

# Disasters, disability and rehabilitation

Disasters have an impact on disability, by disproportionately affecting persons with existing disabilities and by creating a new generation of persons with disabilities who will be in need of rehabilitation services. In settings where resources are limited, the impact of disasters on these groups of people can be long-term and far-reaching.

## What are the consequences of a disaster?

For survivors with existing disabilities, the following issues may be of particular concern.

- In comparison to their non-disabled peer, persons with disabilities can be more at risk during disasters.
- Many persons with disabilities lose their assistive devices during disasters, including artificial limbs, crutches, hearing aids and spectacles.
- Persons with disabilities can have greater difficulty in accessing basic needs, including food, water, shelter, latrines and health care services.
- Rehabilitation infrastructure is destroyed and rehabilitation personnel, including the caregivers of persons with disabilities, may be killed or injured or diverted to other tasks.

For survivors with injuries and/or newly acquired disabilities, the following issues may be of particular concern.

- Untreated or inadequately treated fractures and infected wounds may lead to severe and long lasting disabilities.
- Referral of these survivors to appropriate health facilities often becomes difficult.
- There is a scarcity of rehabilitation personnel and infrastructure poised to handle a new generation of persons with disabilities.
- Many survivors with newly acquired disabilities will struggle with the loss of their livelihood, an additional consideration for them and their families.

## What responses should be taken after a disaster?

Following a disaster, disability-related responses to support people with existing disabilities and to prevent new disabilities can be classified in two phases:

### *The acute phase*

Immediately following a disaster, priority responses include:

- Identifying persons with existing disabilities in temporary shelters and camps.
- Responding to the specific health care needs of persons with existing disabilities, such as insulin for diabetics, soft mattresses for people with spinal cord injuries and spectacles for people with low vision.



- Identifying people with injuries and providing appropriate trauma care to save lives and minimize future functional impairment and disability.
- Implementing other curative and therapeutic interventions that can prevent disability such as prevention of pressure sores and possible deformities.
- Transferring people with severe injuries and/or newly acquired disabilities to referral centres for medical rehabilitation. In settings where such centers do not exist, efforts should be made to ensure that such persons are treated by specialists in existing facilities.
- Establishing a multi-disciplinary task force to prepare a long-term rehabilitation program, taking into consideration the resources available and socio-economic conditions of the country.

### *The reconstruction phase*

In the longer-term, priority responses include:

- Identifying persons with existing and newly acquired disabilities, and assessing their immediate and long-term needs.
- Conducting mapping of resources and other community assets for meeting basic needs, including general health care and medical rehabilitation services.
- Developing the infrastructure necessary to provide medical rehabilitation services, especially therapy and assistive devices.

- Initiating Community Based Rehabilitation (CBR) Programs, ensuring that persons with disabilities have equal access to services and are treated as equal members of society.
- Attending to the social needs of persons with disabilities by ensuring their integration with their families and communities and facilitating opportunities for them to earn their livelihood.
- Following the "Design for All" concept during rebuilding of infrastructure. When rebuilding a community's infrastructure, efforts are needed to ensure that physical spaces are designed and built to be accessible to and safe for all, especially persons with disabilities. The Design for All concept should be routinely adapted during the reconstruction phase.

### What kind of rehabilitation services should be developed in the long-term?

According to the United Nations, the term "rehabilitation" refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation. An appropriate rehabilitation program should include a combination of Institute Based Rehabilitation (IBR) and Community Based Rehabilitation (CBR) programs. The two approaches are complementary, and in the absence of one, the other approach often becomes inadequate.

#### *Institute Based Rehabilitation (IBR)*

IBR or medical rehabilitation is focused on restoring abilities, and should begin soon after emergency trauma care has been provided and continue until the person returns to his/her community. The functional recovery of persons with injuries often involves complicated rehabilitative measures, including coordinated input from a team of rehabilitation professionals (physiatrists, physiotherapists, occupational therapists, prosthetists and orthotists and others) and the treatment of ongoing medical problems. In developing countries, such teams do not often exist, so special efforts are needed to train local health personnel and family members to perform some of the tasks of the various rehabilitation professionals.



#### *Community Based Rehabilitation (CBR)*

As with their non-disabled peer, the basic problems for persons with disabilities in post disaster situations are access to health care, food, shelter, education and opportunities to earn a livelihood, and the barriers to these for persons with disabilities are great. A comprehensive, multi-sectoral CBR program is essential to meet these needs and to help persons with disabilities to make the best possible use of their abilities. CBR should be considered part of community development, and, as communities begin to re-build, persons with disabilities should be considered as citizens of their societies with the same rights, entitlements and responsibilities as others. Both persons with existing and those with newly acquired disabilities should be involved in rebuilding their communities. An ideal CBR program would reduce the effects of poverty, promote human rights and ensure dignity for all persons with disabilities and their family members.

#### *Related links*

Community Based Rehabilitation

[www.who.int/ncd/disability/index.htm](http://www.who.int/ncd/disability/index.htm)

[www.aifo.it/english/resources/online/books/disab-rehab](http://www.aifo.it/english/resources/online/books/disab-rehab)

Design for All

[www.design-for-all.org/](http://www.design-for-all.org/)

[www.design.ncsu.edu/cud/](http://www.design.ncsu.edu/cud/)

UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities:

[www.un.org/esa/socdev/enable/dissre00.htm](http://www.un.org/esa/socdev/enable/dissre00.htm)

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