Tropical Cyclone Gita:

Disability inclusive situational analysis, Tonga

2018

Acknowledgements

About the authors & contributors

The Pacific Disability Forum (**PDF**) is a peak body that works in partnership with Disabled Persons Organisations in the Pacific region developing and strengthening capacity through advocacy and collaboration with relevant stakeholders. PDF promotes inclusion in compliance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD) to improve the situations of persons with disabilities in Pacific Island Countries & Territories.

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As an international Christian disability and development organisation **cbm** New Zealand works in partnership with PDF to promote disability-inclusive humanitarian action in the Pacific. **cbm** New Zealand aims to transform the lives of people with disabilities, their families and communities through inclusive healthcare, education, rehabilitation, livelihood and emergency response programmes.

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Naunau o'e Alamaite Tonga Association (**NATA**) Inc. is a group of people with disability who have drawn together to speak out for themselves and help empower people of all abilities in Tonga. Activities include awareness raising, ensuring that people with disabilities are regarded as contributors to the development of Tonga, advocating for equal access to education and employment opportunities, improved access to public venues, and emergency preparedness and response.

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Tonga National Visual Impairments Association (**TNVIA**) cares for all people with disabilities, working to provide members with the ability to live a life like any other citizen of Tonga. TNVIA conducts skills training for children and adults who are blind or have difficulty seeing in skills such as independent living, mobility, computers, music, cooking, Braille and how to participate in activities for humanitarian response.

Pea, Tongatapu
Tufumahina
Nuku'alofa
Tonga
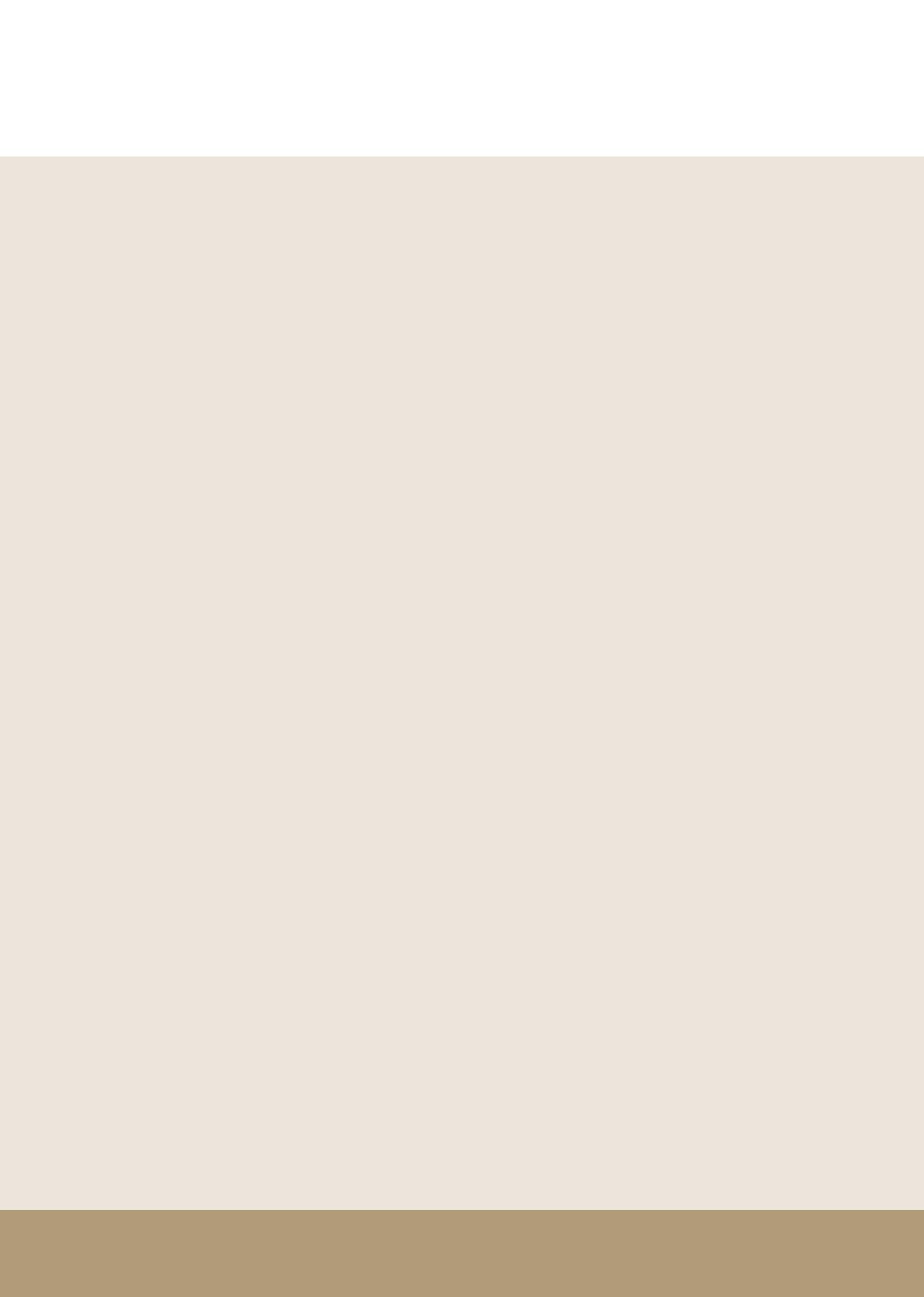
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Executive Summary

An assessment of the needs of people with disabilities in Tonga following Tropical Cyclone Gita in February 2018 was conducted by the Pacific Disability Forum with active participation by two local organisations of people with disabilities (DPOs), Naunau o'e Alamaite Tonga Association (NATA) and Tonga National Visual Impairments Association (TNVIA) with support from cbm New Zealand. Findings of the needs assessment along with recommendations on how the mid-term response and recovery can meet these needs and include children and adults with disabilities are presented in the report in an effort to ensure that no one is left behind. Recommendations also include how preparing for disaster and any initial responses in the future can foster inclusion of people with disabilities.

When Tropical Cyclone Gita made landfall in Tonga on 12th February 2018, the Government of Tonga responded quickly. The impact of Gita was great for people living with disability on Tongatapu who already experienced limitations with regard to social inclusion, accessing education, livelihood opportunities and safe housing, water and sanitation facilities.

The Government of Tonga are commended for understanding that those living with disabilities are often disproportionately affected by disasters, and demonstrating willingness to incorporate an approach that not only includes the needs of people with disabilities, but recognises the capacity to participate in humanitarian action.

This report provides additional information to the Initial Rapid Assessment produced by the Safety and Protection Cluster, identifying enablers of, and barriers to inclusion, within humanitarian action including identification of people with disabilities, accessibility of information and the environment and active participation of people with disabilities.

The key message is to mainstream disability inclusion throughout all humanitarian action to ensure people with disabilities have access to all basic and lifesaving services on an equal basis with others. Headline recommendations to foster inclusion cover:

1. Data and information management for ongoing identification and monitoring

2. Addressing barriers to enable safe access to humanitarian assistance

3. Participation of persons with disabilities and strengthening capacity

This report represents a tool for DPOs to guide advocacy work for inclusion in the mid-term response and recovery process. This approach, using the capacity of people with disabilities as active participants in response, is promoted in international frameworks. The outcomes of this report will enhance DPO participation and pilot initial collaborations between the DPOs and humanitarian international NGOs through the Pacific Disability Forum and **cbm** New Zealand. This will inform potential mechanisms for future collaboration of DPOs through PDF with national government and humanitarian organisations in the Pacific and provide a reference for future inclusive humanitarian action in the region.

Overview

Background

Recurrent natural disasters have a devastating impact on the lives of the poorest and most at-risk populations. People with disabilities are often disproportionately affected by such disasters. Factors of poverty such as lower levels of education and income, sub-standard housing and isolation combined with reduced access to humanitarian relief services result in people with disabilities being at greater risk of exclusion, illness, injury and death during times of emergency.

Based on the humanitarian principles of humanity and impartiality, inclusion of people with disabilities must be considered a core component of humanitarian action. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) makes specific reference to the obligation of States to respect the right of people with disabilities to have protection and safety in situations of risk and humanitarian emergency. International cooperation is required to realise these rights.

The Sendai Framework for Disaster Risk Reduction 2015-2030 and the Paris Climate Change Agreement adopted in 2015 both identify people with disabilities as key stakeholders that must be included, to participate and take leadership in Disaster Risk Reduction and climate change adaptation strategies. More recently, the Charter on Inclusion of Persons with Disabilities in Humanitarian Action was endorsed at the World Humanitarian Summit in 2016, as a commitment to render humanitarian action inclusive of people with disabilities by removing barriers to accessing relief, protection and recovery support, and ensuring active participation in the development, planning and implementation of humanitarian programmes.

Of geographic importance, the Pacific Framework for the Rights of Persons with Disabilities 2016-25 (PFRPD) was developed to support Pacific governments to promote, protect and fulfil the rights of people with disabilities. Goal four of the PFRPD focuses specifically on disability inclusive humanitarian action and provides a regional modality for strengthening coordination and collaboration to support national initiatives.

TONGA

Tongatapu

'Eua

Even prior to Tropical Cyclone Gita many people with disabilities faced limitations with regard to social inclusion, accessing education, safe housing, water and sanitation facilities and livelihood opportunities.
*Photo credit: **cbm** New Zealand.*

Disability in Tonga

The most recent census of Tonga indicated 10.6% of the total population are people with disabilities – a number that is thought to be increasing due to increasing life expectancy and a high prevalence rate of non-communicable diseases. Stigma and discrimination are everyday experiences for Tongans with disability and their families. Prejudice related to disability is based on perceptions of people with disability as a burden, that they cannot learn and have limited abilities.[1] Among the poorest of the poor, people with disabilities are largely underrepresented in the workforce and often live in vulnerable at-risk situations.[2] Barriers to livelihoods include inaccessible buildings, lack of accessible transportation, low levels of education and lack of vocational skills. Despite the existence of an Inclusive Education Policy, education for children with disabilities is limited by few options for transport to school, inaccessible classrooms and toilet facilities, a lack of trained teachers and teaching assistants for braille and sign language.[3]

However, awareness of the rights of people with disabilities in Tonga is increasing. Tonga signed the Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and aims to ratify in the future. The Tonga National Policy on Disability Inclusive Development 2014-2018 adopts the CRPD explanation of disability as an evolving concept recognising the role of societal barriers. The Ministry of Internal Affairs (MIA) takes the lead role in working with other ministries and stakeholders in Tonga to advocate and mainstream disability inclusion into their policies and programmes.

At present the majority of services are provided by non-government organisations and supported by church donations.

However, the Tonga National Health Strategic Plan 2016-2020 aims to increase access to health and rehabilitation services for people with disabilities with a key focus on improving data collection around disability-related health information and supporting ratification of the CRPD and a number of initiatives are underway. The Australian and Tonga Partnership for Development supports the Government of Tonga's priorities through implementing the Tonga Health Sector Support Program Phase 2. National Policy calls for training on self-employment / micro-finance and the Tonga Skills for Inclusive Economic Growth Programme in partnership with the Ministry of Internal Affair's Social Protection and Disability division is committed to including people with disabilities in the programme with key strategies and approaches to support the increased participation by people with disabilities.

Setting the scene

On 12th February 2018, severe Tropical Cyclone Gita made landfall on the Tongan islands of Tongatapu and 'Eua with maximum sustained winds over 200km per hour, storm surges and severe flooding. The cyclone was the worst to hit Tonga in 60 years causing widespread destruction of crops and buildings. A state of emergency was declared immediately prior to the cyclone hitting and the Government of Tonga responded quickly issuing warnings. The Tongan military was mobilised to clear roads and assist with evacuations during the night. Over 4,500 people took shelter in 108 church and school halls used as community evacuation centres across the islands.

Because of the limitations with regard to social inclusion, accessing education, livelihood opportunities, safe housing, water and sanitation facilities prior to Tropical Cyclone Gita, the negative impact was significant on people with disabilities and their families.

Lack of assistive devices contributes to increased risk in disaster due to not being able to hear or read messages and not being able to move safely or independently. Despite mobility devices being prescribed by physiotherapists in the national hospital system, not many of those surveyed were aware of the process, options or availability of these devices. In fact, most people who require assistive devices did not have what they needed, and whilst some people had a device in the past that was now lost or broken, most had never received such devices.

Because of a lack of resources to cover costs of repairs and maintenance, people with disabilities were already experiencing challenges with their housing prior to the cyclone. Although Tropical Cyclone Gita worsened access to water and sanitation facilities, many people with disabilities were already experiencing difficulty accessing water due to reliance on community tap water and a lack of financial resources to build toilet and bathroom facilities.

The vast majority of people with disabilities surveyed had limited options and opportunities for generating livelihoods and almost a third depend on family to provide income. Reduced opportunities for livelihoods limits the ability to prepare, cope and recover from disasters.

Goal & audience

The assessment aimed to identify the needs of people with disabilities affected by Tropical Cyclone Gita and provide recommendations for humanitarian actors to enhance inclusion and participation of people with disabilities in this and future humanitarian responses in Tonga. Recommendations are intended for a varied audience including the National Emergency Management Office, sectoral government programmes, civil society responders and non-governmental humanitarian actors in Tonga.

Methodology

A mixed-methods approach was used combining the following tools and methods:

- A needs assessment survey conducted by teams from disabled person organisations (DPOs) with individuals with disabilities or a nominated support person they trust.[4]

- Focus group discussions with DPO survey enumerators identifying key emerging themes of enablers and barriers.

- Open-ended interviews with people with disabilities about their experiences during the onset and the immediate response.

- Site visits to four evacuation centres within 10 km of Nuku'alofa to conduct audits on accessibility and usability of shared facilities.[5]

Enumerators from the Disabled Person Organisations (DPOs) attended training before conducting the needs assessment survey. Photo credit: Pacific Disability Forum, Fiji

Scope

This report is a tool for DPOs to guide advocacy work for inclusion in the mid-term response and recovery process. This process aims to pilot the effort to link such organisations with responders to increase disability inclusive practices in response and recovery processes. The outcomes of this pilot will inform mechanisms for future collaborations between national governments, DPOs through the Pacific Disability Forum, **cbm** New Zealand and humanitarian NGOs.

Approach

Collection of data with active engagement of people with disabilities, supports empowerment and represents a mechanism for active participation of people with disabilities in recovery programmes. Endorsement of the needs assessment within national response plans by the Government of Tonga, the Tonga Ministry of Internal Affairs (MIA) and the Tonga Statistics Office, demonstrates an effort to promote localisation. Surveys and interviews were completed directly with the person with disability where possible. For children, and for adults who were unable to respond themselves, the survey was conducted with the support person they nominated.

Limitations

- Data collection restricted to Tongatapu excluded the experiences of people with disabilities on other islands who may have experienced different barriers.

- Insufficient representation from diverse impairment groups due to reliance on visual identification, DPO membership and self identification of disability may weight recommendations toward those with physical or sensory impairment.

- Content of information translated between English and Tongan in the data collection tool was challenging during data collection and analysis. This limited the depth of information and analysis of intersectionalities between sex, age and disability.

- Time constraints during data collection and limited experience of enumerators to collect information.

- Although the Washington Group Questions (WGQ) were included in the survey, specific training about administering these standardised questions was not addressed and may not be comparable to the census and interagency rapid assessment.

Findings

The enumerators surveyed a total of 230 people who self identified as having a disability from 61 villages over seven districts on Tongatapu. Though respondents included all groups as identified in the WGQ, a higher number of people with functional limitations in physical mobility, self care and seeing is noted. Some people identified with multiple functional limitations across the groups. Respondents included representation from all age groups. Forty-five percent of all respondents identified as female and 55% as male.

Figure 1:
Identified functional limitation
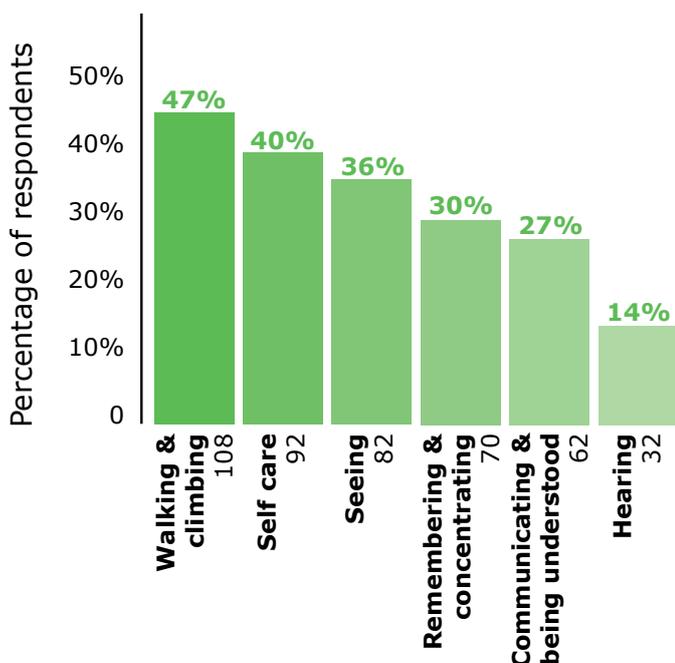
*The strong winds of Tropical Cyclone Gita had devastating effects on houses and crops across Tongatapu. Large trees were uprooted, crops destroyed, and a large number of roofs and walls blown away along with personal belongings. Photo credit: **cbm** New Zealand.*

1. Data and information management

Information on people with disabilities in the Pacific, including in Tonga, is scarce and can hinder disability mainstreaming and targeted actions in a response. As a consequence, people with disabilities have been invisible in times of disaster. Government and humanitarian stakeholders need to identify and report information on persons with disabilities to ensure that their assistance and protection interventions are disability inclusive.

The Washington Group Questions (WGQ) are considered international best practice for identification of people with disabilities in surveys. The short set of questions identify functional limitations performing basic universal activities such as walking, seeing, hearing, remembering, selfcare and communication. The Government of Tonga used the questions in the 2016 census for the first time, with good results, since 10.6% of the total population deemed to be living with disability is a more accurate estimation than previous censuses.[6] This has in turn contributed to increased attention of government departments to this large minority group.

For example, a number of sources of information about disability were used to target assistance to people with disabilities in the response phase. This included the Safety and Protection Clusters situation report and the Ministry of Internal Affairs (MIA) disability allowance register. Within a week of Tropical Cyclone Gita the Safety and Protection Cluster released a report with findings from a rapid assessment indicating people with disabilities had been negatively impacted in regard to shelter, access to clean water, hygiene, food and

reporting mechanisms, and limited or no financial means to recover. The Cluster made recommendations to support recovery of people with disabilities. In response, a care facility and accommodation for people with disabilities named Alonga Centre was prioritised and sprayed for mosquitoes to prevent the risk of dengue fever. The disability allowance register of MIA was also used by some responders to distribute food and essential non food items. This technique contributed to 55% (127) of survey informants receiving humanitarian assistance within the first fortnight.[7] The assistance was gratefully received and people surveyed acknowledged the support.

Figure 2:
Received assistance within 2 weeks

55% Received assistance (127)

45% Did not receive assistance (103)
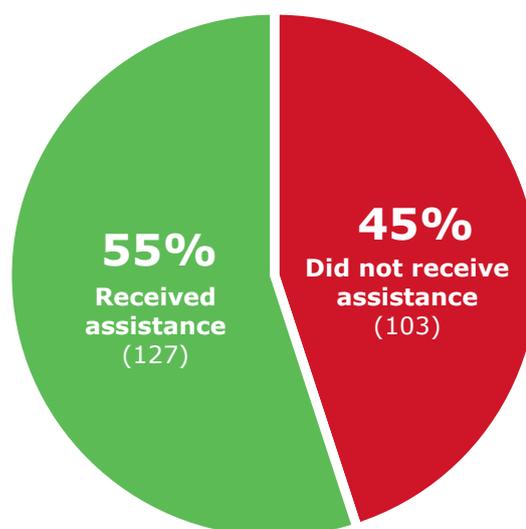
Respondents reported benefitting from different types of responses when their specific needs were taken into consideration and flexibility in approach to accommodate different needs. In some cases, consideration was shown for specific needs of individuals with disabilities rather than applying a blanket procedural rule, which was appreciated. When options were not suitable to meet individual needs, rapid coordination with other providers enabled other temporary solutions to enhance safety and accessibility.

"Our home was destroyed and now we stay in a tent from the Red Cross – usually this type of tent is for large families, but we asked for special consideration for the four of us. Otherwise we would have just had a tarpaulin and it wouldn't be safe for me."

The Tonga Department of Statistics and Tongan National Emergency Management Office conducted a Household Interagency Impact Assessment which included the WGQ as advocated by a number of stakeholders, including the DPOs. Though the outcomes of the Inter-Agency Assessment had not been not published at the time of this report, it is hoped that the data collected can be analysed to identify the needs of households that have a member with disability for inclusion in response activities.

Data generated from use of the WGQ is recommended to be used in conjunction with other tools to interpret the data collected. Engaging directly with people with disabilities to collect this information was recommended for identification. For that reason DPO members proposed to carry out a survey to individuals with disabilities to identify the needs and any barriers faced to accessing humanitarian assistance. This also mitigated the risk that capacity of people with disabilities may have been overlooked in the household level assessment.

The greatest needs identified by people with disabilities were water, food, first aid and hygiene kits, followed by shelter, clothing, replacement of livelihood tools and counseling/psychosocial support.

Although Gita worsened access to water and sanitation facilities, many people with disabilities already had difficulty accessing facilities prior because of a lack of financial resources to build toilet, bathroom and water facilities. Some saw the reconstruction phase as an opportunity to improve access in the future.

Figure 3:
Identified needs

Figure 4:
Damage to shelter
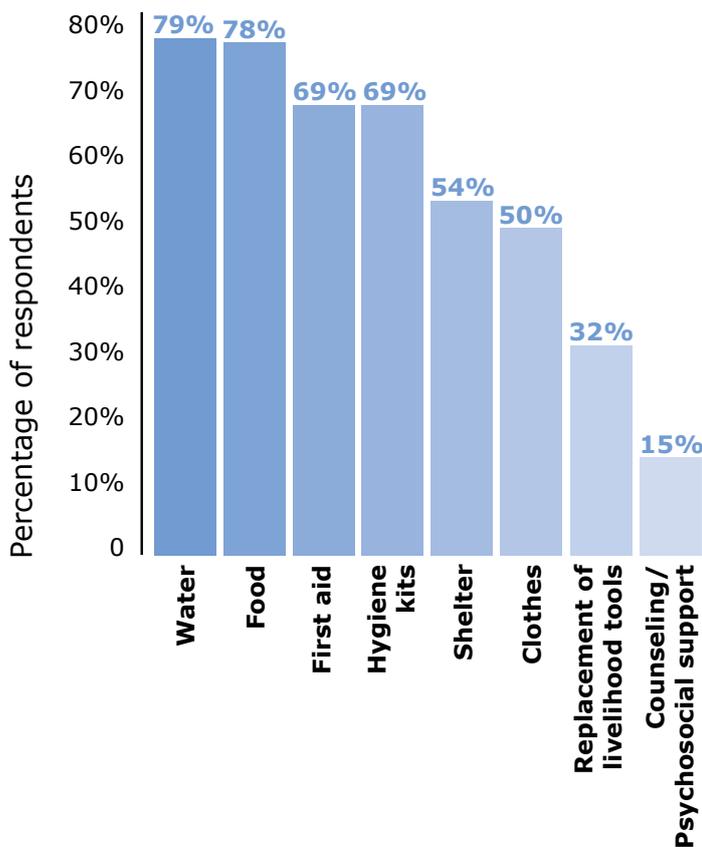
The strong winds of Tropical Cyclone Gita affected the shelter of many people with disabilities. While 30% (69) did not sustain damage, 7% (16) reported their homes were completely destroyed, and 63% (145) reported partial damage. The majority of respondents remained at home during Tropical Cyclone Gita. Despite partial damage or homes being destroyed, most remained at home using tarpaulins, or makeshift shelters. Whilst most felt safe living at home despite the damage to roof, doors or walls, some did not.

"Before TC Gita we were in the middle of building a brick house and living in a smaller make-shift place next to it. When we heard what was coming we knew our temporary house would not stand and we were prepared to leave."

95% of respondents aged 18 and older reported they are not in formal employment. Respondents with recently acquired impairment reported becoming reliant on family members to generate income. Just 13% of adults surveyed generate income from informal means including farming, small business/entrepreneurship, cleaning, fishing and weaving. Widespread damage and destruction of crops resulted in vulnerability for those involved in agriculture and may disproportionately affect farmers with disabilities.

"I used to fish and work on the plantations growing guava and other crops, but because of diabetes I lost a leg and had to stop. Then my vision deteriorated too so now I mostly stay at home whilst my wife goes out fishing. My hope and dream is to live in a safe permanent place. But at the moment, it depends how much income my wife can make from the fish she catches."

Figure 5:
Income Generation
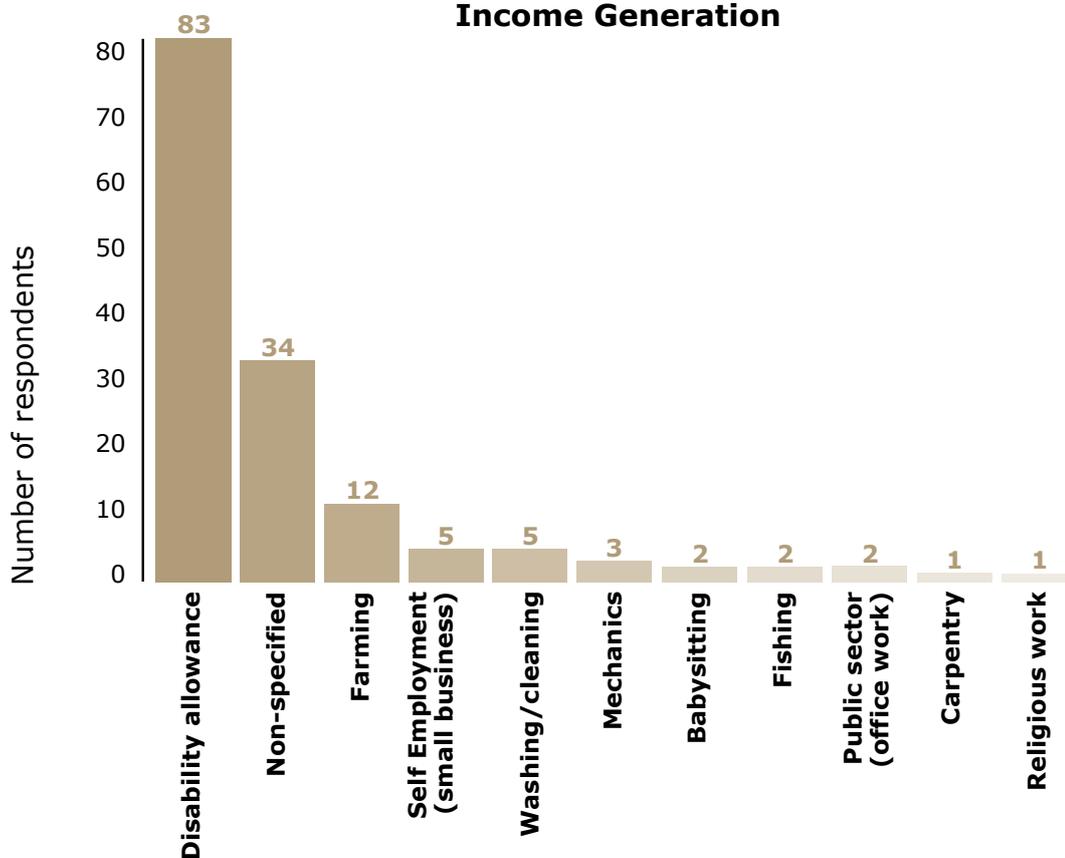
2. Barriers to inclusion

A barrier to inclusion is anything that stops a person with a disability from doing things on an equal basis with others. Some barriers existed prior to Gita while others were created by the disaster. A number of respondents reported physical barriers which prevented access to facilities and services provided in the response, such as evacuation centres, meetings and aid distribution sites. The barriers included lack of accessible transport to evacuation centres such as privately owned vehicles or public transport, lack of accessible evacuation centre building structures including WASH facilities, inaccessible information and a lack of partitioning for privacy. Examples of physical barriers, communication barriers and attitudinal barriers identified during response to Gita are outlined in this section.

Many people who need assistive devices such as wheelchairs, walking frames, glasses and white canes are not aware of the process, options or availability of such devices in Tonga.
*Photo credit: **cbm** New Zealand.*

- 76% (82/108) of those with difficulty walking or climbing stairs reported a need for devices to mobilise such as wheelchairs, crutches, walking sticks and frames. Over half (47/82) had never received a mobility device or had a device in the past that was now lost or broken. Similarly, 65% (53/82) of the people reporting difficulty seeing require use of assistive devices such as glasses, non visual computer screen readers, magnifying glasses or white canes to increase participation in daily life. Almost half of those with visual impairment (25/53) had never received a device, and a third (17/53) had received them in the past, but without follow up services, they were now lost or broken.

- A number of people surveyed did not have access to their own vehicle to use in emergencies and accessible transportation was not reported available. This factor contributed to low usage of evacuation centres by children and adults with disabilities and their families as they were unable to get to an evacuation centre.

"If there is one message I'd like to share, it is the challenge for someone like me to evacuate. I had to rely on my family to pick me up. I thought everyone would be too busy to collect me and I was willing to stay behind and hide in the house. I would like accessible transport to an evacuation centre set up for wheelchairs, but there is no accessible evacuation centre nearby. The only option is for two strong people to lift me up stairs."

- The rapid needs assessment produced by the Safety and Protection Cluster found that evacuation centres are not all accessible for people with limited mobility, including people with disabilities and the elderly. Not surprisingly, most people with disabilities preferred to stay at home.

- Most evacuation centres audited had at least one or two steps to access the main hall and kitchen facilities and did not have alternative ramp access preventing people using mobility devices from moving without assistance. Likewise even though the toilets were generally located nearby, they did not have universal accessibility features as they were not sign posted and could not be accessed by people using wheelchairs due to steps, narrow doorways, small turning space, low toilet height and lack of railings. The showers also had barriers such as steps, small space and no rails or seats, and the tiles were potentially slippery when wet causing a risk of falling. Although two centres had rooms that could be used for privacy, the doorways were narrow and steps prevented people using wheelchairs from using them. This is particularly a concern if people are unable to access the toilet and bathroom facilities and require privacy for dignity. Often, the water points could not be reached by people with mobility impairment. Most evacuation centres did not have an information board to display information or maps, or signs on toilet facilities depicting sex.

*Inaccessible community halls and toilet facilities can prevent people with mobility impairments from taking safety in evacuation centres. Photo credit: **cbm** New Zealand.*

"The most desperate need for my family is a shelter to be safe, and safe water nearby. Even before Tropical Cyclone Gita there was no water tank nearby, so I see this as an opportunity to build back better."

- Most people surveyed reported that their own toilet and bathroom facilities were destroyed during the cyclone and instead they were sharing toilet facilities with relatives and neighbors. In many cases they found it difficult to bath or use these toilet facilities due to the small space and steps to access it. In addition, the number of people sharing increased along with the time to wait in order to use these facilities.

- For those with difficulty walking, inaccessible walkways in the community to get batteries, charge radios or obtain information from community boards or word of mouth from the community was a common challenge. The physical barriers in the community were similar to those identified in the audit of the community evacuation centres.

- Planning meetings about response activities were not always held in accessible venues, limiting participation of people using mobility devices. Without access to such platforms, issues concerning people with disabilities are less able to be voiced and addressed.

Information & communication barriers

A number of people surveyed identified a lack of accessible information as a barrier to receiving information on the impending disaster, time and location of relief distribution, and key contact points for more information, access to information on water, food and non-food distribution and how to participate in recovery processes.

- Word of mouth was the most commonly reported method of receiving information before, during and after the cyclone. However, challenges included interruptions to power supply causing difficulty with radio or mobile phones and interrupting information flow.

- Although messaging had reached most people, some had not understood the expected magnitude and felt unprepared, stating they need more time to prepare because of their disability.

"I was born with weakness in my legs which makes walking around and going up stairs slower for me. That means I need a bit of time to prepare if a disaster comes - I didn't have any warning when Tropical Cyclone Gita came."

- Communication systems, such as printed materials with small font size, prevented people with vision impairments from being aware of information about immediate response and recovery activities.

- The majority of the people who are deaf or have difficulty hearing rely on alternative means of communication including sign language, care giver or assistance from support person, lip reading, louder

volume and text messaging. Reportedly, information in sign language was not available. Informants identified a need for hearing aids, however access to hearing services and assistive devices was reported as a gap even before the cyclone.

- Most people reporting difficulty understanding or being understood by others identified the need for support to communicate through simple verbal and non verbal language and receive support from care giver or personal assistant for communication.

Attitudinal barriers

Over a third of respondents felt they had experienced some form of discrimination because of living with disability. Whilst a few had never experienced any negative feelings from others, many reported negative connotations being considered useless, yucky, unimportant, or hopeless. Some felt pitied or mocked stating "they feel sorry for us" and "think we need to be fixed".

- Most people surveyed are not taking part in community activities – whilst physical and communication barriers contribute to this, an additional attitudinal barrier associated with the negative stigma prevails. People with disabilities perceive that the community do not value them, and see inability rather than their capacity and contribution they can make. Worse, some people are mocked because of their disability, or are the object of charity from pity.

- The Safety and Protection Cluster rapid assessment found that many female residents of evacuation centres reported feeling unsafe, due to shared bathroom facilities and sleeping arrangements. Of the ten people surveyed that used evacuation centres, just two were women with disabilities. Previous research indicated that women with disability experience physical and sexual violence at a higher rate than other women. Those feeling unsafe around strangers, reported mobility restrictions and not having secure locks indoors as contributing factors.

- For the ten respondents who used the evacuation centres, half could not recall a place to rep ort violence. Some respondents advised a preference to stay at home, feeling more protected there.

"I only feel safe in my home. Some people give me bad words and it makes me feel unsafe".

Identified enablers of inclusion

Though barriers were identified, a number of physical, communication and attitudinal enablers were also recalled.

- **Physical enablers:** Due to the low elevation of Tongatapu, evacuation centres are situated on relatively flat surfaces with level access from the road to the premises. Most centres were free of clutter and debris and had wide pathways and doorways into the main halls. Many doors had contrasting colour making it easier for people with difficulties seeing to identify doorways. The height of windows and door knobs enabled people using wheelchairs to operate, and fair artificial lighting was provided indoors and outdoors for most evacuation centres increasing safety and reducing the risk to fall. One evacuation centre had arranged a welcome team to assist community members to find a suitable space to sleep. Of the ten people who used evacuation centres, eight were provided with transport.

- **Communication enablers:** Most people with disabilities surveyed had sufficient warning that Tropical Cyclone Gita was approaching and were aware of the predicted severity. The most common modality was through radio announcements and word of mouth from family. A few people also received information by email and social media such as facebook.

- **Attitudinal enablers:** Families were regarded the closest network for such support, and other members of the community and church groups also offered support to community members with disabilities. In general, immediately after Tropical Cyclone Gita there was willingness from government, non government and civil society organisations to include people with disabilities. Various service providers and humanitarian organisations were in contact with the Pacific Disability Forum and **cbm** New Zealand to discuss disability inclusion in shelter, livelihood and WASH sectoral responses.

"I got warning on the radio that Tropical Cyclone Gita was coming. A van from a church called past my house to take me to an evacuation centre – I was grateful, but I preferred to stay at home with my family so we could all be together when the cyclone hit. I didn't want to abandon them."

*The toilet facilities at the LDS church hall used as a community evacuation centre, were fitted to universal accessibility standards. Photo credit: **cbm** New Zealand.*

3. Participation and capacity

Participation in the response

In Tonga three organisations of persons with disabilities (DPOs) are members of the Pacific Disability Forum. These are 1) Naunau o'e Alamaite Tonga Association (NATA) that empower people with disabilities for social inclusion, 2) Tonga National Visual Impairments Association (TNVIA) that has a focus on improving the lives of families with blind and low vision impairment, and 3) Tonga Disability Congress. During and after the cyclone leaders of these organisations demonstrated a strong desire to connect their members and provide a support network. The DPOs relied on their existing informal networks to share information with members and collect information on how their members had been affected. With this information, the DPOs advocated for inclusion with the support of the Pacific Disability Forum to the Tongan Ministry of Internal Affairs (MIA).

The Pacific Disability Forum took key messages from the DPOs to Pacific Humanitarian Team (PHT) meetings. As a result, the rapid situation analysis compiled by the Safety and Protection Cluster made explicit reference to those living with disabilities within vulnerable groups and included recommendations to improve disability inclusion within the response. This is the first time the DPOs had been active participants in a disaster response.

The main recommendations from DPOs were:

- To promote inclusion in the mainstream response by collecting disaggregated data by age, sex and disability. This advocacy contributed to the Washington Group Questions (WGQ) being included in the National Household Interagency Impact Assessment.

- To promote inclusive responses by conducting an in-depth assessment of individuals with disabilities to provide additional information to responders on how people with disabilities were affected.

The MIA was supportive of these proposals, including the in-depth assessment within the response plan of the Protection Cluster. Funding for the same was made available by New Zealand's Ministry of Foreign Affairs and Trade (MFAT) to progress priority actions identified during a round table on disability inclusive humanitarian action in the Pacific the previous year. As the peak body for DPOs in the Region, the Pacific Disability Forum (PDF) supported the DPOs to produce this assessment and foster participation of people with disabilities in the response. Disability inclusion was also supported within MFAT humanitarian assistance offered through several non-government organisations partnerships.

As people with disabilities, the survey enumerators were trusted by the survey respondents. DPOs and the 'Ofa Tui 'Amanaki (OTA) Disability Centre were noted as key providers of information to the community of people with disabilities particularly by carrying out the needs assessment survey.

Rights

Despite increasing efforts by DPOs to provide information to their members on rights and entitlements to foster participation, empowerment of individuals continues to be challenged by discrimination. This is often the result of welfare and medical mindsets about disability, where focus is on the impairment and people with disability are seen as passive recipients of assistance. Viewed in this way others make most decisions about the lives of people with disabilities.

People with disabilities reported that areas of contribution to the community are limited and most do not participate in community life. There is a sense that such participation is not welcome, or is welcomed by just a few. In fact some people with disabilities reported being laughed at and mocked when taking part in the community. Not surprisingly, the majority of respondents do not see a possibility to influence decision making. The attitude of decision-makers at the community level was reported as a barrier that hinders full and effective participation. Nevertheless, with ongoing support from the collective voice of DPOs, members are willing and motivated to make suggestions and participation from people with disabilities is increasing.

When widening the understanding of disability to a social model, the problem shifts from the person to the barriers people with disabilities encounter. Taking this a step further, the human rights approach invites participation of all people with disabilities in all spheres of society on an equal basis with their non-disabled peers by tackling barriers to ensure inclusion is possible. DPOs embrace these models, and the result is increased participation in community life. A number of people surveyed felt they had a range of skills and talents they could contribute including music and singing, handicrafts, sports, farming and fishing, teaching, handyman work, meal preparation, computer work and financial services. In terms of emergency work, participation is in the beginning stages with leaders of DPOs expressing strong interest to be part of the response and recovery to provide assistance to community members. Nevertheless, this is an area that requires additional capacity and experience of engagement.

"I survived! That's the main thing. No matter what, there is always hope. I want to bring hope in the middle of chaos and disaster. So I embrace disaster as a real stepping stone."

One of the strong suggestions from people with disabilities to emerge during the survey was more opportunities for training. Those who had received any form of training in the past were enthusiastic, valuing it as increasing happiness, feeling stronger, and helping them to contribute financially to family and create a future. A strong desire to contribute financially to the family was conveyed, and more skills were perceived as a requisite for participation in such economic activity.

Recommendations

The following recommendations are for a range of actors including the National Emergency Management Office, sectoral government programmes, non-governmental humanitarian actors and civil society responders to address the physical, communication, and attitudinal barriers identified in the findings. The recommendations mainstream protection principles throughout disaster risk management to promote meaningful access, safety and dignity in humanitarian aid. They are formulated in the context of relevant international conventions and charters and should be read in conjunction with these guidelines.[9]

Disaster readiness

Even though the needs assessment had limited focus on readiness for disaster, recommendations in this section are aimed at increasing resilience of people with disabilities and preparing for future responses.

● Continue using recommended methods for identification of persons with disabilities (Washington Group Questions). Ensure training for identification is provided at national, district and village levels. Use information disaggregated by sex, age and disability to inform planning for safety and dignity.

● Mainstream disability inclusion in Disaster Risk Reduction (DRR) planning. Involve community members with disabilities in Village Emergency Management Committees (VEMCs), and at the district and national level as a representative proportion of the population.

● Map and categorise evacuation centres according to their level of accessibility and share information with VEMCs for communicating at village level.

- Take appropriate measures to increase the accessibility of buildings used for evacuations. Examples include fitting ramps, accessible water and bathroom facilities and signage.

- Plan to use a variety of communication formats for early warning systems ensuring that all members of the community are included.

- Develop procedures to enable safe evacuation of people with disabilities including communication and accessible transportation to accessible evacuation centres. Conduct simulation exercises which include evacuation of children and adults with disabilities.

- Include prepositioned stock for emergencies in consultation with organisations of persons with disabilities (DPOs).

- Invest in strengthening health and rehabilitation services that increase provision of assistive devices, inclusive health and community mental health programmes.

- Map health and disability services such as providers of assistive device and sign language interpretation that can be used in emergency response.

- Support economic development activities that target and include persons with disabilities.

- Address negative attitudes and harmful stereotypes about disability by running awareness-raising campaigns that address stigma toward disability.

- Continue to train and support people with disabilities to be involved in collection of data before disasters.

- Build capacity of DPOs to effectively advocate for inclusive humanitarian action.

- Build capacity of government staff and humanitarian/development organisation staff to include persons with disabilities.

Initial response

Ensure persons with disabilities have access to all basic and life-saving services on an equal basis with others.

- Continue using recommended methods for identification of persons with disabilities (Washington Group Questions) for mainstream needs assessments, and complement with information provided by persons with disabilities. Members of the local Disabled Persons Organisations (DPOs) can be included in data collection teams.

- Strengthen collaboration between the DPOs and various government ministries. Promote participation of persons with disabilities in cluster meetings to input into response planning. Consider linking DPOs with sectoral programmes to mainstream disability inclusion.

- Ensure venues used for meetings, training, communication materials and distribution points for shelter, WASH, health and food items are accessible for people with disabilities, providing assistance to individuals as needed.

- Include provision for accessibility and inclusive practices in budget planning.

- Recognise the safety and protection needs of the most at-risk groups including children and women with disabilities. Identify and address barriers for children with disabilities to return to school.

Have you thought about accessible communication?

If only one format is used to provide information on humanitarian services, instead of different formats, it will not be available to all people. This type of barrier can be invisible. Ask yourself, can everyone:

- **Hear about risks and how to prepare or be safe?**

- **Read about the risks?**

- **Understand the information?**

- **Be understood when asking for help?**

Have you thought about accessible meetings?

To ensure everyone gets the opportunity to voice and express concerns it is important to make meetings accessible. If it is your first time to planning a disability inclusive meeting, consult with men and women with disabilities during the process. Ask yourself:

- **Have invitations been extended using multiple or alternative formats?**

- **Is the venue easy to reach by public transport, roads and pathways?**

- **Can people with different impairments access the meeting room, washroom and catering facilities?**

- **Is there representation from women and girls with disabilities?**

For comprehensive guidance refer to CBMs *Humanitarian Hands On Tool* which can be downloaded on handheld devices from **www.cbm.org/HHoT** or by searching for the app.

Recovery

- Use data disaggregated by age, disability and sex throughout recovery programmes to reach those most in need and monitor progress. Monitor that implementation of recovery programmes does not expose persons with disabilities to additional risks.

- Refer to previous evaluations and key documents related to persons with disabilities to inform planning of recovery activities.

- Sectoral programmes such as WASH, shelter and livelihoods to invite participation from DPOs so that people with disabilities are included in planning, implementing, accessing, monitoring and evaluation of recovery programmes.

- Incorporate principles of universal design to increase accessibility of community evacuation centres and public spaces.

- Provide information about recovery programmes through a range of communication channels and in alternative formats so that it is accessible to everyone after disaster.

- Address negative stigma toward disability by running awareness-raising programmes or modules on inclusion within recovery activities.

- Increase the capacity of personnel involved in recovery programmes to provide impartial assistance

- Disability service providers to work in collaboration with DPOs to develop resources and awareness about access to assistive devices, rehabilitation and health services.

- Ensure feedback and response mechanisms are accessible and able to be used by persons with disabilities.

- Hold a consultation meeting to promote cross-learning between the DPOs and humanitarian stakeholders recording successes and challenges to inform future humanitarian responses.

- Consider issues raised by persons with disabilities in real time evaluations.

- Disability service providers to work in collaboration with DPOs to increase development of resources and awareness about access to assistive devices, rehabilitation and health services.

Have you thought about the accessibility of evacuation centres?

Ask yourself:

- **Is there transportation to enable people with disabilities to get to the evacuation centre?**

- **Can people with different impairments access all areas of the evacuation centre including the water point, washrooms, areas for sleeping and catering?**

- **Have protection needs of the most at-risk groups been considered?**

- **Is important information available and shared so that all people can receive?**

The inclusion of universal design in the Sendai Framework for Disaster Risk Reduction was an important achievement however it is a new concept for many. For comprehensive guidance on increasing accessibility, refer to the **Tools and resources** section on universal access to buildings.

Appendix

Appendix 1: Number of people surveyed

Figure 6:
Age and sex of respondents
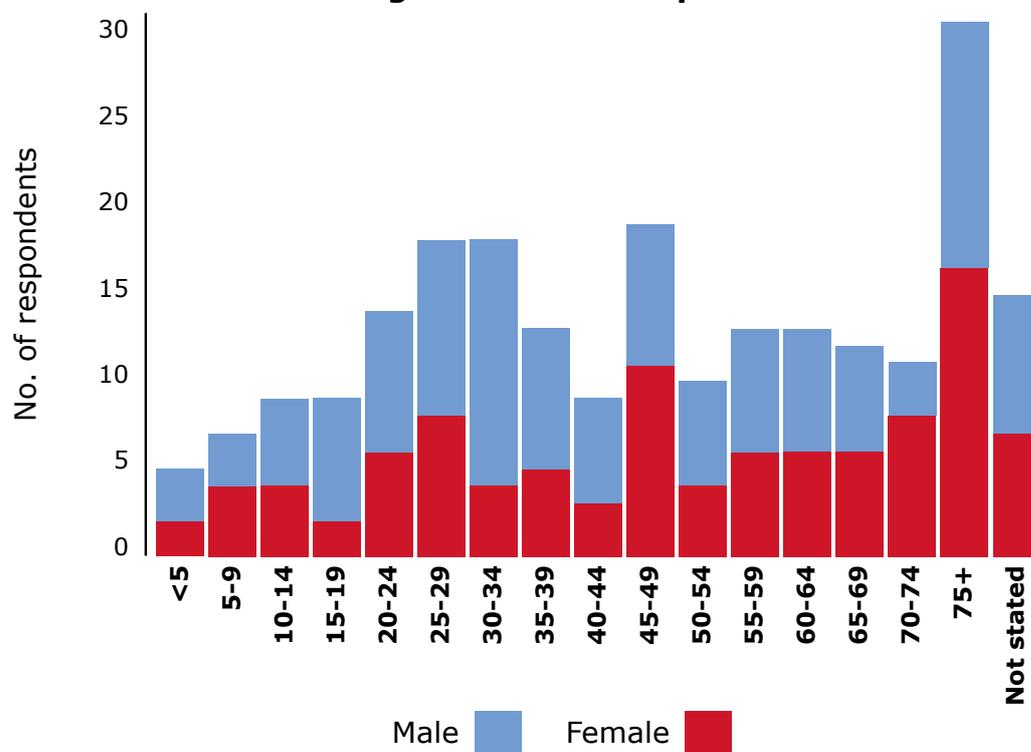
District	Female	Male	TOTAL	%
Vaini	15	14	29	**13%**
Kolofo'ou	13	23	36	**16%**
Kolomotua'a	9	17	26	**11%**
Tatakamotonga	10	7	17	**7%**
Kolovai	15	8	23	**10%**
Nukunuku	18	19	37	**16%**
Lapaha	23	39	62	**27%**
TOTAL	103	127	230	**100%**

Abbreviations

CBM   Christian Blind Mission

DPO   Disabled Persons Organisation

MIA-SPD   Ministry of Internal Affairs Social Protection and Disability division

MFAT   Ministry of Foreign Affairs and Trade (NZ)

NATA   Naunau o'e Alamaite Tonga Association

NEMO   National Emergency Management Office (Tonga)

PDF   Pacific Disability Forum

PFRPD   Pacific Framework for the Rights of Persons with Disabilities 2016-25

TNVIA   Tongan National Visual Impairments Association

UN CRPD   United Nations Convention on the Rights of Persons with Disabilities

WASH   Water, Sanitation and Hygiene

WGQ   Washington Group Questions

Glossary

Accessibility
Ensuring that people with disabilities are able to have access to the physical environment around them, to transportation, to information such as reading material, to communication technology and systems on an equal basis with others.

Assistive device
A tool or equipment that increases independence for a person with disability to facilitate participation and enhance overall well-being. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids and specialised computer software and hardware that increase mobility, hearing, vision or communication capacities.

Barrier
Anything that stops a person from doing things on an equal basis with others. These can be physical barriers (such as stairs and the absence of ramps), communication barriers (such as only one format being used to provide information), attitudinal barriers (such as negative perceptions) and institutional barriers (such as policies that can lead to discrimination). Some barriers exist prior to the disaster while others are created.

Braille
A tactile writing system using patterns of raised dots to represent letters.

Convention on the Rights of Persons with Disabilities (CRPD)
The UN CRPD is an international human rights treaty, which protects the rights and dignity of persons with disabilities. Parties to the convention (those who have ratified it) are required to promote, protect and ensure the full enjoyment of human rights by persons with disabilities.

Disability
Disability is an evolving concept. As defined in the CRPD, disability results from the interaction between people with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. People with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Disabled Person Organisation
Otherwise known as DPOs, these organisations of person with disabilities are run by and for people with disabilities encapsulating the slogan of the disability movement 'nothing about us without us'

Enablers
Factors that facilitate access and participation in society for people with disabilities.

Inclusion
A rights-based approach to community programming to ensure people with disabilities have equal access to basic services and a voice in the development and implementation of those services.

Protection mainstreaming
The process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.

Universal design
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 specialised design. Similar terms include design for all, inclusive design and universal accessibility.

UN Washington Group Questions
A set of questions designed for use within national censuses to identify comparable disability data between countries to inform policy and programming decisions.

Tools and resources

ADCAP Humanitarian inclusion standards for older people and people with disabilities
ADCAP Humanitarian inclusion standards for older people and people with disabilities
http://bit.ly/2y6tTcu
(25 February, 2018)

Data collection - People with disabilities
Washington Group on Disability Statistics, The Washington Group Short Set of Questions on Disability,
http://bit.ly/2daMyJb
(15 December 2017)

UNICEF and Washington Group on Disability Statistics, Child Functioning Question Sets,
http://bit.ly/2hDVZOR
(15 December 2017)

Universal access to buildings
CBM, *Humanitarian Hands-on Tool (HHoT)*, Building access task card, CBM,
http://bit.ly/2zjsg9R
(22 February 2018)

IFRC (2015) All Under One Roof, disability-inclusive shelter and settlements in emergencies, Geneva, International Federation of Red Cross and Red Crescent Societies
http://bit.ly/2l1RRfx
(22 February 2018)

Dard, B., *Inclusive post-disaster reconstruction: Building back safe and accessible for all: 16 minimum requirements for building accessible shelters,* Bensheim, CBM Emergency Response Unit (ERU), 2015,
http://bit.ly/2kfuAqe

Accessible meetings and consultations
CBM, Tool: Accessible meetings or events, CBM, http://bit.ly/2BFBu23
(7 June 2017)

Accessible information and communication
CBM, Humanitarian Hands-on Tool (HHoT), Information task card, CBM,
http://bit.ly/2AScPDL
(7 June 2018)

CBM, Humanitarian Hands-on Tool (HHoT), Attitude task card, CBM,
http://bit.ly/2oIV6gH
(18 December 2017)

Participation
CBM, Active Participation: Key to Inclusion: Testimonies from Humanitarian Workers with Disabilities, CBM, 2016,
http://bit.ly/2kdLs0w

World Health Organization, Guidance note on disability and emergency risk management for health, Malta, WHO, 2013,
http://bit.ly/2yR9WBf

UN General Assembly, Convention on the Rights of Persons with Disabilities (A/RES/61/106),
http://bit.ly/2jUp5in

End Notes

(1) Tavola, H. (2012) Addressing inequalities: Disability in Pacific Island Countries, Suva: UNESCAP.

(2) Tonga Department of Statistics (2006) Tongan National Disability Identification Survey. The survey showed only three per cent of people with disability over the age of 15 years in formal employment - more than 13 times less than the national formal employment rate of 39 per cent at the time.

(3) Tonga National Policy on Disability Inclusive Development 2016-2018. Kingdom of Tonga.

(4) The 30-60 minute needs assessment survey comprised three sections: 1) demographic data and needs for referrals; 2) the Washington Group Questions (WGQ); 3) complementary information from qualitative descriptions regarding inclusion and active participation. Four teams of enumerators from the DPOs and two government teams of MIA-SPD staff completed training over one day. Snowball sampling was used with the idea that a particular group of people are more likely to know other people in the same group or network. Enumerators met with Town Officers requesting names of known persons with disabilities in the community. They visited them and added any people already known to them through membership to the DPOs. Each respondent was then asked if there were any other people with disabilities living nearby who were then visited to complete survey. Enumerators met every morning and afternoon during the data collection period to debrief on findings.

(5) A checklist template for the accessibility audit of evacuation was compiled specifically for Tropical Cyclone Gita using guiding documents: CBMs *Humanitarian Hands on Action Tool (HHoT)*; CBMs *Inclusive post-disaster reconstruction: Building back safe and accessible for all. 16 Minimum Standards;* and IFRCs *All Under One Roof, disability-inclusive shelter and settlements in emergencies.*

(6) Census of Tonga (2016).

(7) Those who had received humanitarian assistance attributed this to church groups in Tonga (15.2%), the Government of Tonga (13%), Civil Society Organisation's (8.7%), international donors and non-government organisations (5.7%), private individuals and community groups (1.3%), organisations of people with disabilities (1%) and Tongan Disability Service Providers (0.4%).

(8) Spratt, J. (2013) A Deeper Silence: The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga. Suva: UNFPA

(9) The Humanitarian Inclusion Standards, the Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response, the Core Humanitarian Standard for Quality and Accountability (CHS) and other Sphere Companion Standards.