

Executive Summary

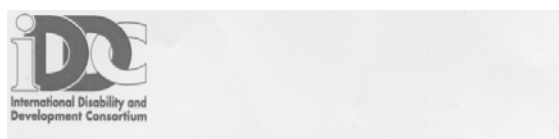
Disability in Conflict and Emergency Situations: Focus on Tsunami-affected Areas

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Executive Summary

The aim

The research was to promote the inclusion of disability in emergency, conflict and refugee programmes. The particular objectives were to assess a) the extent of inclusion, b) the impact of networking and c) the role of resources in post-tsunami contexts. The geographical focus was mainly Sri Lanka, with contributions from India and Indonesia.

The methodology

This was based on a broad framework of principles and approaches, with particular tools being developed by field workers. Principles from emancipatory research were used, such as ensuring that the research fully involved and promoted the rights of disabled persons, together with flexibility and sensitivity required in emergency and conflict situations. The research was underpinned by a social model approach. The core team spent 10 days in Sri Lanka and a day in India conducting the research and also preparing field based researchers to continue.

Although there is extensive literature on the different topics of disasters, disability, development, there has been very little previous research combining these issues, particularly from a social model analysis. From existing literature however, it is evident that disabled persons, particularly in the South, are not fully included, and are amongst the most negatively affected in all aspects of their lives.

The research focused on the post-emergency stage, and a distinction needs to be made between the acute emergency phase that last a few weeks which involves different strategies and resources from the post-emergency phase. Another distinction that needs to be kept in mind is there are those disabled persons and their families who were directly affected by the tsunami, but also those who were affected indirectly, but just as severely.

Context and General Findings

The tsunami is not typical of disasters in many ways. Firstly, there were unprecedented levels of funding and media interest resulting in over-funding in some areas, competition, bottlenecks and pressure to show results. The tsunami resulted in an inverse morbidity and mortality rates¹, as a result of which there is no evidence of a major increase in the numbers of disabled persons. Statistical evidence on numbers of disabled persons affected is vague and unreliable, in keeping with the usual disability and statistics dilemmas. There is however, plenty of recorded testimonies of disabled

¹ Meaning that usually more people are injured than die in a disaster, but in the tsunami, this profile was reversed, as severely injured persons tended to die through drowning.

persons' experience of 'losing everything', which for a disabled person, may mean vital mobility aids, medicines and support structures.

In Sri Lanka and Indonesia, the pre-existing conflict situations exacerbated the impact of the tsunami. In Sri Lanka, the Tamil area of the north were also badly hit and had been waiting years for financial support for basic housing and infrastructure, only to see the post-tsunami aid quickly committed to providing more than was needed for the tsunami affected areas of the Sinhalese south.

The research found inequity in aid distribution in that although the tsunami affected the north-eastern areas of Sri Lanka most severely (mostly Tamil areas controlled by LTTE), the majority of aid and media attention has been focused on the South. E.g. USAID has a policy not to fund work in LTTE controlled areas, and other agencies also favoured the non-conflict areas.

Sri Lanka Stakeholder Responses

The Disability Organisations Joint Front (DOJF) is the umbrella DPO in Sri Lanka. It has been actively campaigning for accessible reconstruction post tsunami, and is a member of two networks focusing on this issue. Its members are also involved in collecting data, facilitating access to aids and equipment, and compiling information on human rights abuses. One women's DPO works in the north Tamil areas.

The tsunami provided the opportunity for some city based DPOs to travel to other areas and increase their understanding of poor rural disabled person's situations. Sri Lanka has many residential institutions, one of which received publicity when it was damaged by the tsunami – the conditions were shocking to the researchers, but at least one disabled woman felt that she had more independence there than at her own home, which was inaccessible.

Post tsunami, NGOs and INGOs shifted their priorities to providing emergency relief. Many had policies or stated commitments to include disabled persons, but usually this meant referring them to 'specialist' organisations, or including them as part of a 'vulnerable group' for receiving relief, and sometimes aids and equipment. There was also much evidence that policies had not translated into practice on the ground; OXFAM has published a training manual: *Disability, Equality and Human Rights* and yet was building latrines in Sri Lanka several feet off the ground with no ramps and therefore totally inaccessible. There were several examples of inclusive guidelines and manuals, but the researchers found that these were rarely known about or used.

Disability specialist INGOs are involved in a wide range of activities including general relief and accessible reconstruction, providing emergency medical and rehabilitation facilities, psychosocial counselling, and funding and collaborating with local DPOs. They are also very involved in promoting accessible reconstruction networks (of which there are two).

The Sri Lankan government taskforce on reconstruction, TAFREN has been the source of much criticism and civil society campaigning. Critics say it is being used in an opportunistic way to push through previously unpopular and rejected PRSP proposals, with plans for large scale tourist development requiring the displacement of poor communities, particularly fisher folk.

India Stakeholder Responses

Again, inclusion of disabled persons seems to be limited to surveys, receiving relief and aids and equipment, and does not involve inclusion in planning, decision-making or management. The cumbersome bureaucracy was cited as a major obstacle in post-tsunami relief and rehabilitation, and there were the same issues relating to reconstruction and potential displacement of fishing communities.

The development INGO Action Aid and a local NGO that they fund called Sanghamam, was an exception in its involvement of disabled persons at all levels, and as implementers in relief operations, resulting in an increase in status and confidence of local disabled persons.

Response at International Levels

At the international level, there has been lobbying of the EU, producing positive written response, but in practice, it seems as if inclusion still means delegation to a specialist agency. There is a gap between central level policy and local staff knowledge and understanding. Aid is always affected by political decisions, e.g. the example above of USAID policy.

Most aid INGOs seemed to base their response on needs assessments conducted by IFIs which had not consulted with the community. The research provided an opportunity for DPO members to make a presentation on accessibility to the Asian Development Bank – the strongest lesson was when a disabled woman was carried up two flights of stairs into the inaccessible venue.

Discussion and Analysis

In general, as stated earlier, inclusion did happen but in a very limited way, and not in terms of agenda setting, decision-making, management etc. It was striking that more agencies now use the language of social model and inclusion, but have misunderstandings and do not really apply it in practice. Disabled persons still tended to be lumped together under the heading of 'vulnerable groups' rather than being perceived as rights-holders.

Participation and consultation were also terms that were used freely by larger agencies, but in practice this often still meant just gaining assent for their own agendas. Representation was a key issue – European non-disabled persons often ended up as spokespersons for local disabled persons in fighting for accessible reconstruction. The DPOs had small capacity, were over-

stretched, and not experienced in lobbying work, and so bigger agencies felt the priority was to act quickly. This is problematic on many levels. Even within DPOs, the tendency was for the leadership to represent middle-class, highly educated males, some of whom had not even been to the really poor rural areas prior to the tsunami, and so the question of representation of the majority of disabled Sri Lankans was pertinent. Issues are participation and consultation do not just relate to disability however, it is a key issue in emergency contexts in general, given the initial reliance on external efforts to basically save lives and promote survival.

The research highlighted many different and conflicting agendas, and raised the question of 'inclusion into whose agenda? The focus of the disabled community on accessibility in some ways led to further isolation from other marginalised groups; civil society groups were campaigning against the planned large scale construction of tourist hotels along the coast that would displace poor fishing communities. Disabled access groups were working with these construction groups to ensure that the tourist developments would be accessible. This highlights the debate on the extent to which the disabled community needs to really align itself more with general development issues, rather than staying within a disability 'cocoon'. It also raises issues about the 'apolitical' stance of many INGOs – in a situation where it is impossible to be neutral, and refusal to engage with the wider political issues can result in increased poverty and marginalisation.

Despite the current widespread implementation of psychosocial programmes, mental health issues are still stigmatised. Many people with mental health problems are still being excluded.

Networking and Collaboration

The overall analysis shows that there was strong 'vertical dominance' in the linkages, lines of communication and support. In other words the networking was upwards towards those with influence, money and power, with little evidence of horizontal networking, and with the poor communities including disabled people being the least involved and consulted.

Resources

Financial: The tsunami was unique in that it generated unprecedented levels of funding – many larger agencies saying they had 'too much' money and didn't know what to do with it. By way of contrast, smaller NGOs and DPOs were either struggling or failing to access this. There was also an urgency to show evidence of spending the money, which meant that plans were rushed through in popular areas, again ignoring the community voice. There was also the issue of money being limited to flowing along rigid pre-determined budget lines, thus stressing the need for inclusive policies to be in place beforehand.

Resource Materials: The research found evidence of manuals and guidelines that were inclusive, but did not really see much evidence of them being used

to affect practice. Again, they were known about and produced at central levels, but awareness and training had not reached field level.

Conclusion

Inclusion happened to some extent, but not usually at the upper levels of decision-making and planning. There were a range of inclusive resources, but little evidence of them being known or used. Although the language of Inclusion and the Social Model were quite widespread, misunderstanding or ignorance of what this meant in practice was the norm. Representation was a problematical issue, both in terms of European aid workers ending up speaking 'on behalf' of disabled persons in lobbying work, and also in relation DPOs, who often had little direct contact with the majority of poor disabled persons. The huge levels of funding available created many problems as well as offered huge potential. There was little evidence that the money reached poor DPOs or the grass roots, and the pressure to spend quickly didn't support consultation. Campaigns on accessibility were also problematical – in Sri Lanka, the building of totally accessible tourist hotels would result in displacement and disempowerment of poor fishing communities. There was a sense that the disability sector operated within a 'cocoon' and didn't really engage with important mainstream development issues. Networking and collaboration tended to suffer from 'vertical dominance' with poor communities remaining largely 'out of the loop'.

In both Sri Lanka and Indonesia, the pre-existing conflict situations were exacerbated by the post tsunami relief efforts. Statistics on disability were as usual problematic, caught in the 'no inclusion therefore no reason to self-identify' loop, and based on an impairment rather than social model. It was difficult to get disaggregated information – there was a tendency to refer to the disabled community as a homogenous group.

Gaps and Recommendations.

- Research, guidelines and training are needed for field staff from a range of agencies on the Social Model and Inclusion and what they mean in practice
- Research, training and awareness raising is needed in relation to Resource Materials and the barriers to their use ?.
- There needs to be more linkages between the disability and the development communities – the disability sector would benefit greatly from engaging more directly with development issues, and of course vice versa.
- The disability sector should consider forming alliances with other marginalized groups and be more aware of the wider political issues
- More research is needed on how local DPOs and other organisations can be strengthened quickly to respond in emergency situations, rather than assuming that international agencies have to take the lead in lobbying
- Research into how representation can be increased when DPOs are still very small and urban based is needed.

- Research in emergency contexts needs to be closely linked to practical programme work, so that people benefit directly in return for sharing information
- More analysis is needed of who undertakes needs assessments and the extent of consultation that has been carried out
- More research into the percentage of tsunami funding that DPOs and local organisations have actually received.
- Agencies need to respond carefully to the current fashion for psychosocial work, and fight against the stigma that persons with mental health conditions face.
- More efforts need to be made to promote horizontal and grass-roots networking and alliances
- Finally, diversity within the disability community needs to be more acknowledged, with differences according to age, gender, class, income, ethnicity etc taken into account.