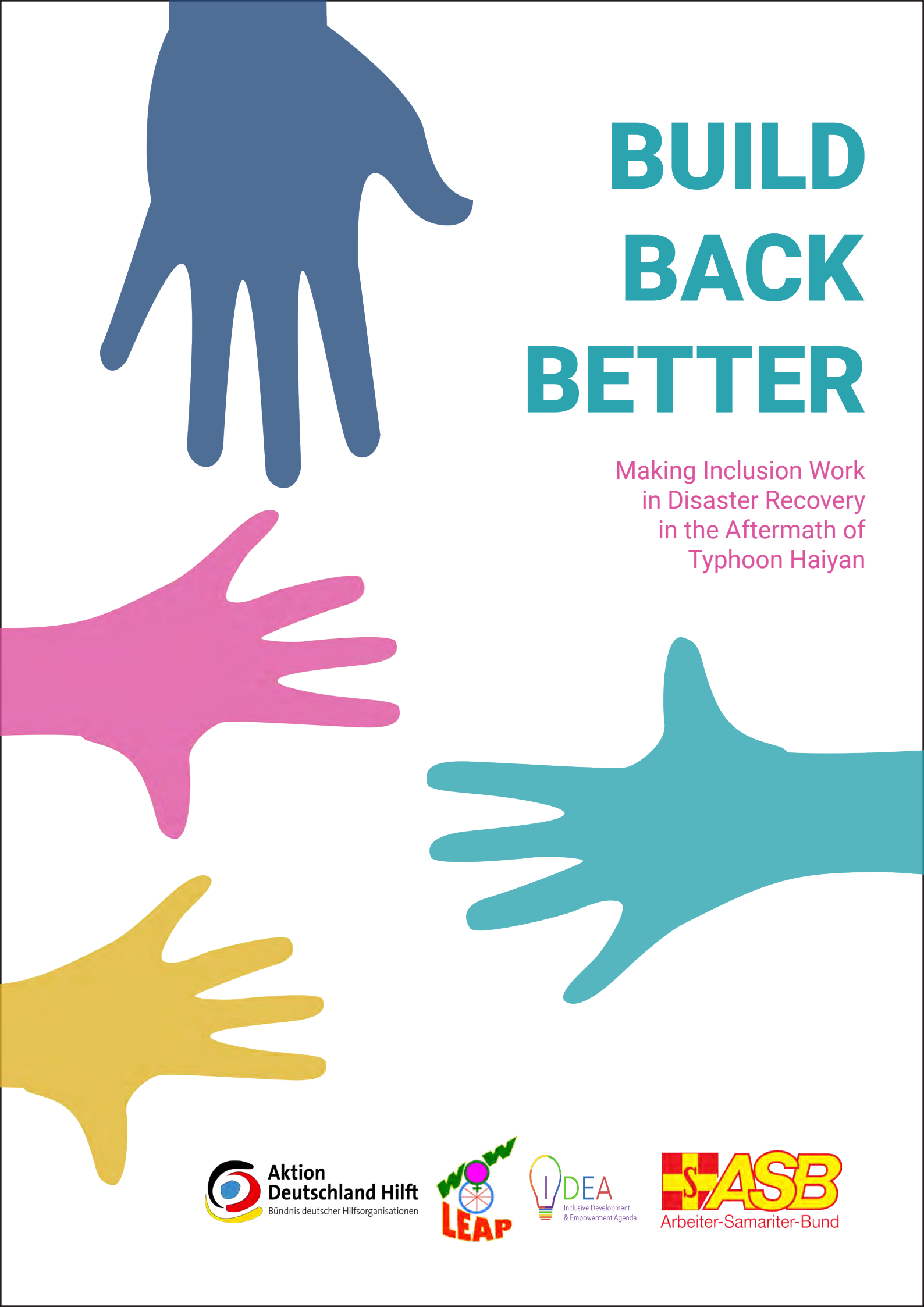

# BUILD BACK BETTER

## Making Inclusion Work in Disaster Recovery in the Aftermath of Typhoon Haiyan

Aktion Deutschland Hilft
Bündnis deutscher Hilfsorganisationen

LEAP

IDEA
Inclusive Development & Empowerment Agenda

ASB
Arbeiter-Samariter-Bund

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# ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| ADH | Aktion Deutschland Hilft |
| ADHD | Attention Deficit Hyperactivity Disorder |
| AMCDRR | Asian Ministerial Conference on Disaster Risk Reduction |
| ASB | Arbeiter-Samariter-Bund |
| CEDAW | Convention on the Elimination of all forms of Discrimination Against Women |
| CHO | City Health Office |
| CSWO | City Social Welfare Office |
| CVO | City Veterinary Office |
| DPO | Disabled People's Organizations |
| DIDRRN | Disability-inclusive Disaster Risk Reduction Network |
| DRM | Disaster Risk Management |
| DRRM | Disaster Risk Reduction and Management |
| DRR | Disaster Risk Reduction |
| FGD | Focus Group Discussion |
| IDEA | Inclusive Development and Empowerment Agenda |
| INGO | International Non-Government Organizations |
| KII | Key Informant Interviews |
| NCDA | National Council on Disability Affairs |
| NDRRMC | National Disaster Risk Reduction and Management Council |
| NEDA | National Economic Development Authority |
| NGA | National Government Agency |
| NGO | Non-Government Organization |
| OCD | Office of Civil Defense |
| PDAO | People with Disabilities Affair Office |
| PDNA | Post-Disaster Needs Assessment |
| RA | Republic Act |
| TAPDICO | Tacloban City Persons with Disability Multi-Purpose Cooperative |
| UN | United Nations |
| UNCRPD | United Nations Convention on the Rights of Persons with Disabilities |
| UNESCAP | United Nations Economic and Social Commission for Asia and the Pacific |
| UNISRDR | United Nations International Strategy for Disaster Reduction |
| UNWCDRR | United Nations World Conference on Disaster Risk Reduction |
| VAW | Violence Against Women |
| WHO | World Health Organizations |
| WPRO | Western-Pacific Regional Office |

# EXECUTIVE SUMMARY

In recognition of the need to make visible the circumstances, risks, and capacities of women and men with disabilities in the face of increasing threats of disasters, disability people's organizations and advocates have increasingly advanced the need to make disaster management and risk reduction more inclusive. Disaster recovery contexts provide an important opportunity to learn and transform existing exclusionary practices towards pursuing a more participatory, gender-responsive, and inclusive form of disaster risk-sensitive and sustainable development in the aftermath of a calamity.

It is against this backdrop that the Women with Disability Leap to Economic and Social Progress (WOWLEAP), in partnership with Inclusive Development and Empowerment Agenda (IDEA) and the University of the Philippines Center for Women's Studies Foundation Inc., initiated a project entitled "Building Back Better - Making Inclusion Work in Recovery and Rehabilitation". Through this, WOWLEAP aims to develop strategies for promoting gender- and disability-inclusive reconstruction efforts in Tacloban City in Central Philippines, an urban area that suffered tremendous damage and loss during the onslaught of typhoon Haiyan in 2013.

This study conducted by WOWLEAP and its partners is a component of this project, which aims to document evidence on the need to advance gender- and disability-inclusion in disaster recovery and also to use such evidence in mapping out pathways and entry points to make inclusion work in post-disaster contexts. Moreover, it aims to highlight the particular circumstances of women with disabilities, a "sector within a sector" that largely remains invisible in Disaster Risk Management (DRM) and development programming.

It is envisioned that the project can produce a model of good practice for gender-and disability-inclusion in disaster recovery which can become a springboard for future similar undertakings that contribute to the increased and meaningful participation of persons with disabilities in disaster risk reduction and resilience-building efforts.

The study endeavors to answer the question: How can Build Back Better disaster recovery programs and initiatives in Tacloban City be made more gender- and disability-inclusive? With this in mind, the study was designed to capture the challenges and opportunities for inclusion that exist for persons with disabilities in the post-Haiyan reconstruction context, which would allow the implementing organization to formulate measures to promote inclusiveness in recovery programs. Moreover, with the recognition that disaster experiences are also largely shaped by gender (Enarson & Morrow, 1998), the study also explicitly applies a gender lens in order to account for the differences in experiences, risks, and capacities of women and men with disabilities. This is also in acknowledgment of how across cultures, women and girls with disabilities tend to confront multiple forms of discrimination that arise from their gender identity (United Nations, 2008, p. 7).

The approach of the study is mainly qualitative, in order to allow a richer understanding of the context and to make visible the narratives of persons with disabilities, women in particular. Data collection consisted of key informant interviews with duty bearers, individual interviews with women and men with disabilities, focus group discussions, and accessibility walkthroughs. Lastly, since this study is action research, the findings from the data collection were used to develop tools to help promote gender and disability inclusion and applied to pilot interventions.

# KEY FINDINGS

## 1. Living with Disability in the Aftermath of the Haiyan Disaster

*While typhoon Haiyan had a number of adverse impacts on the people of Tacloban City, persons with disabilities experienced additional burdens as a result of the lack of attention to their specific circumstances.*

- In terms of early warning and evacuation, issues about not receiving adequate information was identified by study participants. Lack of information led to panic and the inability to act appropriately to the situation. Evacuation centers were not suited to the needs of persons with disabilities. For those with mobility limitations, participants noted that there was a lack of available assistive devices such as wheelchairs and canes. Women study participants with disabilities also pointed out that there was no appropriate toilet for them to use in these centers, and there were also no breastfeeding areas.

- In terms of livelihood, like the rest of the affected population, persons with disabilities lost access to sources of income and experienced financial difficulties. But with their functioning limitations, persons with disabilities found it even more challenging to overcome this situation due to limited opportunities to access employment and lack of disability-sensitive support to rebuild their livelihoods.

- Because of the destruction of health facilities, study participants identified difficulty in accessing medical assistance and treatment as one of the main challenges that they faced. Lack of trained personnel and inaccessibility of medical missions and facilities were among the issues cited. Women with disabilities in particular lacked access to important reproductive health care services.

- In the area of education, classrooms were either destroyed or used as evacuation centers. In addition, teachers tasked to address children's need for education in the post-disaster context did not always have the qualifications to attend to learners with different needs.

- Persons with disabilities experienced further difficulties in availing of social services and relief goods since, in many cases, there were no priority lanes for persons with disabilities, some distribution sites had been inaccessible or far, and assistive devices were not readily available. Aid workers also lacked the proper orientation on how to address needs of persons with disabilities. For women with disabilities who participated in the study, they noted the late distribution of personal hygiene kits as an issue that they faced during the emergency phase of disaster response. Moreover, hygiene kits were not always appropriate for the needs of persons with disabilities.

- Study participants stated that vehicles used to transport people and goods were not accessible. This meant that persons with disabilities, especially with mobility limitations, are unable to easily reach important lifesaving services located in other parts of the city. Due to debris, roads were not passable which provided additional impediments for persons with disabilities.

- Women study participants pointed out risks of being raped, sexually harassed in dark areas, and being subjected to other forms of gender-based violence. Study participants felt that due to their disabilities, they might become more at risk of exploitation, especially in the absence of safe or permanent shelters.

- Poverty, lack of food and housing assistance, and emotional trauma persisted as major challenges for recovery for persons with disabilities who participated in the study.

### 2. Barriers to gender- and disability-inclusion: Physical, Socio-cultural, and Policy Environments

*Although 'Build Back Better' recovery initiatives are being implemented in Tacloban City, barriers in the physical environment still persist, as evidenced in the results of the accessibility walkthroughs conducted in selected public spaces.*

- Most of the areas assessed were either not accessible by wheelchair or contain obstructions along the paths that hinder mobility. Many of the facilities assessed also lacked hand rails. Moreover, there were often no comfort rooms designed to accommodate the needs of persons with disabilities, especially women.

- Public areas were not specifically accommodating to those who are unable to see or have low vision. There were no tactile floorings or braille markings that provide necessary guidance, information, or directions. The lack of signages also places persons with hearing limitations at a disadvantage.

- In most of these facilities and public areas, there were no personnel or staff who are trained to provide support and information for persons with disabilities.

- Hospitals which the public depend on to provide medical care and assistance, there were no sign language interpreters for persons with hearing limitations and the provision of priority lanes were not enforced.

*In the context of post-Haiyan recovery, the socio-cultural framings of gender and disability translate into impediments for promoting and fulfilling the rights of women and men with disabilities.*

- While there is a general recognition especially among duty bearers that gender issues are concerns that affect both women and men, including persons with disabilities, women are often cast as "vulnerable" and at one time, even characterized as "helpless".

- Disability is often understood in terms of the "incapacity to do things" or the inability to do things other "normal" people can. In some cases, disability is also seen as a "trial from God" wherein disability becomes a test of perseverance and faith.

- Paternalistic views about supposed vulnerability and incapacity prevent the development of inclusive programs for disaster response, relief, and recovery. This is further reinforced by negative attitudes and stigma faced by persons with disabilities in their own communities.

- In many cases, these social norms and attitudes also affect the ways that persons with disabilities view themselves - as persons who are not able to contribute to society – hence often, women and men with disabilities are not cognizant about their rights.

- In general, the marginalization of women and men with disabilities, embedded within the pre-existing socio-cultural environment have led to: the low prioritization of accessibility of disaster assistance, the lack of consideration for the needs of women in disaster relief, inadequacy of social and health services, inaccessible and non-secure facilities in transitional housing projects, non-inclusive means of transportation, communication, and information dissemination, among others.

*The absence of explicit policy provisions and guidelines for inclusion can result in its neglect in the development of programs and initiatives.*

- The lack of operationalization of gender and disability inclusion in official policies and programs is due in part to the insufficiency of reliable gender-disaggregated disability data. Where data is available, these are not optimally utilized for planning.

- There is low uptake of rights-based approaches to gender and disability inclusion at different levels of governance. There is also very low awareness among communities and persons with disabilities regarding their rights and entitlements.

- Another factor that constitutes a barrier for women and men with disabilities in participating fully and gaining from disaster recovery programs is the absence of mechanisms that would ensure the involvement of persons with disabilities in planning and implementation.

- DRRM programs in Tacloban City, as of the conduct of this study, did not contain gender and disability components (including programs for rehabilitation and recovery). While gender mainstreaming is often invoked in policy documents, gender at intersection with disability is not visible. Moreover, programs that have included disability in their scope are gender blind.

### 3. Enabling Conditions for Post-Haiyan Disaster Recovery: Institutional Drivers, Rights Education, and Capacity of Persons with Disabilities

*Despite the observed barriers to inclusion, enabling conditions exist which may be leveraged to make ongoing processes of rebuilding more responsive to the needs and rights of women and men with disabilities.*

- Global and local policy frameworks which the Philippine government adhere to can be used as tools to promote inclusion in policy planning and programming. While various policies and laws demonstrate in varying degrees lack of gender and disability perspectives in their formulation, many of them do provide the space to pursue and promote inclusion through advocacy.

- For barriers pertaining to local perceptions regarding gender and disability, opportunities to carry out rights education and capacity building especially among duty bearers can be maximized to gradually raise awareness regarding gender and disability rights among communities, local government agencies, and service providers. While duty bearers have demonstrated a relatively low awareness of gender and disability issues in disaster recovery, they also exhibit an openness to learn and become more inclusive in the carrying out of their respective duties and mandates.

- Women and men with disabilities are themselves enablers of inclusive disaster recovery. They are in the best position to articulate, advocate for, and participate in measures that will help drive the rebuilding process 'for the better'. Along with advocacy organizations and agencies that help facilitate promoting rights of persons with disabilities to participate in community activities and governance

as well as to represent themselves in crucial recovery processes, disability people's organizations and women's associations have the potential to lead in fulfilling gender and disability inclusion.

## Conclusion and Recommendations

While there is no clear-cut formula or recipe for gender and disability inclusion as these are largely contingent on local social, cultural, and political contexts, the research team provides a number of entry points for making inclusion work in disaster recovery that local government, disability people's organizations, and advocacy groups might want to consider, adopt, or innovate on. These identified entry points are by no means exhaustive nor do these operate in isolation from each other. But working on one of these areas can result in improvements in other areas which may engender particular pathways to inclusion in build back better disaster recovery that are suited to the specific context of localities under question.

### 1. Enhance the collection of gender-sensitive disability data

The findings of the study demonstrate the lack of reliable disability data that is in fact crucial for developing inclusive policies and programs. This results in underreporting of the prevalence of different forms of disabilities that would have been useful in informing DRR and recovery initiatives. In addition to unreliable disability data, the data that are collected are often not gender-disaggregated. In effect, certain sections of women and girls with disabilities are placed at an even greater disadvantage. Specifically, there is potential for a more systematic use of Washington Group Questions in disability data gathering for DRR purposes, granted that appropriate training on their use is conducted.

### 2. Incorporate Gender and Disability Perspectives in Policy Implementation and Operationalization

Global and local policy frameworks can be leveraged to incorporate principles of gender and disability inclusion in disaster risk reduction and build back better disaster recovery initiatives. While the research findings show that the local policy environment contain weaknesses in terms of operationalizing 'inclusion' as stated in the local disaster recovery plan national laws and policies can be invoked to motivate local government and other stakeholders to ensure access, participation, and non-discrimination of women and men with disabilities in the disaster recovery and resilience-building processes. It is important to involve persons with disabilities in the development and review of policies and programs to ensure their perspectives are included.

### 3. Strengthen organization building and DPO representation

Women and men with disabilities need to be engaged in order to ensure that disaster recovery initiatives are inclusive. Their unique perspectives can contribute greatly to improving local disaster governance systems and making these more inclusive. To do this, it is important to increase cognition of persons with disabilities regarding their rights so as to enable them to claim these. Women and men with disabilities need to be engaged in order to ensure that disaster recovery initiatives are inclusive. At the same time, informal community structures as well as formal institutions must be able to provide opportunities for women and men with disabilities to take on active, if not leadership, roles in disaster recovery, risk reduction, and development. Measures may be taken to support organization building among persons with disabilities and to promote self-representation in local councils, special bodies, and DRRM structures. Developing local leaders especially among

women with disabilities who often occupy positions of marginalization, can contribute to changing local community perceptions about disability.

### 4. Integrate Gender and Disability Rights Education in efforts to Build Back Better

As the study findings indicated, Build Back Better reconstruction has often been associated with recovering infrastructure and facilities, often without much consideration for gender and disability. However, if the purpose of Building Back Better is to develop more resilient communities in the face of current and future threats of disasters, gender and disability – along with other social issues that intersect to create disaster risks – must be concerns that disaster recovery efforts must address to ensure that "no one is left behind". Thus, conducting gender and disability rights education among stakeholders of disaster reconstruction and recovery is crucial to ensure that programs developed are inclusive to the needs, circumstances, and rights of women and men with disabilities. Persons with disabilities, gender rights advocates, and disability rights advocates can engage in cross learning regarding how to carry out gender-sensitive disability rights education as capacity building in this specific area is still less explored among practitioners concerned with gender mainstreaming and disability inclusion.

# 1. Introduction

Disasters, while often regarded as destructive events, are also increasingly seen as opportunities for change. The recent United Nations World Conference on Disaster Risk Reduction held in Sendai, Japan in 2015 advanced the idea of "build back better" as a key priority for disaster reconstruction (UNWCDRR, 2015). Increasingly, efforts to recover and rebuild from disaster aim to achieve resilience, instituting necessary changes that prevent reproducing the same vulnerabilities of disaster-affected populations (Fan, 2013; Mannakkara, Wilkinson, & Francis, 2014).

To maintain a path towards resilient and sustainable recovery, it is said that it is important to ensure disaster risk reduction measures are integrated in processes of reconstruction and that the whole of society is included in forging this new resilient future. Hence, the Sendai Framework for Disaster Risk Reduction and, more broadly, the Sustainable Development Goals, emphasize that disaster risk management and development planning and strategizing should leave no one behind (United Nations, 2015a, 2015b). While the principles of resilience and inclusion have been embraced by the international community, in practice, marginalized groups often continue to be overlooked throughout the disaster risk management cycle (Sharma, 2014). Persons with disabilities in particular are often "the first to be forgotten and the last to be remembered" among disadvantaged sectors (UNHROHC, 2014).

In a global study conducted by the United Nations International Strategy for Disaster Reduction, it was noted how conventional ways of undertaking disaster risk management largely excluded persons with disabilities illustrating why "they die, or are injured, in disproportionate numbers" (UNISDR, 2014, p. 2). A key finding of the study is a grim realization that over 85% of persons with disabilities across 137 countries have never participated in disaster risk management processes. Women with disabilities in particular face additional challenges as they confront multiple barriers to inclusion as a result of both their disability and gender, two domains of social life that are often overlooked in largely 'technocratic approaches' (Hewitt, 1983; Wisner, Cannon, Davis, & Blaikie, 2004) to disaster management.

In recognition of the need to make visible the circumstances, risks, and capacities of women and men with disabilities in the face of increasing threats of disasters, disability people's organizations and advocates have increasingly advanced the need to make disaster management and risk reduction more inclusive. Disaster recovery contexts provide an important opportunity to learn and transform existing exclusionary practices towards pursuing a more participatory, gender-responsive, and inclusive form of disaster risk-sensitive and sustainable development in the aftermath of a calamity.

It is against this backdrop that the Women with Disability Leap to Economic and Social Progress (WOWLEAP), in partnership with Inclusive Development and Empowerment Agenda (IDEA) and the University of the Philippines Center for Women's Studies Foundation Inc., has initiated a project entitled "Building Back Better - Making Inclusion Work in Recovery and Rehabilitation". WOWLEAP is an organization founded and run by women with disabilities, which implements programs for the advancement of women with disabilities and women caring for persons with disabilities (mothers, wives, daughters and women caregivers). Its programs focus on research, advocacy, networking, economic empowerment and leadership development and, political and social participation. With this specific project, WOWLEAP aims to develop strategies for promoting gender- and disability-in-

(1) For some examples, see initiatives undertaken by the Disability-inclusive Disaster Risk Reduction Network (www.didrrn.org)

clusive reconstruction efforts in Tacloban City in Central Philippines, an urban area that suffered tremendous damage and loss during the onslaught of typhoon Haiyan in 2013. This study conducted by WOWLEAP and its partners is a component of this project, which aims to document evidence on the need to advance gender- and disability-inclusion in disaster recovery and also to use such evidence in mapping out pathways and entry points to make inclusion work in post-disaster contexts. Moreover, it aims to highlight the particular circumstances of women with disabilities, a "sector within a sector" that largely remains invisible in DRM and development programming. The details of the project and the study are discussed further in the succeeding sections.

## 1.1. About the Project

Building Back Better - Making Inclusion Work in Recovery and Rehabilitation is funded by Arbeiter-Samariter-Bund, a German relief and social-welfare organisation engaged in a wide range of social service provision in Germany and abroad,together with Aktion Deutschland Hilft, a federation of German relief organisations. The project is part of a broader Philippine Resilience Programme initiated by the funding organization which aims to strengthen the resilience of communities affected by typhoon Haiyan through inclusive community-based initiatives.

WOWLEAP believes that persons with disabilities, especially women, are in a better position to articulate the circumstances that confront them in the aftermath of disaster as well as to identify solutions to issues of accessibility and participation with other important stakeholders. Hence, as an implementation strategy, the project is initiated and led by women with disability with support from advocacy partners.

The key outcomes envisioned by the project are as follows:

- Documented and communicated evidence on barriers and enablers to gender and disability inclusion in recovery and rehabilitation
- Identified initial recommendations to address those barriers and build on the enablers, including the process and the requirements for making recovery and rehabilitation more inclusive
- Empowered and capacitated stakeholders, namely the Tacloban City Government Recovery and Rehabilitation Cluster Members and key members of the Tacloban DPO, to implement identified recommendations
- Enabled stakeholders to formulate and implement their own strategies for inclusion by providing them with the tools to do so

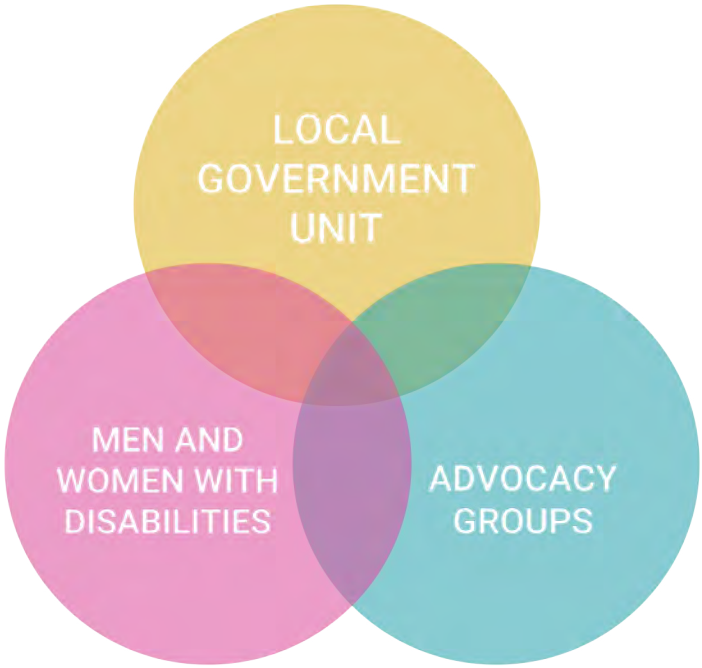



Figure 1 Partnerships established for promoting disability-inclusive disaster recovery, facilitated by WOW LEAP

It is envisioned that the project can produce a model of good practice for gender-and disability-inclusion in disaster recovery which can become a springboard for future similar undertakings that contribute to the increased and meaningful participation of persons with disabilities in disaster risk reduction and resilience-building efforts.

### 1.2. Purpose of the Study

In the Philippine context, adequate disability data is hard to come by. This is even more difficult in contexts of disasters when disability perspectives are still largely marginalized in existing DRM planning and programming. Limitations in obtaining reliable disability data is due to a number of factors including inadequacy of tools used to capture disability data, constraints in obtaining information about disability registrations, low prioritization, and social stigma, among others (Suprobo, 2011).

Given this, any initiative to promote and support gender- and disability- inclusion must first undertake measures to understand conditions that hinder or enable participation of women and men with disabilities in disaster risk management, or, specifically in the context of the project, disaster recovery and reconstruction.(2) Thus, this study is integrated in the project design in order to inform the development of strategies and interventions that will be carried out in the project site, Tacloban City.

This study endeavors to answer this central question: How can Build Back Better disaster recovery programs and initiatives in Tacloban City be made more gender- and disability-inclusive?

To answer this question, the study lays down its specific objectives, as follows:
1. To document the experiences, circumstances, and conditions of women and men with disabilities in the context of post-Haiyan disaster recovery and reconstruction;
2. To identify barriers and enablers for inclusion in the process of rebuilding; and
3. To identify measures that promote and facilitate gender- and disability-inclusion in Build Back Better disaster recovery programs based on the evidence documented.

(2) According to official UNISDR terminology, recovery refers to restoring or improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster-affected community or society while reconstruction pertains to restoring critical infrastructures, services, housing, facilities and livelihoods which are part of the larger recovery process. In this sense, there are overlaps between the use of 'recovery' and 'reconstruction' in this report, and are sometimes employed interchangeably as it applies to particular contexts.

## 2. Research Design and Methodology

The research approach is informed by the social model (Priestley & Hemingway, 2007) for understanding disability - that disabilities are a product of the interaction between functioning limitations and their physical and social environment. While there may be different conceptualizations of disability across cultures, the study adopts the definition of disability advanced by the UN Convention on the Rights of Persons with Disabilities (United Nations, 2008, p. 4), which states that "[p]ersons 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." Understood in this light, the notion of disability focuses not on impairments as simply a medical issue but rather frames disability as partly constituted by barriers that arise from social conditions. This becomes an important platform with which to address disability as a human rights issue.

Applying the social model and rights-based approach to disaster recovery, it is then important to understand how functioning limitations are hindered or facilitated by the operational environment (i.e., physical, cultural, social, and policy environments) that exist in contexts of disaster recovery. As rights-based approaches are necessarily normative, the study is inclined towards prescribing actions that would contribute to removing the barriers to equal participation of persons with disabilities in disaster recovery initiatives. This would not only facilitate their inclusion in rebuilding processes, but also set the stage for claiming their rights and entitlements for a resilient and sustainable future along with the rest of the population.

Figure 2. Social Model of Disability (diagram adapted from www.salto-youth.net)

With this in mind, the study was designed to capture the challenges and opportunities for inclusion that exist for persons with disabilities in the post-Haiyan reconstruction context, which would allow the implementing organization and its partners to formulate measures to promote inclusiveness in recovery programs. Moreover, with the recognition that disaster experiences are also largely shaped by gender (Enarson & Morrow, 1998), the study also explicitly applies a gender lens in order to account for the differences in experiences, risks, and capacities of women and men with disabilities. This is also in acknowledgment of how across cultures, women and girls with disabilities tend to confront multiple forms of discrimination that arise from their gender identity (United Nations, 2008, p. 7).

The approach of the study is mainly qualitative, in order to allow a richer understanding of the context and to make visible the narratives of persons with disabilities, in particular women. Data collection consisted of key informant interviews with duty bearers, individual interviews with women and men with disabilities, and focus group discussions. Lastly, since this study is an action research, the findings from the data collection were used to develop tools to help promote gender and disability inclusion and applied to pilot interventions. The following section provides a description of each method developed and how these were carried out by this study.

## 2.1. Methods of Data Collection

Data collection was conducted from July 2015 to April 2016. While the study focuses on the context of Tacloban City, the research team also involved representatives from national agencies and other civil society organizations who are able to provide inputs regarding disability and gender inclusion in disaster recovery.

### 2.1.1. Key informant interviews

Key informant interviews (KII) were conducted with government agencies involved in various capacities in the development, implementation, monitoring and evaluation of policies and programs for the recovery and rehabilitation of Tacloban City. Those government agencies in Tacloban were:

- City Social Welfare Office (CSWO),
- People with Disabilities Affair Office (PDAO),
- City Mayor's Office,
- City Engineering Office,
- City Health Office (CHO),
- City Veterinary Office (CVO),
- City Administration,
- Office of Civil Defense (OCD), and
- National Economic Development Authority (NEDA) Regional Office 8.

Participants were asked a series of open-ended questions focusing on their perception of the rights of people with disability, gender, sex, experiences after typhoon Haiyan, and their insights on barriers and enablers to recovery and rehabilitation of Tacloban City. Guide questions for the interviews were written in English and translated to Filipino (see Annex A). The interviews were audio-recorded and transcribed.

### 2.1.2 Individual interviews with Persons with Disabilities

Fifteen (15) persons with disabilities were also interviewed to collect data regarding their experiences during and after the disaster and to understand the challenges encountered and coping strategies employed in the context of disaster recovery. A questionnaire was also administered to allow participants to self-assess their functioning limitations, regardless of obvious disabilities, and to evaluate the effectiveness of activities that address their priorities and needs. The questionnaire had five sections that covered demographic information; assessment of functioning; awareness of the rights of people with disability; well-being and quality of life; and, participation in the community.

### 2.1.3. Focus Group Discussions

Six sets of focus group discussions (FGD) were conducted with communities to ensure cross-sectoral representation including persons with disabilities. The FGD process followed a semi-structured format with open-ended questions (see Annex B – FGD Guide) and covered the following groups: National Government Agencies, National-level women's organizations, International and Local Non-Government Organizations, women with disabilities in Tacloban, parents/caregivers of children with disabilities in Tacloban, men with disabilities in Tacloban, and mainstream women's organization in Tacloban. Through the group discussions, the perspectives of the participants on the barriers and enablers to recovery and rehabilitation information and services were gathered. A discussion on their perspectives regarding the concepts of sex, gender, and disability was also facilitated.

### 2.1.4. Accessibility Walkthroughs

Accessibility walkthroughs is a method that allows study participants to visit specific areas and observe/identify issues of accessibility as they conduct the walkthrough. For this study, ten (10) public areas were visited, namely: city hall, mall, public hospital, private hospital, public park, church, bunk house, Persons with Disabilities Affairs Office (PDAO), Violence Against Women (VAW) desk, Tacloban City Persons with Disability Multi-Purpose Cooperative (TAPDICO), and public school. Participants for this exercise involved selected personnel from the City Government of Tacloban, government agencies operating in Region 8, and persons with disabilities. After the walkthrough, observations were processed and recommendations were formulated in order to make the public spaces visited more accessible for persons with

disabilities. Annex C presents the Accessibility Walkthrough Tool used for this study.

### 2.2. Scope and Limitations

As a broader goal, the study hopes to contribute to knowledge about and practice of gender- and disability inclusion in the context of disaster recovery. However, limitations of time and resources provide practical constraints on the depth and breadth of data collection and analysis that the study was able to undertake.

As elaborated in preceding sections, the study is mainly qualitative in nature and thus does not aim to achieve 'representativeness' in its sampling design as is often the case for quantitative research. It does however aim to understand in more depth specific experiences of women and men with disabilities in a selected site in Tacloban City, the insights of which are intended for the particular context of this disaster-affected city. Where findings and lessons learned are deemed relevant, they may be considered for application to other geographical settings.

## 3. Building Back Better? The Need for Gender and Disability Inclusion in Disaster Recovery

It has increasingly been recognized that disasters take a disproportionate toll on affected populations, often with the most marginalized bearing the greatest impact of calamities (Sharma, 2014). Persons with disabilities already face higher risks relative to the rest of the population in disaster contexts especially when their social and physical environments provide disabling conditions for them to survive – and recover from – such extreme events (UNESCAP, 2015, p. 30).

The acknowledgement of the social causes of disaster risk (Tierney, 2015; Wisner et al., 2004), rooted in the same processes that give rise to social inequities, poverty, and exclusion, provides an appropriate lens with which to understand why persons with disabilities tend to experience more adverse impacts of disasters. More importantly, it generates a discussion on how changing environmental and social conditions is essential to making disaster recovery achieve its goal of rebuilding for the 'better'.

While inclusion is becoming a buzzword in disaster risk management and development, it has proven to be a very challenging task given that barriers to achieving inclusion are deeply ingrained in various forms of social organization and relations, with such barriers mutually constituting each other. Thus women with disabilities, for example, may not only experience social exclusion as a result of their functioning limitations, but also as a consequence of their status as women. According to Harilyn Rousson (2001; cited in Enarson, 2009, p.1), "[d]isabled women and girls live at the corner of disability and womanhood – with two 'minority' identities, a double dose of discrimination and stereotyping and

**CHALLENGES TO GENDER AND DISABILITY INCLUSION IN DISASTER CONTEXTS**

- **Non-recognition of the abilities of women in crisis who live with disabilities**
- **Inattention to diversity between and among groups of persons with disabilities**
- **Stereotyping that produces paternalistic rather than empowering approaches**
- **Inadequate consideration of gender and disability in disaster planning**
- **Lack of awareness of gender-specific factors that increase the risk of women living with disabilities**
- **Lack of an evidence base to help policy-makers, planners, practitioners, and communities address gender and disability in disaster contexts**

Adapted from Enarson, 2009, p.1

multiple barriers to achieving their life goals." This applies to women with disabilities who encounter these conditions during "normal" times and even more so in times of crisis such as a disaster.

It has been noted that disability compounds the social effects of disasters, especially for women and girls who face impediments as a result of both disability and their gender (Enarson, 2009). Studies have shown that women with disabilities are exposed to higher rates of sexual assault and partner abuse, conditions which are aggravated in post-disaster settings (ibid.). In many societies, cultural norms may already hinder women's mobility and ability to access disaster assistance (Potohar Organization for Development Advocacy, 2007), thus making it more difficult for a woman living with disability to receive much needed services and relief when a disaster strikes. Moreover, gender-blind disaster response systems and inattention to the needs of dependent persons have been observed to "make care work more complex among disabled and non-disabled caregivers" (Enarson, 2009, p. 2). Unfortunately, current policy instruments are often inadequate (Sharma, 2014) to address the multiple ways gender and disability shape experiences of exclusion, especially in contexts of disaster recovery.

With this, it is clear that gender and disability inclusion are critical yet neglected aspects for disaster risk reduction as well as in recovery following a calamity. As Build Back Better has become a slogan for disaster recovery and reconstruction since the Indian Ocean tsunami in 2004, it is worth asking whether communities can truly be 'built back better' if marginalized sectors, such as men and women with disabilities, continue to be excluded in the process of recovery.

While inclusive disaster risk management is still not fully achieved, there are, however, spaces of engagement where inclusion can be advanced and traditional ways of preparing for and responding to disasters can be transformed to become more sensitive to the needs, conditions, and abilities addressed in the next section which provides an overview of some existing international and local policies and frameworks that govern disaster risk management and recovery processes, how these take into consideration issues of gender and disability, and how these may be leveraged to promote inclusiveness in disaster planning and programming.

As Build Back Better has become a slogan for disaster recovery and reconstruction since the Indian Ocean tsunami in 2004, it is worth asking whether communities can truly be 'built back better' if marginalized sectors, such as men and women with disabilities, continue to be excluded in the process of recovery.

## 3.1. Global and Local Policy Frameworks

Since the declaration of the International Decade of Natural Disaster Reduction in 1989 through UN General Assembly Resolution 44/236, policy frameworks at the international level addressing the issue of heightened risks to disasters have been evolving. From a virtual non-recognition of differential conditions of socially 'vulnerable' groups to the latest pronouncements for the need for inclusion of marginalized sectors, perspectives on what constitutes disaster risks and how these are best addressed are evidently changing towards accommodating more active involvement and participation from local communities and social groups.

Although gender mainstreaming in disaster management has been an ongoing effort championed by gender scholars and advocates since the 1990s (Enarson & Meyreles, 2004; UNISDR, 2007), in reality gender integration in disaster risk management and planning remains largely an "unfinished", or even in some parts of the world "unstarted", business (Seager, 2014). Likewise, integrating disability perspectives in disaster risk management has been brought up in the international arena relatively recently.

The Hyogo Framework for Action 2005-2015, which had become the international blueprint for disaster reduction following the Indian Ocean Tsunami in 2004, had been more conscious about the need to address risks faced by 'vulnerable groups' but only mentions persons with disabilities in passing (Priestley & Hemingway, 2007; UNISDR, 2005).Its successor, the Sendai Framework for Disaster Risk Reduction 2015-2030 developed during the Third World Conference on Disaster Risk Reduction is more explicit regarding inclusion of persons with disabilities along with other groups considered at risk such as women and children (United Nations, 2015a). Here, women and persons with disabilities are identified as important stakeholders in processes involving the design and implementation of disaster risk reduction measures (United Nations, 2015a, p. 10). More importantly, it promotes accessibility as an important component of ensuring the active engagement of persons with disabilities.

As disaster risk reduction is inevitably linked to processes of development, gender and disability inclusion are also visible in the crafting of theSustainable Development Goals, UN Convention on the Rights of Persons with Disabilities (UNCRPD), and the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific 2013-2022, among others (UNESCAP, 2012; United Nations, 2008, 2015b).

> States Parties shall take, in accordance with their obligations under international law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disaster
>
> *Article 11, Convention on the Rights of Persons with Disabilities*

The global frameworks that have so far emerged through advocacy efforts of women and men with disabilities and advocates provide the institutional drivers that support more inclusive measures in both disaster risk reduction and development planning. These developments on the global stage also provide basis for some of the policy frameworks in the Philippines that address gender and disability in disaster risk management, as discussed below.

In 2010, the Philippines passed into law the Philippine Disaster Risk Reduction and Management Act(RA 10121)in order to strengthen institutional capacities to prepare for, mitigate, prevent, and respond to disasters from the national to local levels. The law puts a relatively greater emphasis on gender compared to disability, stating that disaster risk reduction and management (DRRM) plans should be gender-responsive. This is also inscribed in the National DRRM Plan where gender is considered a cross-cutting theme across different priority areas. Commitments to promoting gender-sensitive vulnerability and capacity analysis in all DRRM processes are explicit in the National DRRM Plan, encouraging the balancing of roles, responsibilities, needs, interests, capacities of women and men. Disability issues however are less visible. While both the DRRM law and plan recognize persons with disabilities as part of the "vulnerable" groups that must be considered in DRRM activities, little else is said regarding how persons with disabilities can participate more actively in such processes and how they can be more effectively represented in relevant government bodies.

Another relevant law in the Philippines is the Magna Carta of Women (RA 9710), passed in 2009. In accordance with the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Magna Carta of Women is a comprehensive women's human rights law that seeks to eliminate discrimination against women by promoting, protecting and fulfilling the rights of Filipino women, especially those in marginalized sectors (NSO-GAD Committee, 2010). Notably, section 10 of the law specifically underscores women's right to protection and security in times of disasters and other crisis situations. While women with

disabilities are considered as part of the marginalized sectors protected under the Magna Carta of Women, there is, however, little mention about their specific needs or rights.

A law that addresses the specific concerns of persons with disabilities is the Magna Carta of Disabled Persons (RA 7277)which states that persons with disabilities must enjoy the same rights as any other Filipino citizen. It mandates all government agencies and departments to ensure that persons with disabilities gain access to all basic services and prohibits all forms of discrimination. There are however no gender-specific provisions that give attention to the particular needs of women and men with disabilities. There are also no provisions that ensure the promotion and fulfillment of the rights of persons with disabilities in times of disasters.

## 3.2. Building Back Better: Typhoon Haiyan Disaster Recovery as an Opportunity for Promoting Inclusion

While the Philippines is no stranger to disasters as evidenced by the number of calamities it has experienced throughout its history (Bankoff, 2003), the magnitude of destruction brought about by typhoon Haiyan brought forward the realization that efforts must be made in order to build the resilience of disaster-affected populations in order to better equip them for future calamities (Guttierez, 2013). Indeed, Haiyan (locally known as Yolanda) had been an immensely destructive category 5 storm which ripped across Central Philippines on November 8, 2013. Nine of the Philippines' 17 administrative regions were affected by Typhoon Haiyan, covering 12,122 barangays in 44 provinces, 591 municipalities and 57 cities (NEDA, 2013; OCD, 2014). In its aftermath, typhoon Haiyan left over a million homes destroyed, more than 6,000 lives lost, nearly 30,000 injured, around 4 million people displaced, and about 16 million people affected (NDRRMC, 2013). Figure 3 below shows the areas affected by the 100-km storm track of Haiyan.

Subsequent damage and needs assessment indicated the importance of addressing various emergency needs such as temporary shelters, water, and food (UNOCHA, 2013) shortly after the disaster. The post-disaster needs assessment (PDNA), however, had not looked into the impact that Haiyan had on persons with existing disabilities as well as the potentially disabling effect of the disaster on the general population. Indeed, in a survey carried out by the World Health Organization Regional Office for the Western Pacific (WHO-WPRO) six months after typhoon Haiyan in affected areas, findings showed that disability levels were higher than normal (Leonardi et al., 2016). This supports the observation expressed in the 1st World Report on Disability in 2011 (World Health Organization, 2011) which states the disasters can also increase the prevalence of disability among affected populations. In the WHO-WPRO study, higher scores have been reported on disability domains such as understanding and communicating, mobility (getting around), and participation in society. Likewise, ***higher levels of disability have been found among women than among men*** (Leonardi et al., 2016). In the same study, Tacloban City reported higher proportions of people with severe, very severe, and complete disability

In sum, a review of the global and local policy frameworks reveals that while there is growing, albeit uneven, acknowledgment of the need for gender and disability inclusion in disaster risk management planning, more still needs to be done in order to realize the goal of "leaving no one behind." In the Philippines, there are significant attempts to make DRRM planning and programming more inclusive, with various laws acting as enabling policy environments that could potentially "make the right real" for women and men with disabilities. The challenge undertaken by the project is to be able to draw on these policy frameworks as an entry point for promoting inclusiveness especially in disaster recovery in the aftermath of typhoon Haiyan.

compared to other areas surveyed.(3)

Despite this, standard tools used for conducting PDNA are not designed to adequately capture disability data. Hence, in the aftermath of Haiyan, persons with disabilities were not fully accounted for in the response efforts resulting in the lack of disability-sensitive approaches in carrying out disaster assistance (UNISDR, 2014).

The National Council on Disability Affairs (NCDA) estimated that there were around 1.83 million people living with disabilities in the areas affected by Haiyan.

(3) The survey covered the provinces of Leyte, Samar, and Eastern Samar including Ormoc City and Tacloban City and was administered to 1,982 randomly selected adults.

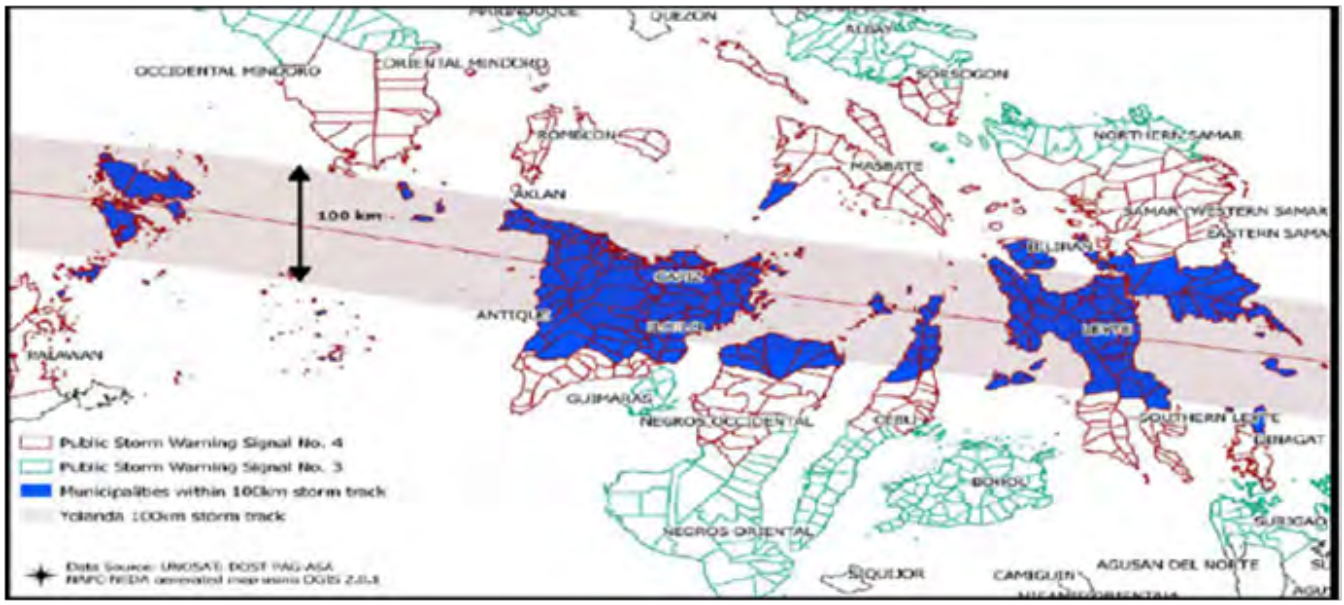


Figure 3. Map of 100km Storm Track of Typhoon Haiyan (National Economic Development Council, 2013)

Figure 4. Snapshot of the Extent of Damage of Typhoon Haiyan (Photo Credit: www.america.aljazeera.com)

The results of a rapid assessment carried out by NCDA two months after Haiyan, highlighted the inadequate support and exclusion of persons with disabilities in the provision of services. They noted barriers such as exclusion in relief due to lack of accessibility, unmet needs for shelter and livelihood, lack of means to recover, and lack of protection measures especially for persons with disabilities (NCDA, 2014). With recent efforts to 'build back better', it is important to ask: what lessons from the experiences of women and men with disabilities who had survived the impact of Haiyan can be gleaned to achieve inclusive community resilience?

Given this, WOWLEAP and its implementing partners, consider post-Haiyan disaster reconstruction as a chance to integrate more inclusive approaches to rebuilding by learning from the pitfalls of exclusionary conventional disaster risk management processes, as demonstrated above. In the following chapters, the report provides more detail regarding the barriers and enablers for inclusion in post-Haiyan disaster recovery generated through field research conducted in Tacloban City. By presenting empirical evidence on the challenges and opportunities encountered by women and men with disabilities in the aftermath of Haiyan and drawing on existing enabling policy frameworks, WOWLEAP hopes to identify entry points and pathways to making disaster recovery, and development in general, more inclusive through a gender and disability lens.

# 4. Research Findings and Analysis

This chapter presents the findings of the study utilizing a combination of data collection methods. Drawing on the results of accessibility walkthroughs, individual interviews, and focus group discussions with key representatives from government agencies, women and men with disabilities, and other stakeholders, this chapter situates the study in the context of post-Haiyan Tacloban City and maps out the experiences of persons with disabilities in striving to recover from Haiyan, the barriers encountered and the enabling conditions that may be optimized for inclusion.

> People's environments have a huge effect on the prevalence and extent of disability. Major environmental changes, such as those caused by natural disasters or conflict situations, will also affect the prevalence of disability not only by changing impairments but also by creating barriers in the physical environment.
>
> *1st World Report on Disability, 2011*

## 4.1. The Research Context

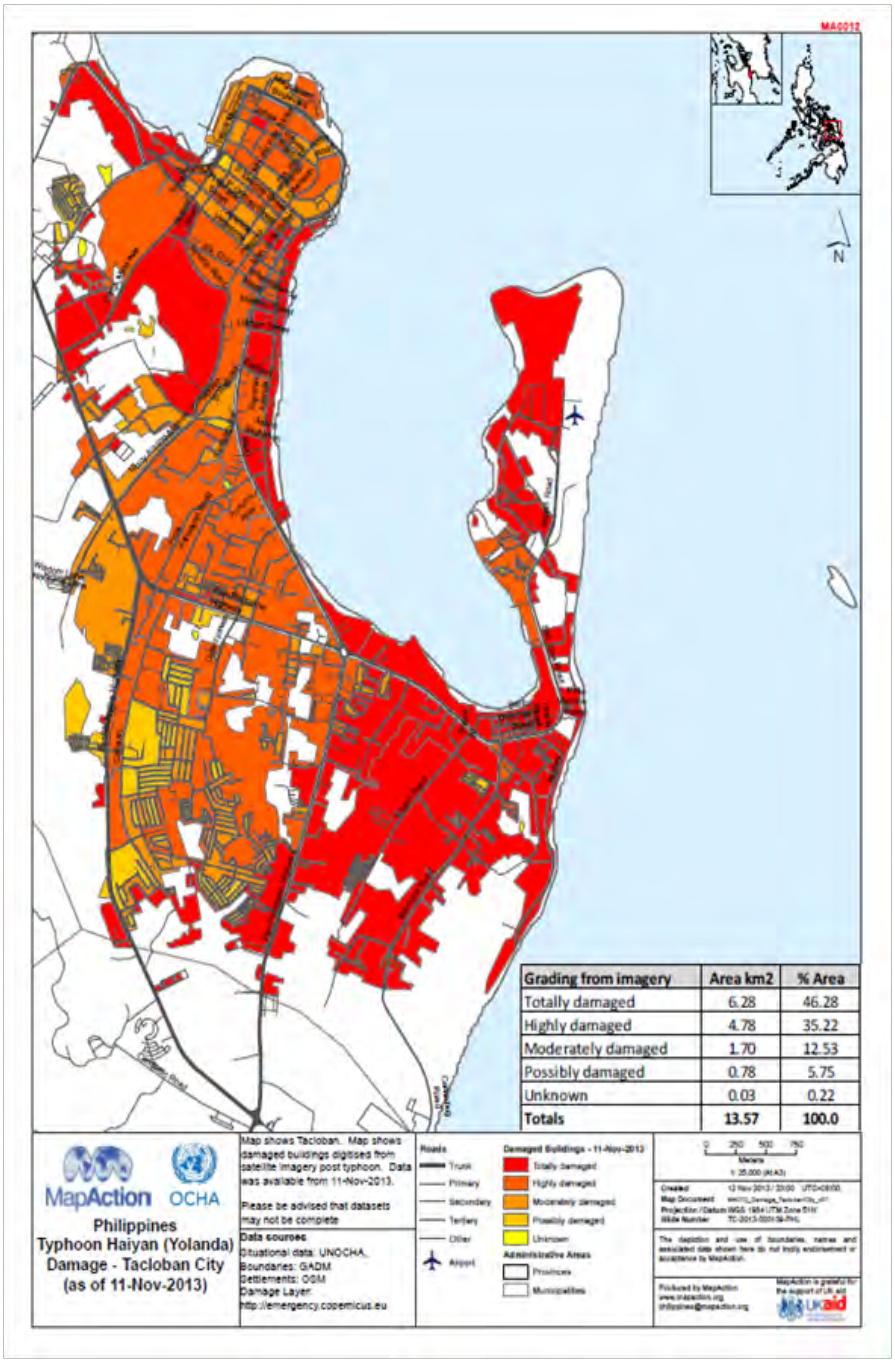
Tacloban is categorized as a highly urbanized city serving as the hub for commerce, trade, education, communication and technology in the Eastern Visayas region of the Philippines. It is located in the north eastern part of Leyte Island with a total land area of 201.72 sq km (TCPDO, 2009).

According to the 2015 census, Tacloban City has a population of 242,000 with a population growth rate of 1.73 percent from 2010-2015 (Philippine Statistics Authority, 2016). The population doubles in the day time "due to the influx of workers, businessmen, students and visitors" (Ong, Jamero, Esteban, Honda, & Onuki, 2016, p. 6). Tacloban is comprised of 138 barangays (villages), with the highest concentration of the city's population found along the southern coastal areas where development is most pronounced (Ong et al., 2016).

On November 8, 2013, typhoon Haiyan made landfall in Tacloban City generating extraordinarily large storm surges. Although Tacloban City has experienced storm surges in the past (TCPDO, 2009), affected communities had not anticipated the magnitude of destruction due partly to weaknesses in communication of early warning (Neussner, 2014). As a result, Tacloban City was among the worst affected by the typhoon accounting for the highest number of casualties among those struck by Haiyan (Mersereau, 2013).

Figure 5. Location of Tacloban City (from google images)

## TACLOBAN IN THE AFTERMATH OF HAIYAN



## SHELTER AND LIVELIHOOD

**29, 734**
total damaged houses

**17,643**
partially damaged houses

**90%**
of the total damaged houses are along the coastline

**10,000**
of the total damaged houses belong to the urban poor

**28**
of the city's 136 barangays have coasts and lowlands considered as danger zones. These danger zones are mostly occupied by informal settlers.

## SOCIAL FACILITIES AND SERVICES

Over **6,000** people still stay in tents, schools and other evacuation centers which disrupted classes and other functions

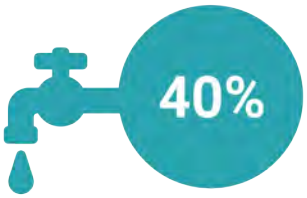
**90%**
90% of all pre-schools, elementary and high schools, and universities were badly damaged; a few are not planning to re-open

- **5** private hospitals
- **2** public hospitals
- **17** barangay health centers have sustained major structural and equipment damage

**36**
36 public buildings incurred major damage to roofs, ceilings, windows, electrical and plumbing systems.

## INFRASTRUCTURES AND UTILITIES

Around **60%** of the city's electric power has been restored (some buildings are still using generator sets).

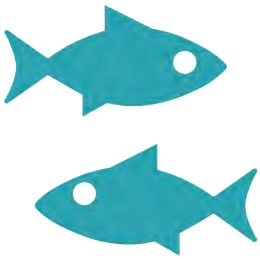



The city's traditional water supply (mostly in the south) has been restored but this is only **40%** of the real requirement of the city

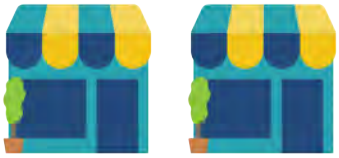
Communication land-lines are **not yet fully restored**

While major drainage channels have been cleared, they will r equire upgrading and securityto keep them permanently functional

## INFRASTRUCTURES AND UTILITIES



Fish and produce trading has been disrupted(affecting mainly poor fishers and small traders).



Many commercial activities are hampered or have not reopened (lack of electric power has forced businesses to shorten working hours).

The majorityof the city's business establishments were damaged and suffered interrupted operations. Less than 5%of the city's total establishments have renewed their business licenses (as of Jan. 2014).

In accordance with the clamor to "Build Back Better", the City Government of Tacloban in partnership with UN HABITAT formulated the Tacloban Recovery and Rehabilitation Plan (TRRP) (Tacloban Recovery and Sustainable Development Group, 2014) to identify immediate actions and strategies towards longer term recovery and sustainable development. This echoes the national and regional reconstruction plans that have been developed to pave the road towards recovery from the devastation caused by typhoon Haiyan (NEDA, 2013; NEDA VIII, 2014) The guiding principles upon which the plan was developed are the following:

- Inclusive and holistic– socially, environmentally, economically and culturally balanced redevelopment; disaster recovery as an "opportunity"
- Building back better and safer- exposure to future risk would be reduced; long-term city benefits will not be sacrificed for short-term individual gains; Actions shall address vulnerabilities and promote DRR
- Multiple resource generation/financial sources to achieve broad base impacts
- Needs-based and results oriented– considerate of both pre and post disaster realities and complements existing capacities
- Uses emergency responses/actions as building blocks for long-term recovery
- Collaborative, multi-sector, participatory– national and local ownership and engaging all stakeholders especially the communities

Despite its explicit adherence to inclusion, collaboration, and participation as stated in its guiding principles, the TRRP is silent on how it intends to make all these processes accessible and inclusive for women and men with disabilities. While the TRRP promotes the development and implementation of "gender-fair" programs, mainly through providing funds for gender-sensitivity trainings and prevention of gender-based violence, it does not consider how gender interacts with disability, resulting in the invisibility of the gendered needs and circumstances of persons with disabilities in Haiyan-affected communities.

In the infographics shown above, the TRRP identifies some key areas targeted for recovery initiatives based on its assessment of damages. Here, it is also apparent that data on disability and gender are absent which puts into question how inclusion can be effectively operationalized.

Taking off from this research context, the following sections present the findings of primary data collection that aims to bring to light actual circumstances of persons with disabilities from a gendered perspective, and to take stock of the challenges and opportunities for inclusive recovery.

## 4.2. Living with Disability in the Aftermath of the Haiyan Disaster

Fifteen persons with disabilities were interviewed in this study in order to understand the circumstances they faced in the wake of Haiyan, in addition to those who participated in focus group discussions. Majority of those individually interviewed were female and have attended regular schools. However, only 2 of the 15 interviewed were able to reach college. Most (11 out of 15) are self-employed or engaged in paid jobs. The table 1 summarizes the profiles of study participants interviewed, while table 2 summarizes the different forms of functioning limitations experienced by study participants, generated through a self-assessment exercise.

Table 1. Respondent profiles

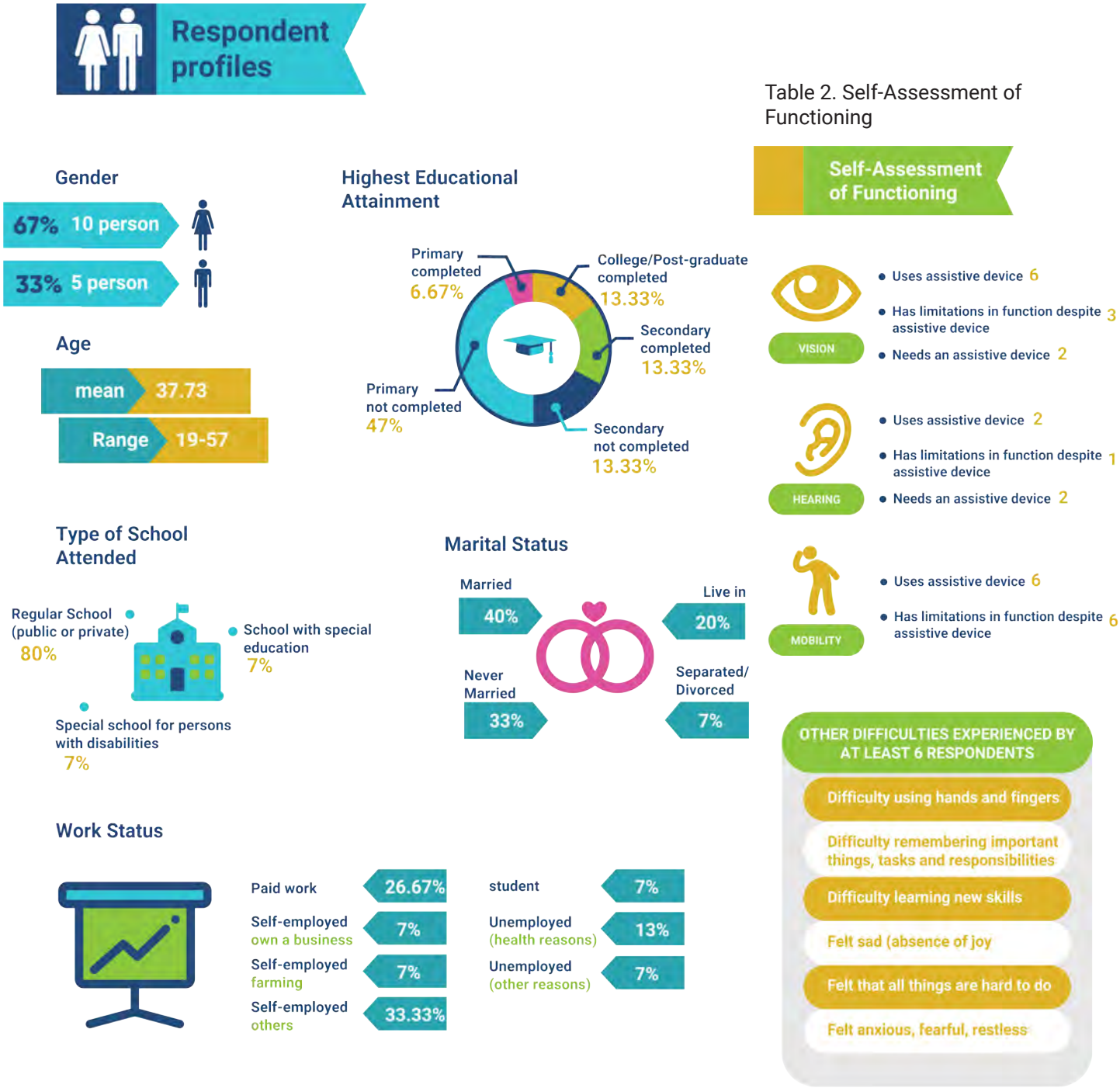



Table 2. Self-Assessment of Functioning




The study looked into a number of areas in order to capture the experiences of persons with disabilities during and after typhoon Haiyan, namely: 1) early warning and evacuation; 2) livelihood; 3) health; 4) education; 5) social services and emergency relief; 6) transportation and communication; and, 7) security and protection. It was important as well to recognize that such experiences could vary according to the forms of functioning limitations encountered by persons with disabilities, as well as how these experiences are influenced by gender. Hence, in interviews and focus group discussions with study participants, the research team made sure that the diversity within groups of persons with disabilities are acknowledged as shaping their experiences of disaster.

In terms of **early warning and evacuation**, issues about not receiving adequate information was identified by study participants. Lack of information led to panic and the inability to act appropriately to the situation (see Robinson & Kani, 2014 for a discussion on information-action model for disability-inclusive DRR). This was especially challenging for persons with hearing limitations as existing early warning systems are not responsive to their specific situations. Although study participants said that persons with disabilities had been prioritized in evacuation procedures, evacuation centers were not suited to their needs. For those with mobility limitations, participants noted that there was a lack of available assistive devices such as wheelchairs and canes. Women study participants with disabilities also pointed out that there was no appropriate toilet for them to use in these centers, and there were also no breastfeeding areas.

In terms of **livelihood**, like the rest of the affected population, persons with disabilities lost access to sources of income and experienced financial difficulties. Among study participants interviewed, 11 out of 15 said that their livelihoods were affected by the disaster. But with their functioning limitations, persons with disabilities found it even more challenging to overcome this situation due to limited opportunities to access employment and lack of disability-sensitive support to rebuild their livelihoods. Given this, however, cash-for-work was made available to some persons with disabilities as part of disaster recovery interventions.

In the area of **education**, classrooms were either destroyed or used as evacuation centers. This meant disruption of classes. In addition, teachers tasked to address children's need for education in the post-disaster context did not always have the qualifications to attend to learners with different needs. Specific to children with hearing limitations, sign language interpreters are usually not available.

Because of the destruction of **health** facilities, study participants identified difficulty in accessing medical assistance and treatment as one of the main challenges that they faced. The absence health professionals and lack of medicines during the first few days that followed the disaster was also among those highlighted by study participants as comprising their difficulties in relation to health. Where medical missions were carried out by a number of international non-government organizations (INGO) and other aid actors, these were not always accessible to persons with disabilities. This led to placing persons with disabilities at a disadvantage. Specific to women with disabilities, the lack of access to reproductive health supplies and services was raised as an important concern.

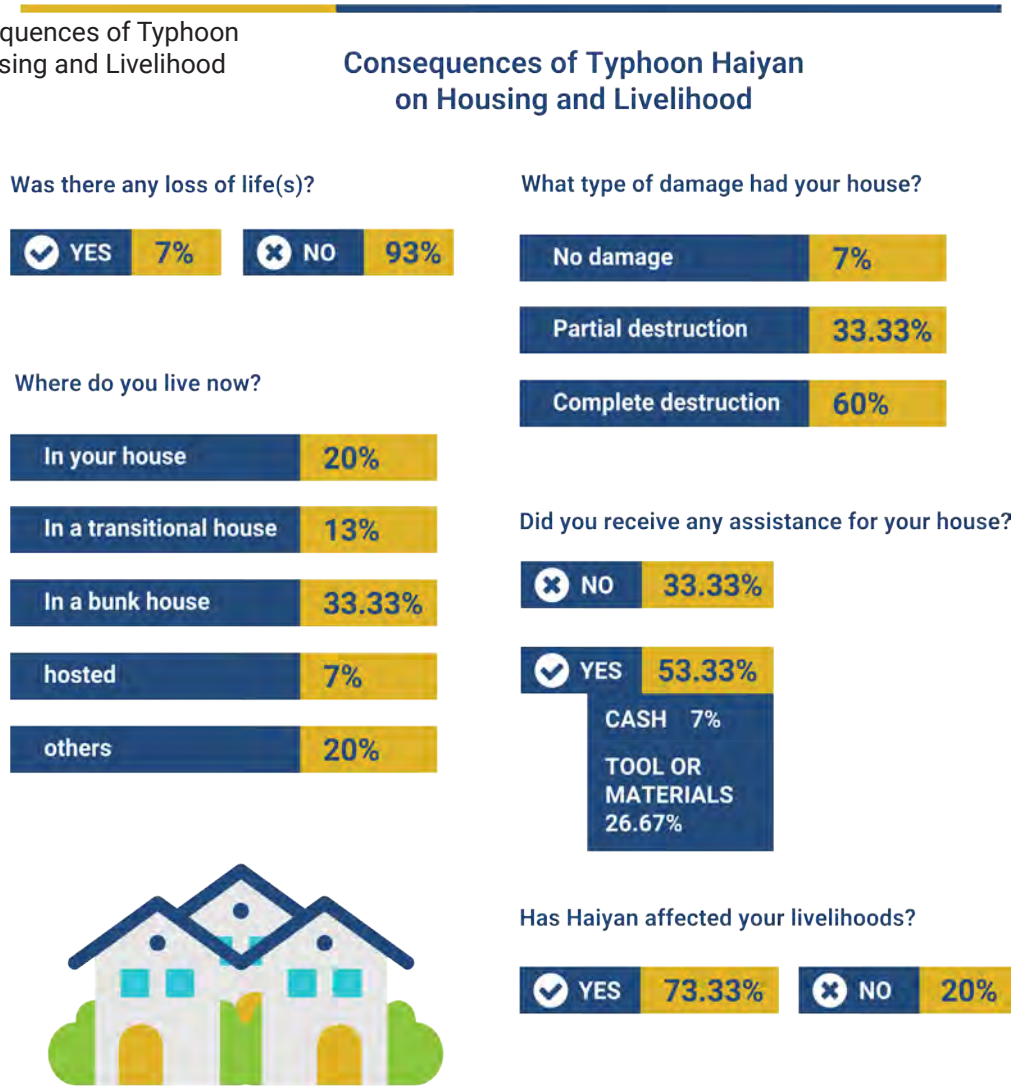
The delivery of **social services**, such aspsychosocial services, medical and financial assistance, and distribution of relief goods,is very important for disaster-affected populations and represent a vital lifeline for many disaster survivors. Persons with disabilities experienced further difficulties in availing of social services and relief goods since, in many cases, there were no priority lanes for persons with disabilities, some distribution sites had been inaccessible or far, and assistive devices were not readily available. Aid workers also lacked the proper orientation on how to address needs of persons with disabilities. For women with disabilities who participated in the study, they noted the late distribution of personal hygiene kits as an issue that they faced during the emergency phase of disaster response. Moreover, hygiene kits were not always appropriate for the needs of persons with disabilities (e.g., some women with disabilities preferred adult diapers over sanitary pads, especially those with mobility limitations). Lastly, as security is a major concern raised by women with disabilities (also addressed below), it was noted that there were no sign language interpreters employed to assist in the delivery of counselling services.

As **transportation** is also crucial in post-disaster contexts, study participants stated that vehicles used to transport people and goods were not accessible. This meant that persons with disabilities, especially with mobility limitations, are unable to easily reach important lifesaving services located in other parts of the city. Due to debris, roads were not passable which provided additional impediments for persons with disabilities. The destruction of **communication** infrastructure also made it more difficult to seek urgent assistance.

Lastly, **security and protection** are identified as important concerns for women with disabilities, especially for those with hearing limitations. Women study participants pointed out risks of being raped, sexually harassed in dark areas, and being subjected to other forms of gender-based violence. Indeed, after the Haiyan disaster, alarms were raised regarding the possible exploitation of women and children through sex trafficking (Agence France Press, 2014). Study participants felt that due to their disabilities, they might become more at risk of exploitation, especially in the absence of safe or permanent shelters. Indeed, key informant from the local government of Tacloban City recounted an incident wherein a blind girl was raped in one of the shelters that was built following the typhoon.

Connected to issues of security, among others, housing remains one of the largest projects in post-Haiyan reconstruction, and certainly one of the most challenging to accomplish (Potangaroa, 2016), along with the recovery of livelihoods. Just like the rest of the affected population in Tacloban City, most houses of respondents sustained damages. They reportedly did not receive any aid to repair their houses and most of them claimed that they have not returned to their homes since Typhoon Haiyan at the time when this study was conducted. Table 3 below describes the impacts of typhoon Haiyan on housing and livelihood of study participants.

Table 3. Consequences of Typhoon Haiyan on Housing and Livelihood




## In Focus: Difficulties of Women with Disabilities

In this study, women were usually the ones who reported having a prolonged negative state following the disaster in addition to the difficulties mentioned. Below are the conditions most frequently mentioned:

- No jobs or livelihoods
- Poor health
- Difficulties in developing social network (i.e., friendship)
- No say in decision making (i.e., opinion not heard in the family)
- Low self-esteem
- Not feeling respected or valued
- Difficulty sleeping

While most of the issues mentioned above deal with the immediate aftermath of typhoon, some issues were more enduring than others. The table below enumerates the major challenges that women and men with disabilities faced in various stages of the process of recovery. Two years after the disaster, study participants have identified poverty, food insecurity, need for housing assistance, and emotional trauma as pervasive issues that need to be addressed in ongoing disaster recovery.

Table 4. Challenges encountered by Persons with Disabilities

Despite the challenges mentioned above, study participants have also devised ways to cope with their situation. Personal perseverance, family support, and government assistance were identified as the three main factors that helped them undertake their own recovery efforts two years after typhoon Haiyan.

Table 5. Means of Coping with Challenges

This section has demonstrated that while typhoon Haiyan had a number of adverse impacts on the people of Tacloban City, persons with disabilities experienced additional burdens as a result of the lack of attention to their specific circumstances. This inattention to their needs and conditions create challenges for carrying out a truly inclusive disaster recovery. The next section of this report focuses attention on the factors (barriers) that contribute to the exclusion of women and men with disabilities, as well the enabling conditions that can support the promotion of inclusiveness in disaster recovery and reconstruction.

## 4.3. Barriers to Gender- and Disability-Inclusion in Post-Haiyan Disaster Recovery

As discussed in the research design and methodology section in this report, the social model for conceptualizing disability has been adopted for this study. Hence, the study endeavored to look into the various barriers encountered by persons with disabilities in the post-disaster context. In this section's discussion, barriers are categorized according to the following: 1) physical environment; 2) socio-cultural environment; and 3) policy and operational environment. Barriers in the physical environment pertain mainly to the material surroundings wherein persons with disabilities locate their day-to-day activities. Barriers in the social environment, meanwhile, refer to attitudes and norms that shape local understandings of the circumstances of persons with disabilities, perceptions regarding their 'vulnerabilities', and their capacities. The policy and operational environment mainly deal with organized practices as may be inscribed and acted on through existing policies, programs, and general socio-political setting that hinder or enable inclusive practices, specifically in the context of disaster recovery. Although these are discussed separately, these hindering conditions reinforce each other and constitute the multiple barriers that women and men with disabilities continuously encounter and navigate.

### Physical Environment

As mentioned in the methodology chapter of this report, the research team facilitated the conduct of an accessibility walkthrough of public areas in Tacloban City participated by persons with disabilities along with government personnel. The aim of the walkthrough was to enable participants to reflect on how accessible public areas are and engage in a dialogue that would generate recommendations to improve access as a consideration for "building back better".

To reiterate, the following areas were assessed: 1) City Hall; 2) shopping mall; 3) public hospital; 4) private hospital; 5) public park; 6) church; 7) bunk houses; 8) Persons with Disability Affairs Office (PDAO); 9) place of work; and,10) public school. These areas are considered significant spaces where vital political, social and economic activities take place. The PDAO office was included as it is the main office that has a specific mandate for delivering programs, services, and assistance to persons with disabilities. Below are the results of the accessibility walkthrough, which are corroborated by results of individual interviews and focus group discussions.

Most of the areas assessed were either not accessible by wheelchair or contain obstructions along the paths that hinder mobility. Many of the facilities assessed also lacked hand rails. Moreover, there were often no comfort rooms (bathrooms/toilets) designed to accommodate the needs of persons with disabilities, especially women.

In terms of access to information, public areas were not specifically accommodating to those who have visual impairments. There were no tactile floorings or braille markings that provide necessary guidance, information, or directions. The lack of signages also places persons with hearing limitations at a disadvantage.

In most of these facilities and public areas, there were no personnel or staff who are trained to provide support and information

In most of these facilities and public areas, there were no personnel or staff who are trained to provide support and information for persons with disabilities. Hospitals, which the public depend on to provide medical care and assistance, did not have sign language interpreters for persons with hearing limitations and the provision of priority lanes were not enforced. In addition to this, FGD results also reveal that facilities and equipment are not suitable for persons with disabilities.

After the Haiyan disaster, Tacloban City reconstruction initiatives saw to the construction of bunk houses that would serve as temporary or transitional shelters for those displaced by the typhoon. Through the walkthrough, participants were able to identify a number of important accessibility issues. Bunk houses that were visited were generally not accessible for wheelchair users and were not friendly to persons with visual impairments. Comfort rooms and sources of water were located at a distance from the bunk houses and were not designed for accessibility of persons with disabilities. This was supported by an account of one FGD participant who was a carer for a child diagnosed with attention deficit hyperactivity disorder (ADHD). In her narrative, she said that she had difficulty fetching water from the source since it was located far from her bunk house and she could not leave the child alone while fetching water. Participants also observed that comfort rooms were not secure spaces especially for women due to their location.

Lastly, it is interesting to note that facilities at the PDAO also has accessibility issues. Among the observations raised was that the path to the office was situated on a rough road, which makes it difficult for persons with mobility limitations. There were also a number of obstructions along pathways, such as boxes and chairs as well as a hose that lay across the ramp. Comfort rooms also did not have hand rails and signages were not clear. These are important observations that generated discussions among the participants given that it is important for the PDAO, which is at the frontline of providing services to persons with disabilities, to be accessible.

Based on these observations, participants came up with a number of recommendations to improve access to these public areas in order to remove the physical/environmental barriers encountered by women and men with disabilities. These include, among others, removing obstructions from pathways, providing hand rails and ramps, improving signages to ensure that persons with disabilities with different functioning limitations are able to access adequate information, ensuring accessibility of toilets and addressing the security issues raised, and considering these concerns in the city's annual investment plan. Table 6 below provides a more detailed description of the results of the accessibility walkthrough and corresponding recommendations developed.

Table 6. Results of the Accessibility Walkthrough

| Barriers to accessing community facilities | Recommendations to improve access |
|---|---|
| **City Hall**<br>• No comfort room for persons with disability<br>• There are obstructions along the pathways and ramps that impede mobility<br>• There are no staff to assist persons with disability<br>• There are no ramps at the entrance<br>• There are no elevators and escalators | • Elements identified in the accessibility assessment should be seriously considered in the city's annual investment program<br>• Signage advocating persons with disability concerns should be part of the advocacy efforts of the local government units and other stakeholders<br>• Appropriate information promoting persons with disability's development should be put in strategic areas<br>• Use data of persons with disability for development planning and programming |
| **Mall**<br>• Main highway going to the mall is not accessible for wheelchair users – sidewalk measurement does not comply with specifications for accessible roads<br>• Waiting shed ramp outside the mall is not accessible for use by persons with disability<br>• There are no persons at the information desk<br>• Floors are too slippery for wheelchair users and those with vision problems<br>• No hand bars inside the comfort rooms<br>• The doors of shops and stalls are too narrow for wheelchair users<br>• There are obstructions at the mall entrance (guard's table)<br>• The designated fire exit has no sign<br>• No big signage for persons with low vision<br>• No braille and audio inside the elevator<br>• No emergency siren for the blind in case of emergency evacuation | • Provide directional signs to fire exits<br>• Provide ramps and remove obstructions at the entrance<br>• Orient mall staff and vendors on gender and disability<br>• Provide signage and large print announcements for persons with vision limitations<br>• Provide sirens for emergency evacuation<br>• Place personnel at the information desk and orient staff on basic sign language<br>• Address accessibility issues of toilets |
| **Hospital**<br>• The supposed comfort room for persons with disability is locked. There is no signage that designates it as a comfort room for persons with disability<br>• There is no priority lane for persons with disability for patients availing health information and services<br>• At the elevators, there are no signage and braille for persons who are blind and with low vision, and audio for persons who are Deaf<br>• There are no available sign language interpreters among the hospital staff | • Use pictures and visual aids and flash cards for Deaf people<br>• Ramps should have standard dimensions<br>• Comfort rooms should be accessible for wheelchair users |
| **Park**<br>• There are no public toilets, including toilets for persons with disability<br>• There is no information office or desk | • Provide directional signage and Braille<br>• Provide public toilets and toilets for persons with disability |

| | |
|---|---|
| • There are no signage and Braille to give directions and information to persons who are blind and those with low vision | • Set up information desk |
| **Church**<br>• There are no handrails<br>• No church staff to assist persons with disability<br>• No skilled language interpreter | • Provide Braille for a parishioners with vision limitations<br>• Provide comfort room for persons with disability<br>• Provide interpreters for the deaf people church goers<br>• Orient church staff on how to assist persons with disability, if needed<br>• Signage should be available to persons with disability (mobility limitations, vision limitations, hearing limitations) |
| **Bunk houses**<br>• Not accessible to wheelchair users<br>• Not friendly for people with visual impairment/ blind<br>• No persons with disability comfort room<br>• Toilets are far from the houses<br>• Comfort rooms are not friendly to women in general and wheelchair users in particular, and are situated in unsafe locations | • Design bunk houses for wheelchair users and persons with vision limitations<br>• Provide bigger sleeping quarters and more spacious rooms<br>• Make available service wheelchairs<br>• Provide signage for people with hearing limitations<br>• Make wider pathways and free from obstructions<br>• Provide safe location for comfort room for women<br>• Provide accessible comfort rooms |
| **Persons with Disability Affairs Office**<br>• Rough roads leading to office<br>• Obstructions (boxes, chairs) along pathways<br>• Presence of hose on the ramp<br>• Signage are not clearly readable<br>• No handrails inside the toilet | • Clear pathways/roads from obstacles<br>• Provide Braille signage and those with clear large prints<br>• Provide reading materials in large prints and braille<br>• Install handrails inside the toilets<br>• Provide budget for disability-specific information materials (for persons with vision limitations; persons with hearing limitations)<br>• Allocate budget for accessible structures (e.g., accessible comfort room, ramps, etc.)<br>• Office should be well-lit to ensure safety |
| **Place of work**<br>• No signage<br>• Obstructions on pathways<br>• Facilities are not accessible facilities for persons with disability | • Provide signage<br>• Clear pathways from obstructions<br>• Ensure well-lighted and clean work area<br>• Provision for wheelchair users<br>• Facility to be accessible |
| **Public school**<br>• No traffic lights<br>• Pedestrian lines are faded<br>• Rough road leading to school<br>• Comfort rooms are not accessible for persons with vision limitations and wheelchair users<br>• Workers and staff not knowledgeable how to assist persons with disability<br>• Signage are in small print and not eye level | • Training of school teachers and on sign language<br>• Conduct gender and disability awareness for school teachers and staff<br>• Provide separate comfort rooms for male and female<br>• Provide signage and words in English<br>• Provide emergency warning/blinking lights for Deaf students |

- Step on the entrance to classroom
- Only one teacher knows how to use Braille
- Limited knowledge of teachers in signing
- Report of bullying female students who are blind
- Report of sexual harassment of female students
- Provide tactile floor
- Provide Braille map of school campus
- Provide wider pathways
- Provide ramps to entrance

### Socio-cultural Environment

Results of the study suggest that stereotypical notions about gender and disability still prevail and such conceptualizations run the risk of disempowering and further marginalizing persons with disabilities especially women. These contribute to the social barriers that are encountered by persons with disabilities as they strive to recover from disaster.

While there is general recognition especially among duty bearers that gender issues are concerns that affect both women and men, including persons with disabilities, women are often cast as "vulnerable" and at one time, even characterized as "helpless". Sex and gender are also understood within the binary categorization of man/woman without acknowledgement of the diversity between groups of women and men such as that pertaining to gender identity and sexual orientation.

Disability, on the other hand, is often understood in terms of the "incapacity to do things" or the inability to do things other "normal" people can, as gleaned from key informant interviews. In some cases, disability is also seen as a "trial from God" wherein disability becomes a test of perseverance and faith. Here, the focus of local conceptualizations of disability largely center on impairments, "incapacity", or qualities of a person (i.e., faithfulness) rather than on the disabling features of physical and social environments. This echoes the views of the charity or medical models of disability which see functioning limitations as detached from the socio-cultural environment and therefore negates social responsibility for making society's valued resources and spaces accessible to persons with disabilities.

In the context of post-Haiyan recovery, the socio-cultural framings of gender and disability translate into impediments for promoting and fulfilling the rights of women and men with disabilities. Paternalistic views about supposed vulnerability and incapacity prevent the development of inclusive programs for disaster response, relief, and recovery. This is further reinforced by negative attitudes and stigma faced by persons with disabilities in their own communities. Hence, women and men with disabilities who participated in this study reported not being able to participate fully in community activities or decision-making as they felt that their own communities did not see them as valuable members. In some instances, even family members would dissuade them from participating in community activities, meetings, and assemblies. The lack of participation also meant that women and men with disabilities are unable to contribute their own views and therefore are not given the opportunity and voice to ensure that community activities, programs, and projects, especially for disaster reconstruction are gender- and disability-inclusive. In many cases, these social norms and attitudes also affect the ways that persons with disabilities view themselves - as persons who are not able to contribute to society – hence often, women and men with disabilities are not cognizant about their rights.

The marginalization of women and men with disabilities, embedded within the pre-existing socio-cultural environment, have resulted in further disadvantage for these sectors in disaster response and recovery. According to accounts of study participants, this has led to the low prioritization of accessibility of disaster assistance, the lack of consideration for the needs of women in disaster relief (e.g., provision of menstrual pads and other

women's health-related items) with even much less consideration given to needs of women with disabilities, inadequacy of social and health services, inaccessible and non-secure facilities in transitional housing projects especially for women with disabilities, non-inclusive means of transportation, communication, and information dissemination, among others. Low cognition of rights of women and men with disabilities at various levels of governance and even among persons with disabilities themselves remain prevalent in the study site. Table 7 below summarizes the barriers persons with disabilities encounter in accessing vital lifelines and services in a disaster recovery setting. While much of the barriers deal with issues of program delivery, these are vastly influenced by deeply seated norms and views about disability.

Table 7. Access of persons with disabilities to community services

| Type of service | Access to service |
|---|---|
| **Access to health services** | Most respondents never had access to health facilities. A major barrier to access was because of the costs of health care. Other barriers include: lack of information about health services, absence of health centers in the area, physical accessibility to the health center, negative attitude towards persons with disability in the health center and difficulty going to the health center from the house. |
| **Participation in community meetings** | • Most respondents never attended community meetings.<br>• The main barriers to participation in community meetings are: lack of awareness on community consultations, physical accessibility of place where meeting will be held, expenses in attending a meeting and difficulty in going to the meeting place from their house, and negative attitudes to persons with disabilities that discourage them from attending. |
| **Access to assistive devices** | • One third of those needing assistive devices was unable to acquire one.<br>• Aside from not having access to assistive devices, others find the donated assistive device as inappropriate to their limitation in function. Other reasons for being unable to acquire an assistive device include lack of information about assistive device and lack of personal assistance when visiting centers that provide assistive devices. |
| **Access to rehabilitation services** | • Some persons with disabilities reportedly did not avail of rehabilitation services for the past six months.<br>• The barriers to accessing rehabilitation services include: lack of awareness on rehabilitation services, cost of services, difficulty going to rehabilitation facility from their house, and lack of rehabilitation services in their area. They also have problems in terms of social support when availing rehabilitation services since they do not have any personal assistant and that some families would not want them to undergo rehabilitation. |
| **Access to social activities (fiestas, watching movies, sports, social gatherings)** | • The respondents have varying levels of social participation<br>• Physical access to social venues was the most common barrier they encountered |
| **Access to government social welfare services** | • Most respondents did not receive any form of social welfare services from the government<br>• Majority of them are unaware of what government social welfare services are available. Some prefer not to avail because of physical accessibility and negative attitudes to persons with disabilities |

| | |
|---|---|
| **Access to disabled peoples' organization** | • Most were not able to avail of services being offered by disabled peoples' organizations (DPO)<br>• The main barrier reported is the lack of information on DPOs since they are unaware of what they can offer or they do know if there is one in their area |
| **Access to justice** | • Few are able to access justice services from legal centers<br>• The main barriers reported include the lack of information on services and the respondents' won lack of awareness on their rights |

In sum, the barriers generated in and through the socio-cultural environment may be largely intangible, but have very far-reaching consequences. As the data presented above shows, ideas, norms, and stereotypes are able to significantly influence the accessibility and delivery of social services and eventually shape how programs and projects are designed.

### Policy and Operational Environment

The disaster rebuilding efforts currently undertaken in Tacloban City are guided by the national, regional and local Build Back Better disaster recovery and reconstruction plans. The priority areas for recovery include livelihoods and business development, housing and resettlement, social services, and infrastructure (NEDA, 2013, 2015). As previously discussed, the city government has formulated the Tacloban Recovery and Rehabilitation Plan to set the direction for post-Haiyan reconstruction. While the TRRP uses the language of inclusion in its guiding principles, its operationalization remains unaddressed especially as it pertains to the inclusion of persons with disabilities. While it may be seen as an opportunity to promote gender and disability inclusion on one hand (to be discussed in the next section), the absence of explicit provisions for inclusion can also result in its neglect in the development of programs and initiatives.

The lack of operationalization of gender and disability inclusion in official policies and programs is due in part to the **insufficiency of reliable gender-disaggregated disability data**. The results of this study show that even where data is available, these are still not being used for planning. Participants of focus group discussions note that disability data were hardly or insufficiently collected even prior to the Haiyan disaster. Post-disaster, data on disability are even much rarer. This is due in in part to the inadequacy of tools in conducting needs assessment for disaster recovery and the invisibility of voices of women and men with disabilities in the planning process.

Another factor that produces barriers within the operational environment is the **low uptake of rights-based approaches to gender and disability inclusion at different levels of governance**. There is also very low awareness among communities and persons with disabilities regarding entitlements as enshrined in the national laws and policies, and in the UNCRPD in general. In the selected study site, service providers are, more often than not, not trained in dealing with issues of persons with disabilities nor are they particularly cognizant of issues pertaining to accessibility and disability rights (e.g., providing reasonable accommodation, ensuring access to sign language interpreters, and so on). Lack of awareness and competency in instituting universal design of infrastructure, for example, have led to public facilities remaining inaccessible after being rebuilt from the disaster. In effect, government is unable to fulfil its role and mandate as duty bearer for the promotion of gender and disability rights on one hand.

Another factor that constitutes a barrier for women and men with disabilities in participating fully and gaining from disaster recovery programs is the **absence**

**of mechanisms that would ensure the involvement of persons with disabilities in planning and implementation**. According to the interviews and FGDs conducted, there is still a need to strengthen organizations of persons with disabilities. The lack of organization also means that women and men with disabilities have difficulties in representing themselves in recovery planning processes and decision-making.

Lastly, **DRRM programs in Tacloban City, as of the conduct of this study, did not contain gender and disability components** (including programs for rehabilitation and recovery). While gender mainstreaming is often invoked in policy documents, gender at intersection with disability is not visible. Moreover, programs that have included disability in their scope are gender blind. For instance, the design of existing programs such as temporary shelters has not considered how disability and gender mutually shape women's experiences of gender-based violence and therefore fail to factor in specific circumstances of women with disabilities in transitional housing programs. In the "Laging Handa" Manual on Community Based Disaster Risk Management produced by the Philippine government, there are no specific approaches developed to ensure that women and men with disabilities are involved in disaster preparedness and risk reduction.

These barriers found in the policy and operational environment, socio-cultural environment, and the physical environment mutually constitute the hindering factors to gender and disability inclusion in post-Haiyan disaster recovery in Tacloban City. In order to answer the question 'how can build back better disaster recovery be made more inclusive?' the next section addresses enabling factors that can be leveraged in order to promote inclusiveness in the process of rebuilding.

## 4.4. Enabling Conditions for Gender and Disability Inclusion in 'Building Back Better' Post-Haiyan Tacloban City

Build Back Better is often associated with rebuilding more robust and resilient infrastructure (Schilderman & Lyons, 2011). Yet, as articulated by study participants, Build Back Better also encompasses aspirations to rebuild a better life for those affected by disasters – to indeed make buildings and infrastructure stronger, but also to deliver better services, and enhance community resilience to disasters. While such aspirations may not explicitly reflect the voices and interests of women and men with disabilities at present, it is worth asking whether such a desired state for recovery can even be achieved without necessitating measures for including the most marginalized sectors of society as enshrined in the Sendai Framework for Disaster Risk Reduction.

Despite the observation that current disaster recovery initiatives and programs are largely not gender- and disability-inclusive, enabling conditions exist which may be leveraged to make ongoing processes of rebuilding more responsive to the needs and rights of women and men with disabilities. This section outlines enablers according to three broadly formulated categories to respond to the barriers identified in the preceding section: 1) institutional drivers to support gender and disability inclusion; 2) opportunities for rights education and capacity building; and 3) persons with disabilities as drivers of change for the 'better'.

Chapter 3 highlighted the global and local frameworks that support gender and disability inclusion in disaster risk management and development in general. While many of the laws, policies, and plans discussed so far have demonstrated at varying degrees the lack of gender and disability perspectives in their formulation, many of them do provide the space to pursue and promote inclusion through advocacy. In terms of accessibility issues identified in this study, the Philippines has, for example, an Accessibility Law (Republic Act 344) that can be invoked to lobby for more accessible public spaces. The Magna Carta for Disabled Persons also require agencies and establishments to undertake

necessary measures to provide access to persons with disabilities, and prohibits discrimination.

As with many laws, problems in implementation and enforcement contribute to barriers in promoting gender and disability inclusion. However, these can be used as tools to advocate for more inclusive mechanisms, processes, and spaces for women and men with disabilities. For instance, a strong incentive to drive government action are the provisions on the General Appropriations Act mandating all agencies to allocate funds for disability programs. Compliance with accessibility policies is also part of the criteria for awarding a Seal of Good Local Governance which can be maximize in convincing local government to ensure infrastructure, services, and programs are accessible in endeavours for disaster recovery. In addition, Republic Act 10070 mandates the creation of Persons with Disabilities Affairs Office (PDAO) in every province, city and municipality. Advocates can work closely with the PDAO in helping it realize its mandate of ensuring that issues and concerns of persons with disabilities are represented in local governance processes.

For barriers pertaining to local perceptions regarding gender and disability, opportunities to carry out rights education and capacity building especially among duty bearers can be maximized to gradually raise awareness regarding gender and disability rights among communities, local government agencies, and service providers. While duty bearers have demonstrated a relatively low awareness of gender and disability issues in disaster recovery, they also exhibit an openness to learn and become more inclusive in the carrying out of their respective duties and mandates. There are existing materials and training modules that can support disability awareness-raising and sensitization (i.e., WDARE videos and disability sensitization training program; training modules by the National Council on Disability Affairs; Community Based DRRM Basic Instructor's Guide of the Office of Civil Defense). Moreover, there are competent local resources available which can be tapped to support training programs for both communities and local government personnel.

Lastly, women and men with disabilities are themselves enablers of inclusive disaster recovery. They are in the best position to articulate, advocate for, and participate in measures that will help drive the rebuilding process 'for the better'. Rather than being seen as 'helpless', 'vulnerable', and 'incapacitated', persons with disabilities are capable of contributing to resilience building and development (Villeneuve, Robinson, Pertiwi, Kilham, & Llewellyn, 2017). Along with advocacy organizations and agencies that help facilitate promoting rights of persons with disabilities to participate in community activities and governance as well as to represent themselves in crucial recovery processes, disability people's organizations and women's associations have the potential to lead in fulfilling gender and disability inclusion. The pilot intervention developed for this project (see Box 1) leverages a number of these enabling conditions to contribute to efforts to make inclusion work for disaster recovery.

## Box 1. Pilot Intervention:

### A Sample Case towards Making Inclusion Work

*Mentoring on rights-based approach to gender and disability*

One of the outputs of the action research is to empower persons with disability in Tacloban City on disability inclusive disaster risk reduction. An initial assessment of persons with disabilities in the communities was done to determine who has potential for leadership roles who can be mentored. The training and mentoring sessions included

orientations and exercises to increase awareness on gender and disability concepts, and how these concepts affect persons with disability in general, and its impact on women in particular.

The objective of the mentoring program was for the participants to be able to define and know the difference between sex and gender, impairment and disability, identify gender issues among persons with disability, and understand the intersection of gender, disability, and disasters and its impact on women with disability.

Sharing of individual experiences facilitated the learning and unlearning of biased traditional concepts between men and women/boys and girls. Several topics were covered in the discussions including multiple burdens of women, economic marginalization, subordination, violence against women, stereotyping and discrimination were being perpetuated by different social institutions like family, school, church, media and government.

Through peer-to-peer sharing and group discussions, the participants identified common barriers they experienced such as humiliation, discrimination, non-acceptance of girlfriend/boyfriend's or wife/husband's family, and sexual harassment. They recognize women with disabilities are more vulnerable because of their risk to sexual harassment and rape, especially in insecure settings such as temporary shelters and evacuation sites post-disaster.

Gender and disability inclusive disaster risk reduction planning workshop

Persons with disabilities in Tacloban City and representatives from various government agencies held a three-day workshop and planning to identify challenges to persons with disability during disasters and to identify solutions to meet these challenges including identifying entry points for disability inclusion in disaster risk reduction and management planning. Through the workshop discussions, the participants identified challenges and barriers of person with disabilities such as negative attitudes, communication gap, lack of access to information, low awareness on disaster, and lack of community support. They shared their experiences on Typhoon Haiyan, its impact on them, and changes observed or experienced after Haiyan.

The workshop also provided the opportunity for all participants to develop their vision for Tacloban City. In developing the vision, they answered the question "what qualities would you want Tacloban City to have to be resilient and inclusive?" Annex Dsummarizes the inputs of the participants in formulating their vision. The statement below is the consensus reached by the group.

> "A progressive, resilient and inclusive Tacloban City with empowered citizenry under effective and transparent governance that promotes protection of the environment"

# 5. Conclusion and Recommendations: Entry Points for Making Inclusion Work in Disaster Recovery

This report has highlighted how women and men with disabilities are often neglected in conventional disaster risk management processes resulting in further marginalizing and aggravating risks of the sector. It has also emphasized that gender plays an important role in shaping the varied experiences of persons with disabilities in the context of disaster and its aftermath.

This study aimed to answer how Build Back Better recovery initiatives in post-Haiyan Tacloban City be made more gender and disability inclusive. It pursued this inquiry by exploring how women and men with disabilities have strived to cope with the destruction caused by typhoon Haiyan, their continuing challenges, and means of recovery. To understand how recovery programs can be made more inclusive, the research uncovered a range of barriers that prevented persons with disabilities, especially women, from participating meaningfully in and benefitting fully from initiatives geared towards building back better. One of its main findings revealed that despite reconstruction supposedly designed to develop better and more resilient communities, women and men with disabilities continued to be excluded from important arenas of planning and decision-making regarding efforts to recover from Haiyan. Hence, reconstruction efforts have run the risk of rebuilding and reproducing the same physical, social, and policy/operational barriers that have generated their (persons with disabilities) vulnerabilities to disasters in the first place: public spaces remained largely inaccessible to persons with disabilities in a number of ways; women with disabilities continued to face double discrimination and challenges as a result of their gender and functioning limitations; programs have not been able to address adequately the intersectional nature of gender and disability; and duty bearers generally lacked the awareness of and capacity to integrate gender and disability rights in the delivery of programs and services, among others.

To address these barriers, a number of enabling conditions were identified that may be tapped and maximized to make ongoing processes of recovery more inclusive and effective. The study highlighted the potential of tapping existing institutional drivers (in the form of laws, policies, and programs) and creatively appropriating such mechanisms available to the advantage of gender and disability rights advocacy groups working in the context of disaster recovery. Opportunities also arise from openness among duty bearers and other stakeholders in pursuing gender and disability rights education and capacity building for inclusive disaster risk management. Lastly, the report also highlighted the importance of working with persons with disabilities in making disaster risk management programming inclusive.

While there is no clear-cut formula or recipe for gender and disability inclusion as these are largely contingent on local social, cultural, and political contexts, the research team provides a number of entry points, elaborated below, for making inclusion work in disaster recovery that local government, disability people's organizations, and advocacy groups might want to consider, adopt, or innovate on. These identified entry points are by no means exhaustive nor do these operate in isolation from each other. But working on one of these areas can result in improvements in other areas which may engender particular pathways to inclusion in build back better disaster recovery that are suited to the specific context of localities under question.

## ENTRY POINTS FOR MAKING INCLUSION WORK IN DISASTER RECOVERY

### 1 Enhance the collection of gender-sensitive disability data

The findings of the study demonstrate the lack of reliable disability data that is in fact crucial for developing inclusive policies and programs. This results in underreporting of the prevalence of different forms of disabilities that would have been useful in informing DRR and recovery initiatives. In addition to unreliable disability data, the data that are collected are often not gender-disaggregated. In effect, certain sections of women and girls with disabilities are placed at an even greater disadvantage.

Given this, enhancing gender-sensitive disability data would be a critical entry point for promoting inclusion in ongoing disaster recovery efforts. Rather than focus on 'impairments', which a lot of disability data collection tools adapt, the research team recommends the employment of 'functioning limitations' which meshes well with the social model of disability. Specifically, there is potential for a more systematic use of Washington Group Questions in disability data gathering for DRR purposes, granted that appropriate training on their use is conducted. The Department of Health is now working with the Philippine Statistics Authority in using the "Model Disability Survey" (MDS) where Washington group questions are found in Module 5000. This provides basis to influence government agencies to adopt Washington group questions in their respective tools.

### 2 Incorporate Gender and Disability Perspectives in Policy Implementation and Operationalization

Global and local policy frameworks can be leveraged to incorporate principles of gender and disability inclusion in disaster risk reduction and build back better disaster recovery initiatives. While the research findings show that the local policy environment contain weaknesses in terms of operationalizing 'inclusion' as stated in the local disaster recovery plannational laws and policies can be invoked to motivate local government and other stakeholders to ensure access, participation and non-discrimination of women and men with disabilities in the disaster recovery and resilience-building processes. Other strategies that may be carried out include, but are not limited to: 1) reviewing and adjusting disaster risk management and contingency plans to incorporate gender and disability inclusion and harmonizing budget appropriations; 2) developing 'good practice' guidelines to reflect an integrated and rights-based approach employing both a gender and disability lens in disaster risk management programming (including disaster recovery and reconstruction); 3) engaging with gender and disability resource persons to generate cross-learning between gender and disability programming in disaster and development contexts; 4) ensuring that disaster recovery activities and communication are accessible to women and men with or without disabilities; 5) assessing accessibility of public areas and working with persons with disabilities to ensure social services and spaces accommodate their needs (adapted from GDN, 2009, p.4). In the operationalization of inclusion in local governance, it is important to change the ways in which policy discourses tend to frame women and men with disabilities: from simply 'vulnerable' and 'dependent' groups to 'rights-holders'.Lastly, persons with disabilities must be involved in the development and review of policies and programs to ensure that their perspectives are included.

## 3 Strengthen organization building and DPO representation

Women and men with disabilities need to be engaged in order to ensure that disaster recovery initiatives are inclusive. Their unique perspectives can contribute greatly to improving local disaster governance systems and making these more inclusive. To do this, it is important to increase cognition of persons with disabilities regarding their rights so as to enable them to claim these. Women and men with disabilities need to be engaged in order to ensure that disaster recovery initiatives are inclusive.

At the same time, informal community structures as well as formal institutions must be able to provide opportunities for women and men with disabilities to take on active, if not leadership, roles in disaster recovery, risk reduction, and development. Measures may be taken to support organization building among persons with disabilities and to promote self-representation in local councils, special bodies, and DRRM structures. Developing local leaders especially among women with disabilities who often occupy positions of marginalization, can contribute to changing local community perceptions about disability.

## 4 Incorporate Gender and Disability Perspectives in Policy Implementation and Operationalization

As the study findings indicated, Build Back Better reconstruction has often been associated with recovering infrastructure and facilities, often without much consideration for gender and disability. However, if the purpose of Building Back Better is to develop more resilient communities in the face of current and future threats of disasters, gender and disability – along with other social issues that intersect to create disaster risks – must be concerns that disaster recovery efforts must address to ensure that “no one is left behind”.

As the study findings indicated, Build Back Better reconstruction has often been associated with recovering infrastructure and facilities, often without much consideration for gender and disability. However, if the purpose of Building Back Better is to develop more resilient communities in the face of current and future threats of disasters, gender and disability – along with other social issues that intersect to create disaster risks – must be concerns that disaster recovery efforts must address to ensure that “no one is left behind”. Thus, conducting gender and disability rights education among stakeholders of disaster reconstruction and recovery is crucial to ensure that programs developed are inclusive to the needs, circumstances, and rights of women and men with disabilities. This aims to address the observed low awareness among duty bearers and service providers regarding issues in disaster recovery that directly affect women and men, and persons with disabilities. Persons with disabilities, gender rights advocates, and disability rights advocates can engage in cross learning regarding how to carry out gender-sensitive disability rights education as capacity building in this specific area is still less explored among practitioners concerned with gender mainstreaming and disability inclusion.

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# Annexes

## Annex A. Key Informant Questionnaire for Government

## KEY INFORMANT QUESTIONNAIRE (GOVERNMENT)

### About the Project

The project "Building back better: Making Rehabilitation and Recovery Inclusive" aims to identify the challenges and enablers to gender and disability inclusion in recovery and rehabilitation following Typhoon Yolanda (Haiyan) and to develop a strategy for implementation through the following activities:

**a)** Documenting and communicating evidence on barriers and enablers to gender and disability inclusion in recovery and rehabilitation
**b)** Identifying recommendations to address those barriers to build on the enablers, including the process and the requirements for making recovery and rehabilitation more inclusive
**c)** Empowering the stakeholders, mainly the Tacloban City Government Recovery and Rehabilitation Cluster Members and key members of the Tacloban DPO, with the basic capacity to start implementing the recommendation
**d)** Equipping the stakeholders with the tools to carry out the recommendations on their own

Specifically, the project seeks to understand how "building back better" addreses the issues of women and men with disability, identify the challenges and enablers and implement actions to address those issues.

The project will be led and managed by women with disability with technical management support from its partners – Inclusive Development and Empowerment Agenda, University of the Philippines Center for Women's Studies Foundation Inc., the National Council on Disability Affairs, and the Livelihood Cluster of the Tacloban City Government.

In this regard, may we request you to be interviewed? Your answers to the questions posed here will help identify the challenges and enablers to gender and siability inclusion in recovery and rehabilitation program of Tacloban City.

**Thank you very much**

## A. Background Information

| No | Item | Response |
|---|---|---|
| 1 | Name | |
| 2 | Sex | |
| 3 | Age | |
| 4 | Position & Office Name | |
| 5 | Designated responsibilities for recovery and rehabilitation | |
| 6 | No. Of month/year with the agency | |
| 7 | Years of exposure to recovery and rehabilitation | |

## B. Knowledge and Attitudes about Gender and Disability

Here are ten statements and a 5-points scale that you can use to indicate your agreement or disagreement with the statement. Will you tell me whether you strongly agree (SA), agree (A), neither agree nor disagree (NAD), disagree (D), or strongly disagree (SDA) with the statement?

| No | Statement | Response |
|---|---|---|
| 1 | Sex is usually understood as relating to the biological and physiological body | |
| 2 | Gender is a relation between sexes in societies, wherein men being powerful and dominant, while women are less powerful and weaker | |
| 3 | Gender issues are concerns that affect both women and men, including persons with disability | |
| 4 | Impairment, like disability, used to describe functional limitations | |
| 5 | Disability refer to a system of social relations that limit the individual in their daily lives | |

| | | |
|---|---|---|
| 6 | People with disability are without gender, asexual creatures, freaks of nature, and the 'other' to the social norm | |
| 7 | There are tasks in the recovery and rehabilitation program that are better done by men | |
| 8 | There are tasks in the recovery and rehabilitation program that are better done by women | |
| 9 | In times of disaster, women with disability are less likely to have access to rehabilitation, and to employment outcomes when they do receive rehabilition | |
| 10 | Women and children with disability are more vulnerable to domestic violence and sexual abuse | |

### C. Position-Specific Questions

| | |
|---|---|
| 1 | How do you understand recovery and rehabilitation post disaster?<br><br>Response: |
| 2 | What is your agency's role in recovery and rehabilitation?<br><br>Response: |
| 3 | Can you describe how your agency has been involved with recovery and rehabilitation in Tacloban post-Yolanda (Haiyan)?<br><br>Response: |
| 4 | How do you understand the term "building back better" post disaster?<br><br>Response: |

| | |
|---|---|
| **5** | What are the challenges did you face on the recovery and rehabilitation program in Tacloban? How didi you overcome these challenge?<br><br>Response: |
| **6** | What barriers do you think men and women with disability face in accessing recovery and rehabilitation programs after a disaster like Yolanda (Haiyan)? Did your agency contribute to help them overcome these barriers?<br><br>Response: |
| **7** | Do you have any other suggestions that could help men and women with disability gain access to recovery and rehabilitation programs? What is your suggestion for “building back better” that includes men and women with disability?<br><br>Response: |
| **8** | In your opinion, what do you think should be the main priorities?<br><br>Response: |

## Annex B. Focus Group Discussion Guide

**1.** Introduction of Researchers and Facilitators and FGD participants

**2.** Presentation of the objective and clarification of group discussion norms and ethical guidelines of the Project

**3.** Sharing of views about the local government's involvement on recovery and reha bilitation in Tacloban City post-Haiyan

**4.** Sharing/Discussion on gender and disability

**5.** Sharing of barriers of women, men and children with disability(as compared to those without disability) face in accessing recovery and rehabilitation programs after a disaster like Haiyan

**6.** Sharing of views about the strengths and weaknesses of local government on recovery and rehabilitation in Tacloban City post-Haiyan

**7.** Suggestion on how to improve Tacloban City Recovery and Rehabilitation Program

**8.** Recommendation that could help men, women and children with disability gain access to recovery and rehabilitation programs.

**9.** Suggestion for "building back better" that included women, men and children with disability. Identify priorities.

**FGD Guide Questions for National and Local Government**

**1.** Introduction of Researchers and Facilitators and FGD participants

**2.** Presentation of the objective and clarification of group discussion norms and ethical guidelines (?) of the Project

**3.** How do you understand disability?

**4.** How do you understand gender?

**5.** How do you understand recovery and rehabilitation post disaster?

**6.** How do you understand the term "building back better" post disaster?

**7.** What is your agency's role in recovery and rehabilitation?
- Infrastructure
- Livelihood
- Resettlement
- Social Services
- Support, i.e. budget and finance

**8.** Can you describe how your agency has been involved with recovery and rehabilitation in Tacloban City post-Haiyan?

**9.** What challenges did you face?

**10.** How did you overcome these challenges?

**11.** What barriers do you think men and women with disability face in accessing recovery and rehabilitation programs after a disaster like Haiyan?

**12.** How could you help them overcome these challenges?

**13.** Do you have any other suggestions that could help men and women with disability gain access to recovery and rehabilitation programs? What is your suggestion for "building back better" that includes men and women with disability?

**14.** What do you think should be the main priorities?

## Annex C. Accessibility Walkthrough Assessment Tool

| Item | Elements to observe | ✓ | ✗ | Comments |
|---|---|---|---|---|
| **Route** | -are pathways level with minimal breaks in travel path?<br><br>-are curb ramps built into the footpath, esp. at road crossings?<br><br>-are road crossings clearly signed and safe for passage?<br><br>-are pathways clear of obstacles such as trees, electrical? | | | |
| **Entrance** | -is mall signage readable, e.g. in Braille or large print, understandable symbols (for accessible entrances, toilets)?<br><br>-are ramped alternatives to stairs provided to entrance of mall where required?<br><br>-are mall staff and cashiers aware of PERSONS WITH DISABILITY ID cards and any policies regarding priority of treatment for people with disability (women, men and children)?<br><br>-are entrances have separate queue for men and women and person with disability? | | | |
| **Built environment** | -is there level access to all relevant areas where school service/activity takes place?<br><br>-are all shops/stalls inside the mall accessible for people in wheelchairs? | | | |

| | | | | |
|---|---|---|---|---|
| | -are mall areas well-lit to support people with low vision to see visual cues and people who are hard of hearing to lip read?<br><br>-do stairways have handrails on both sides, and well-lit?<br><br>-are toilets accessible, including signage, doorways, toilets (e.g. hand rails), hand basins, space around toilet and basins for wheelchair?<br><br>-are toilets safe from sexual harassment for women, men, elderly and children with disability?<br><br>-is safe drinking water easily attainable? | | | |
| **Information** | -is information available in accessible formats, e.g. large print, braille, sign language interpreters, simplified for people with intellectual disability?<br><br>-are people with communication difficulties requiring assistance have access to support and/or interpreters? | | | |
| **Emergency evacuation** | -have emergency evacuation plans been designed in consultation with people with disability?<br><br>-is information about what to do in an emergency accessible to all?<br><br>-have people responsible for emergency responses been made aware of staff and evacuees who may require additional assistance during an emergency | | | |

| | |
|---|---|
| **Emergency evacuation** | -are early warning systems implemented using a number of formats, e.g. flags or lights, sirens, large print?<br><br>-are there designated rescue assistance areas or standby space with direct access to an Emergency Exit where people can safely await further instructions or assistance in emergency evacuation?<br><br>-are escape routes clearly signed?<br><br>-are escape routes accessible for people with a mobility impairment or vision impairment? |