current state of disability and gender inclusion in DRR-related policies.

In the review “policies” refer to a group of laws which are typically adopted by the legislative branch of a government, and policies, strategies and action plans which are typically adopted by the executive branch of a government. After the Regional Consultation meeting being held 5-6 May, this section will be expanded to discuss the extent and quality of disability and gender inclusion in DRR policies.

Methodology

The following methodology was adopted to conduct the literature review (Figure 1).

Step 1: The first step was to conduct desk review of the most updated national DRR policies in Asia and the Pacific available online in English. The guiding question for this action is “does a government have either one or any of national disaster management law, policy, strategy, action plan?”.

Step 2: The second step was to identify references to disability or persons with disabilities in their available online national DRR policies. The guiding question at this step is “Is disability or persons with disabilities mentioned in national disaster law, policy, strategy, and action plan?”

Score 1 was given to those available online DRR policies with disability reference and score 0 for lack of disability reference.

Step 3: The third step was to identify references to gender in their available online national DRR policies. The guiding question at this step is “Is gender mentioned in national disaster law, policy, strategy, and action plan?”

Score 1 was given to those available online DRR policies with gender reference and score 0 for lack of gender reference.

Step 4: The last step was to identify both disability and gender reference in the government’s available online national DRR policies. The guiding question at this step is “Is disability and gender mentioned in national disaster law, policy, strategy, and action plan?”

Score 1 was given to those available online DRR policies with disability and gender reference and score 0 for lack of disability and gender reference.
Figure 1: Process of disability and gender identification in online DRR policies

Key Findings:
The following sections state the preliminary and key findings of each step.

Findings step 1:
There were a total of 35 different DRR policies including seven DRR disaster management acts/laws, two national policies for disaster risk reduction, ten strategies, and sixteen national disaster management plans have been found in Asia and the Pacific (Table 2)

Table 2: Total Available different online DRR Policies in Asia and the Pacific

<table>
<thead>
<tr>
<th>Total number of disaster management act/law</th>
<th>Total number of national policies for disaster risk reduction</th>
<th>Total number of disaster risk strategy</th>
<th>Total number of national disaster management action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>2</td>
<td>10</td>
<td>16</td>
</tr>
</tbody>
</table>

The national disaster management plan is the most prevalent type of DRR policy in Asia and the Pacific. The analysis was further disaggregated by ESCAP subregions to understand the potential similarities and overlaps in the subregions that could potentially support subregional cooperation mechanisms on DiDRR.

The distribution of 35 online DRR policies indicates that South and South West Asia and South East Asia are two subregions where all types of online DRR policies are available (Table 3).

Table 3: Distribution of Online DRR policies in the Asia Subregion

<table>
<thead>
<tr>
<th>Subregion</th>
<th>Disaster Management act/law</th>
<th>National policy for Disaster Risk Reduction</th>
<th>Strategy</th>
<th>National Disaster Management Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSWA</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>NCA</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>ENEA</td>
<td>2</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>SEA</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>The Pacific</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>
Findings Step 2:

There are 3 out of 35 government’s online DRR policies which have disability inclusion references. These governments are Sri Lanka (National disaster management plan) from SSWA, the Republic of Korea (Disaster management act/law) from ENEA, and Vanuatu (National disaster management plan) from the Pacific which scored 1 in figures.

Findings Step 3:

There are 6 out of 35 government’s online DRR policies which have gender inclusion references. These governments are Afghanistan (National disaster management plan) and Maldives (Strategy) from SSWA, Timor-Leste (National policy for disaster risk reduction) from SEA, Palau (Strategy), Solomon Islands (National disaster management plan), and Tuvalu (National disaster management plan) from the Pacific which scored 2 in figures.

Findings Step 4:

An overview of disability and gender-inclusive references in four types of online DRR policies in Asia and the Pacific are illustrated in Figures (2, 3, 4, 5 and 6).

There are 23 out of 35 government’s online DRR policies which have disability and gender inclusion references.

SSWA: Afghanistan (Strategy), Bangladesh (National disaster management plan), Bhutan (Disaster management act/law), India (Disaster management act/law), Nepal (National policy for disaster risk reduction & National disaster management plan)

NCA: Georgia (Strategy)

ENEA: Japan (Disaster management act/law & National disaster management plan)

SEA: Cambodia (Disaster management act/law & National disaster management plan), Indonesia (Disaster management act /law), Lao People’s Democratic Republic (Disaster management act /law), Myanmar (Strategy), Viet Nam (Strategy), Philippines (National disaster management plan), and Thailand (National disaster management plan)

The Pacific: American Samoa (National disaster management plan), Guam (National disaster management plan), Kiribati (Strategy), Micronesia (Federated States of) (National disaster management plan), Nauru (National disaster management plan), New Zealand (Strategy), Samoa (National disaster management plan) and Tonga (National disaster management plan)

Japan, Cambodia, and Nepal are three governments where disability and gender inclusion references have been mentioned in two different types of online DRR policies.
Figure 2: Overview of Disability and Gender-inclusive References in Online DRR Policies - SSWA

Figure 3: Overview of Disability and Gender-inclusive References in Online DRR Policies – NCA
Figure 4: Overview of Disability and Gender-inclusive References in Online DRR Policies – ENEA

Figure 5: Overview of Disability and Gender-inclusive References in Online DRR Policies – SEA
The initial review shows that few countries in Asia and the Pacific incorporate DiDRR into disaster management laws. Countries with specific DiDRR laws include Bhutan, Cambodia, India, Indonesia, Japan, and Lao PDR.

3.2 Overview and summary of key findings on institutional mechanisms in disaster risk reduction, disability, and gender

DiDRR and gender responsive DRR requires a set of good policies. At the same time, effective government institutional mechanisms can bring about successful open and policy development and implementation. Institutional mechanisms could be in different forms including focal point or unit within government ministries, or inter-ministerial coordination committee or other specialized unit or organ governed by relevant government entities. In the context of DiDRR, it is ideal for a government to have inter-ministerial policy coordination mechanism to have coordinated policy actions among different government entities which develop and implement DiDRR and to engage stakeholders, particularly representatives of persons with disabilities.

ESCAP conducted a literature review of existing government focal points on disasters, disability, and gender. The key findings are shared below. After the organization of the Regional Consultation, this section will be expanded to discuss overview of the existence of DiDRR multi-ministerial coordination mechanisms and other possible mechanisms.

Integrating disability-inclusive and gender-responsive requires an effective and strong DRR, disability, and gender institutional mechanism. It facilitates disability and gender mainstreaming into the DRR and supports implementation by efficient national collaboration with different social sectors.
Further details of DRR, disability, and gender institutional mechanism are attached in the Annex 2 and Annex 3.

**DRR Mechanism:** There are different prevalent models which have been used by countries/governments for regulating DRR in Asia and the Pacific which are list as below.

1. **South and southwest Asia (SSWA):** Focal point ministry and National Disaster Management Authority models are being used in the South and Southwest Asia region.
2. **North – Central Asia (NCA):** Focal points ministry is the only model which is running DRR in North – Central Asia.
3. **South–East Asia (SEA):** Focal point ministry and National Disaster Management Agency/state committee and Central Disaster Management Council (Cabinet Office) are three prevalent models in South–East Asia.
4. **East and North-East Asia (ENEA):** Focal points ministry, National Agency/State Committee, and Central Disaster Management Council (Cabinet Office) are three common models which are conducting DRR in East and North-East Asia.
5. **The Pacific:** Focal points ministry, National Disaster Management Office, and Government collaboration are three favorable models which are responsible for DRR in the Pacific.

**Disability and Gender Mechanism:**

Implementation of DiDRR requires synergy and effective collaboration amongst different stakeholders. Disability ministry/entities and Gender ministry are the main stakeholders along with DRR ministries/units. This section indicates disability and gender institutional layouts in Asia and the Pacific.

**Disability Mechanism:** There are a few models which have been used by countries/governments for regulating disability in Asia and the Pacific which are included below:

1. **South and southwest Asia (SSWA):** Focal point ministry is the only model which is responsible for disability in this region.
2. **North – Central Asia (NCA):** Focal points ministry is the only model which is leading disability in this region.
3. **East and North-East Asia (ENEA):** Focal points ministry, Department of China Disabled Person Federation, and Bureau for Promoting the Welfare of Person with Disabilities are three prevalent models for disability and East and North-East Asia.

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50 Ministries responsible for DRR in SSWA region are included ministry of Home Affairs/Interior, Ministry of Disaster Management, Ministry of Defense.
51 Ministries responsible for DRR in NCA region are Ministry of Defense and Ministry of Home Affairs.
52 Ministries responsible for DRR in SEA region are Ministry of Home Affairs, Ministry of Labor and Social Welfare, Ministry of Environment, Ministry of Defense.
53 Ministries responsible for DRR in ENEA region are Ministry of Defense, Ministry of Home Affairs.
55 Collaboration of New Caledonia government with Australian government to regulate DRR in New Caledonia.
56 Ministries responsible for disability in SSWA are Ministry of Labor and Social Welfare, Ministry of Health and Ministry of Gender and Family.
57 Ministry responsible for disability in NCA is Ministry of Labor and Social Welfare.
58 Ministries responsible for disability in ENEA region are Ministry of Health and Ministry of Labor and Social Welfare.
4. **South–East Asia (SEA):** Focal points ministry \(^{59}\) is the only model which has been selected by countries for disability in the SEA region.

5. **The Pacific:** Focal points ministry \(^{60}\), Department of Integrated Service for Individuals with Disabilities are two common models for disability in the Pacific.

**Gender Mechanism:** Government preferred and prevalent models for implementing gender in Asia and the Pacific are included below:

1. **South and southwest Asia (SSWA):** Focal points ministry \(^{61}\), National Commission for Women and Children, and Center of Women and Family Affairs are three common models for gender in South and South–West Asia.

2. **North – Central Asia (NCA):** Focal points ministry \(^{62}\), National Commission / The state Committee for Family, women, and Children are two common models for gender in North – Central Asia.

3. **East and North-East Asia (ENEA):** Focal points ministry \(^{63}\) , National working committee on children and women, gender and equality bureau are three prevalent models which are guiding gender in the ENEA region.

4. **South–East Asia (SEA):** Focal points ministry \(^{64}\) and Women’s Union are two preferred models for gender in South–East Asia.

5. **The Pacific:** Focal points ministry \(^{65}\), Government Office for Women, and The Bureau of Women’s Affairs are three common models for conducting gender in the Pacific.

**Disability and Gender Interlink:** institutional setup of disability and gender indicates overlap amongst them in some countries which have indicated as below:

1. **South and southwest Asia (SSWA):** Ministry of Gender and Family is responsible for disability and gender in Turkey, Nepal, and the Maldives.


3. **East and North-East Asia (ENEA):** Ministry of Labor and Social Welfare is responsible for disability and gender in Macao (China), Hong Kong (China), and Mongolia.

4. **South–East Asia (SEA):** Ministry of Labor and Social Welfare is responsible for disability and gender in Viet Nam, Thailand, and Singapore, and the Ministry of Gender and Family is driving disability and gender in Malaysia.

5. **The Pacific:** Ministry of Gender and Family is driving disability and gender in American Samoa and Samoa.

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\(^{59}\) Ministries responsible for disability in SEA region are Ministry of Culture/ Education, Youth and Sports, Ministry of Labor and Social Welfare, Ministry of Gender and Family.

\(^{60}\) Ministries responsible for disability in The Pacific region are Ministry of Gender and Family, Ministry of Labor and Social Welfare, Ministry of Home Affairs, Ministry of Environment, Ministry of Health, Ministry of Community.

\(^{61}\) Ministry responsible for gender in SSWA region is Ministry of Gender and Family.

\(^{62}\) Ministries responsible for gender in NCA region are Ministry of Home Affairs, Ministry of Labor and Social Welfare and Ministry of Justice.

\(^{63}\) Ministries responsible for gender in ENEA region are Ministry of Labor and Social Welfare and Ministry of Gender and Family.

\(^{64}\) Ministries responsible for gender in SEA region are Ministry of Culture/ Education, Youth and Sports, Ministry of Labor and Social Welfare, Ministry of Gender and Family, Ministry of Home Affairs.

\(^{65}\) Ministries responsible for gender in the pacific region are Ministry of Gender and Family, Ministry of Home Affairs, Ministry of Health, Ministry of Community.
Ministry of Community is conducting disability and gender in Palau, Papua New Guinea, and Vanuatu. Ministry of Home Affairs is guiding disability and Gender in Cook Island and Nauru.

Summary:

According to the findings, the institutional mechanism of DRR in Asia and the Pacific is varied across the region however there are some similarities within each region. The common model used throughout Asia and the Pacific region is the “focal point ministry” model on DRR. however different ministries are responsible and implement DRR in each and within the region.

Disability and gender mechanisms also are varied across Asia and the Pacific while there are some overlaps amongst each region. According to the findings, there are several models that governments have selected for disability, gender and interlink between gender and disability focal points in Asia and the Pacific. In addition, it is widely recognized that lack of a responsible focal point/unit/ministry for DiDRR which is responsible for and conducting disability and gender in disaster in Asia and the Pacific based on analysis.

Chapter 4 Challenges in DiDRR Implementation: A summary of results from informal consultations with stakeholders

While policies and institutional mechanisms are in place, unless the implementation is not done effectively, DiDRR will not be able to advance, and persons with disabilities will continue to be left alone at all stages of disaster risk management.

ESCAP conducted informal consultations with stakeholders from six countries and agencies, including persons with disabilities and DiDRR practitioners.66 A summary of the key issues in implementation of DiDRR emerging from the consultations are provided below.

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66 Please see the Annex II for further details.
4.1 A summary of implementation gaps in Asia and the Pacific

1) Skewed understanding of disability by Governments: lack of fundamental knowledge

Almost all the participants in the informal stakeholder consultations mentioned that changing mindset of the government on disability was the first step to advance the implementation of DiDRR.

According to them, most government schemes for assisting persons with disabilities have their roots in their conscious or unconscious belief in persons with disabilities merely as objects of charity-based social welfare services, and eternally beings on inability.

Therefore, they do not think that persons with disabilities could be equal fellow citizens and agents of change in making all stages of DRR more inclusive, and they have capacities, resources, and voices. They believe that most of them are only victims of disasters.

This mindset narrows down a scope of “DiDRR” activities undertaken by governments. Some activities conducted under the title of disability inclusion may not facilitate the meaningful participation of persons with disabilities, which will be discussed later in this section. Also, consultations with communities through organizing focus group discussions and receiving feedback utilizing grievance mechanisms, are not conducted in accessible formats, and persons with hearing, psychosocial or intellectual disabilities are not supported to understand or participate in them. Similarly, a training course that invites persons with disabilities may not consider an accessible venue, training materials, and involving knowledgeable disability-inclusive trainers.

This point was highlighted in a study by Handicap International in 2015 that 92 per cent of humanitarian actors think that persons with disabilities are not adequately considered in humanitarian response and are

<table>
<thead>
<tr>
<th>Areas of concern</th>
<th>List of implementation gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>1) Disability is rarely addressed in DRR policy.</td>
</tr>
<tr>
<td></td>
<td>2) DiDRR are not incorporated into disaster risk management system in many countries.</td>
</tr>
<tr>
<td>Technical capacity</td>
<td>3) Insufficient capacities of DRR policy makers to mainstream gender-equality and social inclusivity in to DRR policies and implementation.</td>
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<td></td>
<td>4) Lack of understanding of the root causes of vulnerability.</td>
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<td>5) Lack of systematic data disaggregation by disability in national information systems on DRR.</td>
</tr>
<tr>
<td>Commitment</td>
<td>6) Lack of application of guiding principles for DiDRR into practice while tools to learn the principles are available.</td>
</tr>
<tr>
<td></td>
<td>7) Only committed individuals work on DiDRR. Thus, DiDRR is not imbedded in the system of DRR.</td>
</tr>
<tr>
<td>Budget:</td>
<td>8) Lack of budget committed by government for DiDRR implementation.</td>
</tr>
<tr>
<td></td>
<td>9) lack of investment in ensuring accessibility for persons with disabilities.</td>
</tr>
<tr>
<td>Coordination</td>
<td>10) Lack of coordination among different ministries and stakeholders</td>
</tr>
<tr>
<td></td>
<td>11) Lack of engagement of persons with disabilities.</td>
</tr>
</tbody>
</table>
often considered only recipients of aid and not as actors in the response. Failure to understand the context of disability puts persons with disabilities in more vulnerable positions. For example, in humanitarian contexts, women and girls with disabilities are particularly at risk of exploitation and violence, including gender-based violence (GBV) and sexual abuse. They will also experience more barriers to accessing support and services. Revisiting misconceptions, removing, and enhancing understanding of disability are first step for the government and stakeholders to create enabling environment for DiDRR.

2) Lack of evidence-based law, policy, strategy, action plan and implementation manuals that mandate and motivate specific actions to expedite DiDRR actions

All participants of the informal stakeholder consultations agreed that there was no effective and clear law with its provisions mandating specific actions of DiDRR by government officials. Therefore, references to disability as one of “vulnerable groups” affected by disasters might be made in law, but with no detailed actions mandated by specific actors, law remain as a book on a bookshelf.

Furthermore, lack of multiple approaches in policy was also pointed out as a challenge. Some governments do not have disability addressed in DRR law but has national plan for disaster management specially for persons with disabilities such as Thailand. Some government may not have DiDRR laws but have a law on accessibility separately; result in having accessible infrastructure for normal and disaster time. DiDRR requires a implementation plan that incorporated DiDRR objects of DiDRR, technical expertise, inclusive collaboration mechanism, budget for DiDRR mainstreaming as well as monitoring and evaluation system will ensure implementation of DiDRR. However, many governments do not have such action plan.

Moreover, some participants stated that there were no evidence—based policy frameworks reflecting results of research or survey collecting and analyzing experiences of persons with disabilities.

Many participants stated that there was a general guideline on DiDRR but no specific operational manuals covering specific needs held by persons with different types of disabilities. This lack leads to the lack of support system for persons with disabilities in disaster situations, inaccessible warning systems, inaccessible shelters, and no involvement of persons with disabilities in the disaster management committee.

3) Traditional budget management, limited budget allocated for DiDRR.

Participants reported that while there was a budget for disaster preparedness in general, there were no specific budget allocated to DiDRR. Generally, budget formulation is based on programmes or activities related to the mandate of policies and DRR focal point entities for general population and based on the amount received in the previous year. Therefore, if DiDRR budget was not allocated in the first place, it tends not to be created unless there is a mandate or order from the top management.

Furthermore, government entities generally operate within a limited budget and strictly focus on their prioritized mandates. In most of the cases, disaster focal point is at the DRR ministry or agency while disability focal point is at social development related ministry or agency. Therefore, it tends to be that neither of them initiates budget actions on DiDRR.

Moreover, disaster budgets generally focus more on relief and recovery such as rescue truck, helicopter, fire equipment rather than risk reduction and resilience building such as accessible shelters. Even in

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68 Dhaka Decoration, 2015+1 Adopted at the Dhaka Conference 2018 on Disability and Disaster Risk Management Dhaka, Bangladesh, May 15 - 17, 201
situations where DiDRR budget is allocated, the investments tend to focus on constructing physical infrastructure. Therefore, the budget for preparedness at a level tends not be prioritized. This is because disaster prevention and mitigation department roots in civil defense background. Although they change the name of entity, but the process has not changed and still focused on response.

4) Siloed approaches with a lack of inter-ministerial and multi-sectoral collaboration

In many countries, disability and disaster are two different domains with different responsible government agencies or ministries. Furthermore, each ministry has a different mandate, priorities, mission, and plan. Each government entity reports to its own higher management and works with their own approved budget allocation. Many informal consultations stakeholders agreed that, while disaster ministry had an action plan for general population, there was no specific DRR plan for persons with disabilities.

In contrast, disability focal point ministry has many projects and programs for persons with disability but often has not been successful in including disability-perspective in disaster management. It is because their organization mandate does not integrated disaster management. An organization strategy might address support for persons with disabilities in education, employment, and livelihood but no specific address for the support of persons with disabilities in disaster situation.

Therefore, when persons with disabilities are affected by disasters, no ministry takes effective actions. Or at normal times, no effective preparedness is undertaken for persons with disabilities.

Without effective collaboration mechanism between ministries, there is no accessible information, service and infrastructure, which are fundamentally important for advancing DiDRR.

5) Absence of DiDRR focal point to coordination budget driven actions among ministries and community stakeholders

The coordination mechanism continues to be a challenge.

Apart from the lack of effective inter-ministerial mechanism that can drive for DiDRR integration, many participants from different countries mentioned the lack of disability focal point in disaster and other ministries and government entities. There is also a lack of DiDRR focal point in disability government entities who can collaborate and communicate among stakeholders closely.

Furthermore, in most cases, disability and disaster are in different ministries, therefore requiring synergies for DiDRR which can be achieved through developing an overarching focal point to link the two sectors. Many countries have both disability focal points and DRR focal points but there are no DiDRR focal points who can facilitate implementation across sectors.

Moreover, in some cases, task force on DiDRR might be created. But without strong mandates and decision-making power backed by budget, real action does not materialize.

6) Lack of meaningful participation of persons with disabilities

DiDRR requires meaningful participation of persons with disabilities at all levels of disaster risk governance, which is an application of the right-based approach to the planning, implementation, monitoring and evaluation.

One of the participants in the consultation meeting mentioned that bringing up the voice of persons with disabilities into government level at decision making table is very difficult. It is often the case, that persons with disabilities are invited to a consultation meeting one or two times for them to address needs, but they do not know if their needs were reflected in policy and its implementation. Some of the participants mentioned that there is rare evidence of the use of collect experience and knowledge on
disability in policy framing. Also, persons with disabilities are not invited to join a community-based disaster risk management (CBDRM) planning.

Furthermore, diverse needs of persons with different disabilities might not be addressed in discussions with government DRR officials as only limited types of persons with disabilities are invited to those meetings.

Another participant stated that the voice of organization of persons with disabilities are not strong enough. This might be owing to the lack of trust from the organization of persons with disabilities to government because persons with disabilities feel that they have been treated badly by society and government.

At all national level, representatives of disability community must be included in a national policy coordination committee on DRR to ensure decision making and budget allocation being disability inclusive. Participants from the Philippines mentioned that in the local administration where a person with disability is appointed as a committee members, there are DiDRR projects, while there is none in the local government which does not include persons with disabilities as committee members.

Lacking meaningful participation of persons with disabilities manifest in different ways. In some countries, there are so-called “DiDRR” plans in documents, but the way projects are executed is not inclusive. Participants stated that it seemed that the government officers tried to conduct a “business as usual” way, and only invite “usual suspects”, namely organizations which might not have knowledge on DiDRR to their onetime event. Moreover, even when persons with disabilities are invited to some meetings, no accessible toilet for persons with disability, no budget to hire sign language interpreter, no budget provided to support care givers who have to be with persons with disabilities.

One participant mentioned a good practice involvement of persons with disabilities in Thailand where training sessions arranged for fire rescue officers to interact with persons with disabilities to developing a personal evacuation plan. Persons with disabilities were guided to think about their own risks, vulnerability and their capacity to escape danger to safe place instead of waiting for external help which may not come on time. The exchange of information between the fire rescue officers and persons with disabilities not only created awareness for persons with disabilities about the challenges that they could face in emergency situation, but also served as eye opener for the fire rescue officers to understand vulnerability of persons with disabilities in disaster emergency. Following up from that particular training, the participant who are disabled persons reported that they went back to conduct risk assessment at their home and identified alternate escape routes for emergency evacuation. Some disseminated knowledge to disabled fellows in their communities, while some started to participate in community planning to ensure that evacuation plan of the community include the needs of persons with disabilities.

Another example is from Japan where a group of psychosocial disability developed their own emergency plan and kept practicing the drill in every season in every year. When Tsunami hit the community, they were the first group who evacuate and helped guiding other people as well.

Such practices rarely exist.

7) Lack of empowerment of persons with disabilities

Several participants addressed their concerns that there is also a lack of empowerment of persons with disabilities. Another participant commented that persons with disabilities might be afraid of voicing their concerns because they think that society look down upon them which cause persons with disabilities to consider themselves as being inferior to others. Some persons with disabilities might be so insecure about themselves. Therefore, even when they are invited to be represent this DRR activities, they would reject.
Consultation participants stated that capacity-building programme for persons with disability is nearly non-existent. Available programmes focusing on emergency response and risk assessments for persons with disability is rare. Even though persons with disabilities might live in a poor area, with exposure to disaster risks, they are not informed of the risks. If persons with disabilities are trained and knowledgeable on DiDRR, they would be active participants in DRR and contribute to better DRR system for the countries. This will fulfil the goal of Sendai Framework to create resilience society for all.

Consultation participants noted that persons with disability were often one of the most invisible stakeholders to society due to the lack of accessible infrastructure, and social exclusion, therefore, most of them are not seen in public areas. They are invisible because it is quite a challenge for persons with disabilities to demonstrate to the public. Moreover, the organizations of persons with disabilities are mostly confined within their network. Some participants stated that organizations of persons with disabilities often had limited opportunities to interact with disaster management organizations.

Moreover, the concern about disaster risk reduction among persons with disabilities or organizations with disabilities is not that serious. Most of the activities they are focusing on are social inclusion, education, employment and livelihood because these areas are the areas of immediate needs which affect them on daily basis while disability preparedness should be everyday business.

The gaps in DiDRR stemming from both the disability and the disaster stakeholders result in unmet needs and necessary services in the time of disasters.

Chapter 5 Good Practices in Disability Inclusive Disaster Risk Reduction

To overcome policy and implementation gaps, review of good practices is important as they can be inspiring breakthroughs for DiDRR policy development and implementation. This chapter introduces good practices from various countries, which could be reviewed, contextualized, and replicated, however, it should be noted that DiDRR should not remain at a project basis but should be mainstreamed as part of national and local policies in disaster risk reduction. Additional good practices will be included in this chapter after the discussions at the Regional Consultation.

5.1 Collaboration among organizations of persons with disabilities, municipal governments, and the national government in Japan

Before the World Conference on Disaster Risk Reduction held in Sendai, Japan, Japan had already included considerations for persons with disabilities in its 2013 revised Basic Act on Disaster Management (focal point: Cabinet Secretariat). The law recognizes persons with disabilities as part of “persons requiring special care,” together with older persons, infants, and others. The law states that the mayor of a municipality must endeavor to grasp the persons who will have difficulty evacuating by themselves and need support when a disaster has occurred or is likely to occur and must prepare lists of such people. The lists will include information on measures to be taken by the State and local governments in advance as the basis for support. The municipal governments must ensure confidentiality of information enlisted. The 2013 revised Cabinet Order for Enforcement of the Basic Act on Disaster Management states that facilities at the designated shelters including necessary residential facilities should be able to be used smoothly by persons with disabilities, and systems should be prepared to enable them to consult or receive advice or any other support when a disaster occurs.

However, participation of persons with disabilities or organizations of persons with disabilities in DRR policy and plan making and implementation still requires a large amount of scale up. Further, there is

69 https://www.bousai.go.jp/taisaku/ minaoshi/ kihonhou_01.html
increasing advocacy to transform the position of persons with disabilities from vulnerable support receivers, i.e. “persons requiring special care” to proactive contributors.

Some municipalities such as Ota city, Tokyo, have spearheaded innovative measures of inclusion based on the advocacy and leadership of organizations of persons with mental health conditions or psychosocial disabilities, and come up with regular meetings with organizations of persons with disabilities, city council members, municipality policy makers, academia, local practitioners, and other key stakeholders.

5.2 Empowering organization of persons with disabilities on DiDRR in Thailand

At the operational level, to remove barriers for persons with disabilities, the disaster risk reduction stakeholders need to understand the barriers. Those who are in the best position to identify the environment, institutional and attitudinal barriers are persons with disabilities, not the policymakers nor the disaster risk reduction actors. Therefore, persons with disabilities need to be empowered through capacity building on disaster risk reduction and disaster management system in order to understand the intersect between disaster and disabilities.

One example of the empowerment of OPD to be a contributor to DRR is in Pathum Thani province. The Pathumthani Independent Living Group consisted of 300 wheelchair users. Their office received financial support from private sector. The Pathumthani province of Thailand faced severe flood from time to time. After the flood disaster in 2011, they had opportunity to attend Inclusive community-based disaster risk management (CBDRM) and DiDRR training courses.

After involvement in training as participants and trainers for two years, they were able to write up an evacuation plan for the community. They proposed the plan to the municipality and a temple in the neighboring area to altered it into an evacuation center for around 100 members with physical disabilities of the Independent Living. These members living in flood area are mapped and registered for this evacuation center. After consultation and meetings with government stakeholders, community, and the abbot of the temple, they received support from the Mayor of Pathumthani City and the Abbot. The Independent Living Group stared fund raising for installing accessible infrastructure through religious charity activities. Within one year, they were able to collect enough money to build accessible toilets, concrete pavement and ramps in the temple buildings where they agreed to use as flood shelter. In the normal time when there is no flood, this infrastructure also benefits others, especially the elderly. The family with members who use wheelchair can bring their older members to the temple without difficulties. Both persons with disabilities and the elderly were happy to be able to use these accessible infrastructures. Everyone who goes to the temple appreciate the effort of this group of persons with disabilities. It is a humane way to break down attitudinal barriers on disability stigma.

In addition, some of the Independent Living group members completed DiDRR trainer certificates. They developed training proposal on emergency response training for disability volunteers. The group were able to secure funding from Provincial Red Cross and trained 300 volunteers from schools and communities in the area to ensure that if flood happened again, their members would receive help and evacuated safely to the designated shelter. Their contribution is acknowledged by the Provincial Governor, Mayor and community members.

With funding from Global Resilience Partnership program, they cooperated with military unit in Pathumthani and developed a video clip on how to lifting and moving wheelchair users from bed to evacuation vehicle, up and down the staircases and around the shelters. The video is distributed to private rescue organizations and the military.70

70 Parichatt Krongkant, (2017) Disability and Disasters: Empowering people and building resilience to risk, Global Resilience Partnership
5.3 Persons with disabilities as strong force for inclusive local government action in Philippines

In the Philippines, the National Council on Disability Affairs has established DiDRR programmes which all local government units are required to implement. These programmes include capacity building for key stakeholders, participatory capacity vulnerability assessment, psychosocial support for persons with disabilities and their families, and the development of local inclusive rehabilitation and reconstruction plans. Driven by institutional framework and frequent and intense hazards, the local government, NGOs, and Organizations of Persons with Disabilities work closely\(^{71}\).

The local initiatives of Cordova government in Cebu, Philippines has shown a good example of a local government unit that communicates well with other key stakeholders and includes persons with disabilities as a committee member of the government. The factor of success includes disability awareness, leadership buy-in and an ingrained cultural mindset that values diversity and adoption of intersectional approaches. Cordova local government unit continuously work with persons with disabilities and ensure the protection of women and girls with disabilities during disasters and the pandemic. The main driver for this partnership is leadership of a woman with disability, Ms. Corazon Clarin. best known for her moniker "Ate or Ms. Cora" currently leads the team of inclusive DRR trainers of the Cebu DiDRR Network organized in 2015.

Ms. Clarin is an advocate of disability rights who has positions both in the public government and in various socio-civic organizations. She shifts perspectives of the public towards persons with disabilities – that they are not always needing help and they have valuable contributions to making themselves, their families, and communities prepared and safe in the event of an emergency. Making persons with disability visible to public stakeholder and empower them to participate fully and equally in society, articulate their own voices, and most of all, become their own spokesperson\(^{72}\).

5.4 Turning the vulnerable to the enable through inclusive learning process in Japan

Bethel's House is a self-help group for users and survivors of psychiatry in Urakawa, Hokkaido, northern part of Japan. The members of Bethel's house are more than 100 persons with schizophrenia, depression and addiction of alcoholic and/or drug. Urakawa has been suffered from strong earthquakes every ten years. Bethel's House has been struggled for disaster preparation in cooperation with National Rehabilitation Center for Persons with Disability (NRCD) and a town administration since 2003. Members of Urakawa Bethel’s House are living in the community in Urakawa. With assistance from research team, the members of the Bethel’s House developed inclusive evacuation manual in DAISY format and have been conducting regular Tsunami evacuation training 4 times per year, summer and winter, and daytime as well as evening in each season at each group home\(^{73}\).

On March 11, 2011, the Urakawa Bethel served as role model of evacuation in the community. There were no casualties in Urakawa despite 2.7 meter of Tsunami waves. This good practice serves as a story about changing mindset on turning those who are vulnerable at disaster to an asset that contribute to survival of community. It requires inclusive policy at all levels to empower persons with disabilities and provide accessibility to facilitate their learning and evacuation drill.

It is important that parsons with psychiatric disabilities knows safe evacuation point, evacuation route, how to evacuate, and the character of the disaster around Urakawa before big quake happen. Disaster

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\(^{71}\) Takashi Izutsu (2019) Disability-inclusive disaster risk reduction and humanitarian action: an urgent global imperative

\(^{72}\) Cebu Disability - Inclusive Disaster Risk Reduction Network (2021)

\(^{73}\) Hiroshi Kawamura: A Paradigm shift of knowledge sharing infrastructure for persons with disabilities and wider community in developing countries
Preparedness is crucial for anybody living regardless of whether he/she has suffering or disabilities to secure the life in Urakawa town.

5.5 Viet Nam: Government Collaborative Funding on DiDRR

A community-based disaster prevention model for persons with disabilities was operated and contributed to the Government Roadmap on Community-based Disaster Risk Management and the 5-year economic development plans in Viet Nam. The DiDRR project on Disability Inclusive Disaster Risk Reduction and Income Diversification for ethnic minorities, persons with disability and other vulnerable people in Central Highland of Vietnam was designed by CBM in collaboration with National Institute of Agricultural Planning & Projection (NIAPP) Ministry of Agriculture and Rural Development (MARD), and Kon Tum Association for the Support of Disabilities and Orphans (KASDO). The Government of Viet Nam contributed 3% of project budget and mandated the NIAPP’s international collaboration unit to fully engage in the project. At implementation, local government officers are project implementors. It is an example of integration of Disability Inclusion in livelihood models.

The overall goal of the project is “to increase disaster resilience of ethnic minorities in Viet Nam”. The long-term outcome of project is “Good practice of Disability Inclusive DRR and diversified income for ethnic minority in Central Highland of Viet Nam is implemented by local government and communities and promoted nationally”. Typical models have been selected and deployed, including value chain livelihood models owned by people with disabilities, shelter housing models that ensure access for people with disabilities, and prevention control committee models, disaster prevention with the participation of members who are people with disabilities. Since then, public works are disability-friendly, providing livelihoods for thousands of people with disabilities and their families, but also contribute to fundamentally changing an ingrained perception that "people with disabilities disabled can do nothing in disaster".

The project has brought positive changes to the target groups of the project as well as the local community. Disability inclusion and disaster risk reduction have been integrated in targeted programs as well as local socio-economic development plans (SEDP). People with disabilities participating in the project have changed markedly; they are more confident and actively participate in project activities and other local community activities. They are happy because the local government and the community have also changed their perspectives on people with disabilities, so they have a better voice in the community. Local communities in project communes / wards have a better view of people with disabilities, recognizing the capacity of people with disabilities to participate in community activities. At the central level, the approach to integration of people with disabilities has been adopted in the government's program.

Chapter 6 Recommendations and Conclusion

This paper discusses the key components, value and benefits of DiDRR, as well as overview of policy and institutional mechanisms related to the topic, DiDRR implementation gaps and good practices.

While further discussion and data collection and information gathering might be necessary, the discussions here reveal that much needs to be done in putting DiDRR into practice.

A set of recommendations for governments and organizations of persons with disabilities and other stakeholders are listed below as ways forward for further discussion.

1. Paradigm shift of the perception of DiDRR
Changing mindset on disability and promoting paradigm shift from a charity-based and ableism approach to disability, amongst DRR and disability policy makers and other stakeholders involved in DiDRR. For this to happen, provision of training by persons with disabilities such as the Disability Equality Training (DET) for DRR policy makers might be useful.

2. Leadership and commitment at the highest level of DRR focal point entity
   Leadership and commitment at the highest level of DRR focal point entity can lead DRR policy makers to break away from “business as usual” and “silied approach” to their work, to active engagement in policy and operational actions on DiDRR.

3. Policy frameworks with provisions mandating detailed actions, backed by budget
   Government policy frameworks, consisting of law, policy, strategy, action plans and operational manuals, need to address value of DiDRR for wider population, mandate specific actions to be taken by DRR professionals at all levels of governments, mandate meaningful involvement of persons with diverse disabilities at all decision-making processes concerning all phases of disaster risk reduction. Actions mandated by any of the policy frameworks need to be backed up sustained budget.

4. Technical capacity and knowledge enhancement for DRR policy makers and others
   DRR policymakers need to understand the implications of DiDRR to mainstream the disability-inclusive principles into the existing DRR policies and ensure that it is well understood of policy transfer from national officers to the community levels. There is also a missing link from the national to sub-national level. The policy transfer should be equipped with the necessary technical resources, operation toolkit, management advice and budget. As DiDRR concept must be well understood in detail, a capacity building program targeting at implementation level staff should be provided. As mentioned in the point one, provision of disability equality training (DET) would be useful.

   Moreover, as collection and utilization of sex, age and disability disaggregated data (SADD) is important in disaster statistics, technical capacity enhancement of statistics officials would be helpful.

5. Establishment of DiDRR focal point, and DiDRR inter-ministerial and multi-sectoral coordination committee backed by sustained budget
   There should be DiDRR focal point situated within main DRR policy makers operational section or unit at all levels of a government, who can liaise with organizations of persons with disabilities and other ministries such as disability focal point ministry, to develop and implement DiDRR policy frameworks. Furthermore, an inter-ministerial and multi-sectoral coordination committee on DiDRR should be established with decision making powers attached to contribute to policy change and implementation. Work of the focal point and the coordination committee should be backed up by sustained budget to create desired outcomes, which often takes time. The coordination committee should involve organizations of persons with disabilities and other civil society actors.

6. Promotion of meaningful participation of persons with disabilities
   As underpinned by all international and regional instruments on disability and disaster risk reduction, participation of persons with disabilities in all relevant decision-making processes is a must. The participation should be meaningful enough to enable persons with disabilities to involve in government decision making processes not on ad-hoc basis but on sustainable basis. Community-based disaster risk management facilitator should be aware of people-center, right-based approach to accommodate the interests and concerns from persons with disabilities in order to achieve equal participation.

   Guidelines on consultation with persons with disabilities could be useful.
Moreover, to enable this type of participation, organizations of persons with disabilities and individual persons with disabilities need empowerment training to engage in policy dialogue and their and knowledge enhancement regarding DiDRR.

7. Disability-inclusive budgeting
   In general, disability-inclusive budgeting should be considered by any government entities policy and programe planning process, but in this context by DRR policy makers. Such budgeting enables promotion of accessible infrastructure, information and services which are helpful for persons with disabilities at all stages of DRR. Inclusive budgeting can also include costs for providing reasonable accommodations, and providing specialized non-food items (NFIs), assistive devices, mobility equipment and accessible communications. Flexibility in covering transportation and other incidental costs for persons with disabilities to participate in government decision making opportunities enable their sustained involvement.

8. Universal design-based accessibility
   Universal design-based accessibility should be ensured for facilities, roads, transportation, information on TV, SNS and communication services to enable meaningful participation of persons with disabilities at community level in disaster preparedness, risk assessment, prevention, evacuation, recovery and “build back better” processes. This will benefit not only persons with disabilities but also older persons, families with infants and young children, pregnant ladies, persons with different linguistic and intellectual backgrounds.

9. Research and data collection
   It is important for Government DRR focal point entities to collect data and experiences of persons with disabilities in disasters, and analyze root causes of issues and problems, which would be critical to identifying policy solutions.
Annexes

Annex 1: List of organizations for ESCAP Informal Consultation Meetings

<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>Date of consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>University of Sydney</td>
<td>25 Feb 2022</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Centre for Disability in Development (CDD)</td>
<td>9 March 2022</td>
</tr>
<tr>
<td>Japan</td>
<td>Porque (Ota ward, Tokyo)/Japan National Group of Mentally Disabled People and?</td>
<td>10 March 2022</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Special Talent Exchange Program (STEP)</td>
<td>9 March 2022</td>
</tr>
<tr>
<td>Philippines</td>
<td>Organization of Rehabilitative Advocates for Inclusion</td>
<td>24 Feb 2022</td>
</tr>
<tr>
<td>Thailand</td>
<td>Committee of Thailand Council for Independent Living and Asia-Pacific Development Center on Disability (APCD)</td>
<td>24 Feb 2022</td>
</tr>
<tr>
<td>UNDRR</td>
<td></td>
<td>7 March 2022</td>
</tr>
<tr>
<td>UNWOMEN</td>
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<td>7 March 2022</td>
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<tr>
<td>UNFPA</td>
<td></td>
<td>15 March 2022</td>
</tr>
</tbody>
</table>
Annex 2: Disaster Risk Reduction Institutional Mechanism

1. DRR Institutional Mechanism in South and South- West Asia:

DRR institutional mechanism follows two broad model in South and South - West Asia.

1.1 Ministry

In first model which is followed by most of countries in this region as the dominant model, indicates that DRR is located in the ministry of home affairs and responsibilities are driven and implemented by respective national disaster agency or organization. Countries such as Bhutan, India, Islamic Republic of Iran, Nepal, and Tukey are countries that follow this model. Bangladesh and Sri Lanka are two countries which DRR is perform by ministry of disaster management and Maldives is the only country that its DRR is under ministry of defense.

1.2 National Disaster Management Authority

Afghanistan and Pakistan are two countries in this region which DRR is guided by national disaster management authority which carry out policies, guidelines and monitors implementation (Figure 7)

Figure 7: DRR Institutional Layout in South and South- West Asia

2. DRR Institutional Mechanism in North Central Asia:

DRR in North central Asia is guided based on one model (Figure 8).

2.1 Ministry: All countries DRR in North Central Asia follow just one model. Georgia is the only country in this region where DRR is under ministry of home affairs and Uzbekistan, Turkmenistan, Tajikistan, Russia Federation, Kyrgyzstan, Kazakhstan, Azerbaijan, and Armenia DRR is under Ministry of defense (Figure 8).
3. DRR Institutional Mechanism in East and North-East Asia

DRR mechanism is based on three broad models in East and North–East Asia (Figure 9).

3.1 Ministry: In China and Hong Kong (China) the responsible agency is the Ministry of Defense and Ministry of Home Affairs in the Republic of Korea.

3.2 National Agency/State committee: In this model, a specialized national agency or state committee carries out DRR policies and plans. Mongolia and Democratic People’s Republic of Korea follow this model.

3.3 Central Disaster Management Council (Cabinet Office): Disaster management council chaired by the Prime Minister is responsible to create, promote and implement disaster risk management in Japan.

Note: Macao (China) online data is not available.
4. DRR Institutional Mechanism in South -East Asia

DRR’s country in South – east Asia follow two broad model as bellow (Figure 10).

4-1 Ministry: Most of countries in this region follow this model however DRR has managed by different ministry. For instance, ministry of home affairs is responsible for DRR in Brunei Darussalam, Singapore, and Thailand. On the other hand, ministry of labor and social welfare carries out DRR in Myanmar and Thailand. Also, ministry of environment is responsible for DRR in Lao People’s Democratic Republic and Timor-Leste. Philippines is the only country in this region which ministry of defense performs DRR.

4-2 National Disaster Management Agency: DRR is guided by National Disaster Management Agency in Cambodia, Indonesia, and Malaysia.
5. DRR Institutional Mechanism in The Pacific

DRR mechanism in the Pacific follows three models (Figure 11).

5-1 Ministry: most of countries in the Pacific apply this model to performing their DRR. However, there are different ministries are responsible for DRR in this region. For instance, ministry of environment is guiding DRR in American Samoa, Solomon Islands, Samoa, Tonga, and Vanuatu. Also, ministry of defense is responsible for DRR in Guam, New Zealand, and Northern Mariana Islands. In addition, ministry of home affairs is guided DRR in Australia.

5-2 National Disaster Management Office: the second most common model in the Pacific region is National disaster management office which is designated by government. Countries such as Fiji, French Polynesia, Kiribati, Marshall Islands, Micronesia (Federated States of), Niue, Palau, Papua New Guinea, and Tuvalu have applied this model.

5-3 Government collaboration: New Caledonia is the only country in the Pacific region where DRR is conducted with collaboration with Australian Government.
Figure 11: DRR Institutional Layout in the pacific
Annex 3: Disability and Gender Institutional Mechanism

1. Disability and Gender Institutional Layout in Asia and the Pacific

Implementation of DiDRR requires synergy and effective collaboration amongst different stakeholders. Disability ministry/entities and Gender ministry are main stakeholders along with DRR ministries/units. This section indicates Institutional layout of disability and gender have conducted in Asia and the Pacific.

1.1 Disability and Gender Institutional Mechanism in South and South-West Asia:

Figure 12 demonstrates disability and gender institutional layout in South and South–West Asia. According to the analysis disability (orange dot) follows just model as below and carries out by one unit:

1.1.1 Ministry: Disability is conducted by ministry in South and South–West Asia however, there are two different ministries are recognized in this regard. For instance, Bhutan is the only country in this region where disability is located in ministry of health while rest of countries disability are guided by ministry of labor and social welfare.

Gender (yellow dot indicates gender focal points) are located in different units in this region and are guided by different units as below:

1.1.2 Ministry of gender and family: Gender is conducted and managed by ministry of gender and family in Afghanistan, Bangladesh, India, Maldives, Nepal, Sri Lanka and Turkey.

1.1.3 National commission for women and children: Bhutan and Pakistan are two countries in this region where gender is driven by national commission for women and children.

1.1.4 Center of Women and Family Affairs: Iran (Islamic Republic of) is the only country in the region which the center of women and family affairs is guided the gender.

1.1.5 Disability and gender Overlap: figure 12 indicates the link between disability and gender (black square) in this region. For instance, Turkey, Nepal and Maldives are three countries where disability and gender are located in ministry of gender and family.

PS: Yellow dots indicates gender focal points in the figures.

Orange dots indicates disability focal points in the figures.

Black squares indicate disability and gender focal points overlap in the figures.
1.2 Disability and Gender Institutional Mechanism in North – central Asia

Disability mechanism in North – Central Asia follow just one model (Figure 13)

1.2.1 Ministry: Ministry of labor and social welfare is guiding disability on North – central Asia.

Gender (yellow dot) is conducted by different units such as ministry and national commission (Figure 13).

1.2.2 Ministry: there are different ministries are guided gender in North – Central Asia. As figure 13 illustrates that, ministry of justice is driven gender in Uzbekistan, ministry of home affaires is in charge for gender in Georgia and ministry of labor and social welfare is in charge for gender in Russia Federation, Kyrgyzstan, and Armenia. Online data is not available for Turkmenistan.

1.2.3 National Commission/ The state Committee for family, women and children: rest of countries in this region follows this model such as Azerbaijan, Kazakhstan and Tajikistan.

1.2.4 Disability and Gender Overlap: figure 13 indicates the link between disability and gender focal points (black square) in this region. For instance, Russia Federation, Kyrgyzstan and Armenia are three countries in this region where disability and gender are driven by ministry of labor and social welfare.
1.3 Disability and Gender Institutional Mechanism in East and North–East Asia

Disability mechanism follows three broad models in East and North–East Asia (Figure 14).

1.3.1 Ministry: most of countries/Governments in this region apply this model for performing the disability. However, different ministries are responsible in this regard. For instance, ministry of labor and social welfare is responsible for disability in Macao (China), Hong Kong (China) and Mongolia, and Ministry of Health is driving disability in Democratic People's Republic of Korea and Republic of Korea.

1.3.2 Department of Disabled Person Federation: China is the only country in this region which follows this model.

1.3.3 Bureau for Promoting the Welfare of Person with Disabilities: Japan is the only country in this region which follows this model.

Gender mechanism follows three broad models in East and North–East Asia (Figure 14). Gender focal points have highlighted by yellow dots in the figure 14.

1.3.4 Ministry: The first model which is followed by most of countries as dominant model shows that gender is managing and implementing by different ministries. Ministry of labor and social welfare is guiding gender in Japan, Hong Kong (China) and Macao (China) and Ministry of gender and family is responsible for gender in Republic of Korea.

1.3.5 Disability and Gender Overlap: Figure 14 shows the overlap between gender and disability (Black square) in this region. Ministry of labor and social welfare is responsible and implementing disability and gender in Macao (China), Hong Kong (China) and Mongolia.
1.4 Disability and Gender Institutional Mechanism in South – East Asia:

Disability mechanism follows one broad model in South – East Asia (Figure 14).

2.4.1 Ministry: In this model which follow by all countries shows that different ministries are responsible for disability. For instance, most of countries disability’s is managing by ministry of labor and social welfare in Cambodia, Indonesia, Lao’s Peoples Democratic Republic, Philippines, Singapore, Thailand and Vietnam. Ministry of culture/ Education Youth and Sport is in charge for disability in Brunei Darussalam and Ministry of gender and family is guiding disability in Malaysia.

Gender Mechanism follows two broad model in South – East Asia which it illustrates as yellow dot in figure 14.

1.4.2 Ministry: most of countries in this region follow this model. However, gender is driven by different ministries in South – East Asia. Ministry of labor and social welfare is responsible for gender in Myanmar, Singapore, Thailand and Vietnam. Ministry of gender and family is managing gender in Cambodia, Indonesia, Malaysia and ministry of culture/ education, youth and sport is responsible for gender in Timor -leste and ministry of home affairs is conducting gender in Philippines. Online data is not available for Brunei Darussalam.

1.4.3 Women’s Union: Lao’s Peoples Democratic Republic is the only country which has used Lao’s Women Union for performing gender in this region.

1.4.4. Disability and Gender Overlap: Figure 14 indicates the overlap between disability and gender mechanism which marked with black square. Disability and gender are managing and conducting by ministry of labor and social welfare in Viet Nam, Thailand and Singapore. In addition, ministry of gender and family is responsible for both gender and disability in Malaysia.
1.5 Disability and Gender Institutional Mechanism in The Pacific

Disability institutional mechanism (orange dot) follow two broad models in the Pacific (Figure 15).

1.5.1 Ministry: most of countries in the Pacific perform disability under this model as dominant model in the region. However, there different ministries are responsible for disability for different countries.

Analysis shows that ministry of gender and family is responsible for disability in American Samoa and Samoa. Ministry of labor and social welfare is guiding disability in Australia, Fiji, New Zealand and Niue. Ministry of Home Affairs is conducting disability in Cook Islands, Nauru and Tuvalu. Ministry of environment is in charge for disability in Kiribati. Ministry of health is conducting disability in Micronesia (Federated States of), Solomon Islands, Tonga. Ministry of Community is in charge of disability in Palau, Papua New Guinea and Vanuatu.

1.5.2 The Department of Integrated Services for Individuals with Disabilities: Guam is the only country in the region which is used second uncommon model in the Pacific. The Department of Integrated Services for Individuals with Disabilities (Guam Government) is in charge of disability in Guam.

Gender institutional mechanism (yellow dot) come after three broad models in the pacific as below (Figure 15).

1.5.3 Ministry: Most of countries pursue the first prevalent model in this region for conducting gender. Nonetheless, there are different ministries are in charge of gender in the Pacific as below.

Ministry of Gender & Family is driving gender in American Samoa, Fiji, French Polynesia, Kiribati, New Zealand, Samoa and Solomon Islands.

Ministry of Home Affairs is responsible for gender in Cook Islands, Marshall Islands, Nauru and Tonga. Ministry of Community is guiding gender in Palau, Papua New Guinea, Samoa and Vanuatu. Ministry of Health is responsible for gender in Tuvalu.
1.5.4 Government Office for Women: Australia is the only country in this region which Australian Government Office for Women is responsible for gender.

1.5.5 The Bureau of Women's Affairs: Guam is the only country which The Bureau of Women’s Affairs pursues gender in this country.

Disability and gender overlap (black square) has indicated in figure 15. Analysis demonstrates overlap and link between disability and gender mechanism in the Pacific as below.

Ministry of Gender & Family: American Samoa and Samoa disability and gender are driven by ministry of gender and family.

Ministry of Home Affairs: Nauru and Cook Islands disability and gender are conducted by ministry of home affairs.

Ministry of Community: Palau, Papua New Guinea, Samoa and Vanuatu disability and gender are managed by ministry of community.

Figure 16: Disability and Gender Institutional Layout, The Pacific