Disability-Inclusive Disaster Risk Management

Organizational Capacity Development toolkits, series 1
Guidelines for the Liliane Foundation and Strategic Partner Organizations

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<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>List of abbreviations and acronyms</td>
</tr>
<tr>
<td>5</td>
<td>1 Introduction</td>
</tr>
<tr>
<td>6</td>
<td>2 Position of the Liliane Foundation</td>
</tr>
<tr>
<td>8</td>
<td>3 Types of hazards and disasters</td>
</tr>
<tr>
<td>11</td>
<td>4 Disaster Risk Management</td>
</tr>
<tr>
<td>14</td>
<td>5 Disability-inclusive Disaster Risk Reduction</td>
</tr>
<tr>
<td>19</td>
<td>6 Disability-inclusive early warning and preparedness</td>
</tr>
<tr>
<td>24</td>
<td>7 Disability-inclusive emergency aid and rehabilitation</td>
</tr>
<tr>
<td>34</td>
<td>8 References and key resource materials</td>
</tr>
<tr>
<td>36</td>
<td>Annex 1 Link CBR and DRM interventions</td>
</tr>
<tr>
<td>37</td>
<td>Annex 2 Example DRRA Monitoring and Evaluation Framework</td>
</tr>
</tbody>
</table>
List of abbreviations and acronyms

CBM  Christofel Blinden Mission
CBCP  Catholic Bishop's conference of the Philippines
CBR  Community Based Rehabilitation
CDD  Center for Disability in Development
CMDRR  Community Managed Disaster Risk Reduction
Cordaid  Catholic Organisation for Relief and Development aid
CPP  Cyclone preparedness Programme
CRED  Centre for Research on the Epidemiology of Disasters
DCDD  Dutch Consortium on disability and development
DDM  Department of Disaster Management
DPO  Disabled Peoples' Organization
DRM  Disaster Risk Management
DRR  Disaster Risk Reduction
DRRA  Disabled Rehabilitation and Research Association
HI  Handicap International
HVCA  Hazard Vulnerability & Capacity Assessment
ICCO  Interchurch Organisation for Development cooperation
IEC  Information Education communication
IFRC  International Federation of Red Cross
IIIRR  International Institute for Rural Reconstruction
INGO  International Non Government organization
IOM  International office for migration
L&A  Lobby and advocacy
LF  Liliane Foundation
LGED  Local Government Engineering Department
M&A  Monitoring and evaluation
NASSA  National Secretariat for Social Action (Philippines)
NGO  Non Government organisation
NGOODI  Non Governmental Organization Overseas Development Institute
NNGO  National NGO
PDRA  Participatory Disaster Risk Assessment
PO  Partner Organization
PWDs  Persons with Disabilities
RM  Risk Management
SBDRM  School based Disaster Risk Management
SHG  Self Help Group
SPO  Strategic Partner Organization
UDMC  Union disaster management committee
UNICEF  United nations Children Fund
UNISDR  United Nations Office for Disaster Risk Reduction
UNOCHA  United Nations Office for the Coordination of Humanitarian Affairs
VCA  Vulnerability and Capacity Assessment
YDD  Youth Development Department
The damage caused by a typhoon.
1 Introduction

These guidelines give a brief introduction to the position of the Liliane Foundation (LF) in relation to Disaster Risk Management (DRM), followed by short introductions to the different relevant topics of DRM and how to deal with these.

The position of the LF and various Strategic Partner Organizations (SPOs) is that Disaster Risk Reduction (DRR), early warning and preparedness are an important and part of their work, and major emphasis is placed on these topics. Nevertheless, this publication also reflects the aspects of relief and recovery, since the LF is working in disaster prone countries and its partners might need a clearer understanding of how to undertake some actions with regards to these aspects.

What should be done to implement DRM interventions depends on the situation in the country, especially on what is already implemented by the SPOs, local Partner Organizations (POs), other NGOs or Disabled Peoples’ Organizations (DPOs), local government, and the knowledge that already exists among the SPOs and POs in the countries.

Several good training manuals are already available:
- Handicap International published Mainstreaming Disability into Disaster Risk Reduction a training manual;
- Cordaid and IIRR published Building Resilient Communities. A Training Manual on Community Managed Disaster Risk Reduction.
- CBM and the disability-inclusive DRR network in Asia described examples of disability-inclusive DRM.

These guidelines will therefore not duplicate the content of those publications, but will refer to them, and to various other manuals, as important reference material.

What you will find in the guidelines is advice on how to deal with DRM, and references to existing reading material. This version of the document also includes lessons learned from two pilots in Bangladesh and Nepal up to August 2016.
Natural disasters are bound to happen, are growing in intensity and number, and hamper the development work of the LF and its SPOs. DRM is already included in the programmes of several SPOs. It is therefore relevant for the LF and the SPOs to include some form of DRM in their work.

The issue of disability has gained additional attention, especially since the Convention on the Rights of Persons with Disabilities (UNCRPD) has been signed and ratified by many countries. Integration of disability into the work of humanitarian agencies and governments is, however, still in an early phase.

The relevant DRM frameworks and guidelines indicate that disability should be integrated into the work of the humanitarian agencies and organizations that are working closely with DRM. The 2015 Sendai framework for Disaster Risk Reduction (DRR), which is the basis used by governments to develop their DRR policies, specifically mentions disability under vulnerable groups. During the 2016 World Humanitarian Summit, disability inclusion was discussed and considered relevant, and the Dutch government also supports disability inclusion.

In 2015, a survey was undertaken by LF among several of the Asian SPOs, in which they gave feedback as to whether DRM is important for their work, and if so, which aspects specifically would be relevant. Discussions were also held with most of the Dutch humanitarian agencies (among others CARE Netherlands, Cordaid, Interchurch Organisation for Development Cooperation (ICCO), Save the Children) and with several disability organizations (among others Christoffel-Blindenmission (CBM), Handicap International, Light for the World, Lepra Foundation (NLR), Karuna - Nepal). At the end of 2015, a visit was made to the DRM programme in Bangladesh, and LF participated in the Dhaka conference on disability-inclusive DRM.

Based on this valuable input, the LF decided in 2015 to integrate relevant DRR and preparedness interventions into the normal development work of LF and its SPOs, and to work with humanitarian agencies and local government on disability-inclusive disaster risk management. We are thus adopting a twin track approach. The LF will not become a fully-fledged humanitarian agency, and will concentrate at this stage on natural hazards.

In 2016, the LF developed its own experience and that of several SPOs by initiating the following interventions:

- Appointment of a DRR thematic specialist/ coordinator who will temporarily be accompanied by a DRR advisor and who can refer to a pool of consultants if the need arises;
- Midterm evaluation of the emergency programme in Nepal;
- Draft lessons learned from the Sierra Leone relief programme;
- Initiation and funding of disability-inclusive DRR and preparedness interventions in two to three disaster prone pilot countries with committed SPOs (Bangladesh, the Philippines, India). In these countries LF will support SPOs in planning and implementing a suitable strategy for their country, complementary to what is already being done by other agencies.
- Development of the capacity of the pilot SPOs and the LF staff in disability-inclusive DRM;
• Development of a guideline with relevant interventions, including references to useful resource material;
• In major emergencies: the LF will not become a fully-fledged relief organization, as this does not fit with its strategy and mandate, and requires specific expertise. However, LF will support SPOs and POs to:
  - Work together with humanitarian agencies to ensure that disability is included in their interventions.
  - Provide disaggregated data regarding the number of PWDs, their location and their needs, with practical solutions and joint programming.
  - Only in exceptional situations, the LF can provide some assistance if other organizations are unavailable for this and if it is essential for survival, and if the partner working in the area has been struck by the disaster.
• Working together with other disability organizations for lobbying & advocacy (L&A) related to disability-inclusive DRM (such as expert meetings in the Netherlands, provision of input for the World Humanitarian Summit).

In the coming year, the LF is planning to focus on the following aspects:
• Learning from other disability and humanitarian agencies (exchange visits, meetings), and from the countries where it already implements DRR or relief programmes (Philippines, Bangladesh, India, Nepal, Sierra Leone).
• Documenting these lessons and share good practices: south-south/ north-south, together with SPOs, POs and the LF. Horizontal learning has proven to be very fruitful, for example in the Cordaid and Partners for Resilience programmes, and builds the capacity of all participants.
• Developing a track record on disability-inclusive DRM projects.
• In year three, evaluating how best to continue.
3 Types of hazards and disasters

A **hazard** is a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage. Examples include droughts, floods, hurricanes, typhoons, landslides, diseases such as Ebola, and earthquakes, but also, conflicts.

A **disaster** is a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. For example, the earthquakes in Haiti and Nepal, the recent droughts in Ethiopia, flash floods and typhoons in Bangladesh, the 2004 Indian Ocean earthquake and tsunami, conflicts in South Sudan and Syria, and the Ebola epidemic in Sierra Leone.

A hazard does not have to lead to a disaster, but it will in certain circumstances. For example, many floods and typhoons in Bangladesh, the 2013 typhoon Yolanda in the Philippines, the 2010 earthquake in Haiti and 2015 earthquake in Nepal only became disasters because people lost their houses, livelihoods, health services, and schools.

Hazards are often split into two types:

1. **Natural hazards** are naturally occurring physical phenomena caused either by rapid or slow onset events which can be *geophysical* (earthquakes, landslides, tsunamis, volcanic activities) *hydrological* (floods) *climatological* (droughts, wildfires, extreme temperatures), meteorological (storms, cyclones, typhoons), or biological (diseases, insect plagues);

2. **Technological** or **man-made hazards** are events that are directly caused by humans, and occur in or close to human settlements. This can include conflicts, displaced populations, environmental degradation, pollution and industrial accidents.

Hazards can be slow or rapid onset, and can be chronic, recurrent, or one-off. For example, droughts are predictable, and usually start slowly. Some countries are drought prone, and droughts are recurrent. Floods can occur rapidly due to sudden heavy rains. In countries with large river deltas, such as Bangladesh, they are recurrent. The 2010 earthquake in Haiti was one off and completely unexpected.

There are man-made factors related to natural hazards which influence their impact. Living in a delta and close to a river increases the risk for people if flooding is recurrent there. Many challenges such as climate change, poverty, unplanned urbanization and overpopulation, influence the impact of hazards. Some of the most exposed countries or hotspots are found in south east Asia, Africa south of the Sahara and Central America.

In the world risk maps in the 2016 United Nations University World Risk Report, the following LF countries are mentioned: The Philippines, Guatemala, Bangladesh, and Nicaragua. Considering exposure, adaptive capacity of countries and people, lack of coping capacity and vulnerability the following LF countries should be added: Chad, Sierra Leone, Nigeria, South Sudan, Benin, Ethiopia, Uganda, Burundi, and Zimbabwe.
Tej Bahadur, a boy with mental disability in Ramche, Gorkha district Nepal, in front of his damaged house.
Other countries may also be prone to hazards, depending on the region. For example, various regions in India, Kenya (North) and Indonesia.

Sources and relevant terminology:

UNISDR is the United Nations office for Disaster Risk Reduction. They have described the basic definitions for disaster risk reduction related terminology, in order to promote a common understanding for all stakeholders. [www.unisdr.org](http://www.unisdr.org)

IFRC, the International Federation of the Red Cross, has clearly described all hazards. More detailed information can be found on their website, per type of hazard. See the annually published World Disaster Report; [www.ifrc.org](http://www.ifrc.org) [ifrc-media.org](http://ifrc-media.org)

Maps and lists of the most hazard-prone countries can be found in the World Risk Report, published annually by the UN University, Institute for environment and human security: [ehs.unu.edu](http://ehs.unu.edu) [i.unu.edu](http://i.unu.edu)
Disaster Risk Management (DRM) is a term used for all interventions related to disasters: before they occur, during the disaster and in the aftermath.

The DRM cycle is a helpful tool to determine which interventions are appropriate in the various phases. What exactly is useful depends on the local situation in a country and should be determined with all relevant stakeholders. An example of a DRM cycle for the LF is presented in the scheme below.

**The LF disaster risk management cycle**

**Prevention**
- Capacity building of SPOs/POs/DPO’s in DRR/early warning;
- Integrate disability in DRR plans of the government;
- Integrate inclusive risk reduction measures in normal work;
- Learn, share lessons on disability inclusion with relevant stakeholders.

**Rehabilitation**
- Livelihood training/support vocational training;
- L&A on inclusive DRM Training;
- Training and support in building earthquake proof houses;
- Support in Accessibility of clinics, schools.

**Preparedness**
- Capacity building SPOs/POs in what to do if a disaster happens;
- Map who does what in DRM in disability inclusion;
- Make overview types of disability, numbers, location, type of assistance needed, how;
- Work on disability inclusive early warning and preparedness plans.

**Emergency aid**
- Fact sheets disability for humanitarian cluster/agencies;
- Show PWD how to acces relief and from whom;
- First survival assistance;
- Work with humanitarian agencies to include disability specific basic needs of children e.g. replace aids, special medicine;
- Referrals to specialized centres.

**Why work on DRM?**

Disasters are a part of life in many of the countries where LF has a presence. Hydrological and meteorological hazards are especially increasing in numbers. This is most severe in Asia, followed by Central America and Africa. See figures below.

*Figure 1. CRED, international Disaster database, www.emdat.be*
The impact of disasters on development is huge, and leads to loss of life, livelihoods and investments. See table below. If SPOs and POs include DRR and early warning and preparedness in their work, losses of life and livelihoods and other damage can be reduced. (Evaluations Cordaid, Partners for Resilience).

The prevention and preparedness phases, during which DRR and preparedness and early warning interventions are planned, logically take place before a disaster happens. This usually works best, however, if people still remember the types and impacts of hazards that do occur in their areas.

To save lives, emergency aid is planned as soon as possible after a disaster occurs.

Rehabilitation is planned as soon as possible after the relief phase has started, and is often split into early recovery interventions and reconstruction.
It is important to bear in mind that a flexible approach is required, moving to another phase if the situation changes.

**With whom?**

It is advisable to work with the target groups, DPOs, SPOs and POs, DRR and humanitarian agencies, local government and colleague disability organizations, on disability inclusion in all phases of the DRM cycle. It is important to avoid duplication, to work together where possible, and to complement one another.

**How?**

How to organize the process in different phases will be discussed in the following chapters of these guidelines.

**References for further reading:**

*Prevention Web* provides information for the Disaster Risk Reduction community. This includes disaster trends that indicate the usefulness of DRR, but the site also provides other useful information on disasters. See: [www.preventionweb.net](http://www.preventionweb.net)

The Centre for Research on the Epidemiology of Disasters (CRED) in Belgium has developed a disaster database where trends in disasters can be found. They provide statistical data per year. These include numbers and types of disasters, number of people affected, number of deaths, disasters per continent, and total damage. [www.emdat.be](http://www.emdat.be)

The LF, the Dutch Ministry of Foreign Affairs, and the NGOs Karuna, Light for the World and Dutch Consortium on Disability and Development (DCDD), organized an expert meeting Making disaster risk management work for PWDs in 2016. In the report from the meeting, the relevance of DRM for PWDs is described and concrete recommendations can be found on: [www.dcdd.nl](http://www.dcdd.nl)

The Global Network of Civil Society Organizations for Disaster Reduction publishes relevant information on DRR, including references to disability-inclusive DRR publications, on their site. See: [www.gndr.org](http://www.gndr.org) and [www.gndr.org](http://www.gndr.org)

Cordaid via John Cosgrave from Channel Research, evaluated the Cordaid DRR programme in 10 countries, with country visits to Bangladesh, Ethiopia, Malawi and Indonesia in 2013: [www.cordaid.org](http://www.cordaid.org)

The Humanitarian Practice Network of ODI publishes relevant publications on best practices in DRM, [odihpn.org](http://odihpn.org)

In 2015, the Partners for Resilience (Netherlands Red Cross, Red Cross Climate Centre, Cordaid, CARE Netherlands and Wetlands International) published best practices resulting from 5 years of work in ecosystem based and climate proof DRR in Community interventions and beyond. [www.partnersforresilience.nl](http://www.partnersforresilience.nl)

The Partners for Resilience programme was evaluated by Globalization Studies Groningen in 2015, resulting in the publication by D. Hilhorst, C. de Milliano and L. Strauch Learning from and about Partners for Resilience, a qualitative study. Major lessons are that community based planning is highly appreciated and effective, that the best programmes incorporate livelihood interventions and work on partnerships with a variety of stakeholders, including local government, and that learning is an important aspect of the programmes. [www.rug.nl](http://www.rug.nl)
5 Disability-inclusive Disaster Risk Reduction

What is disability-inclusive Disaster Risk Reduction?

Community Managed or Based Disaster Risk Reduction (CMDRR or CBDRR) aims at building resilient communities. It is a bottom-up approach, and participation by people living in communities, either in rural or urban areas, is crucial.

Communities are not homogeneous. All groups within communities should therefore be involved. This includes PWDs and their caretakers, who belong to the group running a high disaster risk, because they may not have the capacity to deal with the hazard. CMDRR can therefore be linked with Community Based Rehabilitation (CBR) through the principles of inclusion, empowerment, and multi-stakeholder collaboration.

1 Inclusion: PWDs should be included in the CMDRR plans. In each community, there are PWDs with specific needs that need to be respected and protected. PWDs have equal rights to all other members from the community to participate in the planning process and develop their self-reliance.

2 Empowerment: DPOs or their representatives also need to participate in the CMDRR committees and represent the rights of the PWDs who cannot stand up for themselves.

3 Multi-stakeholder collaboration: The involvement of diverse stakeholders in the process of CMDRR can be beneficial not only for PWDs but also for other marginalized groups in the communities who are at higher risk of being affected by disasters.

How does CMDRR work?

Resilience is the ability of a system, community or society exposed to hazards to resist, absorb, accommodate and recover from the effects of a hazard in a timely and efficient manner. Resilience refers to individuals and communities at risk being able to survive and bounce back from the hazard event. This is the result of being prepared for hazards and knowing what to do if something happens. The intention of DRR is to empower communities to design and build the safest possible environment in a hazard context.

DRR can be explained through a formula:

\[ \text{Disaster Risk} = \text{Hazard} \times \text{Vulnerability} / \text{Capacity} \]

If people live in a hazard prone environment, and if they are vulnerable because of being at the location of the hazard at the time when it occurs, and if they do not have the capacity (physically or psychologically or socially or economically) to deal with the hazard, they run a high disaster risk. By working on hazard risk reduction, vulnerability reduction and capacity strengthening, the disaster risk can be reduced and resilience can be achieved.

Why is disability-inclusive DRR important?

In the past, disasters were often managed by governments and external humanitarian agencies. Once a disaster was declared by a government, assistance was provided to the target groups. They were not involved themselves, but were mainly treated as victims. Prevention and reduction of disasters was strongly addressed in early 2000, when governments worldwide developed the Hyogo Framework for Action 2005-2015, building the resilience of nations and communities to disasters. Thus, in many countries, DRR became more important, and was included in national policies. The Hyogo Framework was succeeded in March 2015 by The Sendai Framework for Disaster Risk Reduction 2015-2030, with seven global targets and four priorities for
action. Disability inclusion was specifically mentioned in the Framework and was worked out further in the Dhaka Declaration in December 2015. In Dhaka, most agencies present indicated that for disability-inclusive DRR, a twin track approach is considered most useful:

- working with DRR and humanitarian agencies and local government on disability inclusion, and
- working with disability organizations on DRR.

For further details on the twin track approach, see page 35 in the Handicap International training manual on mainstreaming disability in DRR, 2009. www.preventionweb.net

When is it useful to work on disability-inclusive DRR?

The best time to introduce DRR is when acute disaster situations have ended, but when memories of hazards in the environment are still clear. The relevance of DRR is then obvious. So, for example, if there are frequent floods and typhoons in Bangladesh, a good time for discussing DRR measures is as soon as the flooding has receded.

With whom?

For LF, the SPOs and the local POs, and connected to CBR, the most important level to start with is the individual and community level: where children with disabilities and their families live. People at community level are the first to respond when a disaster occurs, and can make the difference in survivability of community members if well prepared.

Participation of all groups within a community, men, women, old, young, PWDs and their families, is important to make a good analysis and plan for hazard risk, vulnerability and capacity. Because local governments are often responsible for disaster risk management and evacuation centres or typhoon shelters, it is important to include them. This means linking up with the local DRR committees, district DRR committees and national government.

How?

Relevant steps when LF or an SPO becomes involved in a disability-inclusive DRR programme are presented below.

In the inception and the analysis phase:

1 LF can take these actions:
   - Check if the SPO/POs in the country have sufficient knowledge of DRR;
   - If not: facilitate Capacity building of SPO or PO: refer to a DRR training course, employ someone with DRR knowledge, or seek an advisor for internal training;
   - Make an analysis of who is doing what and where, and complement what is missing.

2 The SPO can take these actions:
   - Select disaster prone areas where POs are active;
   - Verify, together with the POs in the areas selected, who is already doing what in DRR and if disability is included;
   - Based on the above, define what is still needed to achieve disability-inclusive DRR action and contingency plans. Include local government, disability organizations and DRR organizations in the analysis;
   - Concentrate on disability inclusion in DRR using the twin track approach, and avoid duplication.

Develop a plan based on the analysis:

- Plan how to include disability in the hazard risk, vulnerability and capacity assessments (VCA) in various communities: plan this either in existing risk and VCA assessments or, if non-existent, use startup assessments. Make sure DPOs or representatives are physically involved;
Draft or adjust existing DRR and contingency plans and ensure disability is included. Include PWDs in the planning. The plans need to include indications of houses of PWDs, their needs at the time of hazards (livelihood, rescue and evacuation, relief and rehabilitation), roles they or their caretakers can play during hazards, how to reach out to houses of PWDs with early warning and relief, equipment needed for rescue, identification of volunteers to provide early warning or relief materials for PWDs, etc.;

- Communicate the plans with all stakeholders;
- Implement the plans as indicated. For example, this can include conducting mock drills for evacuation of PWDs;
- Provide necessary facilities and materials for PWDs in the evacuation and rescue shelters;
- Be aware of the different needs for different types of disability.

**Set up a Monitoring and Evaluation framework to follow progress:**

- See M&E set up drafted by a consultant for DRRA in Bangladesh in Annex 2. This gives a good impression of how a DRR programme could be set up.

**Linking and learning:**

Share the approach and lessons learned with other relevant stakeholders, with the intention of duplicating the approach elsewhere.
Case Study:
Philippines – attention for disability inclusive DRR and preparedness since typhoon Yolanda

Typhoon Yolanda in 2013 was a tragedy for everyone. For people having relatives with a disability or who are themselves living with disability, however, this was a double tragedy. During Yolanda many PWDs could not be located. We don’t know exactly how many died, nor how many were abandoned, because no accurate data was recorded.

Some concrete examples include Roman, who is an overweight wheelchair user. During Yolanda, the person that was helping him could not carry him anymore due to the strong water current. He almost gave up and was ready to die. Another example is Wendell, who had polio but who is a strong swimmer. During Yolanda, instead of only saving himself, he saved 10 children who were trapped in the flooded evacuation centre.

Because the Philippines is one of the most disaster-prone countries, there are DRR Committees. PWDs were not consulted, as they are not considered capable due to their impairments. PWDs themselves often lack knowledge, awareness, and skills about DRM, nor are they sufficiently prepared when a disaster happens.

What happened during Yolanda opened the doors of all stakeholders involved with DRM. They now realize that PWDs and their families should always be included in all phases of DRM.

Today, the advocacy for Disability-inclusive DRM is very strong. There is cooperation in government from national, regional, local and barangay level, and also with international and local NGOs and civil society.

PWDs must also take the initiative and be active advocates and participants in the community based DRM where they are living. NORFIL, together with local partner organizations, includes disability-inclusive disaster risk reduction measures in its capacity building activities. They work with international and local NGOs and universities, and conduct training on disability-inclusive risk management. NORFIL is a member of the technical group headed by Handicap International’s Philippine Office, together with other NGOs, academia, and professional organizations that provide supplemental documents about persons with disability, children, women and elderly in all phases of DRRM. This contributes to the existing Basic Instructional Guide on DRRM published by the Philippine government and makes it more inclusive.

Preparedness must be part of the system for PWDs. Some people think that preparedness should be highly technical and sophisticated, but preparedness should actually start within the individual, the families and the local organizations. NORFIL facilitates the parents in handling their children during disaster events, and in their everyday life.
**Background on DRR:** John Twigg wrote an excellent book on Disaster Risk Reduction, which covers DRR in general, but also includes disability and children, and young children. Pages 100-104 children, 105-110 disability. [goodpracticereview.org](http://goodpracticereview.org)

**Training manuals:**

**Disability-inclusive DRR:** Handicap International published a training manual on mainstreaming disability in DRR, 2009. This manual explains disability and DRR, the Sphere standards \(^1\) and disability, the twin track approach, vulnerability and capacity assessments, early warning systems, shelter and technical advice for disability, IEC materials (information, education, communication) and referrals to specialist services. [www.preventionweb.net](http://www.preventionweb.net)

**Community managed DRR:** The International Institute for Rural Reconstruction (IIRR) and Cordaid published (2013) *Building resilient communities. A training manual on community managed disaster risk reduction*, based on 10 years of practical DRR experience in Africa, Asia and Central America. This manual is not disability specific, however, PWDs need to be involved in the whole process as one of the vulnerable groups. The publication can be downloaded at: [www.cordaid.org](http://www.cordaid.org)

**Good practices:**

CBM and the Disability Inclusive DRR Network for Asia described 11 examples of good programmes on *Disability Inclusive DRM: Voices From the Field and Good Practices*, 2013. [www.cbm.org](http://www.cbm.org)

**General information:**

*Sendai framework for disaster risk reduction 2015-2030.* This is the basis on which countries draft their DRM policies. With seven targets and four priorities for action to prevent new, and reduce existing disaster risk. Available in several languages. [www.unisdr.org](http://www.unisdr.org)

*Dhaka declaration on disability and disaster risk management (2015).* During the Dhaka conference, representatives from disability organizations in 18 countries discussed how to include disability into DRM, based on the Sendai framework. [www.unisdr.org](http://www.unisdr.org)

**Audio visuals:**

A film of how DRRA, Bangladesh, currently works on DRR and preparedness. [youtu.be](http://youtu.be)

A film of how a girl with a disability can contribute to DRR/Early warning: My story, Kazol. [m.youtube.com](http://m.youtube.com)

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\(^1\) The Sphere project, a collaboration of most major humanitarian agencies, developed the Humanitarian Charter and Minimum Standards in Humanitarian Response.
6 Disability-inclusive early warning and preparedness

What is early warning and preparedness?

Early warning and preparedness are part of DRR contingency planning. Plans need to be made to address what to do if a hazard occurs, to prevent lives and livelihoods from being lost. Early warning includes all kinds of signs that warn people about floods, hurricanes, droughts or other hazards. For example, audio signals (bells, alarms, sirens, radio, drums, loud speaker, phones) or visual signals (flags, posters, spotlights).

Preparedness includes evacuation plans, food and water storage facilities, building of or assigning evacuation sites (schools, cyclone shelters, city halls, churches), evacuation drills for villages and schoolchildren, training of disability organizations in what to do if a disaster occurs.

For disability-inclusive early warning and preparedness, special warning signs are needed. These may include leaflets in braille and/or in strong colors for the visually impaired, visual signals, gestures, and use of sign language for people with hearing problems.

Why are early warning and preparedness important?

There are usually many signs that a hazard is on its way. Droughts are usually predicted. Weather forecasts indicate the appearance of heavy rain or cyclones. If these happen upstream of people living along a river, floods can be expected downstream. El Niño years often lead to heavy rainfall in some parts of the world and droughts elsewhere.

Through timely knowledge of these early warning signs, disasters can be prevented or their impact can be reduced. Thus, lives and livelihoods of people can be secured: people can evacuate in a timely manner, store food and water for drought periods, and safeguard their animals or seeds during flooding or cyclones.

Preparedness is relevant for people and organizations at community level. People at community level are the first to act once a hazard strikes. They can save lives and livelihoods if they know what to do, how to warn one another, and where to go during a flood or tsunami. Organizations such as the SPOs or DPOs can act quickly if they hear that the areas where they work are being hit by a hazard and if they know what to do in such circumstances.

When?

Early warning and preparedness should be included in the action and contingency plans when working on DRR. This should take place in periods free from disasters.

With whom?

The community, including DPOs or PWDs and their caretakers should be involved, together with DRM committees and local government.

How?

Some form of early warning and preparedness has often already been organized in hazard prone areas. This is usually organized by a disaster preparedness or disaster risk management committee, or a cyclone committee in a district and/or village, which usually consists of local government and representatives from the communities. PWDs and their needs are not always sufficiently included in these plans. For example, cyclone shelters, may not be accessible to people in wheelchairs.
Steps to take as an organization

- Verify, together with DPOs or PWDs and their caretakers, what kind of early warning and preparedness systems already exist, and what kind of barriers there are for the various types of disability. Communicate this clearly to the existing committees.
- If there are no plans yet, get involved in the drafting of disability-inclusive early warning and contingency/ preparedness plans.
- Use the capacity of PWDs and their caretakers. Include them in early warning, disaster preparedness and disaster risk management committees. Develop their capacities and encourage them to voice their own needs.
- Also use the capacity of the families and communities around PWDs. They can form safety nets or a buddy system.
- In countries where there are regular/ recurrent hazards, and where disaster preparedness is extremely important:
  - Collect disaggregated data (disability, gender, age): Assess which and how many people with disabilities need to be assisted if a disaster occurs, which types of disabilities they have, where they are located and what their needs are during evacuation, or once a disaster occurs, during search and rescue. Include all people with disabilities and their caretakers.
  - Be prepared by knowing each other: List disability specialized and humanitarian organizations. Make contacts with one another.
  - Inform the humanitarian cluster (UN) about which organizations are specialized in disability. Provide them with the disaggregated data.
  - Cooperate and coordinate with other disability organizations.
  - Develop early warning signs and information, education, communication materials (IEC) that are accessible and understandable for all (including people with sensory and cognitive impairments).

Case Study:
Bangladesh – early warning and preparedness

Bangladesh is prone to recurrent hazards, both in the coastal areas and also the hillier areas. In 2009, in the offshore Sundarban islands, there was a cyclone warning, level 3. The loudspeakers in the mosques were used to warn all people in the area. Deaf people were unable to hear this early warning. The flooding did not seem serious, and most people stayed in their houses. The surge of water only appeared suddenly, a little later. People fled from their houses, and tried to hide in trees, on the dike, or in the cyclone shelter. They had to stay there for days, making temporary shelters of their destroyed houses. People unable to walk couldn't reach the secure places fast enough. Many people drowned, and livelihoods and houses were destroyed. They had to rebuild their livelihoods when the water dropped. They received food via DRRA, and later from other organizations. DRRA provided assistance to rebuild their houses.

DRRA and other partner organizations now place more emphasis on early warning and preparedness. Hurricane shelters, as well as the toilets, are not easily accessible for PWDs. Work is progressing on early warning signs that are understandable for all. Using songs, they teach people to listen to the early warning signs whenever there is another cyclone warning. A representative of the self-help group of PWDs has become a member of the disaster preparedness and cyclone early warning committee.
Potsong by youngsters: young people use songs to educate the community about how to prepare for cyclones, including PWDs.

Accessible cyclone shelter, where a ramp is made, so that also PWDs can hide safely in the shelter during a cyclone.
This lady warns community members with a whistle that a flood or cyclone is coming soon.
Disability-inclusive DRR:
Handicap International published a training manual on mainstreaming disability in DRR in 2009. This manual explains disability and DRR, the Sphere standards and disability, the twin track approach, vulnerability and capacity assessments, early warning systems, shelter and technical advice for disability, IEC materials (information, education, communication) and referrals to specialist services. For information about early warning see Pages 48-56. [www.preventionweb.net](http://www.preventionweb.net)

IFRC, CBM and Handicap International published *All Under One Roof: Disability Inclusive Shelter and Settlement in Emergencies*. This is a guideline from IFRC on how to include disability in all phases of disaster management such as in VCAs, preparedness and early warning, provision of shelter, and promoting participation and equal opportunities. For information about early warning and preparedness see pages 20-37. [www.cbm.org](http://www.cbm.org)

Video materials:
Centre for Disability in Development (CDD) has produced a video regarding disability-inclusive disaster preparedness and DRR, which includes explanation of the Ward Disaster Management Committee and self-help group, the use of street theatre for awareness raising, how to involve PWDs in DRR planning, and mock drills as a preparedness method. [www.youtube.com](http://www.youtube.com)

Cordaid filmed the DRR, early warning and preparedness programmes in Honduras, Bangladesh and Ethiopia. *The Dove, the Duck and the Camel*.  
[www.youtube.com](http://www.youtube.com) (Honduras)  
[www.youtube.com](http://www.youtube.com) (Bangladesh)  
[www.youtube.com](http://www.youtube.com) (Ethiopia)

CBCP NASSA and Caritas Philippines filmed the Participatory Disaster Risk Assessment (PDRA) and risk mapping that took place after typhoon Haiyan. PWDs are specifically mentioned among the most vulnerable in the risk maps.  
[www.youtube.com](http://www.youtube.com)

In connection with the above, PDRA and CMDRR are explained briefly in the following video: [www.youtube.com](http://www.youtube.com)
7 Disability-inclusive emergency aid and rehabilitation

Case Study:
Nepal earthquake – disability-inclusive relief and rehabilitation

Two major earthquakes hit Nepal in April and May 2015. The LF, together with NLR and Karuna Nepal, assisted in the Gorkha and Rasuwa districts. In the first phase, they provided galvanized sheets so that people could build temporary shelters, and solar energy materials so that they could obtain electricity. Both organizations arranged health assessments to have an overview of how many PWDs there were, what type of disabilities they had, where they were located and what their needs were. They were then referred to specialized health centres when necessary, and if needed, assistive devices were provided. An unexpected result was that many PWDs gained access to disability cards for the first time.

As soon as people settled down again, these organizations started the facilitation of income generating activities and organized various types of vocational training. They contributed to the building of accessible health centres, schools and water sources, and they trained teachers in how to work with children with disabilities. They also gave training in disability inclusion to government officials, and lobbied for inclusion in housing.

Some examples of how people were assisted:
Santos Tamang, 26 years old and single, lives in Ramche, Nepal. He cannot speak, but he can read and write. He lost his house during the earthquake. He was one of the 23 men who attended the masonry training, where he learned how to build earthquake resistant houses. Now he is a member of a team building houses in the district.

Bishnu Darai, 38 years old, is married with Sita. They have 2 sons and live in Gorkha. Their house was severely damaged, and they now live in a temporary shelter next to their former house. Bishnu is blind. Sita attended training in mushroom farming. Together, they have received a loan to start up a mushroom farm, which is very profitable. They manage to repay their loan each month, and the profit is spent on the education of their sons and health expenditure.
Gorkha, Nepal, emergency assistance after the earthquake: The family of the nice boy has been assisted with galvanized iron sheets to build a temporary house, and with a solar panel for electricity.

Gorkha and Rasuwa, Nepal: the galvanized iron sheets are handed over to families who lost their home due to the earthquake.
23 men received a masonry training in Dhunche, in Rasuwa district, where they learnt how to build earthquake-resistant houses. They are now working all over the district to build similar houses.

Bishnu, who is blind, and his wife Sita, lost their house during the earthquake. They received a loan to produce mushrooms. Selling of mushrooms is very profitable. Thus they can earn an income and repay their loan.
Bima is a 8 year old girl who has mental disability, is deaf and cannot speak. Her family received solar energy and sheets to repair their damaged house.

Girls who lost their houses are trained in sewing in Gorkha, so that they can earn an income.
The women and children office got a ramp and accessible toilet so that PWDs can access the building for assistance.
What is emergency aid?
Emergency aid or relief is the first assistance provided to people as soon as possible after a disaster has occurred. In the first instance it is geared towards the survival of people and first aid, with attention to reviving or providing temporary basic services such as health services (in tents or temporary clinics), shelter (tents, plastic sheets or with host families), food (food packages or coupons), water and sanitation (water, provision of tanks and jerry cans, latrines), and provision of important non-food items such as blankets, pots and pans and sanitary napkins. PWDs need similar assistance to others, however, additional assistance may be required, such as referrals to specialized health clinics, assistive devices such as wheelchairs or crutches, and access to disability cards for special care.

What is early recovery and rehabilitation?
Relief is followed by early recovery, whereby the assistance as indicated above is suitable for a longer period. For example, provision of iron sheets for roofing of houses, or tools and seeds to start agricultural activities. Finally, rehabilitation is geared towards rebuilding a normal life, including reconstruction of permanent houses, clinics, schools, food security programmes, credit programmes and vocational training courses for income generation.

Disability inclusion should be geared towards inclusion in all recovery and rehabilitation interventions. This can mean building disability accessible houses for families with a disabled family member, accessible health posts, accessible toilets, water points, and schools, and training of teachers in disability inclusion. It can also be useful to add accessibility components to shelters built by others. In this phase, it is extremely important to rebuild better, taking disability into account. Therefore, accessibility is important, as well as disaster-proof housing. For livelihood support, this means for example introducing crops or animals that are better adjusted to flooding or droughts.

When?
Depending on the severity of the disaster, relief needs to be provided as soon as feasible. Organizations with a local presence can assist very quickly, sometimes within 24 hours. External agencies usually respond more slowly. The relief phase usually lasts a maximum of two to three months, after which a gradual shift is made to early recovery and rehabilitation. This phase usually lasts from approximately two to three months after a disaster up to one or two years, depending on the type of disaster.

With whom?
It is advisable to work closely with the SPOs and POs/DPOs who have a local presence and can provide rapid assistance. It is not advisable to work in countries where LF has no partner network, unless cooperation with other agencies and appointment of a representative can be organized. For disability inclusion in all phases, the SPOs, POs, and DPOs need to cooperate and coordinate with the local government and humanitarian organizations to ensure that disability is included in their relief and rehabilitation work. Joint lobbying with other disability organizations is important for inclusion of disability in relief and rehabilitation and to avoid duplication of work. Disaggregated data can be helpful for lobbying.

How?
If a disaster has happened and if the LF wants to assist, it needs to consider the following steps:
1. Verify if the LF has an SPO or partner network in the country and in the disaster area, with the capacity and willingness to work in relief and rehabilitation, DRR and early warning.
2. If there is no partner network, decide whether LF should work there. In principle LF should not work there, unless:
   - There is a good Partner Organization;
   - The LF can appoint a staff member to work with the Partner Organization;
   - There is additional funding available;
   - It is of added value to the LF.
3 LF can verify on relief web how serious the situation is. See: [www.reliefweb.int](http://www.reliefweb.int)

4 For preliminary assistance in the first couple of weeks:
   • Use a contingency fund, made available from the LF office, or allow the use of programme funds (SPO) to aid PWDs and their caretakers and communities, based on the needs assessments. This is only necessary if this assistance is not provided by others, and until other agencies arrive.
   • Make sure this funding is provided quickly.
   • Organize a needs assessment and collect disaggregated data: assess the severity of the situation, who and how many PWDs need to be assisted, what kind of disabilities they have, what their needs are, and where are they located. Include PWDs and their caretakers in these assessments.
   • Cooperate / coordinate with other disability organizations and avoid duplication of effort.
   • Share these data in the humanitarian cluster meetings that are usually organized by UNOCHA after major disasters. These coordination meetings are organized under various clusters. Disability is included in the social inclusion cluster. See: [www.unocha.org](http://www.unocha.org)
   • Lobby for the inclusion of disability in the work of humanitarian organizations and government.
   • If needed, refer people with a disability to specialized centres or hospitals.
   • If available in the country, assist with provision of access to disability cards.

Once other agencies are assisting, the LF and partners can concentrate on early recovery and resilience building. Again, based on an assessment, this can include:
   • Cash for work programmes to generate income for families of PWDs (example: DRRA, Bangladesh);
   • Food security programmes, adapted to climate change (example: DRRA, Bangladesh);
   • Build examples of accessible clinics, houses, schools, toilets, water sources (example: NLR Nepal, Karuna Nepal);
   • Setting up and training of DPOs to lobby for disability cards and access to assistance (example: NLR Nepal);
   • Providing training to humanitarian and government agencies in disability inclusion (example: NLR Nepal);
   • Training of teachers in disability inclusion in education (example: Karuna Nepal).

All humanitarian agencies should use jointly prepared tools and standards. These have been widely accepted to improve the quality of humanitarian aid. Important examples include good humanitarian donorship, the core humanitarian standard and Sphere standards.

**Adhere to humanitarian standards:**

**Basic principles:**
   • Assistance should be people-centred and support local capacity;
   • Coordination and collaboration are important;
   • Assessments should form the basis for the work: priority needs, capacity of affected people, context;
   • Design and response should meet the assessed needs of the disaster-affected population in their context;
   • Performance, transparency, learning:
     - Performance is examined and communicated to stakeholders,
     - The project is adapted in response to performance;
   • Aid workers’ performance should include appropriate management, supervisory support, sufficient knowledge and skills, and the ability to plan and implement effective humanitarian response with respect.
ADCAP standards:
Specifically, for PWDs and elderly people, standards have been developed by Handicap International, CBM and Helpage, called the ADCAP standards. These are still in a pilot phase but seem to be very helpful. They are a practical, disability-inclusive elaboration of existing Sphere standards.
Case Study:
Sierra Leone – Information and education communication materials for ebola response

2014 was one of the most challenging years for the people of Sierra Leone since 2002, when the decade-long civil war ended. Ebola, an epidemic disease globally described as the largest, most fatal and widespread in recent history, struck without warning and engulfed the three Mano River Union nations of Guinea, Liberia and Sierra Leone - with a reported case fatality rate of about 70%. People who were sick at sunrise were dying at nightfall. People moved from one part of the country to another, thus spreading the disease.

One Family People (OFP) and partners involved PWDs as actors in the response. OFP facilitated the translation of Ebola factsheets into Braille and sign language. These materials were used during the outreach programs by the PWDs themselves. Some copies were also distributed to Disabled Persons Organizations and other stakeholders.

OFP and other POs empowered PWDs to use the media to talk about their issues and sang songs to sensitize the public about their situation and where people should go for help when signs of Ebola appeared. Messages included hygiene measures such as using soap and buckets to constantly wash their hands. Social media - WhatsApp, Facebook and mobile phone text messages also played a major role creating awareness about the deadly disease. The Great Walpoleans Musical Band, a music group of PWDs, were also supported to produce musical video and audio jingles which were aired on radio, TV and street screens on a daily basis, and distributed among PWDs, families and communities.

Children with disabilities and those living in homes with PWDs gained access to the radio education programme of the Ministry of Education through the provision of teaching and learning materials (radio, batteries, books, pens, blackboards, etc.) as solidarity kits.

The cooperation between OFP and other humanitarian organizations has created a better understanding of their plight as humanitarian organizations and a better appreciation of the difficulties PWDs go through during an emergency. For more information, see: www.lilianefonds.org
CBM published an article, including field examples, on the need for disability inclusion in humanitarian aid: www.cbm.org

Disability and Shelter: CBM published *Inclusive Post-Disaster Reconstruction: Building Back Safe and Accessible for All*. This includes 16 minimum requirements for building accessible shelters, with advice on how to reach an area, enter a structure, circulate within a structure, and use the structure and its facilities. www.cbm.org

IFRC, CBM and Handicap International published *All Under One Roof: Disability Inclusive Shelter and Settlement in Emergencies*. This is a guideline for IFRC on how to include disability in all phases of disaster management such as in VCAs, preparedness and early warning, shelter, and promoting participation and equal opportunities. www.cbm.org

Disability and health: WHO, in cooperation with CBM, HI, IFRC, UNICEF, UNISDR and IOM developed a guidance note on disability and emergency risk management for health. This guidance note is intended for health actors working in emergency situations. www.cbm.org

Humanitarian Standards: Handicap International, CBM and HelpAge described the minimum standards for age and disability in humanitarian relief efforts. They are closely linked to the Sphere standards and describe how to deal with disability and health, shelter, food security, water and sanitation. www.cbm.org

The Sphere project, a collaboration of most major humanitarian agencies, developed the Humanitarian Charter and Minimum Standards in Humanitarian Response. The latest version is from 2011. This handbook gives general guidelines as well as guidelines related to the major relief topics of shelter, water and sanitation, food and nutrition, and health. Inclusion of disability is frequently mentioned. The Sphere standards can be downloaded in many languages, including English, French and Spanish, at www.sphereproject.org

Good Humanitarian Donorship is an initiative of 17 donor agencies. They have developed principles for humanitarian aid. www.corehumanitarianstandard.org
corehumanitarianstandard.org

Training materials: www.redr.org.uk

www.disasterready.org These e-courses cover topics such as, for example, the sphere standards, ADCAP standards, disaster risk management.
8 References and key resource materials

Literature, relevant Handbooks and websites:

ADCAP: Minimum Standards for Age and Disability Inclusion in Humanitarian Action www.cbm.org


CBM: Global Facts and Figures on Disability, inclusion and development: www.cbm.org

CBM: various articles and guidelines on disability inclusion and DRR/DRM www.cbm.org


Disability inclusive Disaster Risk Reduction Network www.didrrn.net

Includes: Dhaka declaration 2015.

DCDD Expert meeting disability inclusive DRM in 2016. www.dcdd.nl

GNDR (Global Network for DRR): globalnetwork-dr.org


Handicap international (2005): Disability checklist for emergency response www.miusa.org

Light for the World: Humanitarian Aid, all inclusive www.light-for-the-world.org or www.light-for-the-world.org


UNISDR (2014) living with disability and disasters www.unisdr.org


World Humanitarian Summit 2016 consultations.worldhumanitariansummit.org

Audiovisuals/ existing guidelines and manuals:

Film: My Story, Kazol, disaster preparedness. CBM/ Bangladesh m.youtube.com

Film: Song of soil & soil. DRRA Bangladesh youtu.be
**Training options:**

Disaster ready organizes e-courses in for example the Sphere standards and ADCAP, disaster risk management. [www.disasterready.org](http://www.disasterready.org)

Light for the world, CDD and MDF organize disability inclusive training programmes in Asia and Africa. [www.mdf.nl](http://www.mdf.nl)  [www.mdf.nl](http://www.mdf.nl)

MDF also organizes DRR training in Asia: [www.mdf.nl](http://www.mdf.nl)

RedR provides training in disaster risk management issues in various regions, including in the ADCAP standards. They can provide training on request. [www.redr.org.uk](http://www.redr.org.uk)

**Organizations and advisors on CMDRR:**

IIRR Philippines, Kenya, Ethiopia, [www.iirr.org](http://www.iirr.org)
Rusty Binas, Philippines, [rusty.binas@yahoo.com](mailto:rusty.binas@yahoo.com)
Khilesh Chaturvedi India, [khilesh.india@gmail.com](mailto:khilesh.india@gmail.com)
Munish Kaushik, India, contact via linkedin
Ton Haverkort, Ethiopia, Cordaid contact via linkedin
Mohamed Dida Kenya, former Cordaid, contact via linkedin
Moges Bekele, Uganda, Cordaid, contact via linkedin
Concern universal, Bangladesh, [abdul.hamid@concern-universal.org](mailto:abdul.hamid@concern-universal.org)
African Centre for Disaster Risk management, Addis Ababa, Ethiopia, [www.aaau.edu.et](http://www.aaau.edu.et)
Asprode, pool of trainers. El Salvador, [www.asprode.org](http://www.asprode.org)
Annex 1  Link CBR and DRM interventions

CBR Matrix

Health

Promotion
- Promotion Early childhood Skills development
- Include PWDs in skills training after disaster. Climate-proof agriculture training.

Prevention
- Prevention Fast interventions can prevent disability. Hygiene measures (EBOLA).

Medical care
- Medical care Specific care available where needed.

Rehabilitation
- Rehabilitation (Re-)Start rehabilitation as soon as possible.

Assistive devices
- Assistive devices Repair and provision of devices.

Livelihood

Early childhood
- Early childhood Skills development
- Include PWDs in skills training after disaster. Climate-proof agriculture training.

Primary
- Primary Develop special evacuation plans with the PWDs. Evacuation training.

Secondary and higher
- Secondary and higher Develop special evacuation plans with the PWDs. Evacuation training.

Financial services
- Financial services Also available for PWDs.

Social

Skills development
- Skills development Include PWDs in skills training after disaster. Climate-proof agriculture training.

Self employment
- Self employment Credit to start up income generating activities.

Wage employment
- Wage employment Provide jobs to (family members) of children with disabilities after disaster.

Culture & Arts
- Culture & Arts Street theatre and songs for awareness.

Recreation, Leisure & Sports
- Recreation, Leisure & Sports Self-help groups Participation in DRR planning.

Lifelong learning
- Lifelong learning

Social protection
- Social protection Inclusion in general, but also specifically in case of an emergency and the aftermath.

Social protection
- Social protection Inclusion in general, but also specifically in case of an emergency and the aftermath.

Justice
- Justice

Empowerment

Personal assistance
- Personal assistance Arrange assistance in case of an emergency with PWDs and the community.

Advocacy and communication
- Advocacy and communication Inclusion of Disability in DRR plans.

Community mobilization
- Community mobilization Awareness of the situation of PWDs and what can be done.

Political participation
- Political participation

Lifelong learning
- Lifelong learning

Abuse
- Abuse

Advocacy and communication
- Advocacy and communication

Rehabilitation
- Rehabilitation

Social
- Social

Assistive devices
- Assistive devices

Lifelong learning
- Lifelong learning

Social protection
- Social protection

Justice
- Justice

Disabled people's organisations
- Disabled people's organisations Inventory of PWDs, their location and special needs.

Justice
- Justice

Disabled people's organisations
- Disabled people's organisations

Advocacy and communication
- Advocacy and communication

Rehabilitation
- Rehabilitation

Social
- Social

Assistive devices
- Assistive devices

Lifelong learning
- Lifelong learning

Social protection
- Social protection

Justice
- Justice

Disabled people's organisations
- Disabled people's organisations Inventory of PWDs, their location and special needs.
Annex 2  Example DRRA Monitoring and Evaluation Framework

Goal: All DRR intervention in Bangladesh will be disability-inclusive

<table>
<thead>
<tr>
<th>Outcome-1</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community institution/UDMC at 3 unions will have been implementing disability-inclusive contingency plans.</td>
<td>Number of unions where community institutions/UDMC is:</td>
</tr>
<tr>
<td></td>
<td>• Identifying the houses of PWDs in the community.</td>
</tr>
<tr>
<td></td>
<td>• Identifying volunteers who provide early warning, relief materials at the doorsteps of PWDs.</td>
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<tr>
<td></td>
<td>• Conducting mock drills for evacuation for PWDs.</td>
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<tr>
<td></td>
<td>• Providing necessary facilities and materials specifically for PWDs in the evacuation/ rescue shelter.</td>
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<tr>
<td></td>
<td>• Actively involving PWDs in all the above processes.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Time line</th>
<th>Activity</th>
<th>Output</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 2</td>
<td>Organize 3 training for DPOs, Local govt. team, DRM/CPP members on inclusive Disaster Risk Management.</td>
<td>DPOs, Local govt. team, DRM/CPP members will be playing role in the Hazard, Vulnerability &amp; Capacity Assessment (HVCA) and disability-inclusive disaster contingency plan preparation and implementation.</td>
<td>• Number of unions where DPOs, Local govt. team, DRM/CPP members are physically present and making contribution in the HVCA and disability-inclusive disaster contingency plan preparation and implementation.</td>
</tr>
<tr>
<td>Month 2</td>
<td>Organize 3 orientations on school based disaster Risk management (SBDRM) with prioritizing children with disabilities issues. RM/CPP members taking part.</td>
<td>SBDRM members will be role-playing in the HVCA and disability-inclusive disaster contingency plan preparation and implementation.</td>
<td>• Number of unions where SBDRM members are physically present and making contributions in the HVCA and disability-inclusive disaster contingency plan preparation and implementation.</td>
</tr>
<tr>
<td>Month 3-4</td>
<td>Facilitate HVCA in 3 unions - Group level/PRA.</td>
<td>Community, particularly PWDs in 3 unions will conduct HVCA including the focus on needs of PWDs.</td>
<td>Number of unions where community including PWDs conduct HVCA including:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Livelihood/rescue/relief and rehabilitation requirements of 3 unions particularly PWDs will have been known.</td>
<td>• Clear identification of houses of PWDs.</td>
</tr>
<tr>
<td>Month 3-4</td>
<td>Community, family resource and vulnerability mapping; Individual family level in 3 unions.</td>
<td></td>
<td>• Understanding specific needs of PWDs at the time of hazards.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Roles that PWDs can play at the time of hazards.</td>
</tr>
<tr>
<td>Month 4-6</td>
<td>Facilitate 3 Inclusive Community-based Contingency Plans for 3 Unions of 3 Upazilas.</td>
<td>Community, particularly PWDs in 3 unions will prepare Inclusive Community-based Contingency Plans.</td>
<td>Number of unions where disability-inclusive Contingency Plans are prepared including:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Role of PWDs at the time of hazards.</td>
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<td></td>
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<td></td>
<td>• Plan for reaching out to houses of PWDs with early warning and relief.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Rescue and evacuation plan specially for PWDs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Plans for equipping the evacuation and rescue shelter with necessary facilities and materials specifically for PWDs.</td>
</tr>
<tr>
<td>Month 7-15</td>
<td>Facilitate the implementation of 3 Inclusive Community-based Contingency Plans at 3 Unions of 3 Upazilas.</td>
<td>Community, particularly PWDs in 3 unions will implement Inclusive Community-based Contingency Plans.</td>
<td>Number of unions where actions have been initiated as per the Contingency Plan.</td>
</tr>
<tr>
<td>Month 6, 12, 15</td>
<td>Organize six monthly Public hearing on DRR issues at UP.</td>
<td>Community issues on the implementation of the project and the contingency plan are known and resolved in 3 unions.</td>
<td>• Number of unions where public hearing organized.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Number of issues raised/discussed by the community.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Number of issues resolved.</td>
</tr>
</tbody>
</table>
**Goal: All DRR intervention in Bangladesh will be disability-inclusive**

<table>
<thead>
<tr>
<th>Union level: learning, sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome-2</strong></td>
</tr>
<tr>
<td>At least 70% of various stakeholders (3 UDMC, 3 DPOs/SHGs, 3 NGOs/POs) will have initiated actions for disability-inclusion in their DRR and development activities, based on learning from 3 working unions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• % of stakeholders who adopt practices from the 3 unions in their activities.</td>
</tr>
<tr>
<td>• Types of practices that are adopted.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time line</th>
<th>Activity</th>
<th>Output</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 7-8</td>
<td>Organized 1 workshop with 3 UDMC, 3 DPOs/SHGs, 3 NGOs/POs for sensitizing and capacity building issues on Disability-inclusive DRR.</td>
<td>3 UDMC, 3 DPOs/SHGs, 3 NGOs/POs will prepare plan/points of actions in 3 unions based on their commitment.</td>
<td>Number of UDMC, DPOs/SHGs, NGOs/POs who prepare plan/points of actions for including disabilities in the disaster management actions.</td>
</tr>
<tr>
<td>Month 8-9</td>
<td>Make a partnership with 3 DPOs/SHGs/UDMC working in 3 proposed areas for implementation of the disability-inclusive disaster management.</td>
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<td>Month 9-15</td>
<td>Regular follow-up with 3 UDMC, 3 DPOs/SHGs, 3 NGOs/POs on Inclusive DRM.</td>
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</tbody>
</table>
### National level: policy influencing

**Outcome-3**
DDM/policy makers and other international/National Agencies express their commitment to include disability in DRR.

**Indicators**
Number of DDM/policy makers and other international/National Agencies who make a commitment on any specific issue related to disability inclusion such as:
- Making PWDs an integral part of HVCA, disaster management committees and task forces.
- Making the rescue shelters accessible (appropriate accommodation) for persons with disabilities.

<table>
<thead>
<tr>
<th>Time line</th>
<th>Activity</th>
<th>Output</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 2-15</td>
<td>Attend all Govt., NNGOs, INGOs and networks programmes for disability inclusion (implementing Dhaka declaration).</td>
<td>Relationship and collaboration opportunities will be created.</td>
<td>• Number of invitation received from other agencies.</td>
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<td>• Number of meetings attended.</td>
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<tr>
<td>Month 7-8</td>
<td>Assessment/stock taking of the current resources and materials with NGOs, INGOs, Govt. from the perspective of inclusive DRR.</td>
<td>Available resources, materials and gaps will be known.</td>
<td>Availability of report with clear data on resources, materials and gaps.</td>
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<tr>
<td>Month 10</td>
<td>Conduct 1 meeting/workshop with DDM/policy makers/NGOs/INGOs to share our work and focus on review of the existing policy and incorporate Disability issues in DM Plan.</td>
<td>DDM/policy makers/NGOs/INGOs, LGED, Health, YDD/education acknowledge the disability inclusion good practices.</td>
<td>• Number of representatives from DDM/policy makers/NGOs/INGOs, LGED, Health, YDD/education etc attending the meeting.</td>
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<td></td>
<td>• Number of representatives who comment positively on disability-inclusive DRR.</td>
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<tr>
<td>Month 10</td>
<td>Organize an IEC exhibition with Networks/Associations working for DRR involving print media on the sidelines of the meeting/workshop.</td>
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<tr>
<td>Month 10-11</td>
<td>Conduct 2 meetings/workshops with other relevant departments of government such as LGED, Health, YDD/education, on Disability IDRMI.</td>
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<tr>
<td>Month 11-15</td>
<td>Ongoing follow-up with govt. NGOs, INGOs and Networks on issues discussed in the meeting/workshop for Disability-inclusive DRR.</td>
<td>DDM/policy makers/NGOs/INGOs, LGED, Health, YDD/education will share their plans/points of action for including disabilities.</td>
<td>Same as outcome indicators.</td>
</tr>
</tbody>
</table>

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**Goal: All DRR intervention in Bangladesh will be disability-inclusive**
Colophon

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