A STUDY

ON THE

Assessment of Cyclone Freddy Impact on Women and Girls with disabilities in Malawi



Blantyre, Chiradzuru,Mulanje
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Organisation Profile



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It is DIWA's hope that this study will assist the government departments interested and all interested stakeholders in disaster risk management to respond to disaster risks towards women and girls with disabilities. The study can also be used by persons with disabilities themselves and

their representative organizations to accustom themselves on the rights they have in times of disasters and how they can respond to them.

Preface

Disabled Women in Africa (DIWA) is an independent network organization of women with disabilities in the continent of Africa. Disabled Women in Africa (DIWA) is an independent organisation of women and girls with disabilities that was established in Africa in 2002 in Tanzania and in 2012 in Malawi, which is currently its headquarters registered under the Trustees Incorporation Act Cap: 5:03 of the Laws of Malawi.

The founder of DIWA, the late Mrs Rachel Kachaje, explains that the oppression and invisibility of women and girls with a wide range of disabilities, both in Malawi and at the regional level, prompted her and the co-founders (Maria Rantho & Beatrice Ncobo) to establish DIWA at a meeting in Tanzania in 2002, where they had been deliberating on women issues. This came out as a shared experience that there was no regional body representing women in Africa on disability but also lack of capacity of Women organisations to responding to issues affecting their lives, enjoyment and defending of their rights.

DIWA focuses its work on women and girls with disabilities because it is a group of people that experiences greater discrimination than men with disabilities and women without disabilities, arising from the dual effect of their gender and disability. Its vision is 'African women and girls with disabilities enjoy their rights, influence their destiny and are free from any gender and disability based discrimination'. DIWA aims at empowering African women and girls with disabilities through research, information sharing, networking, partnership and capacity development for unity in diversity. Some of its objectives include ensuring that women with disabilities in Africa are empowered to exercise their rights and positively influence their life situation; lobbying and advocating for legislations, policies and practices that promote the interests and inclusion of women and girls with disabilities in Africa; ensuring the full participation of women with disabilities in all socio-economic, political and cultural spheres. Under Human Rights and Advocacy program, lobbying and advocacy is conducted to effect changes on policies, practices that discriminate against persons with disabilities more in particular women and girls

with disabilities.[1] DIWA enjoys the membership of 30 organizations across Africa, both at the national and regional level that work with women.

DIWA, with overall financial support from the Urgent Action Fund (UAF), has developed this research study assessing the impact of Tropical Cyclone Freddy on women and girls with disabilities and what interventions were carried out. Many interventions were done during the Tropical Cyclone Freddy and studies have also been conducted, however, not much interventions nor studies were conducted on the impact of the Cyclone Freddy on women and girls with disabilities in Malawi. This makes unique this study and its importance going forward in disaster management and recovery. The study observes that there are gaps in the disaster management response towards women and girls with disabilities that needs to be filled. Awareness, sensitizations, knowledge on the disasters, information accessibility, structural accessibility, inclusion and disaster management preparedness remain issues to be resolved among others if women and girls with disabilities are to be well served in time of disasters.

[1] www.diwaafrica.org

Acronyms

CARD	-Churches Action in Relief and Development
CRPD	- Convention on the Rights of Persons with Disabilities
CSO	-Civil Society Organizations
DIWA	- Disabled Women in Africa
DIWODE	- Disabled Women in Development
DoDMA	- Department of Disaster Management Affairs
FEDOMA	- Federation of the Disability Organizations in Malawi
FGD	- Focus Group Discussion
LLM	-Master of Laws
MACOHA	-Malawi Council for the Handicapped
MUBU	- Malawi Union of Blind
NGO	-None Governmental Organizations
OPD	- Organisations of Persons with Disabilities
PAFOD	- Pan African Federation of the Disabled
PODCAM	- Parents of Disabled Children Association in Malawi
SPSS	- Statistical Package for the Social Sciences
UAF	- Urgent Action Fund
WHO	-World Health Organization

Executive Summary

Women and girls with disabilities were among the people who were affected with the Tropical Cyclone Freddy that hit Malawi in 2023. The disaster brought untold sufferings to them. This is despite Malawi being a signatory to international human rights instruments that seek to protect women and girls with disabilities and that provides the disaster risk management and response guidelines. Malawi also has its own laws, policies and plans that are in place, however, there are still gaps in implementation.

The study has established that women and girls with disabilities have been left behind in many areas. During the Tropical Cyclone Freddy, women and girls with disabilities were not included in the decision making process. They could not access information and some infrastructure. They could not access the relief services and health services as required because of their disabilities.

The study has shown that there was little collaboration between the government and other stakeholders. There were no deliberate partnerships in the disaster risk management and response. It is established that the country lacks data for women and girls with disabilities on disaster risk management and response that can inform various interventions from various stakeholders.

It is the hope of the study that with its conclusions and recommendations, the authorities concerned will do as required by the legal and policy framework. Women and girls with disabilities are human beings too. They have rights and freedoms. They must enjoy their freedoms and realize their rights on an equal basis with others and in an inclusive manner. They must not be left behind in disaster risk management and response processes.

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Chapter One

1. General Introduction and Background

1.1.Introduction to the study

Disasters, are the catastrophic events resulting in heavy losses in terms of human, animal and plant lives, injuries and disabilities and damage to property and environment.[2] The World Health Organization (WHO) defines a disaster as "a sudden ecological phenomenon of sufficient magnitude to require external assistance".[3] It is also defined as any event, typically occurring suddenly, that causes damage, ecological disruption, loss of human life, deterioration of health and health services, and which exceeds the capacity of the affected community on a scale sufficient to require outside assistance. Disaster occurs when a hazard impacts on or strikes a vulnerable community with low capacity resulting in damages, loss and serious disruption of community functioning. During the time of disasters, the widespread human, material and environmental losses exceed the community's ability to cope using its own resources.

There are natural disasters and man-made disasters. Man-made disasters have an element of human intent, negligence, or error involving a failure of a man-made system, as opposed to natural disasters resulting from natural hazards. Natural disasters include meteorological (floods, cyclones, hurricanes, thunderstorms, droughts etc), geological (earthquakes, volcanic eruptions, landslides etc), and environmental (global warming, climate change, plagues etc) disasters.[4] A natural disaster is defined as an event of nature, which overwhelms local resources and threatens

[2] http://www.uop.edu.pk/ocontents/Disaster%20Definition%20and%20Types.pdf
[3] https://apps.who.int/iris/bitstream/handle/10665/326106/9789241516181-eng.pdf
[4] ibid

the function and safety of the community. Generally, disasters are the ultimate test of a community's emergency response capability.[5]

Cyclones are caused by atmospheric disturbances around a low-pressure area distinguished by swift and often destructive air circulation. Cyclones are usually accompanied by violent storms, bad weather and floods.[6]

Malawi was hit by Tropical Cyclone Freddy in 2023. Tropical Cyclone Freddy influenced torrential rains over the southern part of Malawi from 11th March, 2023 through 15th March, 2023 which led to multiple disasters in Blantyre, Chiradzulu and Mulanje districts. On 13th March, 2023, Blantyre, Phalombe, Chiradzulu and Mulanje districts experienced multiple mudslides and mass debris flows from mountains and hills which swept away villages, causing damage to property, homes and crops, injuries and loss of lives to people and livestock. The severe floods that followed the torrential rains also displaced several people and further caused damage to private and public assets in Nsanje, Chikwawa, Ntcheu, Mwanza, Neno, Thyolo, Mangochi, Balaka, Machinga, and Zomba districts, thereby increasing the number of affected councils to 15.[7]

A state of disaster was declared in these districts on 13th March, 2023.[8] It was unexpected events that required rapid response from various actors. Historically, Malawi has suffered from floods, famine, earthquake and other disasters. Nevertheless, the Tropical Cyclone Freddy had led to many aftermath problems. The cyclone emergency response programs have been given much attention

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[5] Natural Disasters and the Impacts on Health Gerard March The University of Western Ontario Faculty of Medicine and Dentistry Summer Student with ICLR – 2002 https://www.eird.org/isdr-biblio/PDF/Natural%20disasters%20and%20the%20impacts.pdf

[6] https://ndma.gov.in/NaturalHazards/Cyclone#:~:text=Cyclones%20are%20caused%20by%20atmospheric,violent%20storms%20and%20bad%20weather.

[7] Tropical Cyclone Freddy EMERGENCY RESPONSE PLAN https://www.scotland-malawipartnership.org/assets/documents/Tropical-Cyclone-Freddy-Response-Plan_5-04-23_FINAL.pdf

[8] This was in line with section 32 of the Disaster Preparedness and Relief Act providing that "if at any time it appears to the President that any disaster is of such a nature and extent that extraordinary measures are necessary to assist and protect the persons affected or likely to be affected by the disaster in any area within Malawi or that circumstances are likely to arise making such measures necessary, the President may, in such manner as he considers fit, declare that, with effect from a date specified by him in the declaration, a state of disaster exists within an area defined by him in the declaration"

and response from local organization, international organizations, neighbouring countries, government, media houses (both local and international) and the world at large due to the impact that has been caused.

Most of the districts that have been affected by Tropical Cyclone Freddy were also severely affected by the devastating floods in 2022 induced by Tropical Storm Ana and the Cyclone Idai that induced floods in 2019. At least 2,267, 458 (1, 110, 639 males; 1, 156, 819 females) people have been affected, of whom 659, 278 (336, 252 females; 323, 026 males) people were displaced. At least 56% of the affected were children and 7.2% were persons with disabilities. The disaster caused 679 deaths and 2, 178 injuries, with 537 people missing. In Mulanje, 131, 830 (67, 233 males; 64, 597 females) people were displaced, making it the highest displaced population, seconded by Phalombe with 117, 801 (60, 079 females; 57, 722 males) internally displaced persons. More than 2, 267, 458 people were affected, in which 659, 278 were displaced, with 679 deaths, 537 missing and 2, 178 injuries. It is estimated that among the total affected population, 1, 156, 819 were women and girls of reproductive age and about 90, 399 were expectant women.[9]

Among the affected people, were persons with disabilities at 7.2%. According to the 2018 Population and Housing Census, there are 1, 734, 250 persons with disabilities in Malawi, representing about 11.6% of the total population aged above 5 years.[10] Among these persons with disabilities, there are 855, 186 women and girls with disabilities representing 11.0% of the total population in Malawi. This was in 2018. Currently, the numbers might have gone high.

This study focuses only on the impact of the Tropical Cyclone Freddy on women and girls with disabilities especially in the affected areas. Other reports available did not record to what extent persons with disabilities and in particular women and girls with disabilities have been affected, even though it is evident that the level of vulnerability of people with disabilities is higher as compared to persons without disabilities.

[9] Tropical Cyclone Freddy EMERGENCY RESPONSE PLAN, 2023, https://www.scotland-malawipartnership.org/assets/documents/Tropical-Cyclone-Freddy-Response-Plan_5-04-23_FINAL.pdf
[10] https://malawi.unfpa.org/sites/default/files/resourcepdf/2018%20Malawi%20Population%20and%20Housing%20Census%20Main%20Report%20%281%29.pdf

1.2.Background to the study

During the protection cluster group meetings which comprises of various stakeholders such as government, development partners and CSOs, various organisations presented different projects and interventions towards the Tropical Cyclone Freddy. Based on those presentations DIWA discovered that many organisations were leaving out the most vulnerable group which is women and girls with disabilities in their interventions. Many organisations in their strategies were not clear on women and girls with disabilities.

Additionally, there was little from different media houses and social platforms that was said on how women and girls with disabilities were supported specifically. It was quite clear that despite the response team being all over the districts, data was only segregated by gender and not disability inclusive.

The study reveals the legal and policy framework at which all interventions have to meet. It will explain experiences faced by women and girls with disabilities in the affected areas. The study outlines and explains the challenges faced prior, during and after the Tropical Cyclone Freddy. It also discusses the interventions by several stakeholders towards women and girls with disabilities. Finally, the study discusses the conclusions drawn, the opportunities observed and the recommendations obtained from the research in the targeted areas.

1.3.Problem Statement

The problem statement is premised on the fact that women and girls with disabilities are presumed to be susceptible to the effects of the Tropical Cyclone Freddy but no specific and deliberate interventions or strategies are in place to curb such susceptibility.

1.4.Hypothesis of the study

The study presupposes that the right to disaster risk management and response is not fully protected and realized by women and girls with disabilities. For it to be protected and realized, the Malawi

government and all other stakeholders must take deliberate measures within the legal framework to ensure women and girls with disabilities enjoy inclusive disaster risk management and response processes from planning to implementation stages.

1.5.Main objective

The main objective of this study is to examine whether women and girls with disabilities enjoyed the full inclusion in the disaster risk management and response for their protection in times of disasters like Cyclone Freddy.

1.5.1. Specific Objectives

- To examine the legal and policy standards of disaster risk management and response in accordance to women and girls with disabilities.
- To examine the impact of Tropical Cyclone Freddy on women and girls with disabilities and make recommendations.
- To analyse the extent of stakeholders' interventions for women and girls with disabilities and how inclusive the interventions were prior, during and after the Tropical Cyclone Freddy.

1.6.Main Research Question

To achieve the above main objective, the main guiding research question in this study is: to what extent do women and girls with disabilities enjoy the full inclusion in the disaster risk management and response for their protection in times of disasters?

1.7.Specific Questions

- To what extent do the legal and policy standards provide for women and girls with disabilities in disaster risk management and response?

- To what extent did the Tropical Cyclone Freddy impact women and girls with disabilities in the affected areas?
- What were the stakeholders' interventions for women and girls with disabilities and how inclusive the interventions were prior, during and after the Tropical Cyclone Freddy?

1.8. Justification and significance of the study

By virtue of being a human being, every person has a right to be recognised before the law. Laws and policies have to apply to everyone on an equal basis. Section 13 of the Constitution requires that the government must have laws and policies that enhances the dignity and quality of life of persons with disabilities by providing the fullest possible participation in all spheres of Malawian society. "Women, children and persons with disabilities in particular must be given special consideration"[11] in times of disasters as it impinges on their rights.

Recent disasters around the world have demonstrated that persons with disabilities do not receive the same level of support as everyone else during natural disasters.[12] This is trues to women and girls with disabilities who are amongst the most marginalized persons with disabilities due to their gender and disability. During the Tropical Cyclone Freddy, women and girls with disabilities faced different challenges and were not fully included in the management and response at all levels in the targeted areas. However, they are the most important group of persons that needed to contribute on how inclusive these managements and responses must be so that they are not left behind.

The study is significant in that it helps to determine whether women and girls with disabilities were affected with the Tropical Cyclone Freddy. Also, it establishes the gaps in inclusiveness on the disaster risk management and responses, before their occurrence, during occurrence and after its occurrence. It establishes that the management and responses did not meet the legal and policy standards. The study sees some of the opportunities in this area that the government and all stakeholders can explore to fully protect women and girls with disabilities from such risks and include them in the response initiatives. There is up to date no information and data as regards to

[11] Section 30 of the Constitution
[12] From Exclusion to Equality: 2007

women and girls with disabilities on the disaster risk management and response in Malawi especially in the affected areas. This study provides the same.

1.9.Methodologies

1.9.1. Social-legal methodology

In considering the disaster risk management and response, the study adopts the social-legal methodology. Social-legal research methodology is a research methodology that employs methods taken from other disciplines to generate empirical data that answers research questions.[13] The study assesses the disaster risk management and response as regards to women and girls with disabilities. It looks at the laws and policies available and also puts them in the context of women and girls with disabilities who were affected with the Tropical Cyclone Freddy.

1.9.2. Research approach

Both quantitative and qualitative approach was used in this study and they complemented each other in the collection of data.[14] Quantitative research involved explaining a phenomenon by collecting numerical data that was analyzed using mathematically based methods.[15] The data collection was based on the use of the questionnaire, focus group discussions and semi interviews with the stakeholders.

On the other hand qualitative research was aimed at gaining a deep understanding of a specific principle or concept.[16] Qualitative research aimed to produce rounded understanding on the basis

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[13] All about doctrinal and non-doctrinal research, 2016. https://blog.ipleaders.in/all-about-doctrinal-and-non-doctrinal-research/#Non-doctrinal_research

[14]Creswell J. W. (2009) 3rd ed. *Research design: A qualitative, quantitative, and mixed method approaches:* SAGE Publications, Inc.

[15]Lancaster G., (2005*) Research Methods in Management: A concise introduction to research in management and business consultancy* (Elsevier: Butterworth-Heinemann)

[16]Research Methodologies: The Qualitative Report (January 2012) 270 (http://www.nova.edu/ssss/QR/QR17-1/terrell.pdf).

of rich, contextual and detailed data.[17] This study adopted both the quantitative and qualitative research approaches. The study was concerned with finding out how many women and girls with disabilities were affected with the Tropical Cyclone Freddy and also what interventions were available for them in accessible form, if any. The tool used in the quantitative data collection was a close-ended questionnaire. The study was also concerned with having a deeper understanding on whether the legal and policy framework is putting in place standards that provides for women and girls with disabilities in disaster risk management and responses.

1.9.3. Data collecting methods

The main research methods used in this study are the desk research and data collecting tools. These methods have been used because the materials from which indicators of the disaster risk management and response are of both primary and secondary sources. Primary, because interviews were involved on women and girls with disabilities and different stakeholders. Research tools were drafted and used for this primary source of information. The responses were analyzed. Secondary, because data was collected from different literature relevant to the topic and analyzed.

1.9.4. Research Tools

1.9.4.1.*Questionnaire*

The questionnaire focused mainly on three areas, thus, how women and girls with disabilities were affected, community participation and how institutions managed and responded to the Tropical Cyclone Freddy. One hundred and one (101) questionnaires were administered to the respondents who were mainly women and girls with disabilities in Chiradzulu, Blantyre and Mulanje.

1.9.4.2.Focus Group Discussions

[17] Lancaster (2005): *Research Methods*

These were group conversations and discussions between the researcher and the respondents focusing on information and technical areas that related to how the Tropical Cyclone Freddy affected women and girls with disabilities and what interventions were available before, during and after the disaster. The discussions probed more from the respondents on the problem and respondents had deep reflections and elaborations on the problem.

1.9.4.3.Semi- interviews with Stakeholders

These were interviews conducted by the researcher with different institutions and organisations who were major players in the Tropical Cyclone Freddy disaster risk management and response. They involved those who initiated and coordinated different interventions at different levels. It was aimed at having full details on how women and girls with disabilities were targeted and involved in decision making process in the different interventions available.

1.9.5. Sampling Techniques

The primary purpose of sampling is the selection of suitable populations (or 'elements') so that the focus of the study can be appropriately researched. In qualitative research, effective sample selection process is very important because inappropriate procedures may seriously affect the findings and outcomes of a study.[18] The type of sampling technique used in this study was the purposive sampling. This is a commonly used sampling strategy, in that participants are recruited according to pre-selected criteria relevant to a particular research question. Females had a high chance than males in this study because the study focuses on women and girls with disabilities.

The kind of a target group focused depended on where the group can be found and get mobilized for the survey. For instance, to find women and girls with disabilities the researcher consulted Disabled Women Network Group from Blantyre, Chiradzulu and Mulanje. Women and girls with disabilities were mobilized from these formal groupings, that is, those who organized themselves

[18] Violeta Lopez and Dean Whitehead, Sampling data and data collection in qualitative research, 2016; file:///Users/rhodrickstephenmichongwe/Downloads/4e-2ndproof-ch7.pdf

in the communities. The study also went further to interview the personnel in governmental and non-governmental institutions.

The study had interviewed a total of 169 respondents. Individually, 101 respondents with disabilities (97 women and girls with disabilities and 4 men with disabilities) were selected randomly from Blantyre, Chiradzulu and Mulanje as a representative sample. 58 respondents (women and girls) with disabilities took part in the focus group discussions. The study interviewed a total of 10 institutions in the semi- interviews with stakeholders.

1.10. Data analysis

The study employs documentary analysis approach and the Statistical Package for the Social Sciences (SPSS) approach. Documents are grouped and analyzed according to the type of data they contain.[19] Documents containing information on the disaster risk management and response are looked at separately and the results of the interviews are also put together and analyzed.

1.11. Scope and limitations

This study is limited to looking at the legal and policy framework and the interviews conducted on disaster risk management and response on the women and girls with disabilities.

The main challenge to this study is that there are few such studies conducted in the country, if any. There is no readily available data for women and girls with disabilities that were affected in the Tropical Cyclone Freddy disaster. Data that is available is general and not specific to women and girls with disabilities. The area is generally under-researched. There is, thus, little local jurisprudence and literature to benefit from.

The other limitation to the study was the financial constrictions. The financial resources limited the study to a few affected areas and women and girls with disabilities. Hence, the sampling is

[19] Lancaster (2005): *Research Methods*

low. However, working within the resources available, the study presents the true picture of what it gathered.

1.12. Chapter summary

The chapter has laid the foundation of the whole study. It has presented the background of the study and the problem statement. The chapter has justified why the study is significant and has demonstrated the methodologies that the study used to come up with its information. It has shown how the analysis will be carried out. At the end, the chapter has shown the scope and limitations of the study.

Chapter Two

2. The legal and policy standards on disaster risk management and response towards women and girls with disabilities

2.1. Introduction

Persons with disabilities are disproportionately affected by disasters, humanitarian emergencies and conflict situations, facing higher risk of death, aggression, injury and property loss. The humanitarian system and the preparedness/mitigation mechanisms addressing disaster risks still do not fully include persons with disabilities. Discrimination based on disability, age and gender often combines with indirect forms of discrimination, denying people their right to assistance, protection and participation in humanitarian action. As a result, persons with disabilities are more likely to be left behind during emergency evacuations and in humanitarian assistance, with a death rate at least twice as high as that of the general affected population.[20] Victims of natural disasters, people living in disaster prone areas and other specially disadvantaged groups may need special attention and sometimes priority consideration with respect to accessibility of essential services.

The disaster risk management is regulated both at international level and domestic level. There are treaties that outlines the human rights obligations in the context of disaster risk management and humanitarian actions. The United Nations Committees have produced comments that sets out some international human rights standards to guide the governments. Malawi is bound to such standards. Malawi has its own laws, policies and plans put in place for the disaster risk management and response. This chapter discusses some of these international and domestic legal frameworks and confines itself to women and girls with disabilities in situation of risks.

[20] 2 Ito A. (2014), Disaster, International Law, and Persons with Disabilities. In The international law of disaster relief. Caron, D. D., Kelly, M. J., & Telesetsky, A. (Eds.). Cambridge University Press. (pp. 208-214), p. 210. https://www.internationaldisabilityalliance.org/sites/default/files/article-11-of-the-crpd-legal-frameworks-guiding-inclusive-humanitarian-action-reporting-guidance_final-version.pdf

2.2.International human rights standards and legal framework

International Disaster Law is the branch of International Law aiming at facilitating the adequate and effective response to disasters and the reduction of the risk of disasters to meet the essential needs and the respect of the rights of the affected population. It includes international provisions and standards regulating the role of governments and of other relevant actors in disaster's response, recovery, and in Disaster Risk Reduction.[21]

Although there is no well spelt out right to protection and relief during and after disasters, the government has a positive obligation to take appropriate steps to prevent or mitigate the consequences of foreseeable disasters. Once it fails doing it, it constitutes a violation of the right to life and it is therefore a human rights question.[22] A human right question allows for emergency-affected persons to be primarily looked as "rights-holders" and not as mere recipients of humanitarian aid. Hence, International Human Rights Law plays an important role in Disaster Management: it does not only set minimum standards for capacity building but represents a legal source of obligation for governments in this field.[23]

2.2.1. The Convention on the Rights of Persons with Disabilities (CRPD)

The CRPD was adopted in 2006 and calls on governments, public and private actors, and the whole society to adopt a human rights approach to disability. This approach builds on the social model of disability and ensures the full and equal enjoyment of all human rights and fundamental freedoms to persons with disabilities, and promote the respect of inherent dignity, equality of opportunities, non-discrimination, and participation and inclusion in all aspects of life. The human rights model of the CRPD is focused on the enjoyment of rights and defies the presumption that impairment might hinder the capacity to enjoy them.[24]

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[21] https://www.internationaldisabilityalliance.org/sites/default/files/article-11-of-the-crpd-legal-frameworks-guiding-inclusive-humanitarian-action-reporting-guidance_final-version.pdf

[22] UN Office of the High Commissioner for Human Rights

[23] Kälin, W., & Dale, C. H. (2008). Disaster risk mitigation–why human rights matter. Forced Migration Review

[24] Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD): legal frameworks guiding inclusive humanitarian action and guidance for CRPD reporting

Malawi signed and ratified the CRPD without reservations. This implies that it is under obligations to fulfill all the obligations under it. It domesticated partially the CRPD through the Disability Act 2012 which is under review. This cements the position that Malawi takes responsibility to align itself with the principles[25] and obligations[26] outlined in the CRPD.[27] Article 11[28], Article 6[29] and all other provisions of the CRPD form part of the laws in Malawi.

2.2.2. Disaster risk management and response: situation of risks

Article 11 of the CRPD provides for a right in situations of risk and humanitarian emergencies. It stipulates as follows:

> "States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights 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 disasters".

The CRPD did not develop any new human rights for persons with disability, but was (and is) conceived with the aim of applying existing human rights' norms and standard to the particular circumstances of persons with disability, for their effective protection by governments and other subjects of international law.[30] In this view, Article 11 is the provision on the protection and safety of persons with disabilities in situations of risk and humanitarian emergencies. It covers

[25] Article 3 of the CRPD
[26] Article 4 of the CRPD
[27] Section 211 of the Constitution providing that "any international agreement entered into after the commencement of this Constitution shall form part of the law of the Republic if so provided by an Act of Parliament."
[28] On situations of risk and humanitarian emergencies
[29] On women with disabilities
[30] Della Fina, V., Cera, R., & Palmisano, G. (Eds.). (2017). The United Nations convention on the rights of persons with disabilities: A commentary. Springer

humanitarian emergencies and natural disasters, and applies a human rights perspective to the assistance of persons with disabilities.[31]

The principles of the CRPD are set out in Article 3.[32] The **respect of inherent dignity, individual autonomy and independence** emphasizes that persons with disabilities are not just victims and passive receivers of humanitarian assistance: their **active and meaningful participation and consultation** brings their specific knowledge and skills into disaster management initiatives and avoid that the same violations of rights occur in future disasters.[33]

According to the principles of **full and effective participation**, mere consultation of people with disabilities is not enough. Participation must include meaningful involvement in activities and decision-making processes, the possibility to voice opinions and to correctly identify specific needs, to influence and to complain when participation is denied.[34]

According to the principle of the **equality of opportunity**, which is strictly linked with the principles of non-discrimination and *de facto* equality, governments have the duty to undertake affirmative actions to foster persons with disabilities' equal access to all post-disaster opportunities in different areas, such as access to self-reliance activities and projects, labour market and education.[35]

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[31] Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD): legal frameworks guiding inclusive humanitarian action and guidance for CRPD reporting

[32](a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; (b) Non-discrimination; (c) Full and effective participation and inclusion in society; (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; (e) Equality of opportunity; (f) Accessibility; (g) Equality between men and women; (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

[33] Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD): legal frameworks guiding inclusive humanitarian action and guidance for CRPD reporting

[34] CRPD General Comment No. 7 stating that "to ensure the active participation, coordination and meaningful consultation with organizations of persons with disabilities, including those at all levels representing women, men and children with disabilities of all ages".

[35] Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD): legal frameworks guiding inclusive humanitarian action and guidance for CRPD reporting

The principle of **accessibility**, which is also a standalone right (Article 9), requires that emergency services must be accessible to persons with disabilities in order to save their lives or to protect them.[36] Disaster risk reduction process must be accessible and disability-inclusive.

2.2.3. Disaster risk management and response: women and girls with disabilities

Article 6 of the CRPD provides for women and girls with disabilities. It provides that:

> 1.States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.
>
> 2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

The provision recognizes that women and girls with disabilities require special attention in the right to protection in situation of natural disasters. Full development, advancement and empowerment of women ensure that they actively participate in decision making in times of natural disasters.[37] Governments have to reform national emergency response plans, making them inclusive of, and accessible to, women and girls with disabilities in their design and implementation.[38] Government has a duty to ensure the participation of OPDs in all emergency and humanitarian measures, through consultation processes involving all types of OPDs, including underrepresented groups, with due consideration accorded to their input and recommendations.

Safety of women and girls with disabilities in natural disaster areas must be ensured and prioritized.[39] There is a requirement of putting in place a systematic registration of women and girls with disabilities equally to other displaced persons. Their situations and rights have also to

[36] CRPD General Comment on Article 9.
[37] General Comment No. 37 on the gender-related dimensions of DRR in the context of climate change
[38] Concluding Observations on Malta, para. 17-18.
[39] Concluding Observations on Nepal, para. 19-20

be monitored to ensure adequate standards of living. All emergency-related information has to be made available in formats accessible to women and girls with different types of impairments, including to deaf persons through sign language, in easy-to-read and simple text formats as well as in the various languages spoken in the affected areas.

2.2.4. Disaster risk management and response: inclusiveness

Inclusive disaster risk management and response addresses the root causes of disasters, which lays in societal vulnerabilities, in unaccommodated needs, disempowered strengths and unbuilt capacities of the population at risk.[40] People can be excluded on various basis, including gender, age, disability, religion, cultural identity, ethnicity, etc. Women and girls with disabilities can be excluded based on the gender, disability and age. They are excluded in social life and political affairs. Social inclusion means promoting the full participation of individuals and groups in all aspects of community life, valuing and respecting their capacities and granting equal opportunities.[41]

Disaster risk management in many developing countries has undergone a paradigm shift from just normal participation to inclusive participatory approach.[42] The re-orientation of the management of disasters in an inclusive way came as a result of rethinking by policy makers and development practitioners on development practice. During disasters, the role played by the affected people in directing how interventions must be handled contribute to the success of the interventions. Thus, inclusive participation is deemed necessary as far as managing vulnerability of persons with disabilities (women and girls) to disaster risks and challenges.

Article 19 of the CRPD recognize the equal right of all persons with disabilities (women and girls inclusive) to live in the community, with choices equal to others. The government must take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this

[40] Article 11 of the CRPD: legal frameworks guiding inclusive humanitarian action and guidance for CRPD reporting
[41] ibid
[42] Mijoni and Izadkhah, 2009; Mwale, et al, 2014; Shaw and Maskrey, 2011

right and their full inclusion and participation in the community. This includes community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs. This requires empowering women and girls with disabilities by building individual capacity and reducing vulnerabilities.

Inclusive participation through various participatory approaches is believed to be a greater pathway to sustainable development outcomes in developing countries.[43] Recently, disaster management was categorise in three stages such which are preparedness, response, impact mitigation and knowledge management. Dividing of these stages has helped many countries that are affected by disasters to come up with proper strategies on how they can reduce the negative impact these disasters brought. It is noted that, the emergence of NGOs in the 1980's was based on the quest to fill the gap of the state in provision of services to its citizenry with more innovative approaches centred on inclusive community participation.[44]

Including a disability perspective in pre-emergency phases is crucial to effectively protect persons with disabilities during the most acute phases of the emergency because choices made during the preparation stage have crucial repercussions on durable reconstruction and on the long-term mitigation of human suffering. Article 11 of the CRPD requires to involve persons with disabilities in positions of leadership and decision-making processes because they are in the best position to give recommendations on inclusion; to raise awareness on issues that persons with disabilities face.[45]

Article 11 of the CRPD, other than recognizing that persons with disabilities are at increased risk of being discriminated, has also highlighted the unequal access to humanitarian aid[46], including the distribution of humanitarian assistance and the unequal to information, such as accessible and

[43] (Bowen, 2008; Chambers, 1997; Reid, 2000; Samah, and Aref, 2011)
[44] Bebbington et al. (2004); Article 32 of the CRPD stating that States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities.
[45] Article 11 of the CRPD: legal frameworks guiding inclusive humanitarian action and guidance for CRPD reporting
[46] CRPD Concluding Observations on Haiti, CRPD/C/HTI/CO/1, para. 20(c)

adapted manuals and in designing and executing evacuation plans.[47] There is a need to take all steps to meet the essential needs and promote the protection, safety and respect for the dignity of women and girls with disabilities in situations of risk. There is a need to promote meaningful participation[48], remove barriers[49], empower women and girls with disabilities; support them to develop their capacities[50] and disaggregate data for monitoring inclusion[51].[52] This will leave no woman and girl with disability behind in line with the 2030 Agenda for sustainable development.

2.2.5. Disaster risk management and response: accessibility

Accessibility is a knew right found in the CRPD. It is provided for in Article 9 of the CRPD. It is one of the principles in the CRPD. It seeks to remove the barriers that persons with disabilities face so that they can enjoy all the rights and freedoms on an equal basis with others. The society must change to accommodate persons with disabilities. Accessibility, in as far as disability is concerned, is a corner stone for the realization of rights for persons with disabilities.

In every society, there are innumerable obstacles and barriers—from stairs that cannot be climbed to signs that cannot be read—that prevent persons with disabilities from living full lives. Accessibility involves providing equal access to facilities and services in the community for all members of society, including persons with disabilities. It is a guiding principle of the CRPD (article 4) and is relevant to all areas of implementation. Although some of the provisions for accessibility in the CRPD may be costly to implement in the short term, there are a number of low-cost, low-tech solutions that would have immediate impact.

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[47] CRPD Concluding Observations on Montenegro, CRPD/C/MNE/CO/1, para. 22.; CRPD Concluding Observations on Bosnia and Herzegovina, CRPD/C/BIH/CO/1, para. 20

[48] Women and girls with disabilities have the right to participate in humanitarian decisions affecting them and, because of their knowledge and skills, they can play an important role in the humanitarian response.

[49] Removing attitudinal, environmental and institutional barriers is key to achieve inclusion and participation.

[50] Women and girls with disabilities and OPDs should be equipped with knowledge and skills to contribute to and benefit from humanitarian assistance.

[51] Data on risks, barriers and on requirements of persons with disabilities is key to strengthen the understanding of humanitarian stakeholders and to adopt inclusive measures.

[52] Article 11 of the CRPD: legal frameworks guiding inclusive humanitarian action and guidance for CRPD reporting

In disaster risk management and response, access to information and infrastructure are very key. This becomes very important also to women and girls with disabilities as they are prone to be affected much due to inaccessibility of disaster preparedness information and the infrastructure in the evacuation centres or camp sites. Communication inaccessibility may cause them to be left behind in times of the disasters like the Tropical Cyclone Freddy.

2.2.6. Disaster risk management and response: reasonable accommodation

Not only is the protection of persons with disabilities in situation of risks a new substantive right, it is also a right that imposes on countries an affirmative duty to provide reasonable accommodation. This concept means necessary and appropriate modification and adjustments that can be done to ensure persons with disabilities enjoy or exercise, on an equal basis with others, all human rights and fundamental freedoms at all times. It involves adaptations to whatever set up or practice to accommodate persons with disabilities.[53]

This concept must be understood in terms of a right of individual person with disability (or any other person) to benefit from adjustment and modifications of any nature for the purposes of being protected from discrimination and ensuring full enjoyment of human rights on an equal basis with others. Reasonable accommodation must be provided where needed in a particular case and without imposing a disproportionate or undue burden, in terms of costs to the provider.[54] Failure to provide reasonable accommodation during in disaster risk management and response amounts to discrimination.[55]

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[53] CRPD, Art. 2 (providing that "reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms').

[54] **Schulze M.,** 2010.

[55]CRPD, Art. 2 (stating that "discrimination on the basis of disability" means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation').

2.2.7. Disaster risk management and response: habilitation and rehabilitation

Habilitation, rehabilitation and recovery plays a very important role in disaster risk management and response as it can address the longer-term needs and challenges that makes a community vulnerable; and it provides the opportunity to increase the capacity of the society to cope and reduce the risk of future emergencies and disasters.

Article 26 of the CRPD provides habilitation and rehabilitation as a standalone right. It aims at "enabling persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life." When ready together with Article 11, the consequences of disaster to the environment and to persons with disabilities require that there must be rehabilitation in the post disaster regime. There must be comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths. They must support participation and inclusion in the community and all aspects of society, and are available to persons with disabilities as close as possible to their own communities, including in rural areas. It is the duty of the government and other relevant stakeholders to promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

In line with Article 6 of the CRPD, women and girls with disabilities require special attention in the provision of these habilitation and rehabilitation services. This will make sense especially in disaster risk management and response and even in the aftermath of the disasters. Due to the violence and abuses faced by women and girls with disabilities during disasters, it is significant to promote their physical, cognitive and psychological recovery, rehabilitation and social reintegration including through the provision of protection services. Such recovery and reintegration must take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

2.2.8. Disaster risk management and response: health

The field of health emergency and disaster preparedness refers to the knowledge and capacities to effectively anticipate, respond and recover from the impacts of likely, imminent or current hazardous events or conditions. Governments, response and recovery organizations, communities and individuals can carry out preparedness action in order to build the capacities needed to manage all emergencies and respond to them.[56]

Article 25 of the CRPD provides that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. They must access health services that are gender-sensitive, including health-related rehabilitation. These health services must include sexual and reproductive health and services designed to minimize and prevent further disabilities. These health services must be provided as close as possible to people's own communities, including in rural areas. The wording of Article 25 of the CRPD enables women and girls with disabilities to enjoy the right to health even in times of disasters. This is the time that health services have to be available and accessible.

2.2.9. Disaster risk management and response: Protocol to the African Charter on Human and Peoples, Rights on the Rights of Persons with Disabilities in Africa

Malawi has signed the Protocol to the African Charter on Human and Peoples, Rights on the Rights of Persons with Disabilities in Africa. By signing, Malawi takes cognizance of its obligations. Article 1 of the Protocol defines situation of risks as any situation that poses grave risk to the general population, including disasters. Humanitarian emergencies and natural disasters are recognised in Article 12 (1). Article 12(2) demands that persons with disabilities are consulted and participate in all aspects of planning, implementation and monitoring of pre and post situation of risk. It specifically provides for women and girls with disabilities just like the CRPD. It seeks to

[56] Health Emergency and Disaster Preparedness https://www.paho.org/en/topics/health-emergency-and-disaster-preparedness#:~:text=The%20field%20of%20health%20emergency,current%20hazardous%20events%20or%20conditions.

enhance the rights and freedoms of persons with disabilities in the African context. It accrues some obligations to the countries that have to be followed in times of disasters.

2.2.10. Disaster risk management and response: the Sendai principles

The Sendai Framework for Disaster Risk Reduction 2015-2030 is the first agreement adopted by countries in the post 2015 disasters.[57] Governments in this framework reiterates their commitment to disaster risk reduction and the building of resilience to disasters to be addressed with a renewed sense of urgency in the context of sustainable development and poverty eradication and, as appropriate, to be integrated into policies, plans, programmes, and budgets at all levels and considered within relevant frameworks. It recognizes that over the past 10-years, disasters have continued to exact a heavy toll, and as a result the well-being and safety of persons, communities and countries as a whole have been affected. Women, children and people in vulnerable situations were disproportionately affected.

It was noted that policies and plans at a national level must be made to address issues of risk management and response. While recognizing their leading, regulatory and coordination role, governments should engage with relevant stakeholders, including women, children and youth, persons with disabilities, poor people, in the design and implementation of policies, plans and standards.

The Framework was premised on the guiding principles that governments have to follow in the disaster risk management and response. Some relevant principles in accordance to the study are replicated below.

A shared responsibility. Disaster risk reduction requires that responsibilities be shared by central governments and relevant national authorities, sectors and stakeholders.

[57] The framework for disaster risk reduction was adopted at the Third World Conference on Disaster Risk Reduction, held from 14 to 18 March 2015 in Sendai, Miyagi, Japan

Engagement and partnerships. Disaster risk reduction requires an all-of-society engagement and partnership. It also requires empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters, especially the poorest. A gender, age, disability and cultural perspective in all policies and practices; and the promotion of women and youth leadership; in this context, special attention should be paid to the improvement of organized voluntary work of citizens.

Coordination mechanisms. Disaster risk reduction and management depends on coordination mechanisms within and across sectors and with relevant stakeholders at all levels. It requires the full engagement of all government institutions at national and local levels and a clear articulation of responsibilities across public and private stakeholders, including business and academia, to ensure mutual outreach, partnership, complementarity in roles and accountability and follow-up.

2.2.11. Disaster risk management and response: 2030 Agenda for Sustainable Development

The 2030 Agenda for Sustainable Development sets out an ambitious vision for sustainable development and integrates its economic, social and environmental dimensions. It enshrines the expectations, aspirations and priorities of the international community up to the year 2030. It is a universal commitment in the framework of a strengthened global partnership that takes account of the means of implementation to achieve this change, the prevention of natural disasters, and climate change mitigation and adaptation.

One of its goals is to build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters by the year 2030. It seeks to empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. It seeks to promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries, including focusing on women, youth and local and marginalized communities.

2.3.Domestic legal framework

Led by the Constitution, Malawi has laws that aims at regulating the disaster risk management and response. It has the Disaster Preparedness and Relief Act, Local Government Act and the Disability Act, just to mention three key legislation in the area of disaster management. Malawi has also the policies that guides the country in the disaster risk management and response. To mention a few for the purposes of this study, Malawi has Malawi Vision 2063, National Disaster Risk Management Policy and National Climate Change Management policy.

2.3.1.

2.3.2. Disaster risk management and response: The Constitution of Malawi

Section 4 of the Constitution of Malawi provides that all the peoples of Malawi are entitled to the equal protection of the Constitution, and laws made under it. It requires the enhancement of the dignity and quality of life of persons with disabilities through the provision of adequate and suitable access to public places and the fullest possible participation in all spheres of Malawian society.[58]

Section 15 provides for the protection of the human rights and fundamental freedoms. The rights and freedoms must be respected and upheld by the executive, legislature, judiciary and all organs of the government and its agencies. Women and girls have been accorded their rights in addition to the general rights in the Constitution. Section 24 of the Constitution provides that "women have the right to full and equal protection by the law, and have the right not to be discriminated against on the basis of their gender or marital status".

In line with developmental rights, section 30 particularizes women and persons with disabilities. It provides that "women, children and persons with disabilities in particular shall be given special consideration in the application of this right." Women are recognised as to be in the vulnerable groups. Children (girls) are regarded as a vulnerable group. Persons with disabilities also are in same vulnerable group. Women and girls with disabilities are therefore more vulnerable and

[58] Section 13(g) of the Constitution.

require protection at all times. They do not deserve discrimination based on all the three basis, thus, gender, age and disability.[59]

To show how serious disasters are, the Constitution allows the derogations of other rights in time of widespread disasters. The duty to declare such is vested in the president. Section 45(4) of the Constitution calls such times as a State of Emergency. Section 45(4)(b) provides that in the case of a widespread natural disaster, it is strictly required for the protection and relief of those people and facilities whether in or outside the disaster area. The president may declare a state of emergency when there are these widespread natural disaster[60].

2.3.3. Disaster risk management and response: The Disaster Preparedness and Relief Act

In line with this, Malawi enacted the Disaster Preparedness and Relief Act to regulate the situation of risks in Malawi. It is a piece of legislation that make provision for the co-ordination and implementation of measures to alleviate effects to disasters, the establishment of the office of Commissioner for Disaster Preparedness and Relief, the establishment of a National Disaster Preparedness and Relief Committee of Malawi, and for matters incidental thereto or connected therewith.

Section 2 of the Act defines disaster to mean "an occurrence (whether natural, accidental or otherwise) on a large scale which has caused or is causing or is threatening to cause death or destruction of persons, animals or plant, disruption of essential services ….". Section 5 of the Act establishes the committee known as the National Disaster Preparedness and Relief Committee of Malawi whose purpose is to coordinate the implementation of measures to alleviate disasters in

[59] Section 20 of the Constitution providing that "Discrimination of persons in any form is prohibited and all persons are, under any law, guaranteed equal and effective protection against discrimination on grounds of race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, disability, property, birth or other status or condition."
[60] Section 45(3) of the Constitution

Malawi.[61] This includes the planning and implementation of the measures for the establishment, maintenance and effective operation of civil protection.[62]

Below this committee there are several sub-committees recognised in the Act for different responsibilities. The Act necessitated creation of Civil Protection Committees as a decentralized space for local participation in disaster risk management programming and implementation at local level. However, the Act is silent on disability issues. It is silent on women and girls with disabilities.

2.3.4. Disaster risk management and response: The Local Government Act

The Local Government Act (1998) is another legislation that envisages the disasters. Section 40 of the Act provides for power in respect of emergencies or disasters to the district councils. It states that "where an emergency or disaster involving destruction of or danger to life or property occurs or is imminent or there is reasonable ground for apprehending such an emergency or disaster, and the Council is of the opinion that it is likely to affect the whole or part of its area or all or some of its inhabitants, the Council is responsible for making disaster-preparedness plans in accordance or conformity with any written law relating to or likely to affect their area of jurisdiction.

This institutional tool guides development to be community based in which current disaster risk programs at local level hinges on. Like the Disaster Preparedness and Relief Act, it does not specifically provide for women and girls with disabilities.

2.3.5. Disaster risk management and response: The Disability Act

In 2012, Malawi enacted the Disability Act that aims at making provision for the equalization of opportunities for persons with disabilities through the promotion and protection of their rights and to provide for matters connected with or incidental to the foregoing. This was in response to the ratification of the CRPD. Except that it does not provide anything for disaster risk management

[61] section 13 of the Disaster Preparedness and Relief Act
[62] section 17 of the Disaster Preparedness and Relief Act

and response, other rights and freedoms relevant in time of disasters are provided. For instance, right to health and rehabilitation,[63] social protection[64] right to information and communication technologies,[65] and economic empowerment[66] are provided. It does not specifically provide for women and girls with disabilities. The Act is under review to make it more practicable, usable and inclusive responding to all issues of disabilities.

2.3.6. Disaster risk management and response: Malawi Vision 2063

The Malawi 2063 aims to transform Malawi into a wealthy and self-reliant industrialized 'upper middle- income country' by the year 2063. The vision recognizes the role that social support plays in the building of resilience at the individual, household and community level in the life of the majority of Malawians. These are people whose livelihoods are vulnerable to compounded and recurring shocks such as natural disaster s, economic crises and pandemics. The vision envisages to improve the shock sensitivity of the social protection system for the poor, marginalized and vulnerable groups by stimulating their ability to prepare for, cope with and adapt to shocks.

The vision indicates that challenges confronting environmental sustainability in Malawi are both externally and internally induced. These include: natural disasters and climate adversities; environmental degradation; limited awareness of environmental best practices; data gaps and limited funding for environment sustainability initiatives. It is the desire of the vision that with the recurring natural disasters and climate adversities, Malawi shall develop systems to break the cycle of environmental degradation and increase resilience. These include integration of disaster risk reduction and financing into sustainable development and planning as well as the promotion of climate change adaptation, mitigation, technology transfer and capacity building for sustainable livelihoods. It recognizes that reinforcing gender equality as well as the empowerment of women and girls is critical to shaping decisions at the household, community and national level.

[63] Sections 6 and 7 of the Disability Act.
[64] Section 14 of the Disability Act.
[65] Section 25 of the Disability Act.
[66] Section 24 and 25 of the Disability Act.

However, the vison does not specifically address issues of women and girls with disabilities as regards to disaster risk management and response. This is a lost opportunity as the journey continues to the year 2063.

2.3.7. Disaster risk management and response: National Disaster Risk Management Policy

In 2015, the government promulgated a National Disaster Risk Management Policy. It presents an opportunity for effective implementation and coordination of disaster risk management programmes and activities in the country. The policy was developed to guide disaster risk management mainstreaming in the country by providing policy strategies that would achieve the long term goal of reducing disaster losses in lives and in the social, economic and environmental assets of communities and the nation as envisioned in theme three "Social Support and Disaster Risk Management" in the Malawi Growth and Development Strategy. The policy is aimed at ensuring that disaster risk management is mainstreamed in development planning and policies of all sectors in order to reduce the impact of disasters and ensure sustainable development in the country. It is linked to other policies including elderly and disability policy.

The vision of the policy is 'a nation resilient to disasters." Its goal is to "sustainably reduce disaster losses in lives and in the social, economic and environmental assets of individuals, communities and the nation." One of its intended outcome is improved preparedness for, response to and recovery from disasters. It establishes the National Disaster Risk Management Technical Committee which is a multi-stakeholder committee. It serves as an advocate of disaster risk management; provides advice and technical support; and is the coordinating mechanism for mainstreaming disaster risk management into sustainable development policies, planning and programmes. It aims at contributing to the establishment and development of a comprehensive Disaster Risk Management System for Malawi.

2.3.8. Disaster risk management and response: National Climate Change Management policy

The Government of Malawi recognizes that impacts of climate change have serious implications for the country. From 2015, Malawi has experienced serious and unprecedented floods and droughts on account of climate change with consequent effects on key socio-economic sectors and consequently on the economy.

The goal of the National Climate Change Management Policy is to create an enabling policy and legal framework for a pragmatic, coordinated and harmonized approach to climate change management. The Policy provides strategic direction for Malawi's priorities for climate change interventions and outlines an institutional framework for the application and implementation of adaptation, mitigation, technology transfer and capacity building measures. The Policy affirms Government's commitment to fully addressing climate change issues in order to reduce the vulnerability of its people.

Its implementation is not the sole responsibility of government but its success will require involvement and participation of all stakeholders in its implementation including NGOs, civil society, the private sector and academia.

One of its guiding principle is gender equality. It recognizes that women and girls are disproportionately affected by climate change and are more vulnerable to its impacts. Gender equality must therefore be promoted as a response both in terms of mainstreaming as well as through specific focused interventions. The policy ensures that women, girls and other vulnerable groups are engaged and involved in planning and implementing climate change adaptation interventions. It recognizes that vulnerable groups such as women, children, the elderly and the physically and mentally challenged (persons with disabilities) are particularly affected by adverse impacts of climate change.

2.3.9. Disaster risk management and response: Tropical Cyclone Freddy Emergency Response Plan by DoDMA

The Office of the President and Cabinet has the Department of Disaster Management Affairs (DoDMA). It is a Malawi government agency for improving and safeguarding the quality of lives

of Malawians especially those that are vulnerable to and affected disasters. Its vision is "to become a highly reliable, efficient, effective and proactive disaster risk management coordinating institution that in turn is socially, politically and economically vibrant and sustainable. It is missioned at effectively coordinating the implementation of disaster risk management programmes through overseeing disaster prevention, mitigation, preparedness, response and recovery activities. It has the mandate to coordinate and direct the implementation of disaster risk management programmes in Malawi.[67]

In March 2023, DoDMA, produced a Tropical Cyclone Freddy Emergency Response Plan. The plan aims at addressing the immediate survival needs while restoring basic socio-economic services and facilitating the affected people's transition to early recovery. On women, the plan notes that it is clear from the numbers that the impact of the flooding has exposed vulnerable groups including women and children to violence and abuse as well as health risks. It was also observed that there is high risk of rape and sexual assault as women and girls have to travel long distance in search for safe drinking water.

The plan noted that there were 16, 824 pregnant women who were internally displaced and residing in camps who required delivery kits, essential health care medicines and other supplies. Other necessary reproductive health services for women of childbearing age included family planning, dignity kits, and post abortion care.

It was stated in the plan that there was an urgent need to provide food assistance to the affected households in order to save lives and alleviate suffering of people particularly women and children. The dignity and health of women, men, persons with disabilities and children have been compromised due to lack of menstrual hygiene supplies, clothes, baby nappies/diapers, limited sanitary facilities, overcrowding of displaced women, adolescent girls, and children in shelters and accommodation arrangements.

[67] https://www.dodma.gov.mw/

There was a high risk of gender based violence including sexual abuse due to mixed sleeping arrangement between men, women and children in camps, limited sanitary facilities, lack of safe spaces for women, children and persons with disabilities, lack of lighting in camps, long distances to sanitary facilities and sources of energy for cooking and sudden increase responders deployed for immediate assistance.

Loss of assistive devices and protection items, for persons with disabilities was also a major concern. The cluster response plan objective was to provide comprehensive protection (with focus on the most vulnerable including women, children, persons with disabilities).

Furthermore, despite this enabling environment and efforts, various interventions implemented at community level continue to be non-inclusive.[68] During the Tropical Cyclone Freddy government of Malawi through the leadership of DoDMA initiated procedures in response to the disaster. However, there is no deliberate mention of disability or persons with disabilities in the plan. There is no mention of women or women and girls with disabilities in particular. It is a general policy covering issues of disaster management in general. Very little was done in incorporating specific needs of the persons with disabilities in disaster response and recovery initiatives despite the women and girls with disabilities being the most vulnerable.

A close look at the plan, it indicates that there is no deliberate mention or plan for women and girls with disabilities. There is little if any on the statistics of women and girls with disabilities in the plan. This is where this study is relevant.

2.4.Chapter summary

The Chapter has discussed the first objective which is examining the legal and policy standards of disaster risk management and response in accordance to women and girls with disabilities. It has demonstrated that at both international level and national level, there are human rights instruments, laws and policies that seek to regulate the disaster risk management and response. They are more

[68] Ntata, 1997; Parsons, et al. 2016

comprehensive and inclusive at international level than at national level. If implemented, women and girls with disabilities may be included in the disaster risk management and responses. The laws and policies may be instruments of life changing for women and girls with disabilities as regards to disaster.

The chapter dwelled much on the laws and policies to set the principles and the standards. The following chapter presents the livid experiences by women and girls with disabilities during the Cyclone Freddy Disaster and how they were getting the required services, if any.

Chapter Three

3. Experiences during cyclone Freddy by women and girls with disabilities: findings from the individual participants

3.1.Introduction

The chapter presents the lived experiences of women and girls with disabilities prior, during and after the Tropical Cyclone Freddy. It presents the quantitative demographic information and its analytical view. The chapter also presents how accessible was to early warning systems and preparedness of the Tropical Cyclone Freddy. It discusses how accessible were evacuation centers and shelters or camps. The emergency services are discussed and how accessible were they to women and girls with disabilities. Women and girls with disabilities needed health and medical assistance during and after the Tropical Cyclone Freddy. The chapter discusses the availability of these services and how accessible were they to women and girls with disabilities. Lastly, the chapter discusses the community inclusion and participation by women and girls with disabilities at all levels of the disaster risk management and response.

The information in this chapter was gathered through the questionnaire that was administered to women and girls with disabilities. 101 respondents with disabilities (97 women and girls with disabilities and 4 men with disabilities) were selected randomly from Blantyre, Chiradzulu and Mulanje as a representative sample.

3.2.Demographic information

The study focuses on gender, marital status, educational status employment status and the type of disability the participants have. On gender, the study seeks to ascertain the impact the Tropical Cyclone Freddy had on women and girls with disabilities. On educational status, the study seeks to distinguish the knowledge and understand the gap that exists about disaster risk management

and response. The employment status helps the study to appreciate the impact of the Tropical Cyclone Freddy to those who are marginally poor due to unemployment.

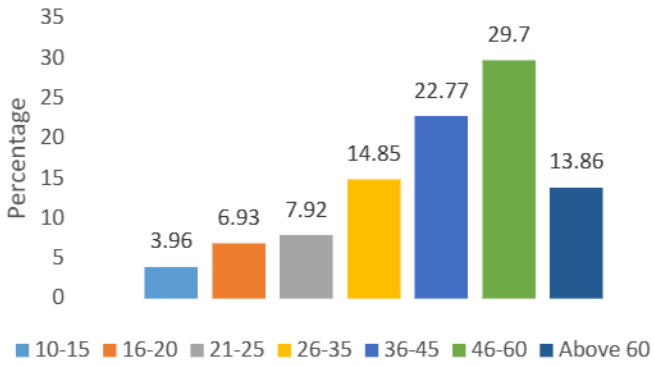
To appreciate the impact of the Tropical Cyclone Freddy on women and girls with disabilities, the type of disability is crucial as it helps to understand what needs were needed and how available were they to each type of disability that was recorded as each disability may demand different accommodation.

3.2.1. Age range

Being prepared for disasters is important for people of all ages. But, there are several factors that make adults more vulnerable, including a greater prevalence of chronic conditions, multi-morbidity, cognitive impairment and medication concerns during disasters. This is true to the study.

The distribution of the age range during the survey shows that the majority of the respondents were mature people aged between 46-60 representing about 29.7% of the total respondents. This is followed by those in between 36-45 age range representing about 22.77% of the total respondents. Those in the middle age between 26-35 were 14.85%. The aged, above age 60, were 13.86%. Respondents aged between 21-25 were 7.92%. Respondents between the age of 16-20 were 6.93%. Respondents aged 10-15 were the least as represented by 4% of the total respondents.

Graph 1:Age range



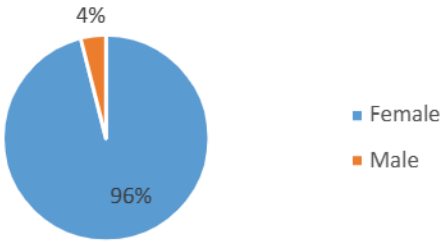
The graph 1 affirms that older women were more affected than girls with disabilities. Each age requires its own interventions as the needs are different. The above 60 age range, may require more attention than their counterparts. This is true also to the under aged that needs special supports in accordance to their age.

3.2.2. Gender

Natural hazards, such as floods, cyclones and other disasters, are gender neutral - but their impacts are not. Men and women, boys and girls are affected differently from disaster, even if they live in the same household. Disaster impacts often reflect, and reinforce, gender inequality. This happens because the conditions driving disaster impacts are influenced by gender dynamics of society. A global study finds that women's mortality from disasters tends to be higher in relation to that of men in countries where women have lower socioeconomic status like Malawi.[69]

The study, as shown in graph 2, had a major proportion of women representing 96% as contrasted to their counterparts' male respondents represented by 4 %. This was deliberate because the study's focus was on women and girls with disabilities. All the respondents had disabilities.

Graph 2:Gender



Women are considered as vulnerable people and they face a lot of problems during the disaster. It is important to note that effective disaster risk management should consider ways in which gender

[69] https://www.worldbank.org/en/topic/disasterriskmanagement/publication/gender-dynamics-of-disaster-risk-and-resilience

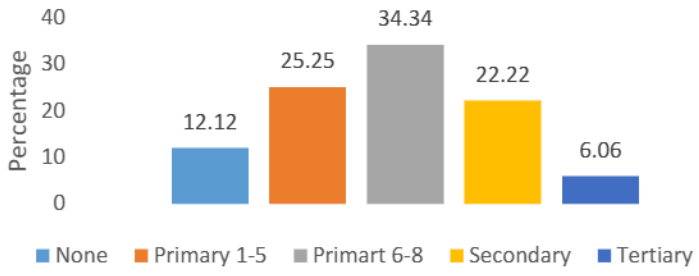
dynamics influence disaster impacts in any given area before making decisions on policy or project design. Resource and structural constraints are the main drivers of gender-differentiated impacts of disasters, particularly when women and girls are disproportionately affected. Women play an active role in disaster preparedness, response, and recovery efforts. Acknowledging and formalizing their participation can have positive effects on results.[70]

3.2.3. Education status

It is not a deniable fact that education increases reasoning capabilities of people. It makes people more aware and respond fast to eventualities. The less educated one is, the slow in response to other emergencies. Also, an educated mind makes sound decisions when it is due.

In terms of education, the study establishes that the majority of the respondents had done primary education in standard 6 to 8. This represented 34.34% of the total respondents. 25.25% of the respondents had only done few classes of their primary education from standard 1-5. Respondents who had reached secondary education made 22.22%. Whilst 6.06% respondents had attained tertiary education, 12,12% have never been to school.

Graph 3. Education



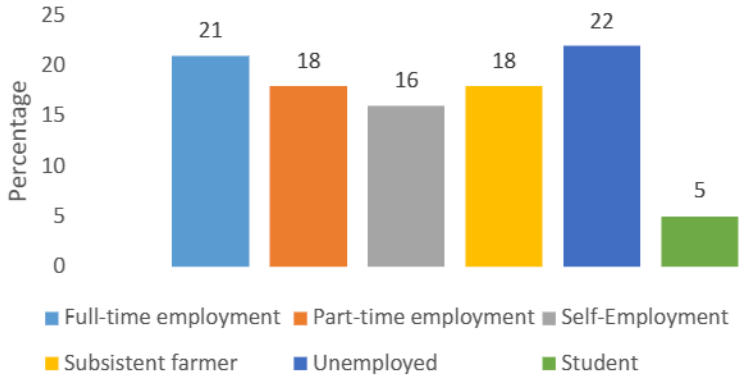
Graph 3 manifest that not many women and girls with disabilities are educated. They have a basic education. This in itself, may pause a challenge in disaster risk management response.

[70] https://www.worldbank.org/en/topic/disasterriskmanagement/publication/gender-dynamics-of-disaster-risk-and-resilience

3.2.4. Employment status

The majority of the respondents were unemployed. They represented 22% of the respondents. 21% of the respondents had full time employment. The respondents who are on part time employment were 18%. Some of the respondents were subsistent farmers and were represented by 18%. While 16% of the respondents were self- employed, 5% of the remaining respondents were students.

Graph 4: Employment status



For the adequate standard of living and social protection, one has to be financially stable. This is no exception to women and girls with disabilities. They need adequate food, clothing and housing, and to the continuous improvement of living conditions. They can respond well to disasters if they are economically stable. Employment is one of the economic activity that can influence financial stability. Graph 4, gives a picture of the respondents in this study and have an impact on their responses in the survey.

3.2.5. Type of disability

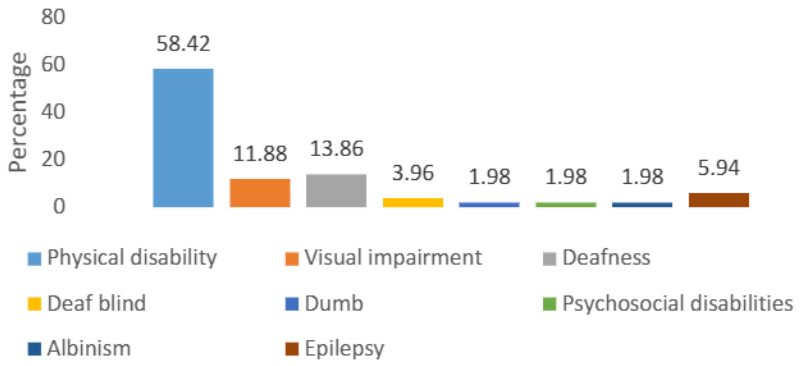
Disability has been defined as a long-term physical, mental, intellectual or sensory impairment, which, in interaction with various barriers, may hinder the full and effective participation in society of a person on equal basis with other persons.[71] From this, disability may take different forms and

[71] Section 2 of the Disability Act

classified in different types ranging from physical, mental, intellectual or sensory. Each type of disability demands its own need and accommodation.

In this study, the majority of respondents had 58.42 % physical disabilities. 11.88 % of respondents had visual impairment/total blindness. Respondents with deafness were 13.86 %. 3.98% were deaf blind. 1.98% had speech impairments. 1.98% had psychosocial disabilities. 1.98% were persons with albinism and 5.98% were persons with epilepsy.

Graph 5: Disability

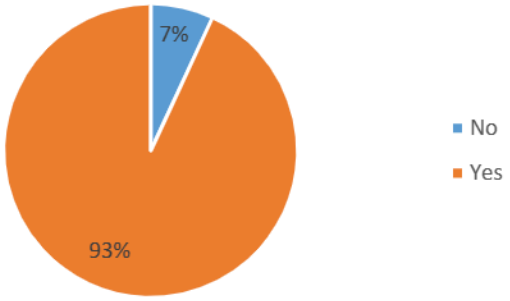


Although women and girls with physical disabilities were in majority, the disaster risk management require to take into account the other disabilities as doing so will reasonably accommodate all the disabilities in responding to their needs.

3.3.Who was affected by Tropical Cyclone Freddy and how?

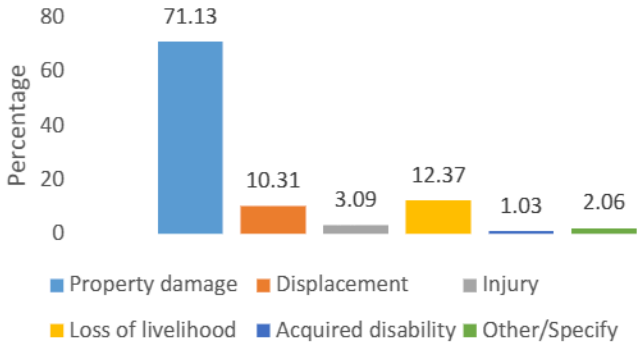
There were many respondents who were affected with the Tropical Cyclone Freddy. From the total number of respondents, 93% responded to the affirmative that the cyclone had an impact on them. This indicate that women with disabilities were not spared form the disaster. Only 7% of the respondents responded to the negative.

Graph 6: Respondents affected



3.3.1. How the respondents were affected?

The study has established how the respondents were affected during the disaster. There were four parameters of affection, thus, property damage, displacement, injury, loss of livelihood and disability acquisition. In terms of those who were affected by the Tropical Cyclone Freddy among the respondents surveyed 71.13% suffered property damage. Those who had loss of livelihood and displacement were 12.37% and 10.31% respectively. Respondents who suffered injuries and other problems were 3.09% and 2.06% respectively. Lastly, some respondents acquired injuries during the disaster and were 1.03% of the respondents.

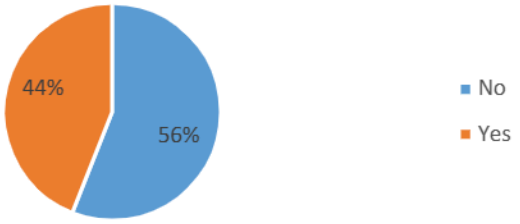


Graph 7: The Effects of Cyclone Freddy

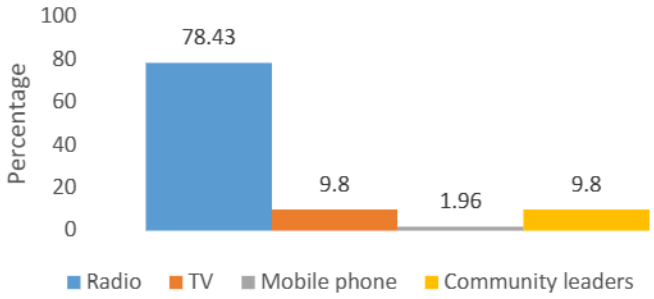
3.3.2. Access to early warning systems and preparedness

The respondents were tasked to provide information if they were able to access early warning information before the cyclone or disaster occurred. It is indicated that 56% of respondents received early warnings and were accessible whilst 44% of the respondents said they did not receive any warnings.

Graph 8: Access to warnings



Among those who indicated to have receive the early warnings, radio was the most popular ranked source of information with 78.43%. 9.8% of the respondents who accessed the early warnings said they did so through television and community leaders. Only 1.96% respondents who had this information got it through mobile phone.



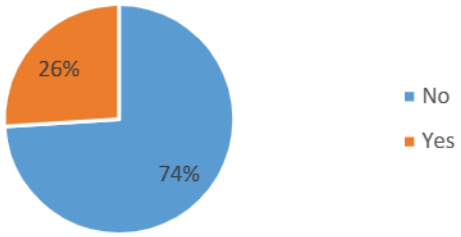
Graph 8: Source of information

The participants who never accessed the early warnings (the 44%) lamented that they had no access to radios and phones. This is due to the poverty as many were not economically stable due to unemployment. This is a good percentage that suffered a lot during the Tropical Cyclone Freddy.

It also shows that the information was not available to them or they were not in accessible format if the information was available in line with the human rights instruments. The awareness was not enough to make them protected in time of this disaster.[72]

3.3.3. Evacuation and shelter

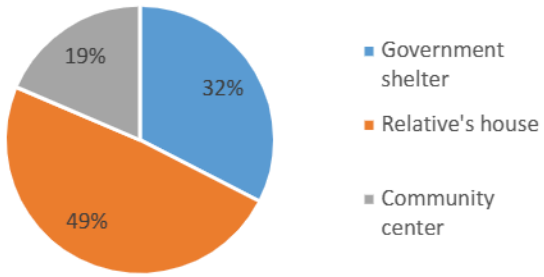
When the Tropical Cyclone wrecked in the disaster declared areas, people were supposed to evacuate to safe places or shelters or camps. The respondents in this study were asked if they were able to evacuate to a safe location before the cyclone or when the disaster had hit. The majority of respondents by 74% agreed that they were able to evacuate before and during the cyclone Freddy. 26% of the total respondents did not manage to evacuate.



Graph 9: Those who evacuated

The evacuation centres differed from government shelters, relatives' houses to community centres. 49% of those who evacuated did so to their relatives' houses. Some evacuated to government shelters and they are 32% of the total respondents who accessed the shelters. 19% of the respondents who sought refuge in the camps were sheltered in the community centres.

[72] Article 8 of the CRPD.



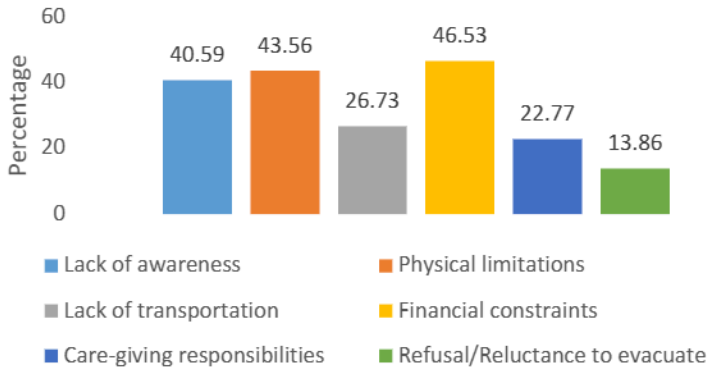
Graph 10: Evacuation centres

The 26.73% that did not evacuate to a safe place had different reasons why they failed doing so. They encountered different challenges in evacuation to different shelters. Some of the respondents had experienced more than one challenge. 46.53% of the total respondents who failed to evacuate before or during the Tropical Cyclone Freddy had financial constraints. Evacuation often involves costs associated with transportation, accommodation, and supplies. They could not cover these expenses. Some respondents said they had physical limitations and they were represented by 43.56%. The type of disability or health issues hindered their ability to evacuate, making it challenging or impossible for them to move to a safe location quickly.

Lack of awareness was another challenge. 40.59% of those who failed to evacuate said they were not adequately informed about the approaching cyclone or disaster, either due to limited access to information or a lack of understanding of the severity of the situation. Another challenge was lack of transport. 26.73% of the respondents who failed to evacuate said they did not have access to private vehicles or public transportation to facilitate their evacuation. 22.77% of the respondents said they failed to evacuate because of care giving responsibilities. They failed to leave without ensuring the safety and well-being of those under their care.

Some respondents, 13.86%, of those who did not evacuate had fear of leaving their home, attachment to their belongings, and a belief that they could ride out the disaster without harm. They were just reluctant and refused to evacuate.

Graph 11: Evacuation challenges

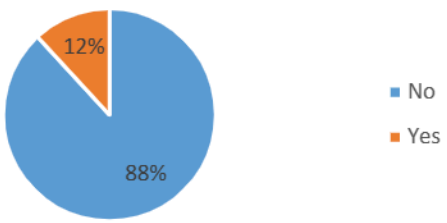


3.3.4. Accessibility of emergency services

3.3.4.1.Emergency service availability

The study went further finding out how accessible services were during the Tropical Cyclone Freddy or the disaster. The 88% of the total respondents said that they were able to access emergency services during the Cyclone Freddy disaster. This was commendable. The accessed services were those that were available. 12% of the total respondents said they were unable to access the emergency service during this period. This was due to unavailability of the services that were required according to their disabilities. Mostly, there was no assessment as to what services were needed by women and girls with disabilities. The services were general in nature.

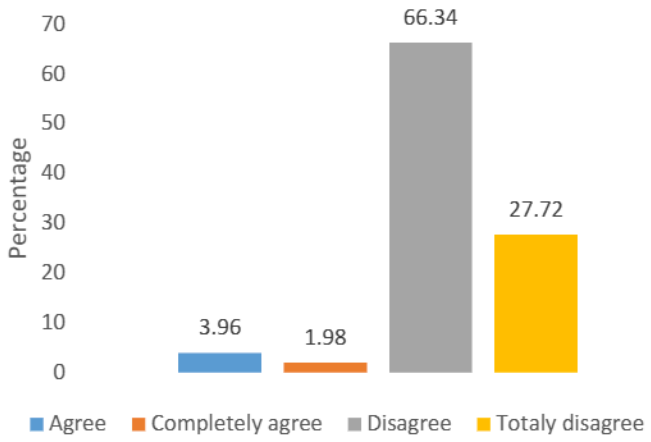
Graph 12: Access to Emergency Services



3.3.4.2.Communication

In terms of communication during the Tropical Cyclone Freddy disaster, 66.34% said there was no good communication with the authorities and their relations. 27.72% of the respondents totally disagreed that no any communication was accessible. 3.96% agreed that there was communication and 1.98% completely agreed that there was communication accessibility.

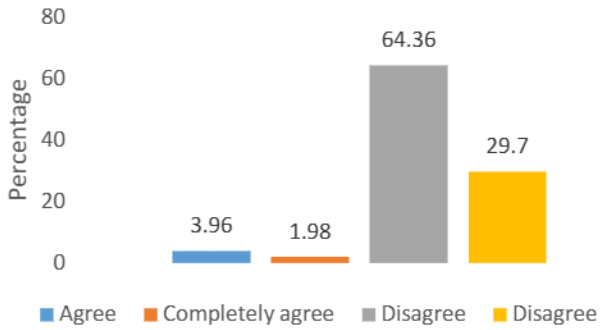
This indicate that there was a problem in communication by women and girls with disabilities during the Tropical Cyclone Freddy. This was happening even in the evacuation centres.



Graph 13: Communication

3.3.4.3.Needs accessibility

As to whether the needs were responded to and accessible, the study reveals that 64.36% among the respondents surveyed, their needs were not met. The rest said their needs were met but not satisfactorily. On the accessibility of the infrastructure and resources for responding to emergency, the study reveals that they were not accessible. This represents 5% of the respondents who accessed the shelters. This shows that during the time of Tropical Cyclone Freddy, infrastructures were not in good conditions. This is despite that during the time of disasters infrastructure plays a big role to allow people to hide and get help.



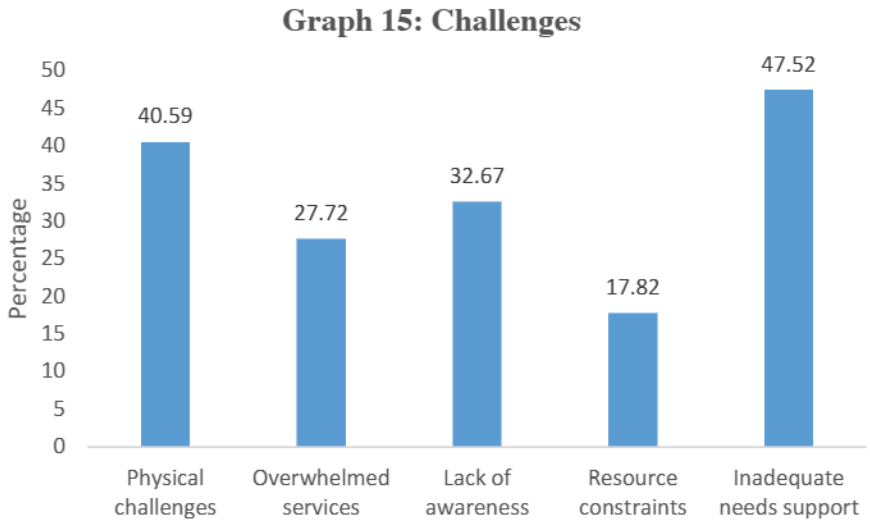
Graph 14: Needs accessibility

3.3.4.4.Challenges faced

In responding to what were the specific challenges they faced in accessing emergency services, it was explained that the emergency services were not in order. This represents 64.36% of the respondents who did not access the services properly. This is despite the fact that emergency services play a big role in serving lives during disasters as disasters are associated with many accidents happening at once.

Some of the respondents experienced more than one challenge. 47.52% of the total respondents who did not evacuate had inadequate needs support challenges. Physical challenges were mapped at 40.59%. Lack of awareness was another challenge mapped at 32.67%. 27.72% said the challenge was overwhelmed services. Resource constraints challenge was at 17.82%.

These challenges hindered women and girls with disabilities from being fully protected during the Tropical Cyclone Freddy. Some of their rights and freedoms were curtailed as required by the law.



3.3.5. Health and medical Assistance

The respondents were asked whether they required any health or medical assistance during or after the cyclone or disaster. The data shows that 33% of the affected respondents were in need of medical assistance. Out of the ones in need of assistance, 28% of them were able to access the assistance.

Many of the respondents encountered barriers accessing health or medical assistance. These barriers included infrastructure damage, limited resources, disruption of healthcare services, inadequate emergency preparedness, evacuation challenges, communication difficulties, lack of clear and timely information and psychosocial challenges among others. some respondents encountered more than one of the said barriers.

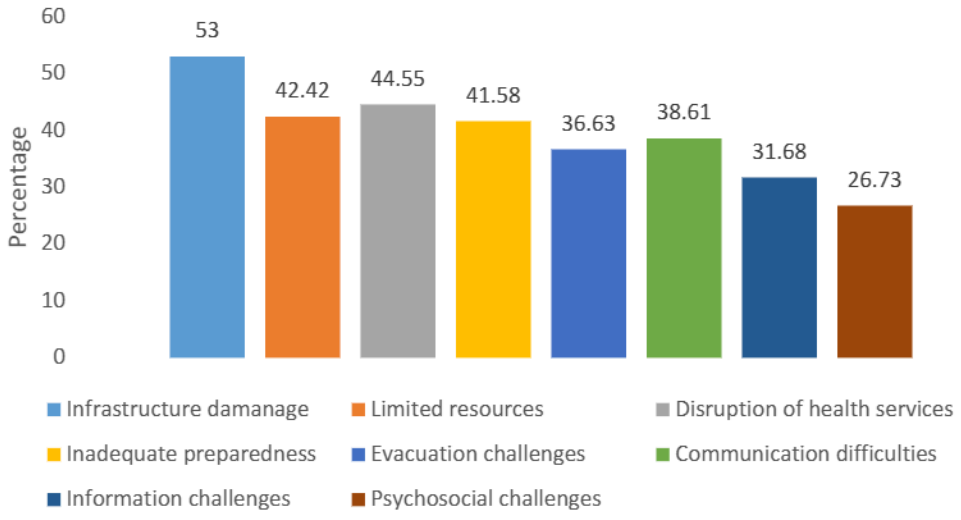
On infrastructure damage 53% of the total respondents encountered it. Tropical Cyclone Freddy caused extensive damage to infrastructure, including healthcare facilities, roads, and communication networks. This damage hindered the delivery of medical assistance and made it challenging for people to access healthcare services. 44.55% of the respondents encountered disruption of these health services. There was disruption of regular healthcare services, as healthcare providers were overwhelmed with the immediate response efforts and some were displaced themselves. In the aftermath of a cyclone, there was scarcity of resources such as medical

supplies, equipment, and personnel. 42.42% faced these limited resource barriers. Lack of coordination, insufficient planning, or limited resources allocated for disaster response contributed to these barriers as indicated that 41.58% encountered inadequate emergency preparedness.

Disruptions in communication networks, such as damaged phone lines or power outages was challenging for women and girls with disabilities during the Tropical Cyclone Freddy. 38.61% faced communication difficulties during this time. Those who faced evacuation challenges were 36.63%. Limited transportation options, lack of accessibility, and insufficient medical support during evacuations impeded individuals from receiving necessary healthcare assistance.

Lack of clear and timely information about available healthcare services and emergency contacts was a significant barrier as it affected 31.68% of the respondents. Mental health support and counseling services were limited or not readily available for women and girls with disabilities in the aftermath of the Tropical Cyclone Freddy, creating barriers for those in need of emotional and psychological assistance. This resulted in 26.73% of the respondents encountering this psychosocial barrier.

Graph 16: Barriers in Accessing Medical Assistance



3.3.6. Community inclusion and participation

Consultation plays a big role in disaster preparedness, response and recovery as this helps persons with disabilities to be inclusive in making decisions. It is one of the obligations of the government under the CRPD that in the implementation of legislation and policies aimed at implementing the Convention, and in other decision-making processes concerning issues relating to persons with disabilities, governments must closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.[73]

The respondents in this study were asked whether they were included and consulted in the decision-making processes related to disaster preparedness, response, and recovery. Whilst the study reveals that 89% of the total respondents were consulted, 11% of the respondents denied to have been consulted. This indicate that the 11% were excluded and not part of the decision making in the disaster preparedness, response and recovery.



Graph 17: participation

The 89% respondents who said were included and consulted, gave their level of participation. This included representation, inclusive planning and policy development, accessing information and communication, consultation and engagement, training and capacity building, how barriers were addressed, and empowerment and leadership opportunities.

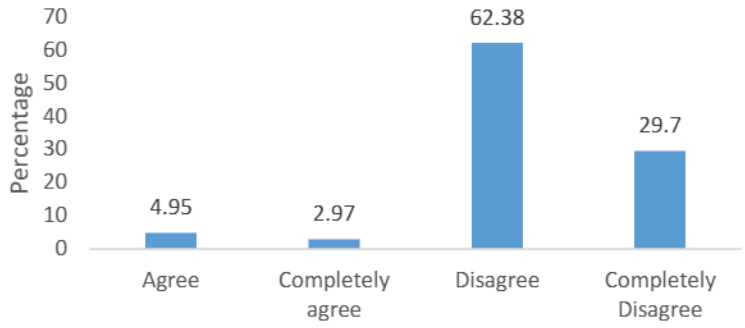
[73] Article 4 (3) of the CRPD

3.3.6.1 Level of Participation

Representation. While 62.38% of women and girls with disabilities who were consulted disagreed that they were actively represented in decision-making bodies, committees, or task forces focused on disaster management, 29.7% totally disagreed of any representation in these bodies, committees and task forces. 4.95% of the respondents in this category agreed to have been represented. A few, 2.97%, completely agreed that they were represented in decision making bodies.

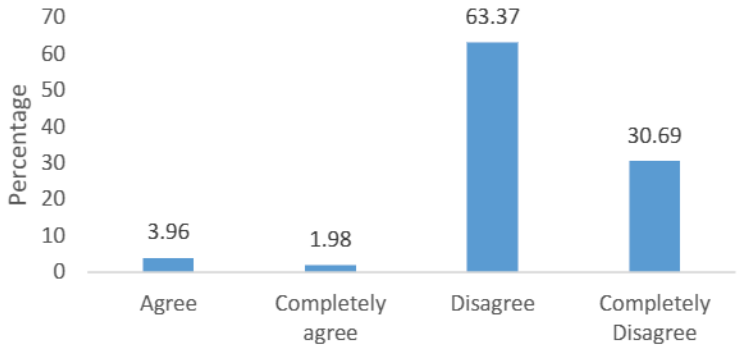
Form this information, the study observes that the right to be represented in decision making bodies was not full realized by women and girls with disabilities from the planning stage to the post Tropical Cyclone Freddy stage. This could have effects in the whole process since the views of women and girls with disabilities were not part of the process. No OPD was there to represent them.

Graph 18: Participation in Decision Making



Inclusive planning and policy development. Women and girls with disabilities who said they were consulted, 63.37% disagreed to have been involved in the development of disaster preparedness, response, and recovery plans and policies. 30.69% completely disagreed that they were not involved at any level. Only 3.96% and 1.98% of women and girls with disabilities in the study who said they were consulted agreed and totally agreed to have been involved in the development of disaster preparedness, response, and recovery plans and policies respectively.

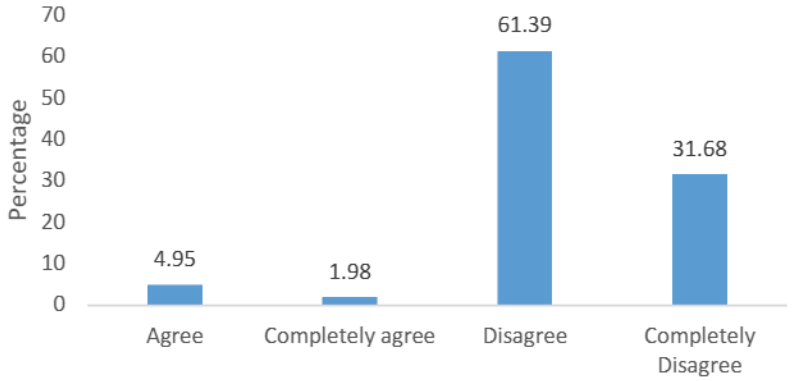
Graph 19: Inclusive Planning and Policy Development



Accessing information and communication: The study establishes that 61.39% and 31.68% of the respondents who said they were consulted disagreed and totally disagreed respectively that there was accessible information and communication, including the provision of information in accessible formats (such as braille, large print, or audio), using assistive technologies, and utilizing plain language to ensure comprehension for all participants. Only 4.95% and 1.98% respondents agreed and completely agreed that the information and communications were accessible.

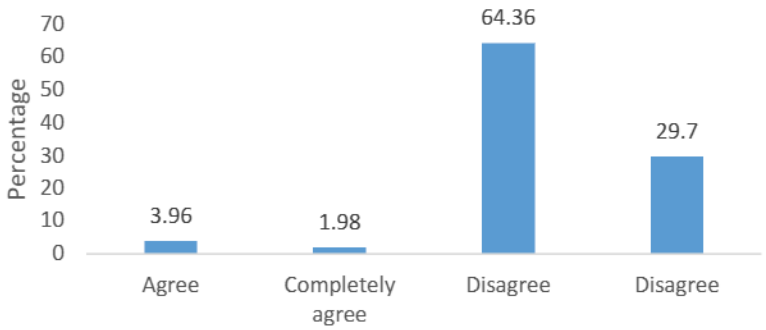
This was a violation of the right to access to information and communication in time of need. Without information and communication, disasters could lead to more complicated effects to women and girls with disabilities. They would be left behind in everything.

Graph 20: Access to Information



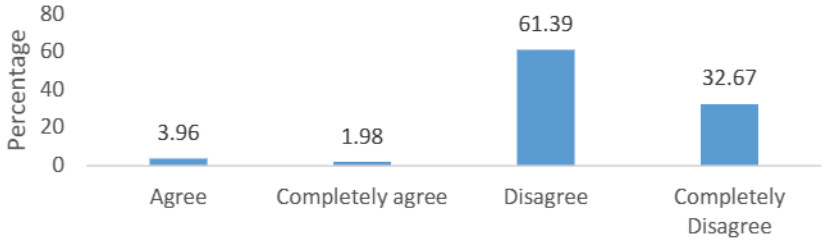
Consultation and engagement. The study also, revealed that there was no much active consultation and engagement with women and girls with disabilities who said they were consulted. 64.36% of the said respondents informed the study that they were not actively consulted and engaged throughout the decision-making process. In fact, 29.7% of the respondents in this category totally disagreed to have been engaged. It was only 3.96% and 1.98% who agreed and totally agreed to have been actively engaged throughout the decision making process. In whatever the authorities were doing, women and girls with disabilities were left behind.

Graph 21: Consultation and Engagement



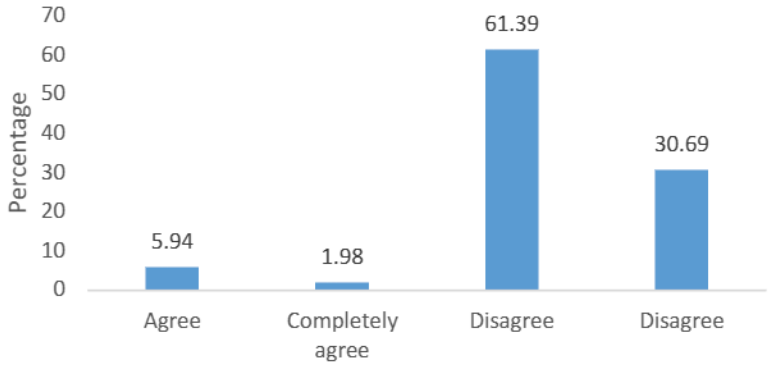
Training and capacity building. 61.39% of women and girls with disabilities who said they were consulted in the decision making process, said they were not involved in workshops, awareness sessions, and skill-building opportunities to enhance their knowledge of disaster management that could enable them to contribute meaningfully. Moreover, 32.67% totally disagreed to the assertion they were involved in the trainings and capacity building. Only 3.96% and 1.98% agreed and completely agreed to have had a chance to be involved in the training and capacity building. These respondents had no capacity in dealing with the effects of the Tropical Cyclone Freddy.

Graph 22: Training and workshops



How barriers were addressed. The 61.39% and 30.69% of the respondents disagreed and totally disagreed respectively that they were consulted and included in addressing barriers faced. This included providing accommodations, such as accessible venues, sign language interpreters, or personal assistants, to ensure that physical, sensory, or cognitive disabilities do not hinder their engagement. They did not address these important elements to their lives. A few agreed and totally agreed to have been addressed the barriers representing 5.94% and 1.98% respectively.

Graph 23: Addressing barriers



Empowerment and leadership opportunities. Most respondents informed the study that they were not involved in supporting their participation as speakers, facilitators, or representatives, and fostering an environment where their voices are valued and respected. None of the respondents said they were empowered and were mentored in leadership.

The above information indicates that consultation and participation was a challenge before, during and after the Tropical Cyclone Freddy. It did not live up to the standards. Women and girls with disabilities were left behind in the decision making process. This is contrary to the principles required that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them. [74]

[74] preamble (o) of the CRPD. Article 4(3) of the CRPD

3.3.7. The Excluded Respondents

It must be remembered that 11% of the respondents denied to have been included and consulted in the decision-making processes related to disaster preparedness, response, and recovery. These respondents said that there was lack of representation as they were not included in any of the decision making bodies. Not even their OPDs were consulted to represent them.

They lamented that there was lack of information provided in accessible formats, absence of communication aids, such as sign language interpreters or captioning services, and this prevented them from effective engagement. They encountered physical and logistical barriers. Physical barriers in meeting venues, lack of accommodations, such as ramps, accessible restrooms, or assistive devices, made it difficult for women and girls with disabilities to physically access decision-making spaces.

The other barrier that prevented them from inclusion and participation was discrimination[75] and stigma[76]. Pre-existing societal attitudes and biases towards disability, combined with gender-based discrimination barred them from participating in the decision making. Stigma is at the root of much of the discrimination and exclusion that is too often women and girls with disabilities' everyday experience. Unless stigma is adequately considered and addressed when development policies, programmes and other initiatives are designed, then they are likely to fail women and girls with disabilities – who will remain marginalized.

Further, the respondents who said they were not included in the decision making process said that limited awareness and knowledge among the decision makers about disability was a challenge for

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[75] "Discrimination on the basis of disability" means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation

[76] Stigma is commonly defined as the mark of disgrace associated with a particular circumstance or quality. People who are stigmatized are treated differently from other members of the community. They are usually marginalized and discriminated against, often neglected, abused or exploited, and always made to feel ashamed. It is unjust – and also in clear violation of the human rights of the person or people stigmatized.

them to be included. Decision-makers and stakeholders had limited understanding of the specific needs and experiences of women and girls with disabilities in disaster situations. Many of them completely had no idea on how to ensure women and girls with disabilities can be put in decision making bodies. The decision-makers failed to conduct targeted outreach and engagement efforts to include women and girls with disabilities at all levels. This could be as a result of power dynamics and exclusionary practices that exists and prevented the meaningful participation of women and girls with disabilities from the entire process.

3.4.Chapter summary

This chapter has shown how women and girls were affected before, during and after the Tropical Cyclone Freddy. It has shown that accessibility was a problem. Most of the women and girls with disabilities were left behind at all levels of decision making. They suffered a lot due to the impact of the Cyclone Freddy. In the evacuation centres, there were problems specifically for the type of the disability but their needs were not responded to due to discrimination. Their health needs were not taken care of. However, the chapter has shown that some were able to get the desired treatment in the process of disaster risk management and response though they were a handful. All this means the international human rights instruments and domestic laws and policies were not implemented fully. It also exposes inadequacy and non-inclusion of the domestic laws, policies and plans in the area of disaster risk management and response as regards to women and girls with disabilities.

These were the experiences during Tropical Cyclone Freddy by women and girls with disabilities as obtained from their responses in the questionnaire. The following chapter presents the experiences during Tropical Cyclone Freddy by women and girls with disabilities obtained from the focus group discussions. They are unique in nature.

Chapter Four

4. Experiences during cyclone Freddy by women and girls with disabilities: Findings from the Focus Group Discussions

4.1.Introduction

The study went further to gather information in groups composed of participants with disabilities. This chapter presents the experiences during the Tropical Cyclone Freddy by women and girls with disabilities as collected through the focus group discussion (FGDs). 58 respondents (women and girls) with disabilities took part in the focus group discussions. The study sought to have the discussions so that women and girls with disabilities give their personal stories where possible to appreciate their experiences during the Tropical Cyclone Freddy.

The chapter focuses on how the participants understood the experiences in time of the Tropical Cyclone Freddy; what impact did the Tropical Cyclone Freddy had to women and girls with disabilities; whether there were early warning systems and preparedness mechanisms and whether the evacuation strategies and shelters were accessible.

Also, the participants gave information on accessibility of emergency services, accessibility and communication, community inclusion and participation, support and assistance, stakeholder collaboration and data collection and statistics.

4.2.Understanding experiences

Women and girls with disabilities in this study were asked how familiar were they with the experiences of women and girls with disabilities affected by disasters in Malawi. The majority of women and girls with disabilities from the FGDs informed the study that women and girls with disabilities were greatly affected by the Tropical Cyclone Freddy. They were affected because of

the exclusion in accessing the basic needs.[77] Some of the items that were being distributed during the disaster could not meet the needs of women and girls with disabilities. In different evacuation centres there were lack of privacy,[78] inadequate food, lack of sanitation and hygiene and the toilets were not disability inclusive.[79] Some of these situations were due to overwhelming conditions at the camp sites.

The participants said that due to the disaster, many had lost what they had and depended upon. For instance, two of the participants from Mulanje district said they had lost three houses and all the crops had gone with floods. Although that was the case, neither the government nor non-governmental organizations had taken their situation into consideration. To many, their crops and houses were wiped out. Some lost their relations. Consequently, many were living in a devastated life.

In addition, persons with disabilities were rarely rescued by family members and other members of the community. For example, during the time Tropical Cyclone Freddy hit Mulanje, women with disabilities reported that persons with disabilities, especially women and girls, were unable to escape. It was revealed that one woman with disability was forgotten as people fled from the flooding of two rivers which affected the Area. The village chief had to organize a special team from the camp to go and rescue her. Luckily, her house was on a higher ground and she was safely rescued.[80]

Privacy on women and Girls with disability was a big issue. From the reports, the evacuation centres were not disability friendly to accommodate women and girls with disabilities. One of the participants in Chiradzuru district explained that:

[77] They have not been considered in the relief projects due to discriminatory disaster response policies.
[78] Article of the CRPD stating that "No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy"
[79] Article 28 of the CRPD stating that "States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions…."
[80] This case was reported in Nogwe, TA Nkanda, Mulanje, Reported by Plan Malawi.

"I was reluctant to move to the camp though the other side of my house had fallen down. This was because I had fears that my privacy will not be respected as the sites were not disability inclusive."

The study establishes that many participants were not involved in supporting or receiving support which is disability inclusive. They did not personally witness or been involved in supporting women with disabilities during the Tropical Cyclone Freddy or in other disasters.

4.3.Impact of the disaster

Based on their knowledge or experience, women and girls with disabilities had specific challenges faced during the disaster in terms of safety, health, or access to resources. Women and girls with disabilities and caregivers from all the three districts reported that they faced difficulties in mobility to access health services. Because the flood happened during the night and roads and bridges were all carried away and cut by floods the condition posed a huge barrier to access health services for women and girls with disabilities. One woman with a disability said:

"Because of the way roads were damaged many women with disabilities like me failed to access emergency services in time and the health workers were also attending those who does not have any disability leaving those with disabilities helpless".

It was reported that women and girls with disabilities faced discrimination during the Tropical Cyclone Freddy. It was discussed that this was due to the overwhelming situation that existed. Women and girls with disabilities could not compete with those who have no disabilities in accessing services. The situation worsened because some women and girls with disabilities lost their devices, their caregivers and relatives who they depended on.

The study reveals that women and girls with disabilities encountered physical, safety and protection difficulties. Women and girls with disabilities from all the three districts reported that they were at higher risk of physical injuries during the disaster due to difficulties in moving quickly and independently. For instance, in crowded and chaotic situations, they faced greater challenges

in protecting themselves from harm and struggled to access relief foods compared to persons without disabilities.

It was also reported that there was lack of security in the evacuated centres and this exposed them to sexual harassments. There was violence and abuse, resulting from their gender-based aspects. Since many houses got damaged by floods, most women and girls with disabilities reported that they lived in fear that something bad might happen to them.

In addition, lack of respect of human dignity and rights of women and girls with disabilities due to the overcrowded camp sites and their houses that were damaged were mostly complained by participants in the study. Despite the camp sites that were established, they were not disability inclusive in terms of sanitation and hygiene. For instance, safe sanitation facilities were not available in all evacuation centres making it a challenge for women with disabilities to maintain proper hygiene and dignity. Their inherent dignity was not respected.[81] One of the victims of the Tropical Cyclone Freddy from Mulanje district, a blind woman said:

> ***"as a blind person I have to get used with the environment to memorize the map and in this situation I had to keep a bucket to ease myself during the night but because the room was shared by many people, it was also difficult to help myself."***

Besides, women and girls with disabilities reported that they encountered barriers to participate in disaster response and recovery efforts due to attitude of the community leaders and other members of the society. This limited their ability to voice out their needs and preferences. It also limited their contribution on the construction of the evacuation centres as such they faced difficulties in accessing evacuation routes and shelters. Lack of transport made some of them remain in their damaged houses thereby exposing their lives to a higher risk of being trapped in dangerous situations that were caused by the Tropical Cyclone Freddy.

[81] Article 1 of the CRPD stating that "the purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity."

These challenges during the disaster exacerbated the existing vulnerabilities in women and girls with disabilities. Their only hope was from the government interventions. When the government was silent specifically on their needs and the implementation of disaster response programs and policies, the effects were more felt and increased the vulnerabilities among women and girls with disabilities.

4.4.Early warning systems and preparedness

Early warning system is an adaptive measure for climate change, using integrated communication systems to help communities prepare for hazardous climate-related events. Early warning systems aim to mitigate the risk produced by disasters. By providing advance notice of potential hazards, early warning systems enable individuals, communities, and organizations to take appropriate measures to minimize the potential impact of disasters. Early warning systems are an essential tool for risk management and disaster preparedness that help save lives and minimize the potential impact of disasters. To be effective, early warning systems need to rely on the direct participation of at-risk communities, facilitate public education and awareness of risks, disseminate messages and warnings efficiently, and help maintain a constant state of preparedness to enable early action.[82]

Although some respondents said they received the warnings some respondents denied that they did not receive any warning of the coming of the Tropical Cyclone Freddy. This shows that there were no proper sensitization strategies to make sure people especially women and girls with disabilities were aware of the Tropical Cyclone Freddy from the authorities in order to control the damages that came with it.

4.5.Evacuation strategies and shelters

Evacuation strategies is the urgent immediate egress or escape of people away from an area that contains an imminent threat, an ongoing threat or a hazard to lives or property.[83] It is revealed from

[82] https://preparecenter.org/topic/early-warning-systems/
[83] https://en.wikipedia.org/wiki/Emergency_evacuation

the study that 74% of total respondents had to evacuate because of the condition of the disaster. Out of the respondents' responses, it was shown that a large number of 49% went to relatives in other districts and towns that were not affected because government centres and community centres were occupied beyond the capacity.

Women and girls with disabilities faced numerous challenges due to lack of evacuation strategies. During the discussions, they stated that financial constraints hit about 46.53% of the respondents as they needed to immediately find transport, accommodation and shelter on which it was so impossible and some of them did not evacuate whilst some left property behind. Some respondents explained that they had a physical limitations challenge. Many disabilities such as those with visual impairment, physical disability, deafness and psychosocial disabilities are so vulnerable in situations of disasters like this because they depend on caretakers.

It was reported that about 43.56% of respondents had physical limitations in this time of evacuation. This condition left others trapped where they were and some were swept by the floods in the process. Caregiving responsibilities and lack of transportation constituted a huge problem to some respondents. Having a disability does not stop one from having children and taking care of others. Some of the respondents about 26.73% who lacked transportation and 22.77% who had caregiving responsibilities struggled a lot during the Tropical Cyclone Freddy disaster. Some managed to carry their families whilst some gave up and waited for their fate.

4.6.Accessibility of emergency services

During disasters, persons with disabilities are highly affected, but many countries still do not provide accessible emergency services to such kind of population. Limited communications options have left persons with disabilities in dangerous situations as communication sometimes is not in accessible formats. Even though many respondents revealed that they had access to emergency services, they also met many challenges in the process of looking for those services such as overwhelmed services. For example, most health workers were affected and hospitals and equipment's were damaged by the flood making it impossible to access the health services. Women

and girls with disabilities and caregivers from all the three districts reported that they faced difficulties to access health services as the Cyclone damaged roads and bridges

4.7.Accessibility and Communication

Almost 50% of the respondents participating in the discussion stated that they faced barriers to access disaster related information. They reported that there was lack of responsibility and proper coordination between service providers, community leaders and women and girls with disabilities to provide information through channels that are disability inclusive. Women and girls with disabilities were not represented well in decision making forums to voice out their needs and rights. This was due to inaccessible communication strategy formats. The respondents expressed that there were no disability inclusive channels or formats that were put in place to provide an effective communication to women and girls with disabilities regarding early signs and warnings.

Women and girls with disabilities complained that they were not involved in decision making meetings which focused on disaster response and recovery effort at national as well as at community level. They said the community considers them as less productive hence most of the information could not reach them accordingly.

4.8.Community inclusion and participation

Community inclusion and participation in development is complex and dynamic, whose examination depends on one's application and necessity in various scenarios. Understanding how local people participate in district risk and response interventions provided a base for examining the subsequent objectives in the study.[84] The study found that, local people do not control development processes. Projects come as pre-packages products waiting to be sold to people. Thus, whatever interventions NGOs plan to do, local people's aspirations are rarely included which makes the persons with disabilities to be the most vulnerable as they do not have a representative most often.

[84] Einstein (1969)

In TA Mabuka, Mulanje, for instance, results from the discussion indicated that there was lack of representation in decision making forums. Women and girls with disabilities were not involved in decision making or meetings which focused on disaster response and recovery effort at the community level.[85]

The study finds that at local level, participation in disaster risk response interventions came in various forms and dimensions. Overall most of the interventions originated from NGOs. Those who received support from these NGO driven interventions did so in the form of projects. The study finds that participation of local people in these projects is mainly evident during project implementation and monitoring stage where locals are allocated different tasks to execute as part of project requirements. Nevertheless, during this process the data of how many people are representing the persons with disabilities such as women and girls is not indicated or known.

A vivid example is what happened at the time of distribution of food stuffs in TA Kapeni in Blantyre. The study found that many NGOs do not follow proper strategies to make sure that even those with disabilities have equal chance of receiving the items. Many with physical disabilities cannot manage to stand in long queues or use man power to be on the line as such they are not among people who receive these items. If indeed inclusive participation is a choice, case studies presented in this discussion, shows how the whole purpose of inclusive participatory development is defeated by this lack of proper strategies.[86]

4.9.Support and assistance

Most participants in all focus group discussions that were conducted reported that they needed financial support.[87] They said this will help them to invest in income generating activities hence

[85] This is according to the chairperson of Association of physical disabilities in Malawi, Duncan Mkawapu.
[86] Rifkin (1985),
[87] Article 28(2)(c) of the CRPD explaining that States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures To ensure access by persons with disabilities and their families living in situations of poverty to assistance

their economic empowerment that can reduce poverty among women and girls with disabilities.[88] Since Tropical Cyclone Freddy had a significant impact on their economic stability, this will help women and girls with disabilities in rebuilding their livelihoods and economic independence.[89]

As a post recovery plan, the participants to the study indicated their plea to organisations and government to provide food and shelter.[90] They said this will help them to recover from the Tropical Cyclone Freddy effects as they have lost crops and they are at high risk of food insecurity since most of them rely on subsistence farming for their livelihood.

In addition, one participant added that there is a need of provision of accessible information, providing disaster preparedness and response information in accessible formats for women and girls with disabilities if they are to be assisted and supported fully.[91]

Another crucial thing that the study has revealed is that there was no prioritizing of healthcare needs of women and girls with disabilities. This includes providing access to necessary medications, medical equipment, and specialized care. It is the responsibility of the government to ensure that medications are available in nearby hospitals during and after the time of disasters.[92]

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from the State with disability elated expenses, including adequate training, counselling, financial assistance and respite care.

[88] Section 23 of the Disability Act providing that "the Government shall recognize the importance of empowering persons with disabilities economically, without any form of discrimination, and shall ensure that the persons with disabilities are able to access loans and credit facilities for purposes of carrying out income generating activities."

[89] Article 28(2)(b) of the CRPD stating that "States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures to ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes.

[90] Article 28(1) of the CRPD. Section 14 of the Disability Act

[91] section 25 of the Disability Act. Article 9(1)(b) of the CRPD

[92] Article 25(b)(c) of the CRPD stating that "providing those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons; Providing these health services as close as possible to people's own communities, including in rural areas".

Women and girls with disabilities reported that assistive devices should be made available as most of the devices were lost during the Tropical Cyclone Freddy. Although women and girls have been greatly affected, it was stated that there have been no deliberate initiatives or programs so far that have been implemented targeting women and girls with disabilities.[93]

4.10. Stakeholder collaboration

Disaster risk management and response requires multi-faceted efforts from different stakeholders. Stakeholder engagement is an important part of planning for emergencies and disasters. Stakeholders like government, NGOs, disability organizations, etc. coordinate and collaborate to support women and girls with disabilities during disasters.[94] When asked about this the participants admitted that there are not aware whether there is good coordination between government and organizations. Regarding how the needs and rights of women and girls with disabilities are being addressed, the participants explained that if there are any coordination and collaboration between government and other stakeholders there are on paper and theorized and not on the ground practically.

However, one participant from Mulanje reported that there have been initiatives and programs available in camps that targeted all people in general who were affected. Only a few people who were luckily available at the camp were able to receive the assistance leaving behind those who could not make it to the camp sites. It was established that there is no effective partnership that have so far enhanced the inclusion of women and girls with disabilities in disaster risk management and response.

4.11. Data collection and statistics

[93] Article 6 of the CRPD.

[94] States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities.

Data is very important in disaster risk management and response. It is the duty of the government to collect accurate data and statistics.[95] Data helps in mapping way for the different interventions. The study through the focus group discussions, reveals that there is no any research that has been conducted so far focusing on women and girls with disabilities during Tropical Cyclone Freddy in the areas targeted by this study.[96] It was observed that this is the first research focusing on women and girls with disabilities in the area of Tropical Cyclone Freddy. Because of this reason, it was hard for the respondents to precisely know if there are any challenges or gaps in collecting accurate and reliable data in this context regarding women and girls with disabilities since they had never been engaged in any research concerning women and girls with disabilities.

4.12. Chapter summary

This chapter has demonstrated the life experiences of women and girls with disabilities prior, during and after the Tropical Cyclone Freddy disaster in the focus group discussion. Women and girls with disabilities understood what the disaster was but were not fully informed about it before its occurrence. Most of them had no access to the basic needs in accordance to their disabilities. They were left behind as participation in planning and implementation was done in their absence. They lamented that communication and accessing information was a problem at all levels of the Tropical Cyclone Freddy. There was no data as they did not know of any research done focussing on women and girls with disabilities. Stakeholders did not collaborate well or if any it was in theory and was no put in practice.

The previous two chapters has extensively discussed the experiences lived by women and girls with disabilities during the Tropical Cyclone Freddy disaster. They have addressed the second objective of the study which is examining the impact of Tropical Cyclone Freddy on women and girls with disabilities. The chapters have done so by presenting and analysing the findings from the questionnaire and the focus group discussion.

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[95] States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention.

[96] This is according to Duncan Mkwepu Chairperson of association of Physical disability in Malawi who was among the group participant, Mulanje District. This also applies to other 2 districts where the research was conducted

The study cannot be concluded without a discussion on the extent of stakeholders' interventions for women and girls with disabilities and how inclusive the interventions were during and after the Tropical Cyclone Freddy. The following chapter presents what the stakeholders informed the study.

Chapter Five

5. Stakeholder's interventions on Cyclone Freddy and Women and girls with Disabilities

5.1.Introduction

In order to appreciate what interventions were initiated and rendered to women and girls with disabilities during the Tropical Cyclone Freddy disaster, this chapter presents the stakeholders' responses on what they did and did not do. Different governmental and non-governmental institutions were engaged in the study. The study interviewed a total of 10 institutions in the semi-interviews with stakeholders. The focus was on how the stakeholders understood the Tropical Cyclone Freddy experiences, stakeholders' interventions, awareness and data collection, inclusion in disaster response and support and assistance. Also, stakeholders were asked if they faced challenges and barriers in the disaster risk management and response. It was also of interest to find out whether there was collaboration and partnerships in the initiated interventions to help women and girls with disabilities specifically.

5.2.Cyclone Freddy Experience

Tropical Cyclone Freddy affected thousands of people directly and indirectly all over Malawi. All the stakeholders agreed to this fact. During the disaster, there was loss of lives and livelihood, property damage, displacement, injuries and acquisition of disabilities in the process. Almost 100% of the stakeholders agreed that in one way or another, persons with disabilities especially women and girls were affected by Cyclone Freddy. The structural damage that came with this disaster led to closure of schools, hospitals, government and private offices and other supporting community services because some of them were washed away.

The disaster led to death, displacement and destruction. Entire communities were cut-off from essential services, leaving them without access to vital supplies and services, including food and health care. Many people were displaced, most of whom lost their belongings and or homes, and children's education was interrupted, as schools were used as displacement sites or destroyed or damaged. Crops were flooded, just as farmers were about to harvest, prompting concerns regarding food insecurity.[97]

Communities do not exist in isolation. Women and girls also do not exist in isolation. They are part of a system, and different stakeholders have specific roles to play in community practices, community management, community planning, and community-based actions. Both governments and civil society organizations are major actors in disaster risk management and response at the national as well as the local level. In the process of disaster risk management and response, greater emphasis must be placed on the vulnerable group of people. This calls upon the involvement of CSOs and local governments in disaster risk management and response that are essential to address the need of communities to identify the most effective tools and solutions in the planning and implementation process within the local context, as it is at the local level that the impacts of a disaster are most immediately felt.

During this period, women and girls with disabilities were not only affected by the immediate hit of the Tropical Cyclone Freddy, but even long effects of its aftermath. The reasons for these impacts may not only come because of disability but also other factors such as poverty and response program interventions protocols. The impacts had also a likelihood to have disability based discrimination, which marginalises women and girls with disabilities in societies in such emergency times. They needed a swift response at a community level.[98]

5.3.Awareness and Data Collection

[97] https://reliefweb.int/report/malawi/southern-africa-snapshot-tropical-cyclone-freddys-impact-february-march 2023#:~:text=Freddy%20brought%20strong%20winds%20and,%2Deast%20and%20south%2Dwest.
[98] Article 11 of the CRPD.

Article 8 of the CRPD mandates the authorities, especially the government to promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities. Article 9(1)(b) demands that information, communications and other services, including electronic services and emergency services must be accessible to persons with disabilities. Article 31 of the CRPD also demands that government undertakes to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies.

The study has revealed that access to information and warnings on Tropical Cyclone Freddy and other disasters to women and girls with disabilities have been a challenge because the information does not meet the specific needs of women and girls with disabilities. For instance, during interviews MACOHA reported that most information and warnings are done through radio and other print media so it becomes difficult for women and girls with disabilities who are poor to access the information because they cannot afford to have a radio. Some women and girls who are blind cannot read information in regular print and those with hearing impairment find it difficult to grasp the information during awareness meetings due to lack of sign language interpreters.

Malawi Union of the Blind (MUBU) also noted that most of the information shared lacked inclusiveness as there was no information in braille and most TV stations did not use sign language interpreters.

The advisor of disability in disaster efforts[99] during the interviews added that:

> **"*the information produced by the media has not been accessible by most of the persons with disabilities and the authorities in disaster risk center have relaxed in terms of being disability inclusive, even access to information by communities which was worse to persons with disabilities*."**

PODCAM[100] programs manager noted that:

[99] Symon Munde, FEDOMA
[100] Parent of Disabled Children Association of Malawi

I would say the interventions that happened during the response are not specific to including women and girls with disabilities, this is because there is lack of specific data on women and girls with disabilities.

Furthermore, the study reveals that the data collection tool used by the district council and humanitarian actors is called the Disaster Rapid Assessment Form which collect generalized data for affected persons with disabilities. It does not capture the specific needs of persons with disabilities including women and girls with disabilities. For instance, the tool just captures number of persons with disabilities affected not indicating specific disabilities and needs. Therefore, any interventions do not address the specific needs of women and girls with disabilities.

However, PLAN Malawi said that the generic form used by DoDMA, Partners during Inter Agency as well as Rapid Needs Assessments has a component of disability data collection but not specifically focusing on women and girls. This indicate that there is little or no data explicitly collected by government agencies on number of women and girls with disabilities affected by Tropical Cyclone Freddy or other disasters in Malawi. MACOHA noted that:

"as far as the data was collected on persons with disabilities it does not seem to be reliable."

In addition, MACOHA also articulated that when any service provider wanted to assist persons with disabilities, it conducts a customized assessment to capture the specific needs of persons with disabilities. They do not specify the disability and the needs. This in the long run leaves other disabilities.

5.4.Inclusion in disaster response

The study observes that all civil protection committees at district level has a representative of persons with disabilities who advances the needs of his/her constituency including women and

girls with disabilities. Nevertheless, there is a need to proactively engage women and girls with disabilities in all the disaster risk management phases from planning to recovery.[101]

Despite this representation, there is no any initiative or program, however, that women and girls with disabilities have been highly considered when implementing disaster response and recovery projects for persons with disabilities. All the district social welfare officers in the targeted districts when asked, reported that currently there is no organization that focuses on women and girls with disabilities as regards to disaster risk management and response. However, it was reported that most OPDs have taken the initiative to ensure that there is inclusion in the disaster recovery efforts through partnership.

5.5.Support and assistance

The study noted that there was general support and assistance during the Tropical Cyclone Freddy disaster. Some of the support and assistance provided included food rations and clothes, psychosocial counselling, provision of assistive devices such as wheelchairs, household utensils, and sanitary materials. However, it was expressed by the stakeholders that they were not aware of the support and assistance that were provided to women and girls with disabilities specifically. This was so because the data collection methods were not inclusive and it was impractical to target women and girls with disabilities. To illustrate, there were no menstrual hygiene materials that were provided in many of the camps making it difficult to live.

PLAN Malawi admitted that there was no specific package for women and girls with disabilities. The response was based on general vulnerability hence supplies were meant for alleviating human suffering and life-saving. So, food items, hygiene kits were provided in that perception except for assistive devices.

The study has observed that the main gap is on the availability of data as it does not capture the specific needs of women and girls with disabilities. For instances, PODCAM program Manager

[101] This was reported by Dryford Mpunga, MACOHA.

during the interview said he is not aware of any specific examples of assistance targeting women and girls with disabilities and some of the reasons that occasioned this was that the data available was blind to disability related issues. No institution has the data for all the 15 affected districts and this leads to few or no specific interventions for women and girls with disabilities during and after the Cyclone Freddy.

As noted by PLAN Malawi:

> ***"Currently we are planning to provide shelter kits and priority among others has been given to women and girls with disabilities, the support service was not inclusive because programming during disaster response is general, there is a need for specific focus on women and girls with disabilities due to their needs as women and girls with disabilities."***

5.6.Challenges and barriers

Many stakeholders during the research revealed that women and girls with disabilities faced challenges such as inaccessible disaster early warning messages and lack of readily available assistive devices to assist those who have lost them during the disasters. Most women and girls with disabilities are poor and when disasters hit, they have little capacity to withstand the pressure of the disasters hence are heavily affected. PLAN Malawi reported that women and girls with disabilities are not targeted separately rather they are targeted together with other persons with disabilities and this is an indication that there is lack of disability inclusive disaster response management policies to be implemented.

Women and girls with disabilities were hardly being involved in anything. They were not part and parcel of camp management committees. During the distribution of the response items it was hard for them to access relief items in time. In general, the person with disabilities who did not go to the evacuation centres got no help because the help was center based.

The study through the stakeholder responses, reveals that women and girls with disabilities also faced social, cultural or infrastructural factors that hindered their inclusion. Such exclusion made them not to plan and respond to the natural disasters especially the Tropical Cyclone Freddy.

Almost all the stakeholders explained that evacuation camps and shelters used during the Tropical Cyclone Freddy disaster were not disability friendly. This put women and girls with disabilities in a precarious situation of being molested, sexually harassed or even being raped. Most of the infrastructures in the camps were not accessible to women and girls with disabilities. For instance, toilets were small with narrow doors that made it hard for women and girls with disabilities to access them.

It was lamented that women and girls with disabilities also faced reduced social mobility as compared to their male counterparts. For instance, men and boys with physical disabilities were easily carried by anyone during evacuation as contrasted to women and girls with disabilities. Most women and girls with disabilities lost their assistive devices. This affects them now in the aftermath of the disaster as doing their daily chores has been difficult. The aftermath responses have not targeted them and their needs. It was stated that some women and girls with disabilities were subjected to gender-based violence. There had no any response to it, be it during the disaster or after the disaster.

The study has also revealed that the cultural, social and infrastructural factors hinder inclusion of women and girls with disabilities in disaster response. Although women and girls with disabilities in some communities are included, the challenge could be infrastructure which mostly is not inclusive. Some schools nowadays have inclusive facilities including inclusive hygiene facilities but the challenges come when a woman with disabilities is evacuated to a place which is not a school where the facilities are usually not inclusive.

5.7.Collaboration and partnership

It was discussed by the stakeholders that the general framework of the emergency management system is that local governments and local communities are mostly responsible for their own safety primarily. This is in line with section 40 of the Local Government Act. It provides that "where an emergency or disaster involving destruction of or danger to life or property occurs or is imminent or there is reasonable ground for apprehending such an emergency or disaster, and the Council is

of the opinion that it is likely to affect the whole or part of its area or all or some of its inhabitants, the Council shall be responsible for making disaster-preparedness plans in accordance or conformity with any written law relating to or likely to affect their area of jurisdiction. Together with the National Disaster Preparedness and Relief Committee of Malawi established under section 5 of the Disaster Preparedness and Relief Act and its sub committees on civil protection plans, the government are mandated to protect the victims of disasters. The same is to be done by DoDMA per their mandate.

However, working with community partners and collaborators is a key component of a successful emergency preparedness and response program. Partners can contribute to all aspects of the emergency management cycle by supporting risk assessments, communication, and other response and recovery activities.

During the planning phase, local communities should come together with partners to assess the current state, determine strategies and activities, and develop preparedness plans. Rural communities should formalize partnerships, when needed. The roles, responsibilities, and expectations of each partner during an emergency event have to be well defined. The establishment of protection clusters can help in voicing out views and responses about the disasters.

The study discloses that most of the humanitarian actors provide general support to the affected population due to lack of collaborations. In some scenarios, there is repetition of the services provided to the same people because of poor collaboration. PODCAM emphasized that collaboration is important but this issue has been a problem in Malawi. Some humanitarian organizations come up with the same initiatives that target the very same people leaving out the other groups of people especially women and girls with disabilities.

However, some partners have emphasized the need for collaborations for the smooth response to the Tropical Cyclone Freddy. For instance, PLAN Malawi during interview, reported that different stakeholders including PIM has made it mandatory to ensure that all disaster response initiatives are inclusive and gender responsive. Thus, ensuring that women including those with disabilities are prioritized. This is done through district protection, and gender clusters. Stakeholders have

been advised to collaborate in prioritizing the needs of women especially those with disabilities in order to protect them from further harm, abuse and exploitation. In collaboration, there is inclusiveness.

Through this study it has also been discovered that there are a lot of alliances and some partnerships through response and recovery projects. For instance, MACOHA collaborated with CARD with support from CBM to assist persons with disabilities affected by the Cyclone Freddy. MUBU have emphasized on building more partnership with DoDMA to work together with the department of disability and OPDs to make sure that there is inclusiveness in responding to disasters. While FEDOMA admitted that there are no partners that are there which specially focus on women and girls with disabilities in disaster management, it called upon more collaborative work and partnerships if women and girls with disabilities are to be protected and included in the disaster risk management and response.

5.8.Chapter summary

This chapter has shown how different stakeholders have performed in the disaster risk management and response. It has shown the gaps that are there and needs to be addressed. There has not been enough collaborations and partnerships. It has been shown that there is no data to help in the response. There is no inclusion of women and girls with disabilities in the decision making bodies. The assistance was general and not specific to women and girls with disabilities. This is despite having laws and policies governing the country.

The following chapter draws the study conclusions. It will also present the possible opportunities that can be explored in this area. The chapter will also make recommendations on the way forward.

Chapter Six

6. Do women and girls with disabilities have hope in Disaster Risk Management and Response process?

6.1.Introduction

The chapter discusses whether in the human rights regime women and girls with disabilities can hold the hope of being part of the disaster management and response process. The chapter draws some conclusions from the study. After noting the legal and policy framework, the lived experiences of women and girls with disabilities prior, during and after the Tropical Cyclone Freddy, coupled with the interventions problems from different stakeholders, the chapter also explores some opportunities that are available and doable that can enhance the fight for inclusion of women and girls with disabilities in the decision making bodies. Finally, this chapter presents what women and girls with disabilities and different stakeholders recommended to be done in the disaster risk management and response process.

6.2.Study conclusions

6.2.1. Lack of adherence to the international and domestic human rights law and policies by government

As discussed in chapters 2, and responding to the specific question of the study which is "to what extent do the legal and policy standards provide for women and girls with disabilities in disaster risk management and response?", the study has unveiled that the government has legal obligations under the international human rights legal framework and at domestic level too. Despite the gaps in the domestic legal framework in disaster risk management and response as regards to women and girls with disabilities, the government is doing less in adhering to its obligations to the principles and standards required during the disasters.

For instance, it has been established that throughout the process, during the Tropical Cyclone Freddy, there was no or little inclusion and participation in the process. This is a principle that must not be forgotten or deliberately not considered in the process of disaster risk management and response. Women and girls have unique challenges and needs to be part of the decision making process at all levels. They have to be actively and closely consulted in all decisions affecting them and their caregivers. The principle requires their representative organizations to be part of the decision making, if their voices can matter.

The other example of the lack of adherence to the legal framework is that there is no disaggregated data for women and girls with disabilities. The study has shown that this affects the interventions that can be rendered to women and girls with disabilities as there is no basis for such interventions. It is a required principle that during such disasters, the government and all relevant stakeholders collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the rights of women and girls with disabilities. The study has shown in chapters 3, 4 and 5 that there has not been a deliberate and comprehensive research in the area of disaster risk management and response especially for women and girls with disabilities. This is against the required principles and a violation of the legal and policy framework and consequently affects women and girls with disabilities at all levels of disaster risk management and response process.

Another illustration to this conclusion is that accessibility was a challenge in the whole process of Tropical Cyclone Freddy management. It has been established that information and communication were not available and accessible to the majority of women and girls with disabilities. This started at the early warnings of the Tropical Cyclone Freddy to its aftermath. A few had access to information and communications. The decision making bodies were not accessible to women and girls with disabilities since they were not inclusive. Most of the evacuation centres were not physically accessible according to the type of disability one has. The services were not accessible. This accessibility principle in the legal and policy framework was not adhered to during the whole process of managing the Tropical Cyclone Freddy.

From the study, one thing comes clear that there was no provision of reasonable accommodation to women and girls with disabilities. Reasonable accommodation is provided upon demand. It must be provided according to the need and type of disability. Throughout the Tropical Cyclone Freddy, this important principle was missing. It culminated to discrimination against women and girls with disabilities based on gender, disability and age too.

6.2.2. Inadequate collaborated efforts by both government and CSOs

It is a principle that during the time of disasters, the government must collaborate with other stakeholders to manage the risks and the response. There is a need to enhance collaboration among people at the local level to disseminate disaster risk information through the involvement of community-based organizations and non-governmental organizations. There is a need to promote and support collaboration among relevant public and private stakeholders to enhance the resilience of business to disasters. Strengthening disaster risk governance for prevention, mitigation, preparedness, response, recovery, and rehabilitation is therefore necessary and fosters collaboration and partnership across mechanisms and institutions for the implementation of instruments relevant to disaster risk reduction and sustainable development.

The study has shown that there are inadequate collaborated efforts. This is despite that the mandated of DoDMA is to coordinate and direct the implementation of disaster risk management programmes in Malawi that can be extended to other organisations. The OPDs and all other CSOs have a role to play in the implementations of the disaster policies and laws.

6.2.3. Lack of inclusions in decision making bodies

It is undeniable fact that the law set the principle that in the development and implementation of legislation and policies to implement the disaster risk management and response, and in other decision-making processes concerning issues relating to persons with disabilities, the government must closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations. The participation is in two fold. It is either women and girls with disabilities are consulted themselves and get their views or involving women

and girls with disabilities through their OPDs. Their full inclusion and participation in the community and in whatever affects them is paramount.

The study has noted that women and girls with disabilities were not part of the decisions making in the management of the Tropical Cyclone Freddy. This was manifested in the responses of themselves both as individuals and in a focus group discussion. Also, the stakeholder who were part of the study expressed that inclusion of women and girls with disabilities was a challenge. This had an effect that women and girls with disabilities were not assisted during the disaster in the way they could desire. The implementation of whatever was planned did not come from women and girls with disabilities. They were left behind even at the community and cluster level. This was a breach of this fundamental principle in the disaster risk management and response.

6.2.4. Improper planning prior, during and after the disaster

Addressing underlying disaster risk factors through disaster risk-informed public and private investments are more cost-effective than primary reliance on post-disaster response and recovery, and contribute to sustainable development. Disaster preparedness refers to measures taken to prepare for and reduce the effects of disasters. That is, to predict and—where possible—prevent them, mitigate their impact on vulnerable populations, and respond to and effectively cope with their consequences.

Disaster preparedness is best viewed from a broad perspective and is more appropriately conceived of as a goal, rather than as a specialized programme or stage that immediately precedes disaster response. It is a continuous and integrated process resulting from a wide range of activities and resources rather than from a distinct sectoral activity by itself. It requires the contributions of many different areas—ranging from training and logistics, to health care to institutional development. It requires planning at all levels prior, during and after the disaster.

It is fully evident that Tropical Cyclone Freddy had negatively affected women and girls with disabilities in Malawi in one way or another. The aftermath impact of this disaster is still being discovered as data is still a problem in our country.

Despite many interventions that were being implemented since the time this disaster occurred much is not done to address the most vulnerable group from the population which are women and girls with disabilities. It must be noted that during times of disasters persons with disabilities meet many challenges starting from preparedness where some requires special communication tools in accessible formats. During the time that the disaster is happening some disabilities require caregivers which may not be around at the time and even at its aftermath.

Women and girls with disabilities had challenges to stay in evacuation centres because of their conditions. To normalise this situation, it is the responsibility of all stakeholders beginning with the government, CSOs, community members and women and girls with disabilities themselves to work together to prepare prior, during and after the disaster in order to recover in times of disasters. This fundamental principle was quite lacking in the management of the Tropical Cyclone Freddy. All the stakeholders were taken unaware and were overwhelmed with the disaster.

6.3.Study Opportunities

6.3.1. Advocacy for inclusion of women and girls with disabilities

The steady growth of disaster risk, including the increase of people and assets exposure, combined with the lessons learned from past disasters, indicates the need to further strengthen disaster preparedness for response, take action in anticipation of events, integrate disaster risk reduction in response preparedness and that ensure capacities are in place for effective response and recovery at all levels. Empowering women and persons with disabilities to publicly lead and promote gender equitable and universally accessible response, recovery rehabilitation and reconstruction approaches are key. Disasters have demonstrated that the recovery, rehabilitation and reconstruction phase, which needs to be prepared ahead of the disaster, is a critical opportunity to build back better, including through integrating disaster risk reduction into development measures, making the communities resilient to disasters.

Persons with disabilities and their organizations are critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements, taking into consideration, *inter alia*, the principles of universal design.[102] Women and girls and their participation are critical to effectively managing disaster risk and designing, resourcing and implementing gender-sensitive disaster risk reduction policies, plans and programmes; and adequate capacity building measures need to be taken to empower women and girls for preparedness as well as build their capacity for alternate livelihood means in post-disaster situations.

There is a need therefore, that advocacy for inclusion be done at high level than before especially after observing the gaps the Tropical Cyclone Freddy has shown to the country. There is a need to advocate for inclusion of women and girls with disabilities in all decision making bodies from the local level to the national level. The advocacy must include the representation of women and girls with disabilities and also their representation of their OPDs.

There is a need to advocate for a more inclusive laws and policies regulating disaster risk management and response. It has been shown that the current laws leave women and girls with disabilities despite having well laid principles that women and girls with disabilities are subject to multiple discrimination, and in this regard measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms must be taken. The disaster risk management and response programs and plans must ensure they take the principle of inclusion seriously. OPDs and other stakeholder should voice out loudly in these advocacies.

6.3.2. Resource mobilization for service delivery to women and girls with disabilities in time of disasters

While the enabling, guiding and coordinating role of the government remain essential, it is necessary to empower local authorities and local communities to reduce disaster risk, including

[102] Article 2 of the CRPD stating that "universal design" means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed

through resources, incentives and decision-making responsibilities, as appropriate. Allocating the necessary resources, including finance and logistics, as appropriate, at all levels of administration for the development and the implementation of disaster risk reduction strategies policies, plans, laws and regulations in all relevant sectors is very crucial.

There is an opportunity for the OPDs and other stakeholders to mobilize resources for service deliver to women and girls with disabilities in time of disasters. Income generating activities may be explored. The donor community may increase its support to the OPDs and other CSOs so that disasters are well planned in advance.

6.3.3. Collaboration and partnerships

This is another opportunity that the stakeholders are not utilizing to the maximum. There is a need for the public and private sectors and civil society organizations, as well as academia and scientific and research institutions, to work more closely together and to create opportunities for collaboration, and for businesses to integrate disaster risk into their management practices.

Although it was stated that CSOs, private sector, development partners, media and academia and research institutions are some of the critical partners in a disaster risk management system that are included in the committees, the nature of the collaboration left a lot to be desired. Where there is good collaboration, resources can be maximized. OPDs and other stakeholders can make sound partnerships and help women and girls with disabilities in time of disasters. There is a need of stakeholder collaboration and coordination to make sure response initiatives reaches right people.

6.3.4. Detailed research in the area of disaster risk management and women and girls with disabilities

The study has noted that there is no detailed research that has been conducted focusing on women and girls with disabilities and disaster risk management and response. This is an opportunity for stakeholders to invest in it and help the government to do an extensive research in the area.

Conducting the research that can unearth the wider range of issues affecting women and girls with disabilities in time of disasters and what interventions are required.

6.3.5. Data and statistic collection for women and girls with disabilities and disaster risk management and response

Disaster risk reduction requires a multi-hazard approach and inclusive risk-informed decision-making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability, as well as on the easily accessible, up-to-date, comprehensible, science-based, non-sensitive risk information, complemented by traditional knowledge. Article 31 of the CRPD obligates that there must be an undertaking to collect appropriate information, including statistical and research data, to enable the formulation and implementation of policies and plans.

Section 26 of the Disability Act dictates that there must be a promotion of regular and appropriate data collection on the living conditions of persons with disabilities in order to determine the amount of resources required to deal with those conditions. Data helps in determination of resources and also responses.

The study has established that there is no data in relation to women and girls with disabilities and disaster risk management and response. This is an opportunity for all stakeholders to collect data and be informed by that data.

6.4.Study Recommendation

The study has revealed many barriers and challenges that women and girls with disabilities faced during the Tropical Cyclone Freddy. To enhance the inclusion of women and girls with disabilities in disaster risk management and response requires a comprehensive, holistic and intersectional approach that addresses their gender, age and disability-specific needs. The study makes its recommendations to achieve this. There are six broad recommendations. These are awareness, sensitization and advocacy; inclusion and participation; training and capacity building; accessibility; data collection and research; and economic empowerment.

6.4.1. Awareness, sensitization and advocacy

The study recommends for more awareness, sensitisation and advocacy on disaster risk management and response as regards to women and girls with disabilities. There is a need to conduct inclusive awareness campaigns on disability rights so that women and girls and their caregivers are aware of their rights in time of disasters and what is expected of them. There is also a need to sensitise the duty bearers from the central government to the local authorities on the rights of women and girls with disabilities. This will help both the primary beneficiaries and the implementing authorities to respond well to the disasters. It is required that all interested stakeholders especially the OPDs advocates for the realization of the rights of persons with disabilities as regards to disaster risk management and response.

These awareness, sensitization and advocacy can include developing radio programs that are disability inclusive to allow women and girls with disabilities to participate and express their views. Women and girls with disabilities must be provided with early warnings and signs through radio advertisement before the disasters. There should be deliberate programs, interventions or even fully-fledged projects aimed at addressing issues that affect women and girls with disabilities. Raising awareness and visibility of the specific challenges faced by women and girls with disabilities in disaster contexts through campaigns and advocacy efforts is very vital.

Further, sensitizing the authorities to have community-based initiatives that engage and empower women and girls with disabilities, leveraging their local knowledge and networks for effective disaster response and recovery must be supported.

Advocating for the developing and enforcing of disaster risk reduction policies that explicitly consider the needs and vulnerabilities of women and girls with disabilities, integrating a gender and disability perspective is significant. Also, advocating for the change of the legal framework that prohibits and excludes the enjoyment of the rights of women and girls with disabilities in disaster situations and ensure access to services and resources policies to be in places can help. There is a need to advocate for the provision of national guidelines for provisions of services for

women and girls with disabilities by the Department of Disaster Management working closely with the OPDs.

The Department of Climate Change and Disasters Management together with the Department of Disaster Management Affairs have to do early and strategic sensitization on climate change and disasters before they hit. The two have to be alert on issues affecting women and girls with disabilities during times of disasters like Tropical Cyclone Freddy.

6.4.2. Inclusion and participation

The study recommends for more inclusion and participation in decision making and all that affects women and girls with disabilities in the disaster risk management and response. There is a need to involve women and girls with disabilities in the planning of disaster response and recovery plans and policies to ensure their unique perspectives and needs are considered. The relevant stakeholders must facilitate meaningful participation of women and girls with disabilities in community-based disaster risk reduction activities, local committees, and decision-making processes. Empower women and girls with disabilities to become leaders and advocates within their communities. Foster collaboration among government agencies, civil society organizations, OPDs, women's groups, and other stakeholders to ensure a holistic and coordinated approach. Include women and girls with disabilities and their representative organizations in disaster response coordination mechanisms. Integrate gender and disability considerations into all levels of disaster management, from planning to response and recovery, ensuring that inclusive practices become the norm.

Women with disabilities must be included in disaster planning committees, coordination bodies, and decision-making processes to ensure their voices are heard and their priorities addressed. Develop and provide psychosocial support services that are gender and disability responsive, recognizing and addressing the unique mental health challenges faced by women and girls with disabilities. There is a need to strengthen anti-discrimination and disability-inclusive legislation to protect the rights of women and girls with disabilities in disaster situations, ensuring access to essential services, support, and resources.

The study recommends that there must be an establishment of disability inclusive disaster response and recovery programs. Also, the implementation of policies and programs that are disability inclusive during disaster response and recovery has to be done.

CSOs that are already implementing disaster response initiatives projects in Malawi must be inclusive in their approach to target women and girls with disabilities. Ministry of Gender Community Development and Social welfare in its capacity as protection cluster lead should come up with new inclusive strategies on how communities can prepare, respond and recover to disasters.

6.4.3. Training, capacity building and resource mobilization

The study recommends for training, capacity building and resource mobilization for women and girls with disabilities in the disaster risk management and response. There is a need to provide training and capacity-building programs for different institutions' personnel on disaster response techniques and protocols. Women and girls with disabilities must be trained in disaster recovery in all stages so that they can actively participate and contribute in all development issues and advocate for their rights. Further, the study recommends that there must be deliberate partnerships between government agencies, OPDs, women's groups, NGOs, and other stakeholders to pool resources and expertise for comprehensive support for women and girls with disabilities in time of disasters.

The donor community can consider increasing the funding that targets the climate change and disaster risk management and response especially targeting women and girls with disabilities in Malawi.

6.4.4. Accessibility

The study recommends for the accessibility of information and infrastructures for women and girls with disabilities in the disaster risk management and response. Ensure that disaster-related

information, alerts, and communication materials are available in accessible formats, including braille, sign language, and easy-to-read formats. Evacuation centres, shelters and reliefs' distribution points must be accessible and address the diverse needs of women and girls with disabilities. Put in place transportation and mobility options that accommodate different disabilities and gender-specific needs.

Adaptive technologies, assistive devices, and aids that enhance the autonomy and resilience of women and girls with disabilities during disasters must be promoted and developed. There must be an introduction of disability inclusive humanitarian and disaster response policies and programs that promote equal opportunities in access to relief foods and recovery efforts.

6.4.5. Data collection and research

The study recommends for the collection of data and research for women and girls with disabilities in the disaster risk management and response. Collect disaggregated data on the experiences and needs of women and girls with disabilities during disasters to inform decision-making and policy development. Conduct gender and disability-sensitive assessments to identify vulnerabilities and capacities of women and girls with disabilities.

There is a need for a detailed and comprehensive research for the impact of disasters on women and girls with disabilities. Different stakeholders must come together and conduct such a useful research in helping the government on how to respond to disasters towards women and girls with disabilities.

Urgent Action fund has done some research world over in this area and has resource materials that can be used as a reference in disaster risk management and response researches in Malawi.

6.4.6. Economic empowerment

The study recommends for the economic empowerment for women and girls with disabilities in the recovery of the disasters. There is a need to support income-generating activities and vocational

training that are tailored to the skills and abilities of women and girls with disabilities and promoting economic resilience. Provide financial and social protection mechanisms to mitigate the economic impact of disasters on women with disabilities. Government can provide loans to women and girls with disabilities. The social cash transfer programs and policies must be inclusive to women and girls with disabilities. An economically empowered woman or girl with disabilities can respond well to disasters and can manage well its risks as an individual.

6.5.Do women and girls with disabilities have hope in disaster risk management and response process?

The response is to the affirmative. As long as the legal and policy framework that is inclusive on disaster risk management and response is in place and implemented, women and girls with disabilities will realise their right to protection during disasters such as Tropical Cyclone Freddy. If not, the findings of this study will continues replicating and the answer will be in the negative.

6.6.Chapter summary

This chapter, as a final chapter of the study, has drawn the conclusions of the study. It has shown that as a country, there is lack of adherence to the international and domestic human rights law and policies as regards to disaster risk management and response. There are inadequate collaborated efforts by both government and CSOs. There is lack of inclusions in decision making bodies. And also, there is improper planning prior, during and after the disaster.

However, the study sees some opportunities in that. There is an opportunity for advocacy for inclusion of women and girls with disabilities in the disaster risk management and response. There is an opportunity for resource mobilization for service delivery to women and girls with disabilities in time of disasters. There is also an opportunity for collaboration and partnerships in this area of disaster risk management and response. Another opportunity is to have a detailed research in the area of disaster risk management and women and girls with disabilities. There is need for data and statistic collection for women and girls with disabilities and disaster risk management and response.

Based on the conclusions and the opportunities observed, the study has made recommendations to the government and relevant stakeholders. There is a need for awareness, sensitization and advocacy; inclusion and participation; training, capacity building and resource mobilization; accessibility; data collection and research; and economic empowerment for women and girls with disabilities as regards to disaster risk management and response.

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Appendices

Appendix 1

Questionnaire

Introduction:

This questionnaire aims to gather information and statistics on women with disabilities who have been affected by and included in the response to disasters, specifically Cyclone Freddy and other similar events in Malawi.

Your responses will contribute to a better understanding of the challenges faced by this specific group during disasters and help inform future policies and interventions.

Please note that your participation is voluntary, and all information provided will be kept confidential.

District			
T/A			
Village			
Date & Time of interview			
Supervisors sign			
Data entry clerk name and sign			

Section A (DEMOGRAPHIC INFORMATION)

1. Age :	2. Gender	3. Marital Status	4. Educational Qualification:	5. Employment Status	6.Type of disability
(a) 10-15 (b) 16-20 (c) 21-25 (d) 26 – 35 (e) 36 – 45 (f) 46-60 **(g)** above 60	(a) Male (b) Female	(a) Married (b) single (c) Divorced / separated (d) Widowed	(a) Never been to school (b) Primary (std 1-5) (c) Primary (std 6-8) (d) Secondary Education (e) Tertiary	(a) Full-time employment (b) Part-time employment (c) Self-Employment (d) Subsistent farmer (e) Commercial farmer (f) Unemployed (g) Student Others : specify_____	a. Physical disability b. Visual impairment/ total blindness. c. Deafness d. Deaf blind e. Dumb f. Psychosocial disabilities g. Albino h. Epilepsy Others ……

SECTION B:

1. Experience during Cyclone Freddy and Other Disasters:

1.1. Were you directly affected by Cyclone Freddy or other disasters in Malawi?

a) Yes
b) No

1.2. If yes, please describe how you were affected

a) Property damage
b) Displacement
c) Injury
d) Loss of livelihood
e) Acquired disability
f) Others specify……

2. Access to Early Warning Systems and Preparedness:

2.1. Were you able to access early warning information before the cyclone or disaster occurred?

a) Yes
b) No

2.2. If yes, how did you receive the information?

a) Radio,
b) television,
c) mobile phone,
d) community leaders, etc.)

2.3 If no, please explain the barriers you faced in accessing early warning information: please specify……

3. Evacuation and Shelter:

3.1. Were you able to evacuate to a safe location before the cyclone or disaster hit?

a) Yes
b) No

3.2. If yes, where did you evacuate to?

a) Government shelter
b) relatives' house
c) community center

3.3. If no, please explain the challenges or barriers you encountered in evacuating: (**select all that apply.**)

a) Lack of awareness: I was not adequately informed about the approaching cyclone or disaster, either due to limited access to information or a lack of understanding of the severity of the situation.

b) Physical limitations: my type of disability or health issues hindered my ability to evacuate, making it challenging or impossible for me to move to a safe location quickly.

c) Lack of transportation: I did not have access to private vehicles or public transportation to facilitate my evacuation.

d) Financial constraints: Evacuation often involves costs associated with transportation, accommodation, and supplies. I could not cover these expenses.

e) Care giving responsibilities: I failed to leave without ensuring the safety and well-being of those under my care.

f) refusal or reluctance to evacuate: fear of leaving my home, attachment to my belongings, and a belief that i could ride out the disaster without harm.

g) Others specify……

4. Accessibility of Emergency Services:

4.1. Were emergency services accessible to you during the cyclone or disaster?

a) Yes

b) No

4.2. If yes, please describe the level of accessibility and any accommodations provided:

		Agree	Completely agree	Disagree	Completely disagree

4.2.1	Communication: telecommunication networks, or internet connectivity were good				
4.2.2	My needs were Responded on time				
4.2.3	Infrastructure and resources for responding to emergency were available				
4.2.4	Evacuation and shelters: Emergency services were in order				
4.2.5	Special needs and vulnerable populations were prioritized				

4.3. If no, what were the specific challenges you faced in accessing emergency services? **(Select all that apply)**

a) Communication difficulties
b) Physical barriers
c) Overwhelmed emergency services
d) Lack of awareness
e) emergency services faced resource constraints,
f) Specific needs and accommodations were not adequately addressed in the emergency response efforts.
g) Others specify…….

5. Health and Medical Assistance:

5.1. Did you require any health or medical assistance during or after the cyclone or disaster?

a)Yes

c) No

5.2. If yes, were you able to access the required assistance?

a) Yes

b) No

5.3. If no, please describe the barriers you encountered in accessing health or medical assistance: **(select all that apply.)**

a) Infrastructure damage: Cyclone Freddy caused extensive damage to infrastructure, including healthcare facilities, roads, and communication networks. This damage hindered the delivery of medical assistance and made it challenging for people to access healthcare services.

b) Limited resources: In the aftermath of a cyclone, there was scarcity of resources such as medical supplies, equipment, and personnel.

c) Disruption of healthcare services: there was disruption of regular healthcare services, as healthcare providers were overwhelmed with the immediate response efforts and some were displaced themselves.

d) Inadequate emergency preparedness: Lack of coordination, insufficient planning, or limited resources allocated for disaster response can contribute to these barriers.

e) Evacuation challenges: Limited transportation options, lack of accessibility, and insufficient medical support during evacuations can impede individuals from receiving necessary healthcare assistance

f) Communication difficulties: Disruptions in communication networks, such as damaged phone lines or power outages

g) Lack of clear and timely information about available healthcare services and emergency contacts can be a significant barrier.

h) Psychosocial challenges: Mental health support and counseling services were limited or not readily available in the aftermath, creating barriers for those in need of emotional and psychological assistance.

i) Others specify……

6. Support and Rehabilitation Services:

6.1. Were there any support or rehabilitation services available specifically for women with disabilities after the cyclone or disaster?

c) Yes

d) No

6.2. If yes, please describe the types of services and support provided: (**select all that apply**)

a) Accessible shelter and accommodation

b) Medical assistance and healthcare services

c) Rehabilitation and physical therapy

d) Psychosocial support

e) Skill-building and vocational training

f) Awareness and advocacy

g) Social support networks

6.3. If no, what support or services do you think should have been made available? **select all that apply**)

a) Accessible shelter and accommodation

b) Medical assistance and healthcare services

c) Rehabilitation and physical therapy

d) Psychosocial support

e) Skill-building and vocational training

f) Awareness and advocacy

g) Social support networks

7. Community Inclusion and Participation:

7.1. Were you included and consulted in the decision-making processes related to disaster preparedness, response, and recovery?

a) Yes
b) No

7.2. If yes, please describe your level of participation?

		Agree	Completely agree	Disagree	Completely disagree
7.2.1	Representation : I actively represented in decision-making bodies, committees, or task forces focused on disaster management				
7.2.2	Inclusive planning and policy development :I was involved in the development of disaster preparedness, response, and recovery plans and policies				
7.2.3	There was Accessible information and communication: include providing information in accessible formats (such as braille, large print, or audio), using assistive technologies, and utilizing plain language to ensure comprehension for all participants				
7.2.4	Consultation and engagement: I was actively consulted and engaged throughout the decision-making process. This involved seeking our input, conducting focus groups or consultations specifically				

	tailored to our needs, and valuing our expertise and lived experiences.				
7.2.5	Training and capacity building: I was involved in workshops, awareness sessions, and skill-building opportunities to enhance our knowledge of disaster management and enable us to contribute meaningfully.				
7.2.6	They addressed barriers, this included providing accommodations, such as accessible venues, sign language interpreters, or personal assistants, to ensure that physical, sensory, or cognitive disabilities do not hinder our engagement.				
7.2.7	Empowerment and leadership opportunities: I was involved supporting our participation as speakers, facilitators, or representatives, and fostering an environment where our voices are valued and respected.				

7.3. If no, what barriers did you encounter that prevented your inclusion and participation? (**select all that apply**)

a) Lack of representation
b) Lack of information provided in accessible formats, absence of communication aids, such as sign language interpreters or captioning services, prevented effective engagement.

c) Physical and logistical barriers: Physical barriers in meeting venues, lack of accommodations, such as ramps, accessible restrooms, or assistive devices, made it difficult for women with disabilities to physically access decision-making spaces.
d) Discrimination and stigma: Pre-existing societal attitudes and biases towards disability, combined with gender-based discrimination.
e) Limited awareness and knowledge: Decision-makers and stakeholders have limited understanding of the specific needs and experiences of women with disabilities in disaster situations.
f) Power dynamics and exclusionary practices: Existing power structures and exclusionary practices prevented the meaningful participation of women with disabilities.
g) Lack of targeted outreach and engagement: Decision-makers failed to conduct targeted outreach and engagement efforts to include women with disabilities

8. Recommendations:

8.1. Based on your experience, what improvements or recommendations would you suggest to ensure better inclusion and support for women with disabilities during disasters in Malawi? (**Select all that apply**)

a) Develop and implement an inclusive policy framework that specifically addresses the needs and rights of women with disabilities in disaster management. This framework should be aligned with international standards, such as the Convention on the Rights of Persons with Disabilities, and should emphasize gender equality and accessibility.

b) Foster collaboration between government agencies, non-governmental organizations (NGOs), disability organizations, women's groups, and other relevant stakeholders. Promote dialogue and cooperation to ensure the inclusion

of women with disabilities in decision-making processes and the implementation of inclusive disaster management strategies.

c) Improve accessibility and infrastructure to enable the participation of women with disabilities. This includes making public buildings, emergency shelters, communication systems, and transportation networks accessible to individuals with different types of disabilities.

d) Implement Inclusive disaster risk reduction: Integrate disability-inclusive disaster risk reduction approaches into national and local strategies. This includes conducting disability-specific risk assessments, mapping vulnerable areas, and developing targeted mitigation and preparedness plans to address the specific needs and risks faced by women with disabilities.

e) Provide training and capacity-building programs for stakeholders involved in disaster management, including government officials, emergency responders, and healthcare professionals. The training should focus on disability awareness, inclusive communication, accessible service provision, and the specific needs and rights of women with disabilities.

f) Develop and implement early warning systems that are accessible to women with disabilities. This includes providing alerts and information through multiple channels, such as text messages, audio announcements, and visual cues, and ensuring that warning systems are compatible with assistive technologies.

g) Establish psychosocial support programs and safe spaces for women with disabilities, addressing their emotional and mental health needs during and after disasters.

h) Enhance data collection and research efforts to better understand the experiences and needs of women with disabilities in disaster contexts. Collect disaggregated data on disability, gender, and age to inform evidence-based policies and programs.

i) Conduct awareness campaigns to challenge stereotypes, raise public awareness about the rights and capabilities of women with disabilities, and promote their inclusion and active participation in disaster management processes.

j) Establish mechanisms for monitoring and evaluating the effectiveness of inclusive strategies and interventions. Regularly assess progress, identify gaps, and make necessary adjustments to ensure continuous improvement in supporting women with disabilities during disasters.

9. Additional Comments: Is there anything else you would like to share regarding the topic that has not been covered in the questionnaire?

Thank you for your time and valuable input. Your responses will contribute to a better understanding of the experiences and needs of women with disabilities in disasters in Malawi.

The end

Appendix 2

Focus Group Discussion with Women

Name of the district	Mulanje
T/A	
Village	

Date of the interview	26/07/23
Name of interviewer	Mwayiwathu kusakala

1. Introduction and Icebreaker:

a. Welcome participants and introduce yourself as the facilitator.

b. Ask participants to briefly introduce themselves, including their name, role, and any relevant experiences or expertise.

2. Understanding Experiences: ….

a. How familiar are you with the experiences of women with disabilities affected by disasters in Malawi?

b. Have you personally witnessed or been involved in supporting women with disabilities during Cyclone Freddy or other disasters?

3. Impact of Disasters:

a. Based on your knowledge or experience, what are the specific challenges faced by women with disabilities during disasters in terms of safety, health, or access to resources?

b. How do disasters exacerbate the existing vulnerabilities of women with disabilities?

4. Accessibility and Communication:

a. What barriers do women with disabilities encounter when accessing disaster-related information, warnings, or evacuation procedures?

b. Are there any specific communication channels or formats that have proven effective in reaching and informing women with disabilities?

5. Support and Assistance

a. In your opinion, what types of support or assistance are crucial for women with disabilities during and after disasters?

b. Have there been any successful initiatives or programs that have addressed the specific needs of women with disabilities in disaster response and recovery.

6. Stakeholder Collaboration

a. How well do different stakeholders (government, NGOs, disability organizations, etc.) coordinate and collaborate to support women with disabilities during disasters?

b. Are there any examples of effective

partnerships that have enhanced the inclusion of women with disabilities in disaster management?

7. Data Collection and Statistics:

a. How is data collected and statistics gathered specifically for women with disabilities affected by disasters in Malawi?

b. Are there any challenges or gaps in collecting accurate and reliable data in this context?

8. Recommendations:

a. What measures or strategies would you suggest to improve the inclusion and support of women with disabilities during disasters in Malawi?

b. Are there any policy changes or interventions that could be implemented to address the specific needs of women with disabilities in disaster management?

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9. Summary and Closing:

a. Recap the key points discussed during the focus group.

b. Thank the participants for their valuable insights and contributions

Appendix 3

Semi- interviews with Stakeholders

1. Introduction and Background:

a. Can you please introduce yourself and your role in disaster management or response efforts in Malawi?

b. Are you familiar with the impacts of Cyclone Freddy and other disasters on women with disabilities in Malawi.

2. Awareness and Data Collection:

a. Have you observed any specific challenges faced by women with disabilities during Cyclone Freddy or other disasters in terms of access to information and warnings?

b. How are data and statistics on women with disabilities affected by disasters collected in Malawi? Are there any specific mechanisms in place?

3. Inclusion in Disaster Response:

a. Could you describe the measures taken to ensure the inclusion of women with disabilities in disaster response and recovery efforts?

b. Have there been any specific initiatives or programs targeting the needs of women with disabilities during and after disasters?

4. Support and Assistance:

a. What types of support or assistance were provided to women with disabilities during Cyclone Freddy or other disasters?

b. Were these support services inclusive of the specific needs and challenges faced by women with disabilities? If not, what were the gaps?

5. Challenges and Barriers:

a. Based on your experience, what are the key challenges or barriers faced by women with disabilities during disasters in Malawi?

b. Are there any particular social, cultural, or infrastructural factors that hinder the inclusion of women with disabilities in disaster response?

6. Collaboration and Partnerships:

a. How do different stakeholders collaborate to address the needs of women with disabilities during and after disasters?

b. Are there any partnerships or alliances that focus on improving the inclusion of women with disabilities in disaster management?

7. Recommendations:

a. In your opinion, what are the key strategies or actions that could be implemented to enhance the inclusion of women with disabilities in disaster response and recovery efforts?

b. Are there any policy or practice changes that you would suggest to better support women with disabilities in disaster situations?

8. Additional Input: Is there any additional information or insights you would like to share regarding the experiences of women with disabilities affected by Cyclone Freddy or other disasters in Malawi?