

**DISABILITY
RIGHTS
FUND**



A Disaster Response Plan and Communication Tool

For People With Visual Impairment in Tonga



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Figure 1. *Nikolasi Manisela from Talasiu village, who has vision impairment, lives with his family right along the eastern coastline of Tongatapu island. Some mangrove trees surround his home but does not guarantee protection against violent storm surges.*



ACKNOWLEDGEMENT

This report has been prepared by the Tonga National Visual Impairments Association (TNVIA) in partnership with the Disability Rights Fund (DRF). We extend our gratitude to the DRF for supporting the development of this needs assessment report and to the TNVIA stakeholders for their active participation and support. Special thanks to the members of TNVIA for their technical assistance throughout this project.



A Disaster Response Plan and Communication Tool

For People With Visual Impairment in Tonga

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ABBREVIATIONS

OPDs	Organisation of People with Disabilities
TNVIA	Tonga National Visual Impairments Association
DRF	Disability Rights Fund
VEMC	Village Emergency Management Committees
WASH	Water, Sanitation, and Hygiene

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EXECUTIVE SUMMARY

In the wake of the devastating events caused by Hunga Tonga and Hunga Ha'apai including a powerful tsunami that struck Tonga on January 15, 2022, a thorough assessment was undertaken to understand and address the needs of individuals with disabilities in Tonga. This assessment was conducted by the Tonga National Visual Impairments Association (TNVIA) with support from the Disability Rights Fund and technical assistance from TNVIA members. The aim of the project was to shed light on the challenges faced by people with disabilities following the disasters and to formulate recommendations for a mid-term response and recovery strategy that prioritises their inclusion.

The findings of this needs assessment, presented in this report, are crucial in ensuring that no one is left behind in the aftermath of such catastrophic events. The report not only outlines the specific needs identified among children and adults with disabilities but also provides actionable recommendations on how to address these needs effectively. Moreover, it emphasises the importance of proactive measures in preparing for future disasters and initial responses to foster greater inclusion of people with disabilities.

One commendable aspect highlighted in this report is the swift and responsive actions taken by the Government of Tonga in the face of these natural disasters. Recognising the disproportionate impact experienced by individuals with disabilities, the government demonstrated a willingness to incorporate an inclusive approach that not only addresses their immediate needs but also recognises their capacity to actively participate in humanitarian action. This inclusive stance by the government sets a positive precedent for future disaster response and recovery efforts.

This report also serves to complement the Initial Rapid Assessment conducted by the Safety and Protection Cluster, providing additional insights into the enablers and barriers to inclusion within humanitarian action. Key areas such as the identification of people with disabilities, accessibility of information and environments, and the active participation of individuals with disabilities are thoroughly examined to facilitate a more holistic approach to inclusive humanitarian practices.

At the core of the report lies the key message of mainstreaming disability inclusion throughout all humanitarian endeavors. The headline recommendations outlined in the report encompass essential elements such as data collection, impact assessment, storytelling, communication strategies, and disaster preparedness. These recommendations are designed to ensure that people with disabilities have equitable access to all basic and life-saving services on par with others, thus fostering a more inclusive and resilient society.

The outcomes of this report are expected to have far-reaching impacts. They will not only enhance the participation of Organisation of People with Disabilities (OPDs) in humanitarian efforts but also pave the way for meaningful collaborations between OPDs, national government entities, and humanitarian organisations in Tonga. This collaborative approach will serve as a blueprint for future inclusive humanitarian action not only in Tonga but also across the broader Pacific region.

INTRODUCTION

Natural disasters have a profound impact on vulnerable populations, particularly those already marginalised such as people with disabilities. Their heightened vulnerability stems from a confluence of factors including poverty-related challenges like limited education, low income, inadequate housing, and social isolation. These factors, coupled with barriers to accessing essential relief services during emergencies, exacerbate the risk of exclusion, health issues, injuries, and fatalities among people with disabilities.

Recognising the fundamental principles of humanitarianism and impartiality, the inclusion of individuals with disabilities is paramount in any humanitarian response. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) explicitly outlines the duty of States to ensure the safety and protection of people with disabilities during emergencies and humanitarian crises. International collaboration is essential to uphold these rights, as highlighted by frameworks such as the Sendai Framework for Disaster Risk Reduction 2015-2030 and the Paris Climate Change Agreement, which emphasise the pivotal role of people with disabilities in disaster risk reduction and climate adaptation efforts.

The endorsement of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action at the World Humanitarian Summit in 2016 further underscores the commitment to inclusive humanitarian practices. This charter aims to eliminate barriers hindering access to relief, protection, and recovery services for people with disabilities while promoting their active involvement in all phases of humanitarian programs.

In the Pacific region, the Pacific Framework for the Rights of Persons with Disabilities 2016-25 (PFRPD) is instrumental in supporting governments to uphold and fulfill the rights of individuals with disabilities. Goal four of the PFRPD specifically focuses on fostering disability-inclusive humanitarian action, providing a structured approach to enhance coordination and collaboration at both regional and national levels.

HUNGA TONGA HUNGA HA'APAI VOLCANIC ERUPTION

The Hunga Tonga and Hunga Ha'apai volcanic eruption, initially releasing a significant ash plume visible from Nuku'alofa, Tonga's capital city, reached its peak on January 15, 2022. Described as a "magma hammer" by scientists, it generated underwater thrusts displacing 10 cubic kilometers of material, creating the largest atmospheric explosion recorded. This event triggered tsunamis, causing casualties and displacing residents across Tonga. The impact, akin to historical volcanic eruptions and more powerful than Hiroshima's atomic bomb, necessitated immediate assessment and response.

A Rapid Assessment conducted on January 16, 2022, evaluated the aftermath's effects, especially on Tongatapu and neighboring areas. Over 2,000 individuals sought refuge in makeshift evacuation centers due to challenges in social inclusion, education access, housing, and essential services. These limitations highlighted the vulnerability of affected communities, demanding swift recovery actions to address critical needs.

SCOPE

This report serves as a tool for OPDs to advocate for inclusion in the mid-term response and recovery phase. It aims to facilitate collaboration between these organisations and responders to enhance disability-inclusive practices. The outcomes will assess mechanisms for future collaborations with local government entities and organisations representing people with disabilities.

Approach

Data collection and storytelling, involving people with disabilities, empower them and enable active participation in recovery programs. Member training in planning, communication, and recovery strategies complements this approach.

Goal and Audience

The assessment aimed to identify the needs of individuals with disabilities impacted by the Hunga Tonga and Hunga Tokelau eruptions. It provides recommendations to enhance inclusion in humanitarian responses in Tonga, targeting a diverse audience including the National Emergency Management Office, government programs, civil society responders, and non-governmental humanitarian actors.

Limitations

Limitations in the approach taken include: data collection being confined to Tongatapu, neglecting insights from outer islands' disabled communities facing unique challenges; inadequate representation across impairment groups, OPD membership, and self-identification potentially favouring physical or sensory impairments in the recommendations. Time constraints and COVID-19 limitations further impacted the depth and breadth of data collection experiences.

METHODOLOGY

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

- A needs assessment survey of 120 individuals with disabilities living on the island of Tongatapu or a nominated support person they trust was conducted by teams from disabled person organisations (OPDs) between February and April 2023.
- OPD story collection to identify key themes of enablers and barriers.
- Open-ended interviews with survey participants to capture their experiences during the onset and the immediate response. The testimonial of six individuals with vision impairment who lived on the island of Tongatapu during the Hunga Tonga and Hunga Ha'apai volcanic eruption in 2022 were selected for this report.



Figure 2. 'Ofeina Leka, President of the TNVIA, leads a meeting with parents of persons with disabilities

DISABILITY IN TONGA

According to the most recent census, 10.6% of Tonga's population comprises people with disabilities, a figure expected to rise due to increased life expectancy and high rates of non-communicable diseases. These individuals and their families face daily stigma and discrimination, rooted in misconceptions about disability as a burden and the perceived limitations of those with disabilities.

Among the marginalised, people with disabilities are notably underrepresented in the workforce and often live in precarious situations. Barriers to livelihoods include inaccessible infrastructure, limited transportation options, low educational attainment, and a lack of vocational skills training. Despite an Inclusive Education Policy, educational opportunities for disabled children are constrained by transportation challenges, inaccessible facilities, a shortage of trained teachers for braille and sign language, and insufficient teaching assistants.

However, Tonga's National Health Strategic Plan for 2020-2024 seeks to improve access to healthcare and rehabilitation services for people with disabilities, focusing on better data collection and supporting the ratification of the CRPD. Several initiatives are underway, including efforts by the TNVIA to establish referral pathways for enhanced collaboration with partners in the future.



Figure 3. Sione Lelenoa, who has vision impairment, at his home in Tatakamotonga village

IMPACT OF THE VOLCANIC ERUPTION



Figure 4. Photo taken on Jan. 20, 2022 shows a beach resort hit by tsunami on the outskirts of Nuku'alofa, capital of Tonga. On Jan. 14-15, the undersea Hunga Tonga-Hunga Ha'apai volcano in Tonga erupted violently, triggering the tsunami. HA'ATAFU BEACH RESORT / HANDOUT VIA XINHUA

In the wake of the Hunga Tonga Hunga Ha'apai volcanic eruption, limited information was available regarding the scale of devastation and casualties in Tonga due to communication disruptions caused by a damaged undersea cable. Sky News reported video footage of coastal areas being struck by waves, with Atata Island near the capital submerged and ongoing rescue efforts. Images depicted extensive destruction on the island, prompting New Zealand forces to describe the situation as "catastrophic." Some residents faced respiratory issues due to ash inhalation.

The Tongan government, via a tweet, disclosed that Mango Island had all structures destroyed, leaving only two intact buildings on Fonoifua Island, while Nomuka Island sustained significant damage. Tongatapu's west coast saw 21 homes destroyed and 35 severely damaged, with Nuku'alofa experiencing eight demolitions and 20 major damages. 'Eua Island reported two demolished homes and 45 damaged structures. An assessment by United Nations Institute for Disaster Management revealed Atata Island's extensive damage, with 72 buildings impacted by the tsunami and covered in ash.

Early reports indicated Atata Island's submersion near Nuku'alofa, though a Facebook post from Royal Sunset Island Resort confirmed all residents were safe. Tongatapu faced 50 destroyed homes and 100 damaged ones.

MY STORY: VISUALLY IMPAIRED RECOUNTS VOLCANIC ERUPTION EXPERIENCE

We documented the firsthand experiences of six individuals who encountered the Hunga Tonga Hunga Ha'apai volcanic eruption. Their stories with unique perspectives shed light and provide invaluable insights on the challenges faced by persons with visual impairments during times of crisis. Through their recollections, we gain a deeper understanding of the intricacies involved in disaster preparedness, response, and recovery for individuals with disabilities. This collection of stories serves as a testament to the importance of inclusive disaster planning and support systems.

Sione Lelenoa from Tatakamotonga village situated on the east of Tongatapu island. Interviewed by the TNVIA staff at the TNVIA office 8th November 2023.

On the day of the volcanic eruption, I was at a fundraising event with my family. When the first loud noise rang out, we brushed it off as thunder. It was only when the second explosion echoed that we grew alarmed, hearing whispers about what might be causing such a commotion. The third deafening blast shattered glass around us and shortly after I started to hear pebbles falling onto the roof. Anxiety gripped me as I realised the severity of the situation.

I was with my daughters and grandchildren, and as news spread of the eruption and the looming tsunami, many in our village rushed towards the airport for safety. However, without a vehicle of our own, escape seemed impossible. I made the decision to stay put, huddling together with my family in our lounge. We sealed the windows and doors, trying to keep out the volcanic ash.



As I listened to updates on the radio, I couldn't help but feel a mix of panic and gratitude. Having grown up in Tonga, I had never experienced anything like this. Being blind added another layer of complexity to the situation. I became blind when I was older and so I could handle myself to some degree although now without sight, but during a disaster like this, the challenges multiplied. I can only imagine the sheer terror a person who was born blind might feel, not knowing the nature of the danger they face.

Disabilities come in many forms, but I often think blindness presents unique challenges in emergencies. We can't visually assess our surroundings or easily find our way to safety. That day, lacking a vehicle or a clear escape plan, we relied on prayer and hope. Thankfully, we made it through, and for that, I am very thankful to God.

MY STORY:



Katoanga Lokotui from Maufanga village situated on the eastern suburbs of Nuku'alofa, capital city of Tonga. Lives 150 meters from the coastline. Interviewed by the TNVIA staff at the TNVIA office 8th November 2023.

My name is Katoanga Lokotui, and I live in Ma'ufanga village. I have low vision, having only about 20 to 30 percent eyesight. When the volcano erupted, I was outside our house, busy cleaning and tidying up. We continued with our chores until we heard the second loud bang and caught the news and alerts on the radio, understanding the gravity of the situation. We lived with over 10 others, including children, so it was a scramble to gather essentials. The kids packed their clothes while I grabbed my bag containing my passport, important documents, and a change of clothes.

I was the first to wait outside, hoping for a vehicle to take us to safety. When we finally piled into the cars, the volcanic ash started falling, sending us into a panic. The drive towards Sia 'a Tevolo became treacherous as darkness descended from the cloud of ash above. Upon reaching the crowded destination, we felt lost and

unsure of where to go next. Eventually, we tried another route to a relative's house on higher ground in the Ha'amoko area of my village.

Arriving there, we were covered in ash as we ran from the vehicles into the house, and the darkness was intense. After a quick bath, we rested for the night, the men returning to cook food for everyone by 10 pm, with meals arriving just after midnight. Despite our efforts, the fear lingered among us, from young to old, except for my sister's baby, peacefully asleep. We spent the night in fear but also were relieved that we were safe for the moment. We spent the night there, returning home early Sunday morning to begin clearing the ash so we could enter our house.

None of us had ever witnessed or experienced a volcanic eruption, the darkness from the ash cloud, or the falling rocks. Our worry persisted for about a week until communication was restored, allowing us to reconnect with loved ones and alleviate some of our stress. The return of communication allowed us to reach out to loved ones, easing some of our stress. Still, the experience was etched deeply into our memories. We learned the importance of preparation, vowing to have 72-hour survival packs ready and a plan for evacuation if disaster strikes again.

As someone with low vision, I felt fortunate to have my family around during such a crisis, though the fear persisted. I couldn't help but empathise with those who lack such support. It made me realise the necessity for governments, communities, or even neighbors to have plans in place specifically tailored to assist people with disabilities during emergencies.

MY STORY:

Siu Tupou from Umusi village situated on the eastern suburbs of Nuku'alofa, capital city of Tonga. Lives 10 meters from the coastline. Interviewed by the TNVIA office staff at the TNVIA office 8th November 2023.

My name is Siu Tupou, and I was born blind, unable to see with both eyes. I am married with three children, all of whom have perfect eyesight. On that evening, while preparing dinner with my husband, we were startled by the first explosion of the volcanic eruption. I had just begun to enjoy some 'ota ika, raw fish marinated in coconut milk, when the loud bang shook us. Dropping everything, I rushed to gather my children, focusing only on their safety as we lived right by the sea.

Without a vehicle, we hurried towards our church building, leaving our dinner behind. The fear was obvious that night; I couldn't sleep, convinced that we wouldn't see another day. It felt like our last moments on earth, a feeling of helplessness that gnawed at me until exhaustion finally brought sleep.

Waking up on Sunday morning, I was shocked by the news of the devastation caused by the volcano and tsunami. It was a harsh reminder of life's unpredictability and the vulnerability we face, especially as people with disabilities living near the sea. The most challenging part was ensuring the safety of my children and finding transport to escape the imminent danger.

This disaster taught me valuable lessons, particularly about the importance of readiness for emergencies. It's not just an individual responsibility but a collective one that involves my family, church, village, government, and the entire country. People with disabilities like me were especially unprepared for such a catastrophe, feeling utterly helpless in the face of disaster. But I'm thankful for God's protection over us.

I believe that raising awareness and creating inclusive disaster plans are crucial steps towards a safer future for everyone, regardless of their abilities. It's a journey of learning and adaptation, but one that we must undertake together as a society.



MY STORY:



Latu Tama Kavaefiafi from Lapaha village situated on the east of Tongatapu island. Lives 15 meters from the coastline. Interviewed by TNVIA office staff at the TNVIA office 8th November 2023.

My name is Latu Tama Kavaefiafi, and I come from Lapaha village. On the day of the volcano eruption, I wasn't at home, but upon hearing the news, I rushed back. As soon as we arrived, my family and I grabbed our 72-hour survival packs. Our church has always emphasised the importance of being prepared for emergencies, so having these packs ready was second nature to us.

We quickly tended to our animals, ensuring they were safe in their shelters, before making our way to the Mormon Church building in Tatakamotonga village. That night, I couldn't help but wonder about the state of our country and the impact of the eruption. Despite the uncertainty, having our survival packs with us brought a sense of relief and preparedness.

We eventually settled in for the night, and when I woke up the next morning, I felt grateful and relieved that we were safe and unharmed.

The experience reinforced the importance of being ready for emergencies and having a plan in place. My 72-hour survival pack proved to be valuable during our time at the evacuation building, providing us with essentials and a sense of security.

MY STORY:

Langatoli Mokena from Kolofo'ou, eastern district of Nuku'alofa, capital city of Tonga. Interviewed by TNVIA office staff at the TNVIA office 8th November 2023.

Malo e lelei! I am Langatoli Mokena from Halafo'ou, Kolofo'ou, Tongatapu. On the day of the Hunga Tonga Hunga Ha'apai eruption, at first I was unsure of what was happening. It wasn't until the second eruption that I realised it was an actual volcanic eruption. The atmosphere was filled with panic, and I was scared too. With no evacuation or safety plans in place and the roads congested with panicked people, we felt trapped at home, unsure of how to proceed.

Despite the chaos and uncertainty, my family and I gathered together, relying on prayer and hope to see us through the night. The fear of the unknown, especially the looming threat of a tsunami, was daunting. It was a shocking and unexpected turn of events that left us all shaken.



As a visually impaired person, I understand the added challenges of evacuating during a crisis. Traffic congestion and the lack of clear guidance can be overwhelming. I'm grateful for my family's support, but it's clear that more inclusive plans are needed to ensure the safety of everyone, especially during times of panic and crisis.

MY STORY:



Luseane Vakapuna from Lapaha village, situated on the east of Tongatapu island. Interviewed by TNVIA office staff at the TNVIA office 8th November 2023.

My name is Luseane Vakapuna, and I live in Lapaha village. When the first two explosions of the eruption occurred, I mistook them for thunderstorms. It wasn't until the third bang that I realised it was a volcanic eruption. Surprisingly, I didn't feel afraid; I tried to maintain calmness throughout.

As the ash cloud descended, we stayed indoors, only venturing outside the following Sunday morning. I heard that the landscape had transformed; once-green land was now blanketed in ash. Despite being a person with a disability, I didn't feel fear or worry, perhaps because where I lived was not at risk of a tsunami.

Reflecting on this experience, I believe it's important for all individuals with disabilities to be

informed about the type of disaster they may face and the safety of their surroundings. This knowledge can provide a sense of security and preparedness during uncertain times.

RECOMMENDATIONS

A. Recommendations for mainstreaming disability inclusion in disaster risk management and humanitarian response

The following recommendations are aimed at mainstreaming protection principles throughout disaster risk management to promote meaningful access, safety, and dignity in humanitarian aid. These recommendations are formulated in the context of relevant international conventions and charters and should be read in conjunction with these guidelines.

Identification and training:

1. Continue using recommended methods, such as the Washington Group Questions, for the identification of persons with disabilities. Ensure training for identification is provided at national, district, and village levels. Utilise information disaggregated by gender, age, and disability to inform planning for safety and dignity.

Mainstream disability inclusion in Disaster Risk Reduction (DRR) planning:

2. Involve community members with disabilities in Village Emergency Management Committees (VEMCs) at the village, district, and national levels. Ensure their representation is proportional to the population of persons with disabilities.

Mapping and accessibility of evacuation centers:

3. Map and categorise evacuation centers according to their level of accessibility. Share this information with VEMCs for effective communication at the village level.

Building disaster readiness and accessibility:

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

Communication strategies:

5. Plan to use a variety of communication formats for early warning systems to ensure inclusivity and reach all members of the community, including persons with disabilities.

Safe evacuation procedures:

6. Develop procedures for safe evacuation of people with disabilities, including accessible transportation and communication to accessible evacuation centers. Conduct simulation exercises that include the evacuation of children and adults with disabilities.

Prepositioned stock and health services:

7. Include prepositioned stock for emergencies in consultation with OPDs. Invest in strengthening health and rehabilitation services to increase the provision of assistive devices, inclusive health, and community mental health programs.

Economic and social inclusion:

8. Support economic development activities that target and include persons with disabilities. Address negative attitudes and harmful stereotypes about disability through awareness-raising campaigns.

Training and capacity building:

9. Continue to train and support persons with disabilities to be involved in data collection before disasters. Build the capacity of OPDs to effectively advocate for inclusive humanitarian action. Also, build the capacity of government staff and humanitarian/development organisation staff to include persons with disabilities.

Initial response:

10. Ensure persons with disabilities have access to all basic and life-saving services on an equal basis with others. Strengthen collaboration between OPDs and various government ministries. Promote participation of persons with disabilities in cluster meetings to input into response planning.

Accessibility in recovery programs:

11. Ensure venues, communication materials, and distribution points are accessible for persons with disabilities. Include provisions for accessibility and inclusive practices in budget planning.

Safety and protection needs:

12. Recognise the safety and protection needs of at-risk groups, including children and women with disabilities. Identify and address barriers for children with disabilities to return to school. Use data disaggregated by age, disability, and sex throughout recovery programs.

Sectoral programs and universal design:

13. Invite participation from OPDs in sectoral programs such as Water, Sanitation, and Hygiene (WASH), shelter, and livelihoods to ensure inclusion in planning, implementing, accessing, monitoring, and evaluating recovery programs. Incorporate principles of universal design to increase accessibility of community evacuation centers and public spaces.

Information dissemination and collaboration:

14. Provide information about recovery programs through various communication channels and in alternative formats. Address negative stigma toward disability by running awareness-raising programs or modules on inclusion within recovery activities.

Feedback mechanisms and real-time evaluations:

15. Ensure feedback and response mechanisms are accessible for persons with disabilities. Hold consultation meetings to promote cross-learning between OPDs and humanitarian stakeholders, recording successes and challenges to inform future humanitarian responses. Consider issues raised by persons with disabilities in real-time evaluations.

Collaborative resource development:

16. Disability service providers should work in collaboration with OPDs to develop resources and awareness about access to assistive devices, rehabilitation, and health services. This collaboration should focus on increasing the development of resources and awareness about access to assistive devices, rehabilitation, and health services.

B. Recommendations for inclusive humanitarian aid during disaster recovery

The recovery recommendations focus on ensuring inclusive practices and addressing the specific needs of persons with disabilities:

1. Data disaggregation and monitoring: Utilise data disaggregated by age, disability, and sex throughout recovery programs to effectively reach and monitor progress for those most in need. Ensure that program implementation does not inadvertently expose persons with disabilities to additional risks.

2. Informed planning: Refer to previous evaluations and key documents related to persons with disabilities to inform the planning and execution of recovery activities. This approach ensures that the specific needs and challenges faced by persons with disabilities are adequately addressed.

3. Inclusive sectoral programs: Invite active participation from OPDs in sectoral programs such as WASH, shelter, and livelihoods. This involvement ensures that people with disabilities are included in all aspects of planning, implementation, access, monitoring, and evaluation of recovery programs.

4. Universal design: Incorporate principles of universal design to enhance the accessibility of community evacuation centers and public spaces. This ensures that these facilities are usable by everyone, including persons with disabilities.

5. Accessible communication: Provide information about recovery programs through diverse communication channels and in alternative formats to ensure accessibility for everyone affected by the disaster.



6. Addressing stigma: Run awareness-raising programs or modules focusing on inclusion within recovery activities to address negative stigma toward disability. This fosters a more inclusive and supportive environment for persons with disabilities during the recovery process.

7. Capacity building: Increase the capacity of personnel involved in recovery programs to provide impartial assistance to persons with disabilities. This includes training and skill development to effectively address the diverse needs of this population.

8. Collaborative resource development: Facilitate collaboration between disability service providers and OPDs to develop resources and raise awareness about access to assistive devices, rehabilitation, and health services. This collaboration enhances the availability and accessibility of essential services for persons with disabilities.

9. Accessible feedback mechanisms: Ensure that feedback and response mechanisms are accessible and usable by persons with disabilities. This facilitates their active participation and input in the recovery process.

10. Cross-learning and real-time evaluation: Hold consultation meetings to promote cross-learning between OPDs and humanitarian stakeholders. Record successes and challenges to inform future humanitarian responses and ensure continuous improvement in addressing the needs of persons with disabilities.

These recommendations emphasise a comprehensive and inclusive approach to disaster recovery, acknowledging the unique challenges faced by persons with disabilities and striving to create an environment that supports their full participation and well-being.

CONCLUSION

This report stands as a comprehensive guide to addressing the needs of people with disabilities in Tonga with respect to pre & post disaster scenarios. It underscores the urgency of inclusive practices in humanitarian action and advocates for collective efforts to ensure the inclusion, safety, and well-being of all individuals, regardless of their abilities or disabilities.



Figure 5. A group of persons with disability gathering in Nuku'alofa, Tonga's capital city, to celebrate the International Day for Persons with Disabilities in 2021

ANNEXES

Annex 1. Disability Inclusion: Communications and Language Guide

This document should be used in conjunction with Article 8 of the Convention of the Rights of Persons with Disabilities.

The way disability is communicated should promote and support the human rights of people with disabilities. This document serves as a quick guide to inclusive communications and language through a lens of the human rights-based approach. The approach, enshrined in the Convention of the Rights of Persons with Disabilities (CRPD), recognises that the experience of disability occurs when the way society is organised is unaccommodating to an individual's needs and this creates barriers that prevent their participation. By reducing or removing these barriers, the experience of disability can be reduced.

For example, it's not that a child with a vision impairment is incapable of learning, but rather that the school isn't accessible; it lacks Braille resources, the teachers have negative attitudes, and the government has no education policy for children with disabilities – all of these barriers are what keeps that child from achieving an education, not their impairment. The human rights-based approach looks at ways of removing and reducing barriers that prevent people with disabilities from full participation in society.

1. Avoid negative language and stereotypes

Negative language promotes stereotypes, prejudices and harmful practices relating to people with disabilities. It is important to promote positive perceptions and greater social awareness about the capacity and capabilities of people with disabilities to help dismantle barriers created by negative attitudes.

- Avoid language that provokes pity, such as 'suffers from', 'helpless', 'hopeless' or their world is/was 'dark', 'silent' or 'colourless'
- Avoid terms that group people or settings in a way that objectifies, such as 'women of Africa', 'impoverished village' or 'Africa's starving children'
- Always give context and explain the bigger picture – remember it's the interaction with the environment that creates the experience of disability, not the impairment

2. Avoid messages of 'curing' or 'treating' people with disabilities

Impairments or disabilities cannot be 'cured' or 'treated', but we can raise awareness about what the barriers are and develop strategies to remove or reduce barriers in order to promote inclusive societies for all.

- Do not use the word 'cure' in any circumstance – it has very negative connotations and is not aligned with a rights based approach
- Do not use 'treat' in relation to any permanent disabilities or impairments, including psychosocial disabilities (mental health issues)
- Using 'treat' in relation to a temporary or treatable medical condition, such as cataracts or clubfoot is okay

3. Always keep the person first

In line with the CRPD, always put the person first, not their impairment.

- Never define someone by their disability.
- Do not put the disability first; always put the person front and centre. For example, don't say: "the hearing-impaired child, Sally, wants to go to school"; say: "Sally is hard of hearing and wants to go to school"
- Do not refer to someone as their disability. For example, don't say: "Sally is a schizophrenic"; say: "Sally has schizophrenia"

4. Promote the capabilities and contributions of people with disabilities

Always recognise and promote the skills, merits and abilities of people with disabilities and the contributions they make to their families, communities and wider society.

- Always emphasise the active involvement, self-initiative and capabilities of people with disabilities in shaping their own future
 - Do not portray dependence or take away someone's agency* (*the capacity of an individual to act independently and to make their own free choices)
 - Never perpetuate the image or message of westerners as 'rescuers' or 'saviours'
-

Table 1. Language to use when describing people with disability

Do Use	Don't Use
People with disabilities / Person with a disability	Disabled person, the disabled, handicapped, PWD, abnormal
People without disabilities / Person without a disability	Normal person, everyone else
People with psychosocial disabilities or people with mental health issues / Person with a psychosocial disability or person with a mental health issue	Mental, mad, crazy, insane, a mental illness, a mental disorder,
People with intellectual disabilities or people with learning disabilities / Person with an intellectual disability or person with a learning disability	Mental handicap, mental impairment, slow, learning impairment
People who are blind or people who have a vision impairment / Person who is blind or person who has a vision impairment	The blind, visually impaired, visionally impaired, suffers from vision loss, someone who's world is dark/black/colourless
People who are hard of hearing or deaf people Person who is hard of hearing or deaf person a Deaf person (use capital D when the person/s uses sign language to communicate or if they identify with the Deaf community)	Hearing impaired, hearing impairment, deaf-mute, deaf-suffers from hearing loss, someone who's world is silent
People with epilepsy / Person with epilepsy	Epileptic
People with physical disabilities / Person with a physical disability	Crippled, lame
People who use wheelchairs or wheelchair-users Person who uses a wheelchair or wheelchair-user	Confined or restricted to a wheelchair, wheelchair bound
Unable to speak / uses synthetic speech	Mute, dumb

Annex 2. Village Emergency Management Plan for the Visually Impaired (Tongan Version)

PALANI FAKAKOLO KI HE NGAHI ME'A FAKAFOKIFĀ MA'AE KAKAI 'OKU PO'ULI E FOFONGA PE UESIA E VAKAI

KAVEINGA

Ke malu'i ange 'a e kakai 'oku po'uli 'e fofonga pe uesia e vakai 'i he kolo pe motu 'i he hoko 'a e fakatamaki fakaaenatula'

TŪKUFUA

Ko e Palani kuo fa'u pea tali lelei 'e he Kautaha Fakafonua 'o Kinautolu 'oku Po'uli e Fofonga ki he Me'a Fakafokifā 'I he kolo pe ko ha motu 'oku 'i ai e kakai 'oku po'uli e fofonga, ke ne tataki mo fakahinohino kinautolu 'i he hoko ha fakatamaki.

FOUNGA NGĀUE

Ko e Palani Me'a Fakafokifā Fakakolo' ni kuo fakalakalaka'i 'i ha fekautaha'aki he vaha'a 'o e kakai 'o e 'Ofisi Fakafonua 'o Kinautolu 'oku Po'uli e Fofonga pea mo e 'Ofisi Fakafonua ki he Pule'i 'o e Me'a Fakafokifā. Nāe fakakau mai ki he ngāue' ni 'a hono fokotu'u pe ko hono fakamālohi 'o e kau memipa 'o e Kautaha ni ke ne tokangaekina kinautolu 'i honau 'ofisi 'i ha ako ne nau kau ki ai fekau'aki mo hono fakasi'isi'i 'a e hoko ha fakatāmaki.

Nāe toki fakalakalaka'i leva 'e he Kōmiti Me'a Fakafokifā Fakakolo' 'a e Palani' ni 'aki 'enau kau fakataha mo e kolo ' fakalukufua 'i hono ngāue'aki e founga ki hono siofi 'o e ngaahi fakatamaki kotoa pe.

Ko e ola leva 'o e fengāue'aki fakataha ko eni', 'a ia ne fakatefito 'i he kolo' pē, ko hono fakalakalaka'i 'o e: Mape Fakatamaki, Fakamaau'i 'o e Tu'u-lavea-ngofua mo e Ivi Malava ke Ngāue, Ngaahi Palani Fetukutuku Fakahaofi Mo'ui, Fakahokohoko 'o e Ngaahi Ngāue Matatali' mo e Palani Ngāue ke Fakasi'isi'i 'a e Hoko ha Fakatamaki.

NGAAHI FO'I LEA MAHU'INGA

FHF	Fakasi'isi'i 'a e Hoko ha Fakatamaki (DRR - Disaster Risk Reduction)
FF	Fale ke Fetukutuku ki ai (EC - Evacuation Center)
FFK	Founga Fakatokanga Kimu'a (EWS - Early Warning Systems)
FFM	Fuofua Fakamahu'inga'i 'o e Maumau (IDA - Initial Damage Assessments)
OFPMF	'Ofisi Fakafonua ki he Pule'i 'o e Me'a Fakafokifā (NEMO - National Emergency Management Office)
KNGFMF	Komiti Ngāue Fakafonua ki he Me'a Fakafokifā (NEOC - National Emergency Operations Center)
KF	Kumi mo Fakahaofi (SAR - Search and Rescue)
KKAES	Kakai, Koloa, 'Ātakai, 'Ekonōmika, Sōsaieti (PPEES - People, Property, Environment, Economy, Society)
KNGST	Kōsilio 'o e Ngaahi Siasi 'i Tonga (TNCC - Tonga National Council of Churches)
OK	'Ofisa Kolo (TO - Town Officer)
P2F	Poloka 2 Fakakolo (VB2 - Village Block Number 2)
PNGFMF	Palani Ngāue Fakakolo ki he Me'a Fakafokifā (VEAP - Village Emergency Action Plan)
KFMF	Komiti Fakakolo ki he Me'a Fakafokifā (VEC - Village Emergency Committee)
PFMF	Palani Fakakolo ki he Me'a Fakafokifā (VEP - Village Emergency Plan)
NF	Neesi Fakakolo (VN - Village Nurse)

Tepile 1: Palani Ngaue Tokateu ki ha Fakatamaki Fakaenatula

Fika	Ngaahi fakatamaki fakaenatula	Kakai tu'u lavea ngofua	Ivi malava ke ngaue lolotonga	Ngaahi fokotu'utu'u ke fakahoko
1	Saikolone	Kakai 'oku po'uli 'e fofonga pe uesia e vakai	- Palani'i ke nau 'ilo 'a e feitu'u te nau hola ki ai - Ngaue'aki e tokotoko hinehina - Fale hufanga - Kato houa 72	- Kole ha tokoni ki he foso'a ke malu 'a e kolo mei he 'auhia 'a e tahi pea mo malu'i 'a e ngaahi 'api mei he ngaahi peau lalahi - Fiema'u ha ako ki ha ngaahi founa 'e malava ke ngaue'aki ke fakasi'isi'i 'a e uesia tamaki 'ae kolo mei he saikolone
2	Tafea	Kakai 'oku po'uli pe uesia e vakai mo nofo 'i he tafa'aki fakahihifo 'a e matatahi 'oku nofo ofi ki tahi pe ko e vaitafe, pe feitu'u 'oku ma'ulalo 'aupito ki he nofo	- Palani'i ke nau 'ilo 'a e feitu'u te nau hola ki ai - Fale hufanga - Kato houa 72	- Teuteu e feitu'u ke fai ki ai e hola - Fakatokangai'i ange pe 'oku ma'olunga fe'unga ke fai ki ai e hola. Kau ki ai moha ngaahi 'api 'oku ma'olunga fe'unga
3	Matangi Malohi	'Api nofo'anga 'o e kakai 'oku po'uli 'e fofonga pe uesia e vakai	Ngaahi ngaue kapau 'e fiema'u ke fai: - tukituki e ngaahi fale - kini e ngoue teuteu ki mu'a pea to e fakatamaki - toho e ngaahi vaka ki 'uta	- Toe fakafefeka ange hono lange e fale - Palani'i ha ngaahi me'a 'e lava ke fakatolonga ai e ngoue (manioke, 'ufi), ngaahi fale nofo'anga pea mo e ma'u'anga vai - Fiema'u ha uafu tau'anga vaka - Fiema'u ha ako makehe mei he NEMO ki he kakai 'o e kolo ke nau 'ilo 'a e me'a ke fai kimu'a, lolotonga pea mo hili ha fakatamaki
4	La'ala'a	Kakai 'oku po'uli pe uesia e vakai 'i he ngaahi kolo pea kau ki ai mo ha'a nau fanga monumanu pe ngoue pe vai	- Tanaki ha ngaahi me'a ke lava tanaki 'aki e vai - Tanaki e fakatali ke lahi - Kato houa 72	- Fiema'u ke 'i ai ha ngaahi tangike vai ki he 'api kotoa - Fiema'u ha ako makehe ki ha ngaahi founa ki hono leva'i 'o e vai 'oka fuoloa 'a e la'ala'a
5	Mofuike	Kakai 'oku po'uli pe uesia e vakai 'i he ngaahi kolo	- 'Ave kinautolu ki he ngaahi fale hufanga - Kato houa 72	- Fakalokiloki 'a e fale hufanga ki he malu mo e ngeia 'o e tokotaha kotoa pe - Fiema'u ha ako makehe fekau'aki pea mo e mofuike pea mo e peau kula pea mo e ngaahi founa ke fai 'o ka hoko mai 'a e ongo fakatamaki ni
6	Peau Kula	Kakai 'oku po'uli pe uesia e vakai 'i he ngaahi kolo	- Hola ki ha feitu'u ma'olunga (sia) - Kato houa 72	- Teuteu e feitu'u ke fai ki ai e hola - Fakatokangai'i ange pe 'oku ma'olunga fe'unga ke fai ki ai e hola. Kau ki ai moha ngaahi 'api 'oku ma'olunga fe'unga



Figure 6. *TNVIA staff together with individuals with vision impairment during a capacity training workshop facilitated by the National Emergency Management Office*



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