



# Disability Inclusive Disaster Risk Reduction (DIDRR)

Critical Insights and Good Practices from the Field

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SHAUN GRECH

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## Acknowledgements

Gratitude goes to all the participants from the 5 countries who generously gave their time and offered their wealth of knowledge and experience.

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**Title page:** CBM Project Officer assessing the impact of Cyclone Idai, Manicaland Province of eastern Zimbabwe. Photo: CBM

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## Executive summary

People with disabilities are disproportionately marginalized in disaster risk reduction (DRR) and disaster risk management (DRM). They are often left out of initiatives seeking to plan, prepare, respond and recover from disasters. They confront innumerable barriers, from inaccessible early warning systems, evacuation routes and shelters to unresponsive governments and attitudinal problems, all of which aggravate their exclusion at all levels. They are also more vulnerable to disasters because of their poverty, inequality, where they live, their fragile livelihoods, and the lack of protection alongside the injustices they are exposed to.

DIDRR has grown in importance over the past years as a possible way of addressing this situation, to ensure that DRR programmes are inclusive, prepared and responsive. In parallel, organisations such as CBM have started to infuse DIDRR in initiatives such as Community Based Inclusive Development (CBID), ensuring it is a cross-cutting and priority area. However, research on DIDRR is still lacking, and so are documentations from the field, including reflections on what may work within context. We know little about the effects and impacts of DIDRR initiatives in truth, because evaluations are scarce, and because longitudinal research is still unavailable.

This study responds to some of these concerns. Reporting on interviews held with 5 CBM at-risk country offices and partners (Haiti, Niger, Zimbabwe, Philippines and Bangladesh) and a

review of literature, it presents a set of critical reflections alongside good practices documented by those on the ground. It illustrates how key factors and processes need to be in place to facilitate good practices. These include: availability of data; contextual knowledge; alertness to the heterogeneity of disability; prioritising of the voices and strategies of people with disabilities and their organisations; inclusive targeting; and alertness to ecosystems such as global pandemics that tilt the balance of plans.

Good practices discussed by participants traverse a range of areas, including: the need to generate good, useable disaggregated data that can be effectively used for lobbying and programming; strengthening OPDs; the need for informed advocacy; training on DIDRR at all levels; infusing universal access principles across the board; changing attitudes about disability; inclusive early warning systems; and effective and comprehensive mapping among others. Resilience, in particular, was discussed at length, notably the strengthening of livelihoods to weather stresses and shocks, alongside a consistent need for flexibility in planning and response in crises.

The report rounds off with a number of brief conclusions, calling for more research, including evaluations to look at effectiveness and impact, together with strategies for ensuring political commitment to and resources for DIDRR.

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## Key Terms

**Disaster:** is understood in this report as a critical disruption in the functioning of systems and communities, involving widespread human, material, economic or environmental losses and impacts, and which is more than the community can handle to cope using its own resources, and hence requires assistance (Liliane Fonds, 2016).

**Disaster Risk:** is defined as ‘the potential loss of life, injury or destroyed or damaged assets’ within a specific locale and time period (UNISDR, 2017 cited in Peters and Peters, 2018).

**Disaster Risk reduction (DRR):** ‘the implementation of strategies and practices to reduce the occurrence of hazards, decrease the exposure and vulnerability of people and their assets, and strengthen the capacity of people to cope with their impact’ (CBM, n.d.)

**Disaster Risk Management (DRM):** seeks to ‘address vulnerability in order to reduce risk and therefore needs to consider the full range of vulnerability drivers...’ (GFDRR, 2018:1)

**Disability Inclusive Disaster Risk Reduction (DIDRR):** the process of reducing barriers and strengthening enabling actions (enablers) to ensure meaningful engagement of people with disabilities in community-based disaster risk reduction (CBDRR) programmes, making them more visible and prioritised in disaster mitigation, preparedness, response and recovery initiatives and to ensure all these levels are inclusive of people with disabilities (CBM, 2020a:7; HI, 2015a).



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## Abbreviations

<b>CBID</b>	Community Based Inclusive Development
<b>CBIDRR</b>	Community-Based Inclusive Disaster Risk Reduction
<b>CRPD</b>	United Nations Convention on the Rights of People with disabilities
<b>DIDRR</b>	Disability Inclusive Disaster Risk Reduction
<b>DRR</b>	Disaster Risk Reduction
<b>DRRM</b>	Disaster Risk Reduction Management
<b>GFDRR</b>	Global Facility for Disaster Reduction and Recovery
<b>HI</b>	Humanity and Inclusion (previously Handicap International)
<b>IFRC</b>	International Federation of the Red Cross and Red Crescent Societies
<b>OPD</b>	Organisation of Persons with Disabilities
<b>SRC</b>	Swiss Red Cross
<b>SFDDR</b>	Sendai Framework for Disaster Risk Reduction
<b>UNDRR</b>	United Nations Office for Disaster Risk Reduction
<b>UNESCAP</b>	United Nations Economic and Social Commission for Asia and the Pacific
<b>UNISDR</b>	United Nations Office for Disaster Risk Reduction
<b>WDMC</b>	Ward Disaster Management Committee
<b>WHO</b>	World Health Organization

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## 1. Introduction

Around 15% of the global population are people with disabilities, and over 80% of these reside in the world's poorest countries (WHO and World Bank, 2011). The numbers are constantly growing on account of ageing, chronic disease, wars and conflict, forced migration, climate change and natural disasters, and increasing poverty and inequality among others. It is estimated that around 87% of people living in extreme poverty, are located in environmentally fragile and/or vulnerable contexts, meaning that disasters often impact those

who already struggling (Development Initiatives, 2021).

Disasters, largely climate-related, are constantly rising too, and constitute some 83% of all disasters (up from 76% during the 2000s) (IFRC, 2020). The UNDRR (2020) report estimated that over the last 20 years, some 510,837 people have perished, and some 3.9 billion people have been affected by a staggering 6,681 climate-related disasters, the bulk in Asia, followed by the Americas and Africa.

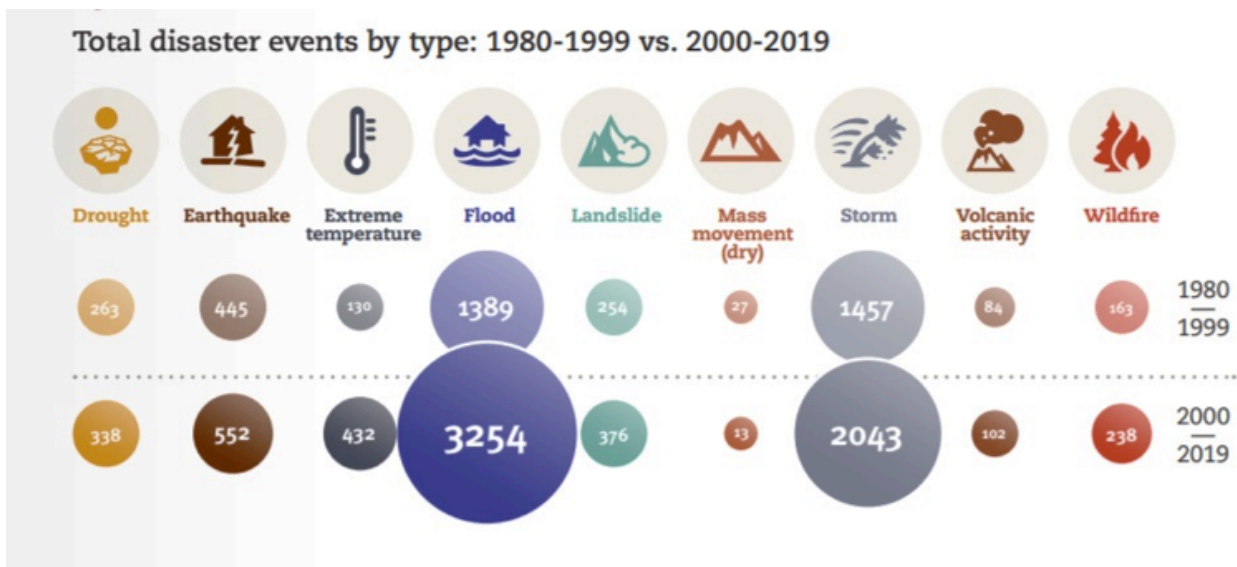


Figure 1: Total disaster events by type spanning 40 years. Source: UNDRR (2020)

Disasters also include those resulting from human-caused hazards, such as wars and conflict and forced displacement, environmental degradation, pollution, and industrial accidents to name but a few. These become powerful forces in an age of uncontrolled neoliberal capitalism, short-sighted politics, and fragile economies and livelihoods, all rocked too easily, as the COVID-19 pandemic has demonstrated.

Overall, disasters (human and climate related), have impacted close to 60 million people in more than

100 countries in the last 5 years alone (Mizutori, 2018). This is no time to stay still.

Disasters affect lives to the core. They are a source of mortality, they fragment and/or destroy livelihoods, lead to dramatic economic strain and loss of capital, intensify poverty, and displace people. Importantly, they disrupt lives and affect mental health, especially of those who are unprepared and/or ill-equipped to weather stresses and shocks.



## 1.1 Why disability matters in disasters

Disability is more than a mere addition to the disaster narrative, and indeed should be a priority. First of all, disasters are a major source of injuries as well as impairments. It is estimated that the Haiti earthquake in 2010 alone left around 200,000 people with long-term disabilities as a result of injuries (UN, n.d.). Secondly, people with disabilities are at greater risk of injury and even death, they encounter barriers in receiving timely and accessible warning signs, and struggle during evacuation (because of inaccessible routes and shelters, or because these turn them away- and which can also lead to family separation) (UNISDR, 2014; GFDRR, 2018). They also battle with finding timely and accessible health care, medication and adequate food, during and after evacuation, and impairments worsen because they may lose their medication and even assistive devices (Twigg et al., 2011, 2018).

Overall, these are the people who are more likely to be ignored in evacuation and relief, and this exclusion goes all the way up to policy negligence and exclusions in DRR and DRM. More specifically, they are often invisible, especially those with sensory and intellectual disabilities and with mental health problems, with the implication that relief workers tasked with providing evacuation and relief services fail to support them because they lack knowledge and capacity as to how to address their needs. This is because DRR plans may not even include persons with disability; and because systems are often unprepared on the ground, lack capacity or even will and commitment to include them as legitimate participants in disaster mitigation, preparedness, response and recovery. Perhaps, it may reflect the ableism (see Campbell, 2009) inherent in such sectors, including humanitarian action, the focus on normative non-disabled bodies, and that perpetually relegate disability to charity, medicalization, to the margins of ... the fully human.

But even more basically, their resilience is impacted by multiple vulnerability drivers: poverty, inequality, fragmented livelihoods, inequitable access to

education, health care and medication, lack of social protection, inadequate infrastructure and fragile housing, overpopulation, social exclusion and discrimination (see Grech, 2015, 2019; GFDRR, 2018; Mitra, 2017; Stough and Lang, 2015; UNISDR, 2015).

People with disabilities are therefore more likely to be injured or to perish in disasters. They also struggle to reconstruct their lives, as recovery efforts too, are often unprepared or insufficiently resourced to support (Phibbs et al., 2015). Overall, disasters are a force to grapple with not only because they destroy assets and lives, but also because they halt and even reverse development and other gains made to date (Peters and Pinchon, 2017).

### 1.1.1 Policy developments

Over the past decade or so, more policy attention has been devoted to people with disabilities in relation to disasters. The most notable is perhaps the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which came into force in 2018 and which to date has been signed and ratified by 182 countries<sup>1</sup>. Article 11 of the CRPD requires States to take 'all necessary measures to ensure the protection and safety of people with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters'. In Article 4.1, it also calls on States to 'undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all people with disabilities without discrimination of any kind on the basis of disability'<sup>2</sup>.

Another initiative of note has been the Sendai Framework for Disaster Risk Reduction 2015-2030 (UNISDR, 2015). Adopted by UN member states, the framework includes seven targets and four priority areas which together are aimed at substantial reduction of disaster risk and losses from natural and man-made disasters, while pushing for more concerted efforts at the management of disaster

<sup>1</sup> See <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

<sup>2</sup> The limitations in doing this for some States is taken into consideration in Article 32, which calls for international cooperation to address capacity gaps in responding to situations of risk and humanitarian crises.

risks. The Sendai Framework is significant in that it is one of the first that considers people with disabilities and firmly establishes that they and their own organisations should be included in DRR in all stages from design through to implementation. The Sustainable Development Goals (SDGs) guiding development priorities, are also relevant, not only because they include a disability component (even if not mentioned in the goals), but specifically because DRR cuts across 10 of the goals. The 2016 World Humanitarian Summit was also a notable point, where a Charter on Inclusion of People with disabilities in Humanitarian Action was endorsed, with the set objective of reaffirming ‘determination to make humanitarian action inclusive of people with disabilities and to take all steps to meet their essential needs and promote the protection, safety and respect for the dignity of people with disabilities in situations of risk, including armed conflict, humanitarian emergencies and the occurrence of natural disasters’<sup>3</sup>.

These initiatives have been accompanied by shifts in the disability sector itself, which have propelled movements towards the notion and practice of Disability Inclusive Disaster Risk Reduction (DIDRR). Indeed, many disability-focused INGOs such as HI and CBM have some or other focus on DIDRR in their work, becoming a stronger priority over the years. Many organisations have published toolkits or guidelines on inclusive approaches (see for example HI, 2015a; ActionAid Myanmar, 2015; Liliane Fonds, 2016; CBM, 2018). Indeed, within CBM we have seen a growing and progressive connection between CBID and DIDRR. More specifically, CBM is taking active action so that its CBID work in disaster-prone areas incorporates a DIDRR component in pre, post-emergency and long-term recovery work, recognising the critical role of DRR in community development in environments vulnerable to climate change, natural disasters and conflict-related emergencies. Disaster resilient communities is in fact one of the strategic priorities in the 5-year CBID initiative plan (2020-2024), the objective of

which is the incorporation of DIDRR into CBID<sup>4</sup>. In turn, over the past years we have seen a movement whereby DIDRR is increasingly adopting CBID as a mindset, strategy and approach whereby people with disabilities and OPDs are responsible for their own development on their own terms. CBM is also guided by a recently developed Disability Inclusive Disaster Risk Reduction (DIDRR) Framework (CBM, 2020a), further cementing this field within its priorities and operations<sup>5</sup>. Concurrently, an active approach is encouraged in supporting inclusion as a core theme in DRR to ensure that CBID contributes to sustainable, inclusive and resilient communities that can withstand disasters.

## 1.2 This report: rationale and objectives

Despite the positive changes highlighted above, though, it is no secret that the situation remains grim. While multiple context-friendly toolkits (from national to global levels) have been published, and are a positive way forward, empirical research on the effects of disasters on people with disabilities remain sparse (Ton et al., 2020). Overall, there is lack of data and information on people with disabilities, before, during and after disasters, information that can be used for advocacy and practice. Critical evaluations looking at DRR policies and practices and longitudinal research are virtually absent, including what these translate to for households and communities (Webb, 2020). It is also no secret, as highlighted earlier, that people with disabilities continue to confront multiple barriers in DRR. A global consultation by HI (2015) highlighted how 92% of people with disabilities are not adequately accounted for in humanitarian response, while the study by the UNISDR (2014) found that 72.9 % of respondents with disabilities said that they did not have a personal preparedness plan in the event of a disaster. Disability may be included in a long line of so-called ‘vulnerable’ populations, but without a corresponding knowledge base and strategy to address it in practice. In other circumstances,

<sup>3</sup> See <http://humanitariandisabilitycharter.org/>

<sup>4</sup> Regular CBID work is a grounded approach that engages and promotes the voices of people with disabilities at a community level, to challenge barriers experienced by them, their families and communities in practical ways and to have a greater say in decision making while building resilience.

<sup>5</sup> It now supplements this framework through a 3-dimensional approach focusing on: mainstreaming DIDRR across CBM’s portfolio; designing programmes that mainly focus on DIDRR; and knowledge development for DIDRR.

there may be technical guidance on the inclusion of disability, but without tackling ‘larger questions around prioritisation, needs and vulnerability, hampering the translation of guidance into action’ (Barbelet and Wake, 2020:8). Overall, while initiatives such as the CRPD and the SFDRR have motivated action, this is far from enough, and the gaps remain far and wide (see Mizutori, 2020).

This study responds to some of these concerns. Reporting on research conducted with representatives from five CBM countries considered at risk (Haiti, Niger, Zimbabwe, Philippines, and Bangladesh), this study seeks to contribute to the evidence base on DIDRR by learning from those engaged on the ground, in particular their

reflections on what constitute good practices, alongside ideas on what can work on the ground within their specific contexts, and also what the main concerns are. The objective is learning and knowledge that can then be built on among those working in the disability and DRR sectors, and to hopefully bring these closer together. In this respect, it forms part of CBM’s DIDRR Framework and its priority of generating knowledge. We also hope to showcase some of the wonderful work being done in contexts characterised by tough and dynamic obstacles. To emphasise, these are partial reflections from specific and very heterogenous contexts and people, and are not meant as guidelines or rigid practices.

## 2. Methodology

This study adopted mixed methods grounded in a qualitative approach, guided by the will to prioritise, learn from and articulate the perceptions and priorities of participants. In line with the WHO (2017), a set of fluid criteria were used to conceptualize what ‘good practices’ might mean, including (not exclusively): effectiveness; efficiency; relevance; ethical soundness; sustainability; involvement of partners and the community; and political commitment of government authorities at local, regional and national levels. In particular, for us, good practices were those deemed as such by those actively engaged on the ground. The key focus was an exploration of good practices at three levels prioritised by participants themselves:

- *Macro and Meso levels:* National, regional and local policy and government; national and international organisations (NGOs, INGOs etc.). The macro/meso are fused together, because participants often traversed both levels at the same time.
- *Micro level:* Individuals, Families and Communities

We also sought to understand the contextual dimensions, factors and processes influencing these.

The macro/meso and micro frame analysis was a useful way of looking at the transition of policy from government through to programme levels, while exploring interactions between all levels. These levels are therefore not treated as separate in this report.

The data collection involved a combination of interviews and literature reviews. An in-depth review was conducted including of published articles, grey literature and documents pertinent to DRR, CBID and DIDRR, alongside photo narratives that were sent by country offices themselves. The second phase involved semi-structured interviews conducted online on account of COVID travel restrictions. Five CBM country office representatives and partners from Haiti, Niger, Zimbabwe, Bangladesh and the Philippines were interviewed, and their perspectives form the core upon which this report is based. These countries were selected on account of their involvement to varying degrees in DIDRR initiatives.

A further five key informants were consulted, including global and regional advisors from CBM, to build up context and information. Interviews were conducted online and recorded with permission of the participants.

A variation of content analysis was used to manage and analyse textual data. Thematic analysis (Braun and Clarke, 2006) was employed on interviews in

the bid to find common patterns in the data, and which form the core of this report.

### 3. Key findings

The following sections present a number of ‘good practices’ documented by participants. It is important to note that all five contexts are very different from each other and confront different situations and environments as well as risks and hazards. They are also engaged in different phases of DIDRR to different degrees, with the implication that it is hard to generalise or come up with patterns.

The following good practices should therefore be read with flexibility in mind. They are not prescriptive or one size fits all, and while they may work in some areas, they may not in others. For ease of reading, they are separated into macro/ meso; and micro levels.

As will become clear, these good practices as well as these micro, meso and macro levels are not separated or sequential or exclusive, but are instead interconnected, and most depend on each other. They will be interspersed with vignettes of such good practices in action.

Participants highlighted multiple good practices, but it is imperative to first discuss the key contextual and other factors that need to be in place to allow for such good practices in the first place. The following section (3.1) lays out these fluid ‘conditions’ discussed by participants.

#### 3.1 Laying the ground: framing good practices

Good practices are framed and constructed within a broader conceptual, personal, social, economic, political and cultural context, and this context is complex, heterogeneous and dynamic. This approach is a good practice in itself. A number of these factors are laid out in the sub-sections below.

##### 3.1.1 Framing 1: Understanding the context: from diversity to complexity

The first point, perhaps is the most obvious. Understanding the context is the key starting point, because this varies, is heterogeneous and impossible to simplify and generalise. Numerous factors contribute to this diversity:

- Types of disasters: Zimbabwe for example is more prone to slow-onset disasters such as drought, which is different from flood and cyclone-prone Philippines, and which require different strategies and responses.
- Frequency of disasters and history of response: The longer the experience that is harnessed, the stronger the learning and possibility of responsive structures and processes in place.
- Geographical location and hence exposure to risks and hazards
- Levels of vulnerability
- Types of livelihoods, their resilience and sustainability
- Living conditions and location, including remoteness (these contribute to vulnerability to disasters as well as access)
- Levels of poverty: these affect levels and type of vulnerability as well as resources to prepare for and to recover from stresses and shocks.
- Distance from key services (e.g. health care), organisations (e.g. NGOs and INGOs) and facilities (e.g. evacuation shelters) and how accessible they are (physically, culturally, economically etc.)



- Different cultures, customs and beliefs (ideological and/or religious) including about disability.
- Different levels of literacy and education: impacting how information is processed.
- Level of development of national, regional, and local policies (specific and not specific to DRR and disability)
- Government investment in DRR measures, commitment, budget, and sustainability of these
- Presence of conflict and displacement, which affect if and how DRR activities and responses can be implemented in a dynamic and possibly volatile setting
- Stakeholders, governmental and non-governmental, engagement in DRR, where, and by whom they are managed.
- the multiple stakeholders engaged, and where powerful ones are
- Dominant forms of communication in a community- these determine how DIDRR work can be done: for example, the poorest of the poor who may not own a phone, or cannot afford to buy regular mobile credit.
- what exists in an area or not, and whether it is possible to invest in and strengthen what is already in place, or whether new systems and support mechanisms need to be set up.
- resilience and the ability to withstand the effects of disasters: example information on livelihoods, how diversified and resistant they are in weathering stresses and shocks<sup>7</sup>.

Any discussion on good practices, therefore, cannot but start with a critical and grounded understanding of different contexts, what they imply in the way of vulnerability, barriers, and also opportunity areas. Overall, understanding context, means understanding the root causes of problems and processes of exclusion (HI, 2015a), as well as spaces where these can be challenged. Context, in turn, calls for information on multiple areas. These include:

- rural livelihoods and agriculture, different risks and disasters
- local cultures, customs and beliefs
- political systems and how these react to risks
- how different measures and combinations of DIDRR and CBID can be combined<sup>6</sup>
- Different types of disabilities: for example, those with intellectual disabilities, people who are deaf or those with visual impairments, confront a different set of barriers and also demands. Even people with similar disabilities can experience different sets of obstacles.
- Age: children and older adults with disabilities are often more vulnerable, may encounter

Context ultimately determines what is possible, if at all, what is realistic or not, and what resources are at hand. But contexts themselves change, with the implication that this process of understanding context, too, must be continuous and dynamic (see Grech, 2015).

### 3.1.2 *The heterogeneity of disability*

People with disabilities are not a homogeneous group and experience disability as well as disasters differently (see Twigg et al., 2018; Grech, 2015). Discussions with participants highlighted various interacting dimensions:

<sup>6</sup> For example, in contexts where people with disabilities are exposed to negative attitudes and stigma, DIDRR work must also include efforts targeted at changing attitudes, and hence include an element of education as well as cultural change, a process ideally led by OPDs (see below).

<sup>7</sup> A stress is defined as ‘a rapid onset disaster like an earthquake, storm, tsunami or landslide) and which can undo development progress and set back development by a number of years. A ‘stress’ incident (i.e. a slow onset disaster like drought, sea level rise, and salinity intrusion into groundwater stocks) may also cause long-term socio-economic harm this draining limited resources, ultimately affecting future plans (IGES, 2016 cited in CBM, 2020a:6)

barriers in evacuation, and also require a set of support mechanisms in recovery

- Gender: women with disabilities may encounter a distinct set of barriers on the basis of their disability and their gender (Emmett and Alant, 2007), including problems in evacuation, accessing health care in disaster response and so on. They are also those, who because of gendered cultural dimensions and responsibilities may be excluded from training on early warning systems, or are not reached during mapping (see below). But women, as participants documented, are also a critical force, they are invaluable sources of information and support to others, and hold households together, and these strengths need to be factored in and strengthened. As one participant noted, ‘women make it all possible, so invest in them’. It is also important to remember that the bulk of caregivers with people with disabilities are in fact women (Ryan and Runswick-Cole, 2007) and who may themselves encounter barriers to rapid evacuation and accessing other disaster response and relief services.
- Different needs for assistive devices: this has serious implications in planning (e.g. of evacuation and shelters) as well as budget and resources to make sure they are available (see below).
- Health care and medication requirements: mapping these and ensuring that response mechanisms provide immediate access become critical concerns
- Different levels of wealth and savings: these impact how vulnerable and exposed people are, and also their ability to recover (bounce back) from a disaster.
- Presence of supporting family or accompanying members: the absence of these, requires ensuring that people are mapped and a plan for warning and rapid evacuation are in place
- Number of young dependents: children may slow down the process of evacuation, but

also impose other demands on parents with disabilities at response as well as recovery phase, for example the need to access food, and at recovery, to ensure that schooling can be resumed as early as possible.

- Geographical location and distance from main thoroughfares, including shelters, and hence different levels of vulnerability as well as resilience (see above)
- Different legal status (immigration)

Understanding and addressing the heterogeneity of people with disabilities is a must because it highlights different levels of vulnerability as well as capacities, from anticipating, through to coping with, and recovering from disasters (Wisner et al., 2004 cited in Bennett, 2020). Importantly, it reemphasises that there is no one size fits all approach or ‘good practices’ to DRR or DIDRR (GFDRR, 2018).

### 3.1.2.1 Intersectionality

The dimensions above, may and often do interact, highlighting the need for an intersectional approach (see Crenshaw, 1989), alert to multiple and complex dimensions of exclusion, discrimination and oppression and their various interactions over space and time. The power of intersectional dimensions, that is how gender, age, sexual orientation, race and ethnicity, and legal status (e.g. in the case of refugees) among others interact, cannot be underestimated. These affect the types and combinations of barriers people face, their vulnerability, the mixture of support they need, and the time and resources that are required to provide these. Importantly, intersectionality highlights who may be neglected in DRR and to make provisions for these.

The dynamic nature of disasters as well as the circumstances people face is also critical, for example when it comes to refugees with disabilities. These confront a different set of demands within forced migration contexts, including dramatic lack of access to services, as well as residing in highly vulnerable spaces (Grech, 2019). As one participant in particular expressed, DIDRR needs to urgently

familiarise itself with the situations of people on the move, the barriers they face, and the added protection they may need, including rights to claiming asylum and where to seek legal support. DIDRR therefore needs to be flexible, changing and dynamic too.

### *3.1.3 Framing 2: Owning the process: the voices and priorities of people with disabilities*

In all good practices, people with disabilities and their organisations need to own the process right from the start, so that anything that is planned, designed and later executed accommodates their specific needs and demands. People with disabilities are ultimately the key experts in their own lives. As one participant stated, the first step is ‘to go and speak to people with disabilities, because they know what is best’. The firm positioning of people with disabilities in all aspects of DRR and DRM is not new, and cannot be emphasised enough (see also UNISDR, 2014; CBM and DIDRR, 2013).

The country office in Niger stressed how reducing the vulnerability of those who are most at risk starts off by integrating them into all DRR and DRM discussions, policies and practices, and recognising them as essential partners in the design, implementation and monitoring of policies such as the National Disaster Risk Reduction Strategy. In turn, this requires a strengthening of OPDs to contribute to all these processes and to ensure compliance, including with the UNCRPD and other frameworks as well as national legislation.

Overall, this requires a shift towards a genuinely bottom-up, ground-driven approach to DIDRR, and where people with disabilities are leading the whole process. This, as will be demonstrated below, requires not only a shift in attitudes and an openness to listening and learning, but also adequate structures and platforms for people with disabilities to meet and join others, discuss, advocate and act. But, and even more basically, it requires a shift away from a deficit view of disability, towards a valuation of agency and strengths, and this is the pillar of any good practice (see Ton et al., 2021). To quote one participant: ‘tokenism doesn’t work’.

The critical point here, is that persons with disabilities taking over the process are not acts of charity, but instead a question of rights. As one participant stressed, ‘the only important aspects are rights to access health, water, education and everything else, and are the foundations of what should be good practice. It is a mindset to be inclusive’. This includes the right to be included in DRR. However, and to complement this, there is a need to build the capacity of people with disabilities on DRR and DRM through technical knowledge and tools so that they can effectively weigh in on the decision-making processes of DRR and DRM initiatives.

### 3.1.4 Framing 3: Twin-tracking: no one strategy or direction will do

The need to look at mainstreaming and targeting is often addressed not only in development issues, but also in literature on DIDRR as one of the most effective approaches (see HI, 2015a; Liliane Fonds, 2016; Center for Disaster Preparedness, 2017). Indeed, while mainstreaming of disability is core, it is undeniable that some aspects will require disability-specific interventions, and hence targeting. This includes for example the need to ensure that specialised health care and rehabilitation are in place. The ultimate objective here is inclusive DRR, that is ‘to reduce the vulnerabilities of the most excluded ones and to increase their capacities to reduce risks’ (HI, 2015a:2). A twin-track approach means:

- Working with the DRR sector and stakeholders, including humanitarian organisations and government to include disability
- Working with disability specific organisations to include and address disasters and DRR

However, a twin-tracking approach, participants suggested, is also one of changing mind sets, that:

- No one measure, policy, practice or organisation will do on its own
- Collaboration is key
- Cultivating relationships and building alliances across sectors need to be prioritised (for example those working on gender, health, forced migration, or environmental issues)
- Lobbying is instrumental at all levels, as are supportive insiders and outsiders to help push the agenda for inclusion
- There is a need to constantly track, learn from, and also train partners
- Mutual learning cuts across sectors, fields and disciplines and there is learning to be found everywhere.
- Disability needs to be adequately represented in all spaces, beyond disability-specific platforms

### 3.1.5 Framing 4: Stakeholder synergy: map and work

As will become evident later in the report, synergy is required because there are multiple stakeholders involved in DIDRR traversing the macro, meso and micro levels, and who need to be brought on board in all phases of DRR (Liliane Fonds, 2016). These include (and vary across countries):

- National policy makers
- Ministries or other bodies dedicated to DRR or associated themes
- Other government departments not specifically involved in DRR, but which condition all phases e.g. health (access in response) and rehabilitation (recovery) and infrastructure (evacuation).
- Regional government representatives and/or departments
- Donors and development partners
- International organisations, including head offices and field offices
- NGOs
- OPDs and local associations
- Disability federations or umbrella organisations
- Consortia, including those focused on DRR, DRM or disability
- Local government, municipal authorities, and the various branches or individuals (e.g. mayors)
- Village and community leaders
- Community members
- Families
- Faith-based organisations and places of worship



It is important to open paths of communication, to foster alliances, and even more critically, to ensure a cohesive plan, so that all relevant stakeholders are on board, and know what to do, how and when, and that resources are in place. The objective is not to merely include, but to infuse disability as a transversal and cross-cutting theme in all programmes (see also CBM and DIDRR, 2013 for more on this). What is required, then, is ‘realized membership and partnership’ (Bennett, 2020: 159).

Synergy is critical in ensuring that efforts compensate and complement each other, that gaps are filled, to avoid chaos and duplication, especially in disaster response, for example in distribution of relief aid or support. It is also important in opening a space for the sharing and exchange of information, including with OPDs.

Participants mentioned a number of key points on how to go about working for synergy:

- Track and map all stakeholders relevant to DIDRR across sectors, understand who does what, and why they are influential in the process
- Open a channel of communication at all levels
- Foster a culture of sharing of information and data as well as other resources: this requires a shift in power dynamics and a culture of dialogue and collaboration
- Inform and educate about disability, and learn about all aspects of DRR, including practices of mainstream organisations
- Work on efficient and timely exchange of information and resources, so one intervenes when the other cannot, and also fills gaps: for example, if one organisation is providing support with shelter in response, then another can support with cash transfers or assistance to rebuild livelihoods
- Provide technical support to other organisations: while this may not be specific to intervention in disasters in a generic way, the focus on disability, can also serve as an incentive for collaboration, to ensure that no one is left out.

- Collaborate and show a willingness to do so, for example with departments or organisations working on health, sanitation, water etc.
- Avoid competition, even for funding, and resolve conflict immediately

### *3.1.6 Framing 5: Inclusive targeting is the way forward*

Without diminishing the importance of focused policy and other attention on disability, there was consensus that the best approach to these good practices is one grounded in inclusive targeting as opposed to addressing disability in isolation. The objective here is therefore to support and target all those who are marginalised or who may be considered more vulnerable than others in disasters, including women-headed households, children, those with specific health conditions, and/or older adults among others (see also HI, 2015a; ActionAid, 2014). One participant emphasised how we need a broader definition and selection criteria when it comes to ‘marginalisation’, and not be limited to disability.

What emerged in particular is the need to be inclusive of all, even when lobbying for people with disabilities, because this:

- Ensures that disability and other issues are equalized, that is the disability sector itself is being inclusive
- Refocuses the debate on marginalisation, discrimination, vulnerability and unequal access as rights violations that are shared and that need to be tackled to benefit everyone
- Reduces chances of fragmentation and conflict, including between those working in different areas
- Helps foster alliances and gets other organisations and stakeholders working on other issues on board too, including in advocacy targeted at DIDRR.
- Harnesses more community support towards inclusive DRR practices

Inclusive targeting, though, as participants highlighted has to be approached in a fair and transparent manner, and may require some or

other criteria for inclusion that are understandable, accepted and also reviewed by multiple stakeholders.



Photo above: Inclusive targeting in action: a committee set up to collaborate on a community gardening project established by CBM in Chiredzi district Zimbabwe, involving vulnerable persons. **Photo: CBM**

### 3.1.7 Framing 6: Disasters exist within ecosystems: preparedness for unpredictable crises such as COVID-19

Planning for and working within DIDRR means also understanding that disasters exist within a broader ecosystem that cannot always be anticipated, including other crises and shocks, be they economic crises (e.g. when markets crash, or during a bad harvest), or global pandemics.

COVID-19 has shown not only the unpredictability and extraneous factors that surround disasters, but also how disasters and reducing risks to these, must factor in the ecosystem which conditions what

can be done in practice, and how. Importantly, it demonstrates how practices need to be adapted to respond within a very short time, if anything to prevent a totally unpredicted crisis or to help mitigate or reduce the impacts of a disaster planned for, such as a flood. The UNDRR (2020:7) report highlights how COVID-19, 'laid bare many shortcomings in disaster risk management, not least in governance failures in response to repeated warnings'.

All the good practices laid out in this report are therefore malleable, and with the global pandemic, have also meant that they need to be tweaked. In discussions with participants, it was evident that a

new set of challenges were in place, in particular the dramatic impact on basic needs and requirements:

- Lack of consumption, including of food and health care
- Reduced production, including of food
- Loss of jobs or fragmented livelihoods
- Ill-health
- Loss of savings (if any) and enhanced costs (including on account of loss of earnings and price hikes, notably food)
- Poverty

For organisations, quarantine and lack of social contact meant a number of issues:

- Difficulty in providing technical assistance and capacity building to project partners
- Limited possibilities for advocacy
- Constrained opportunities for monitoring

These required a corresponding flexibility in adapting perspectives and responses:

- Shifts to remote monitoring<sup>8</sup> using informal chats on the phone and/or Whatsapp and text messages to obtain information from the field: This is in itself a good practice, though not always consistent or reliable. While it is clear that this cannot quite replace physical monitoring with families and communities, it still provides at least a temporary and rather cost-effective means of obtaining information when physical presence is not possible. However, one concern is data accuracy. Another is dependence on

connectivity which may not be available to everyone or with the reliability or consistency it requires. When it comes to rural families and communities and poorer people, these options become scarcer.

- Re-evaluating what constitutes a ‘disaster’ as well as a ‘disability’: one participant mentioned how COVID-19 pushed for a re-evaluation and redefinition of who should benefit from DIDRR programs, and also who is a person with a disability, recounting how people with heart conditions were included in the program, given their increased vulnerability to the virus and corresponding impacts on their lives (e.g. reduced social contact).
- Considering evacuation routes and shelters that are not so crowded, to avoid infection.
- Identifying strong infrastructure, for example neighbours willing to host vulnerable people to reduce the pressure of crowds from bigger shelters
- Shifting core operations: provision of food as people started to go hungry, access to health care and medication and on occasion cash assistance among others. This required a quick diversion of a portion of the operational budget towards addressing a crisis not contemplated.
- The urgent need to tap into funds that can be accessed quickly
- The pandemic also intensified the need to look closely at mental health as part of the DIDRR intervention, as people started to struggle with this new ‘normality’.

Critically, COVID-19 intensified the necessity to lobby for contingency, so that resources could be

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<sup>8</sup> Remote monitoring is defined as: ‘...the use of methods to review project progress data from locations separate from project sites. Combining these efforts, remote monitoring and management enables organizations to proactively monitor project activities, troubleshoot implementation challenges, and inform or share decision-making with communities, without physically being present in the project sites’ (Women’s Refugee Commission, 2020).



diverted from government budgets to new crises such as a pandemic, and to reach those most impacted, among them people with disabilities. It also highlighted the need to be continuously vigilant of government commitments and budgets and how

resilient they are to stresses and shocks themselves. The UNDRR (2020) goes on to note how there is the need for a systemic, multi-hazard approach in a world that is increasingly interconnected.

## Covid 19 response in Haiti



Photo above: Distribution of food and sanitation kits in Haiti supported by persons with disabilities. **Photo: FONHARE**

Covid 19 meant poverty and lack of consumption for many. The NGO FONHARE, responded with the 'Covid-19 Inclusive Humanitarian response in the Northeast of Haiti' project, the objective of which was 'to ensure safe and dignified living conditions for the most vulnerable populations while limiting the spread of the virus and the use of negative adaptation mechanisms in the north-eastern region of Haiti'.

To achieve this goal, close to 300 of the most vulnerable families in Ouanaminthe, Ferrier and Fort-Liberte, Northeast, Haiti, received EUR120 worth of

basic necessities, including food, hygiene products, clean water and protective items such as masks.

The project also worked with close to 50 decision-makers/leaders, including NGOs and civil society organisations in order to sensitize and orient them towards implementing inclusive measures to prevent and control Covid-19 infection and to influence the overall humanitarian response to be more inclusive. The project required quick planning and response, and above all, access to funds that could be freed up and made available as quickly as possible.



## Rerouting resources in the Philippines



Photo above: Joana, a co-ordinator from Simon of Cyrene speaks to Vibian, a recipient of cash assistance in Jovellar. Vibian has a hearing impairment. Photo: CBM/SOC/Solano

CBM, together with Simon of Cyrene Community Rehabilitation & Development Foundation, Inc. were quick in action through the COVID 19 response fund that was set up. Interventions included cash transfers, food packs, and provision of health care to persons with disabilities during the community quarantine.

Medicine and hygiene kits, PPEs for the frontliners, and masks were provided as immediate needs. They also provided support for farming tools, advocacy

and awareness-raising and coordination with local government units and concerned line agencies, all of which formed part of a concerted and well-oiled strategy.

Mental health issues were also prioritized, a critical concern during these times, through a radio program called “Usapang Mental Health” (Mental Health Talk) and the Tele-radio “Ugnayan ng Pag-asa” (Bridging Hope)



Photo above: Staff from CBM and Simon of Cyrene speak to Radio Veritas about the response programme and the services available for persons with disabilities. Photo: CBM/SOC/Solano



Photo above: Staff speak to Radio Veritas about the impact of the Covid-19 on mental health and how to manage wellbeing during the pandemic. Photo: CBM/SOC/Solano



Photo (left): Materials on Covid 19 preventative measures and sanitation of assistive devices. Photo: CBM/SOC/Solano



## 3.2 Good practices in DRR

The following sections lay out some key good practices emerging from discussions with the 5 country representatives alongside reflections on these.

### 3.2.1 Macro/ meso good practices

Practices discussed at a macro and meso level were many, often discussed together and interchangeably, but the following stand out in particular as cross-cutting themes:

#### 3.2.1.1 Generate disaggregated data and information

Data and information are key, because what is documented and measured is ultimately what is devoted attention, including through funding and concrete aid (GFDRR and World Bank, 2017). As one participant commented, ‘the only language that decision makers, governments or organisations understand, are statistics.’ Data, in particular quantitative data, is a requirement for advocacy, and without it, this is severely diluted. The need for more and also better data on disability within contexts of disaster is constantly echoed also in literature (see Twigg et al., 2018). More disaggregated data, means stronger advocacy and a stronger basis for planning and ensuring actions are in place, and a means of holding actors and governments to account.

The issue of data and information is particularly important in the case of disability, because data that is formally collected (e.g. in risk assessments or capacity assessments) is often not disaggregated by disability, while that which is collected (e.g. in censuses or social protection or departmental registers) is often insufficient in quantity and quality. Barbelet and Wake (2020) also stress how local knowledge and qualitative data is frequently overshadowed by quantitative data and technical expertise in the humanitarian sector, seeking to simplify and generalise. The result is that people with disabilities are underestimated, their voices seldom heard, and as a result excluded from or forgotten in DRR. Governments and organisations need reliable data to account for people with

disabilities before, during and also post-disasters. The need to generate country relevant data, in particular is extremely important, because politicians can try and discredit global statistics as irrelevant to the national context.

The need for information is broad ranging as participants highlighted, including (not exclusively):

- The number of people acquiring disability as a result of disasters
- The numbers that develop secondary impairments through injuries and the numbers that perish
- The number of people with disabilities who are being left out of programming
- Proportion of DRR budget allocated to disability
- The multiple barriers persons with disability face: social, environmental, economic, political, infrastructural etc. in disasters and how these are interconnected
- Information on financial protection schemes, distribution mechanisms in emergency, how accessible these are, and if and how they are taking disability into account.
- The economic costs of excluding people with disabilities from DRR

The first step, participants stated, is to start off by advocating for inclusion of disability in formal demographic, social, economic, technical and other data generating exercises such as:

- Censuses, household surveys, including those on environmental and other disasters, and to call for a budget for this.
- Rapid needs assessments conducted immediately after a disaster to provide quick information on access and act on gaps in interventions: Twigg et al (2018) highlight how disability is often not included in rapid needs assessments and how these often do not have questions on disability.

However, participants noted how given the dire data gaps and urgency to provide data, the best approach is often to collect one's own information by meeting and talking with people, whether through informal discussions or focus groups, inferring from existing data and/or equipping others to generate information. Participants mentioned a number of good practices they felt are key in the process:

- Provide technical support to government, for example by promoting the Washington Group Set on Functioning questions<sup>9</sup> which can be used in censuses to gather information about limitations in basic activity and functioning
- Strengthen and train OPDs in basic research methods, as well as using indicators to monitor and document the inclusion of people with disabilities in DRR
- Work with OPDs and community members to scan the context to see what exists, for example what early warning systems and preparedness measures are in place and how they work
- Gather information about who has power and who takes key decisions as part of a mapping exercise
- Extract data such from censuses or information gathered by ministries, departments and other entities, in particular statistical information looking at different areas, for example disasters, health, education etc. and collate, infer and/or use indicators to produce some or other statistics. Though not precise, these can be used with politicians to make a case for disability inclusion in DRR.
- Infer what the costs are when people with disabilities are left out, for example the costs of providing health care to treat injuries
- Physically visit and count: average of how many evacuation routes and shelters are accessible, how many have adapted facilities and assistive devices, medication and so on (see below).
- Look for information when it is urgently needed, for example specific health services or providers of parts for assistive devices that may be damaged during a disaster.
- Use information from mapping exercises (see below), including who is responsible for what (e.g. ministries or platforms), where (including government, INGOs and NGOs), how these are interconnected (if at all) and what the gaps are. These can also be quantified.
- Develop own indicators to measure inclusion in humanitarian and DRR interventions and also the extent to which laws, including international frameworks that the country signed up to (e.g. the CRPD) are being adhered to and fulfilled, and which can provide a strong argument in lobbying for inclusion.
- Collect data and conduct assessments that are disaggregated by age, gender, type of disability, location, among others to build a working database that does not exclude anyone.
- Develop own systems: for example, the Bangladesh office developed a scoring system to see who really needs a cash top up, and to then use this data to lobby the cash assessment group at a national level (see below)

Overall, information needs to be useable and accessible by all, notably by people with disabilities and their respective organisations. Learning is also to be shared, whether through meetings, or even material such as guidelines, which can then be taken on and also developed further by others.

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<sup>9</sup> [https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Questions/Washington\\_Group\\_Questionnaire\\_1\\_-\\_WG\\_Short\\_Set\\_on\\_Functioning.pdf](https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Questions/Washington_Group_Questionnaire_1_-_WG_Short_Set_on_Functioning.pdf)

### 3.2.1.2 Strengthen OPDs to lead on inclusion

The role of OPDs or a variation of these (e.g. self-help groups or informal associations) is critical at all levels, starting off from the most micro level, all the way to engaging with local and national government. They are important repositories of expertise and the platforms for people with disabilities to become leaders of change (CBM, 2018a). OPDs also have a multiplier effect in influencing other partners to become inclusive of people with disabilities.

Narratives from this study confirm established positions that OPDs need to be involved and take the lead right from planning and design stage through to all stages of DRR (see also Twigg et al., 2018; GFDRR, 2018). This is especially important when their voices may be stifled, including by families and/or carers.

There is, though, a need to assess their capacity to respond, and they need to be empowered, including to lobby and also resist authorities when rights are being violated. They are also a very important implementing partner as well as feedback loop in implementation and evaluation. Strengthening OPDs necessitates multiple supportive actions, or rather good practices:

- Support people to get organised in the first place: organisations may not always exist, including on account of geographical isolation in rural areas. Where these do not exist, facilitate the process of coming together to meet, perhaps by providing transportation or financial aid to get off the ground. The country office in Zimbabwe mentioned how it had set up what it called ‘disability committees’ within the local communities to fill this space, while in Bangladesh, this process was sparked through the creation of so-called ‘self-help groups’
- Take measures so there is an adequate gender balance within groupings
- Support organisations so they are present in official talks and platforms with the authorities and other stakeholders, including those on emergency planning and

programming and disaster management committees so their voices are heard and that they are adequately represented: This involves opening channels of communication, lobbying, and resources (financial, technical etc.)

- Support organisations so they participate in developing contingency plans to ensure these are disability inclusive, while contributing to regional and local action plans
- Ensure there is synergy between them and try and minimise fragmentation and/or competition
- Help in strengthening networks of OPDs and umbrella organisations and federations to have a stronger unified voice
- Harness their ability to influence governments and other key stakeholders to move away from charity and other disabling approaches towards more rights-based ones.
- Support capacity building of OPDs so they understand and are able to cope with disasters, building on existent experience and knowledge.

It is important to stress, though, that OPDs often need training to do much of this, and this can be provided directly or indirectly by supporting with access to learning opportunities offered by others too. Overall, as participants highlighted, they need a combination of knowledge that is conceptual, technical, and also legal to varying degrees:

- Conceptual dimensions of disability, people-first and ethical language and practices
- Rights, legislation, international treaties and conventions such as the CRPD
- Formal structures including those responsible for DRR
- Basic conceptual and practical aspects of DRR and DRM
- Communication skills for effective lobbying
- Leadership and management skills



- Networking skills
- Conducting a risk and needs assessment
- Drafting a household contingency plan
- How to respond to an emergency
- Project cycle management
- How to search for and apply for funds
- Advocacy: tools and methods

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## Shaping self-help groups: owning the fight for access

CBM in Bangladesh is committed to improving the life of persons with disabilities through different initiatives. The Community Centred Disability Inclusive Disaster Risk Management project in partnership with the DRR in the southwest part of Bangladesh, embarked on strengthening the capacity of persons with disabilities to solidify preparedness and to reduce their vulnerability in disasters. This requires their own organisations, but organisations do not always exist.

As part of the process of making the community more disaster resilient, the project first seeks to shape Self-Help Groups (SHGs) composed of persons with disabilities from different wards, and then provides them with training on leadership, DIDRR orientation and organization of OPDs. This process facilitates the formation of organisations and empowers them to start doing their own advocacy with different local government departments by participating in different committees. Each SHG is composed of 15 people with disabilities with the objective of sparking a process of organisation and advocacy.

The project also forms part of the Ward Disaster Management Committee (WDMC), tasked with coordinating the mitigation, preparedness, response, and recovery activities at a local level. SHG members therefore become members of the WDMC too, offering them a space to explain the problems and risks faced by persons with disabilities at a community level. As a result, the WDMC together with different persons with disabilities, have started to conduct an Inclusive Community Risk Assessment (CRA) to identify common risk factors. The presence of these SHGs within the WDMC, has also helped to make the Union Disaster Management Committee (UDMC) more inclusive of persons with disabilities. An Inclusive Risk Reduction Action Plan (RRAP) is therefore being developed based on the CRA and is

then shared with the UDMC where the vulnerability and risks of persons with disabilities and other vulnerable groups is explained and presented.

Persons with disabilities as members of SHGs, play an important role in every step of disaster management. They take part in early warning message dissemination at community levels together with Cyclone Preparedness Programme (CPP) volunteers; they work with the management of cyclone shelters to look after the evacuation of highly vulnerable persons with disabilities and to make sure they are adequately accommodated in shelters.

Following cyclone Amphan, they participated in Inclusive Rapid Needs Assessments led by CBM, community consultations, consultations with local government and other stakeholders to make the response disability inclusive. Based on their recommendations, an additional top up amount was introduced for the very first time by CBM, targeted at persons with disabilities affected by disasters in the project areas. They also took part in the primary beneficiary survey as well as the Post Distribution Monitoring (PDM) survey. They are also involved in advocacy with other DRR actors to make their response inclusive.

Thanks to the project and initiative of SHG members, CPP members are now informed of the location of persons with disabilities in the community and can reach them during an evacuation. The project also has plans to train these SHG members on IT management so that they continue their advocacy work online, important in Covid-19 and eventual post-pandemic times.

These SHGs are only starting off, as they now seek to properly register as OPDs. The future looks stronger.

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## Empowering OPDs in the Philippines and the value of knowledge exchange for effective advocacy

Through the project Disability-inclusive Disaster Risk Reduction (DIDRR) in Urban Communities in Manila, in partnership with the Philippine Coordinating Center for Inclusive Development (PCCID), Tahanang Walang Hagdanan, Inc, CBM embarked on capacity building of OPDs on DRR to enable them to play an active role in DRRM and in the local Disaster Risk Reduction and Management Councils (DRMMCs).

Capacity building focused on vulnerability capacity assessment, contingency planning, emergency drills, and Inclusive Early Warning Systems. Other support included income-diversification in the bid to help make persons with disabilities and the OPDs more resilient in times of emergency. The project also documented good practices and lessons learned through case studies and videos. The project has also been solidly active in the creation of the DIDRR Toolkit.

This rounded off with a knowledge exchange trip where three government representatives and an OPD leader from the Philippines traveled to New Zealand to learn more about DRRM, supported by the New Zealand Embassy. The objective was also to promote disability inclusion and to obtain the support of the three government agencies represented, hence also serving as an advocacy exercise.

It became evident that addressing disability issues was a mutual concern of both countries. However, what became apparent was that disability disaggregated data remains a challenge and is insufficient. The Office of Disability Issues (ODI) confirmed that they were still in the process of trying to influence and develop champions for the sector's voice to be heard. However, there was great interest among national and regional agencies in New Zealand as well as among civil society groups to take this issue forward. This visit, it was hoped, would serve to cement this interest, so that it can translate into more support and to push the delegates to go back to their

respective organizations and practice inclusion in any way possible.

Overall, it was an exciting exchange tour which allowed all participants to exchange good ideas and insights regarding DIDRR, alongside learning about contextual elements of DIDRR present in both countries. The tour highlighted unique ways of working on disability inclusive DRR in Philippine and New Zealand. The exercise also promoted the creation of two-way learning and exchange opportunities for replicating best practices and making adaptations in ongoing DIDRR interventions. It was also an opportunity for delegates from the Philippines to get to know each other better, with the possibility of leading to more collaborative actions in the future (Source: Travel report prepared by Ms. Erly Ocasiones, CBM).

### 3.2.1.3 Lobby consistently and relentlessly

Advocacy is required at all levels, starting off from national government and any bodies or departments responsible for DRR, through to regional and local government, INGOs, NGOs and any other stakeholders who may be engaged directly or indirectly, participants insisted (see also HI, 2015a).

The key message here is that one needs to understand where the power centres are, and these need to be brought on board right from the planning and design stage. Another point that participants emphasised, was that time is of the essence to start working on DRR, and while this needs to be constant, introducing DIDRR is best done straight after a disaster, when the memories are still fresh among everyone (see also Liliane Fonds, 2016). This also creates a sense of urgency.

The objectives of advocacy are multiple:

- Push for a recognition of disability as critical to DRR: The implication is that it should be prioritised in discourse and policies right from mitigation through to recovery.
- Impart why excluding or marginalising people with disabilities will compromise DRR efforts and even enhance costs: addressing disability is not only a question of rights and survival, but also one of effectiveness and efficiency
- Sensitize and educate national and international staff and local authorities on the rights, protection, safety and requirements of people with disabilities in disasters
- Harness willingness and commitment by powerful stakeholders to support over the long term by including disability in the core policies, priorities, practices and importantly budget (see below).
- Promote an inclusive legislative framework, and a recognition that exclusion of people with disabilities constitutes a violation of rights, including commitments made nationally and internationally (for example the CRPD).

To accommodate all of the above, work must go into changing the attitudes of government departments and mainstream organisations in regard to disability, because *real change happens when there is willingness to change structures and systems.*

Advocacy at two levels in particular was emphasised: government; and organisational head offices and donors. These are discussed in the sections below.

#### 3.2.1.3.1 Government

Government is critical in DIDRR, especially local and regional government, because it is at this level that much DIDRR planning, preparation and practice actually happens. A number of good practices in advocacy with government were mentioned by participants:

- Ensure the active and effective participation of people with disabilities and OPDs in DRR bodies and consortia at all levels
- Recognise that advocacy work is resource-intensive: it needs a consistent injection of resources, for example for transportation to reach major towns and cities for meetings
- Bring in data and research to highlight the extent to which disaster related initiatives are disability-inclusive or not and what their impacts are (see above)
- Work on changing attitudes, perceptions and behaviours among members of such platforms to work towards the rights of people with disabilities: this requires strong awareness-raising as well as the building of alliances from within
- Push for local and regional government to become aware of national policies on DRR
- Ensure that disability is not simply added on to categories such as ‘special needs’, so that requirements and demands are not generalised, and so there isn’t the false assumption that people with disabilities are accounted for or included in the budget when in fact they are not

- Educate and remind government of the legal obligations as duty bearers, including national legislation as well as international treaties and other policies and commitments the country signed up to or has ratified, for example the CRPD. It is important to note that politicians and decision makers may not even be aware of the CRPD, the Sendai Framework or the Sustainable Development Goals (SDGs), what they are and the obligations that come with them. The implication, as one participant put it, is that politicians are reporting on progress, but have no idea what they are reporting on.
- Find a champion and cultivate this relationship: participants were almost unanimous that influencing policy requires a powerful champion from within or close to these circles of power who is going to take up the cause and be supportive. Without such alliances, efforts can be severely diluted.
- Invite a representative from government to activities and workshops every time, and use this as an opportunity to talk to and educate them about disability while garnering support and commitment.

### 3.2.1.3.1.1 Ensure inclusive budgeting

Participants mentioned one particular point that merits particular space when it comes to the government and advocacy, and that is that one needs to *ensure that disability is included in the budget, especially the regional or local budget on DRR*. This is not a minor worry, given the disappointing record globally when it comes to financing of DRR (see Kellett and Caravani, 2013). If there is no government budget allocated from the start, with specified numbers to reach people with disabilities, then, commitment is hard to follow, as are initiatives. Good practices involve solid lobbying, not only for an effective policy to include people with disabilities in DRR, but importantly that there is the budget to do this at all levels. A budget needs to also be in place for disability-focused programmes, including for example rehabilitation, access to specialised medication in evacuation centres and shelters after a disaster as well as restoring livelihoods.

Working closely with OPDs, the participant from the Philippines highlighted the arduous work of ensuring representation of people with disabilities on the DRR and Development councils and committees in order to ensure that they are not bypassed, especially when it came to budgeting. This is critical also because while there may be a budget for disaster preparedness, it might not include money to purchase assistive devices or medication for people with disabilities.

Ensuring that a budget is dedicated to people with disabilities is important because otherwise it will all be speculative, and it is the regional budget that is particularly important to target and be clear about. This may come in the shape of an exact number, including the number of persons who will be targeted by a budget on DRR. The most important thing, as one participant insisted, is to always “try and walk out with something in hand”.

When speaking about the budget, participants stressed the importance of *ensuring that this is itemized* to include targeted amounts for example for wheelchairs and medication available during and after evacuation, with the implication that contingency plans have to be totally inclusive and comprehensive.

However, budgeting means taking a step back and actually knowing how much things actually cost or reasonably accurately to be able to lobby for commitment of funds in the budgeting. Some other points worth mentioning in regard to budget are the following:

- Ensure there is no urban bias or that this is minimised so that rural areas are not discriminated against
- While government may have a budget for emergency, this may not be in place for preparedness or risk reduction on the whole: this difference needs to be clearly understood and also communicated.
- Do not take a plan for action as an actual intent to implement the plan: this therefore requires constant monitoring as well as evaluation of what is happening on the ground, to be able to use this as evidence.



### 3.2.1.3.2 *Target partners, head offices and donors*

Advocacy is required solidly when it comes to potential partners, including other organisations, and there needs to be a concerted approach to push for inclusion in policies and practices. However, everyone works to plans, and priority areas are established at a higher level. The implication here is that plans and budgets are hard to shift, for example towards DIDRR when mainstream or theme specific organisations do not have much flexibility to change anything in their programmes, projects, and/or budgets.

The consequence is that advocacy and lobbying are required at a higher level, starting off with head offices of organisations, generally those located in a major city or region and which dictate processes

and finances on the ground. Deciding how this should be done depends on context, and while one participant suggested setting up a meeting to discuss disability inclusion, another was more reluctant, recommending trying to influence them through national working groups that bring together INGOs, and finding a champion from within these spaces too.

One country office, mentioned another good practice, notably going even higher up to lobby donors, since these are the ones that establish not only the budgets, but more importantly, the priority areas to be funded. Organisations, in turn, are prone to follow and construct projects and programmes aligned with what is fundable. If DIDRR is included as a core priority area, it means that organisations will seek to set up programmes, if anything to tap into funding.

#### 3.2.1.4 Participate in multi-stakeholder platforms.

Engagement with a plurality of stakeholders including government (national, regional and local), organisations, and village representatives is key in DRR, especially ‘when state structures are either not in place or not delivering the protection or recovery support vulnerable groups need’ (Peters and Peters, 2018:12). It is pivotal to have an effective platform to have all stakeholders come together to debate, plan and respond, because *if disability is left out of planning, it will be excluded in all subsequent interventions*- preparation, response and recovery. This platform may already be set up in the shape of consortia led or hosted by the government to address DRR or related issues. If not, lobbying needs to be in place to ensure such a space is set up, and that persons with disabilities and their representative organisations are an integral part of it.

The need for OPDs to sit on various platforms is essential, for example those tasked with planning for or responding to a disaster. It is the space to influence planners and for plans to be more inclusive, for example that water points are easily accessible by all or that infrastructure is well designed to easily evacuate. Presence within such consortia is important to be able to monitor plans and practices and to go back and keep on highlighting the gaps.

When it comes to intervention, most people and communities are reached by local or regional government, guided by a national and/or regional strategy and budget. The meso level, to call it this, is therefore an effective link and perhaps the most important space mediating between people with disabilities, their families, their organisations, and government. The objective here, therefore, is to ensure active participation by everyone, including village leaders and those with influence at a local level, and for the concerns and interests of people with disabilities to be clearly accounted for and taken into consideration.

This platform is very significant in legitimizing the presence of people with disabilities and the subject of disability in DRR, but also serves as an effective space for lobbying for rights, and to ensure that these are adhered to. It is also a platform to

intervene when things are going wrong, or more resources are required. These are relationships that need to be cultivated and that need investment.

#### 3.2.1.5 Scan and train mainstream institutions and organisations

As highlighted earlier, a first step is mapping to see who is doing what, where and how. This provides an opportunity to not only scan the DRR landscape and foster collaboration (e.g. with mainstream organisations working in humanitarian issues or theme-specific ones, such as those working with women), but also to identify gaps. The objective, here, is to ensure that there is no discrimination at any level and that there is complementarity.

The need for capacity building is constantly articulated whether in DIDRR or CBID (see Center for Disaster Preparedness, 2017). Those working in DRR or related areas (for example infrastructure or health, architecture, legal, human rights, and so on), as participants stressed, need to be sensitized, informed and trained on disability.

Good practices in training need to target multiple areas, and where possible should be designed and executed by OPDs. What we therefore have is the requirement for a blend of awareness-raising and capacity building:

- Provide basic training on disability, for example different types of disabilities and how these are positioned in disasters and the barriers they face, alongside practical guidance, for example handling of people with physical disabilities in evacuation and response
- Work on infusing disability within training modules on disaster risk reduction and disaster risk management
- Raise awareness on the need to integrate and target those who are more vulnerable and marginalised, including people with disabilities
- Share learning with and educate government departments, such as the department for disaster management or the department of interior, which in the Philippines for

example, influence how the councils and committees function

- Educate organisations and others about the difference between emergency response and DIDRR, to illustrate how the latter is about preparing the community to be resilient
- Break with the idea that disability requires some extraordinary specialised knowledge or is a specialist area, to look instead at how adjustments can be made that benefit everyone when using universal design principles: the use of practical examples in training can be very effective in a way that is simple, and which does not make the process look burdensome
- Provide basic training on principles and methods of universal design
- Train on how to ensure inclusion in the design of any new structures, for example that sanitation facilities take physical accessibility into account and so on

The modality of such awareness raising and training can be diverse and blend different methodologies:

- Collaborate with different stakeholders, for example architects as well as lawyers, who can ensure that design as well as legal issues are addressed adequately
- Guidelines are useful, but one cannot assume they will be read: the best approach is to therefore to offer orientation in person on the guidelines, on what they include, how to use them, where to seek help, what to do in particular situations and so on, so this ensures that the material is covered and that at least a portion is absorbed and can possibly be remembered
- Devise training around time availability of partners, so that it is not seen as a nuisance or an extra burden: in this regard, it should be short and to the point, and impart as much information as possible
- This training can be both formal and also informal, for example through seminars

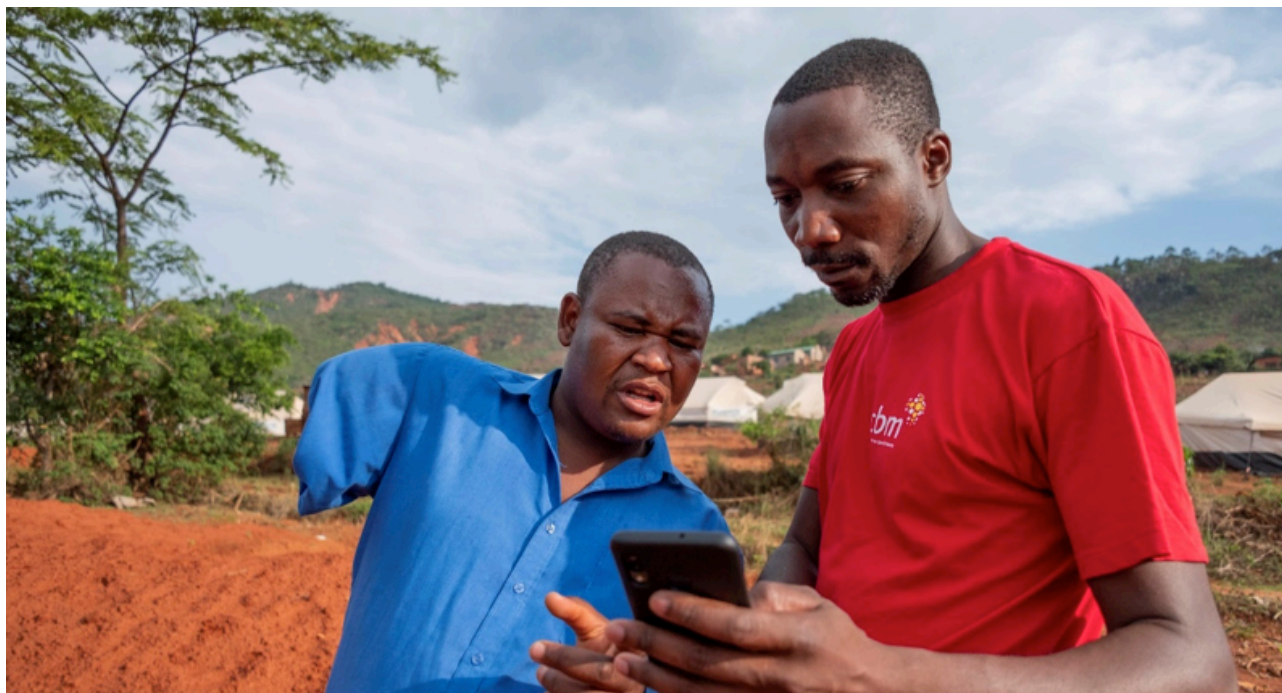
## TRAINING IN HAITI

CBM continued to facilitate sensitization, training and practical guidance in Haiti, following the 2010 earthquake. Engaging in collaborative work with aid and development organizations, local architects, engineers, government authorities, and self-help groups of people with disabilities, by the end of 2019, CBM had:

- Trained hundreds of people on “universal design” and accessible construction, with more than 50 schools and 25 public buildings improving their accessibility.
- Supported the reconstruction of the municipal administration of Petion-Ville, a district in Port-au-Prince, to improve access for people with disabilities.

- Trained six risk and disaster management cells in climate change via risk and disaster management awareness sessions. These cells also coordinate six storage areas, where disaster relief materials can be accessed. Cell-organizers undergo comprehensive training on how to manage shocks.
- Conducted assessments of the official facilities of the civil protection department in the bid to enhance access for people with disabilities.

SOURCE: WAHEED AND NEUSCHÄFER (2019)



*Photo above: CBM Zimbabwe project officer using the Humanitarian Hands-on-Tool (HHot) with Mr. Sibanda in Chimanimani. The app, which can also be downloaded and used online, provides step-by-step guidance on implementing an inclusive emergency response. The app is a terrific contribution, but requires practice, so that field workers are familiar with it before they get to the field.*

**Photo: CBM**

### 3.2.1.6 A learning approach: constantly assess needs and risks

If there was one important factor that emerged in the interviews, it was that learning needs to be ongoing, and that assessments too must be in place and conducted as comprehensively as possible. Two particular assessments were mentioned, and these included: needs assessments (before and right after a disaster); and risk assessments.

Needs assessments are a fundamental good practice, because they ensure clear understanding and flow of information as well as consistency between what is needed and what is actually available. When immediately in place, especially after a disaster, with no delays, they serve to assess damage and needs. It is critical at this point, to ensure that people with disabilities are included, counted, and their voices and concerns heard and reported (GFDRR, 2018).

Participants reiterated that one must also assess the needs of family and household members and caregivers, not least because the well-being of these

units impacts on that of people with disabilities and vice-versa (see also Grech, 2015). Importantly, people with disabilities need to not only identify the key challenges, but also propose their own solutions. A needs assessment also offers the opportunity to see whether people with disabilities are being reached by other organisations too, and where the gaps are.

Needs assessments are also regular activities before disasters, to evaluate what is needed for strong systems to be in place, to endure and recover from disasters. In Bangladesh, a government-endorsed group led by a mixed committee, including NGOs, government and others are then responsible to develop the report subsequently endorsed by the government. Presence within this group is therefore critical in not only including a disability component, but in making this report and the work adequately inclusive. This requires trained OPDs to provide input into and ideally be part of these groups. As one participant said, the key objective is ‘to be prepared, because to be prepared is to have a plan’.

Risk assessments too are very important and need to be in place because they determine the level of people's exposure to and capacity to resist natural hazards. Good practices here, involved ensuring a participatory process, working closely with families and ideally led by OPDs to gather constant information on type of disabilities in the area, location, access to services, vulnerability, as well as plans and systems in place (e.g. accessible early warning systems), that can provide a strong basis for the assessment of risk (see below). This process, in line with other literature (see GFDRR, 2018), should make use of existing information.

As participants noted, the risk assessment also provides an invaluable opportunity to speak to and learn from families and communities who can effectively contribute their own 'solutions' and ways to prevent, prepare for and lessen the impacts of identified risks. The assessment of risk also involves a constant monitoring of hazards and contributing factors, which implies the requirement to be constantly vigilant, by listening to radio reports, television etc.



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## Post cyclone Amphan: an inclusive rapid needs assessment in Bangladesh



Photo above: A woman is helped to cross the road she usually walks in, now flooded in the aftermath of the Cyclone. Photo: DRRRA

CBM in partnership with the Centre for Disability in Development (CDD), Disabled Rehabilitation and Research Association (DRRA) and ADD International, acted in response to Cyclone Amphan. The objective was to conduct a rapid needs assessment in the districts of Satkhira, Patuakhali and Bagerhat from May 23-25 2020 to help assess how well people with disabilities and other at-risk groups were included in preparedness measures, generate initial data regarding impact, and identify unmet needs to inform inclusive response programming. Together, they conducted interviews with 161 at-risk individuals in the affected regions along with key informant interviews.

The rapid needs assessment indicated that while gains were made to make preparedness efforts more inclusive, some early warning systems and evacuation measures still remained inaccessible to persons with hearing impairments, those with intellectual disabilities and other groups.

Initial findings from the assessment highlighted the need for a multi-sectoral inclusive response targeting those at the highest risk. Food security and livelihoods remained a top priority among

those interviewed, with over three quarters of respondents stating that they had less than one week's supply of food or cash to purchase food. Over half reported that their livelihoods had been lost due to the cyclone, and opportunities to earn a living were further constrained by COVID-19 restrictions.

The needs assessment concluded that any response efforts must ensure that people with disabilities are included not just as passive recipients of aid, but also as active participants in any decision making affecting their lives. Active engagement with people by disabilities and their representative organizations in both preparedness planning and response is essential for this. Gender, age and disability disaggregated data, too, needs to be collected to inform appropriate response planning. Barriers that prevent people with disabilities and other at-risk groups from accessing humanitarian assistance must be analysed and removed. Humanitarian assistance must consider specific measures are put in place to ensure people with disabilities access humanitarian assistance on an equal basis with others. (see CBM, 2020)

### 3.2.1.7 Ensure full access ...on old and new

Interviews highlighted how a good practice is ensuring that old infrastructure is adapted and that there are accommodations in place to account for accessibility. Past disasters and tragedies should serve as a clear motive and lesson.

When it comes to new infrastructure, such as evacuation centres and shelters, new schools or hospitals, vigilance is of the essence to make sure that anything new does not repeat the same mistakes, and that everything is accessible to persons with a range of disabilities, with no exceptions. As highlighted elsewhere (see GFDRR, 2018), this involves adopting the principle of ‘build back better’, grounded in universal design as the regulatory framework where comprehensive accessibility cross-cuts everything (CBM and DIDRR, 2013). This necessitates key input by OPDs to assess and assist in design, alongside architects, engineers and others.

This process requires constant and concerted lobbying of government authorities, but even before this, as participants stressed, it needs an effective groundwork and an informed and inclusive contingency plan grounded firmly in accessibility as a right:

- Put in mechanisms that are inclusive when it comes to evacuation.
- Make sure that systems and resources are in place to locate and reach quickly those who are most vulnerable and need assistance, ideally when there is an indication that a disaster is going to happen. This requires careful community mapping (see below).
- Remove any obstacles to early warning systems, mitigation, preparedness and also response and recovery plans and measures, so that these do not exclude anyone (see below).
- Ensure roads and infrastructure used for evacuation are cleared, maintained, and accessible to reach shelters with minimal stress and obstacles in the eventuality of a disaster.
- Take measures so that plans for relief and water distributions are fully accessible to and useable by all people with disabilities: examples are the reduction of queuing times for food, prioritising those with mobility impairments and severe health problems; reducing distances to meeting and distribution points (e.g. water) so that these are easily reachable.
- Make sure shelters are accessible: wider openings, avoid heavy doors that are hard to open, make provisions for people with visual impairments, reduce congestion and provide for a WASH section that is disability accessible
- Ensure that evacuation facilities as well as shelters allow for service animals (e.g. guide dogs)
- Check and ensure there are reasonable adjustments made to older structures that cannot be rebuilt, and that minimum levels of universal design criteria are met e.g. for clinics and hospitals
- Guarantee that budgets are in place to have medication (including specialised ones) readily available in shelters and that these are informed by accurate mapping and needs assessments at community and household levels
- Plan for assistive devices to be in place after a disaster in order to be able to reach meeting and distribution points and to reduce stress and risk of injury
- Plan for effective and quick access to health services, including specialised health care following a disaster, and have these services clearly marked and known
- Ensure that dietary requirements are noted and to have adequate food provided
- Develop and provide information that is accessible, timely, reachable and useable by everyone, for example where to access health care, water points etc. This requires resources (e.g. Braille and sign language interpretation, easy read language) to communicate with people with visual, hearing and intellectual

disabilities, to develop adequate and contextualized informational materials and signing, and to engage families and communities, so that understanding is across the board and comprehensive

- Consider livestock and personal belongings as well as business assets such as tools and machines and materials during evacuation, as part of a strategy to protect livelihoods

## Multi-purpose accessible rescue boat moves people and property to safety in Bangladesh



Photo above: Multipurpose accessible boat used during evacuation from flooded areas. Photo: CDD

Sreepur Union and Haripur Union of Sundarganj Upazila in the Gaibandha District are prone to floods on account of heavy rainfall and the onrush of hilly waters. River erosion too is a problem. Floods disrupt the lives of communities, including persons with disabilities, and often destroy their assets. During floods and river erosion, affected people need to rapidly evacuate to a safe place along with their belongings, cattle and assets. But this is often very difficult. It is physically strenuous, requires accessible

means of evacuation, is very costly, and boats big enough to transport these are scarce.

In these two unions, the Ward Disaster Management Committee (WDMC) and the Union Disaster Management Committee (UDMC) have played a very important role in reducing the loss of life and assets through awareness raising, early warning dissemination, preparing temporary shelters, search and rescue and distribution of



relief. However, what was missing was a multi-purpose accessible rescue boat.

In 2010, CBM took this issue on board, and in partnership with the Centre for Disability in Development (CDD), designed and developed a multi-purpose accessible rescue boat with an accessible entrance, paths, toilet, water tank with safe drinking water, a space for pregnant women, and a shelter that can easily be dismantled. A solar panel provides power to charge mobiles and other electronic devices, critical since during floods electricity is often not working. A person with a disability using a wheelchair can now easily get on the boat and have access to all facilities.

This boat is operated by the Disaster Management Committee (through community volunteers) in the

Gaibandha District. The local partner Gana Unnayan Kendra (GUK) has assumed responsibility for all operations of the boat. The multi-purpose accessible rescue boat is used during flood and river erosion to evacuate people and save lives, cattle and the assets of community members. The houses (made of tin, bamboo, wood etc.) are also transportable. Besides rescue, this boat is also used as a temporary school on normal days, to ensure its full use.

Every year, an average of 300 people in the community, their cattle and assets (including houses) are successfully rescued thanks to this initiative. The remarkable and innovative success of this project has led the Ministry of Disaster Management and Relief (MoDRMR) of the Bangladesh Government to build another 60 of these boats due to be completed over the next 3 years.



Photo above: Ward Disaster Management committee (WMDC) members evacuating cattle and damaged houses. Photo: CDD



Photo above: The boat transforms into a temporary school when not being used for evacuation. Photo: CDD



Photo above: Community members being evacuated to a safe place using the accessible ramp. Photo: CDD



### 3.2.2 Micro level good practices

Moving towards a more micro level, is where much of the work is invested. Discussions with representatives from country offices focused in large part on work with families and communities. The following sections address the main emerging themes.

#### 3.2.2.1 Tackle cultural beliefs and negative attitudes

Not every context is the same, but different places have different beliefs, attitudes and responses towards disability (Grech, 2015). What this means, is that in some communities, negative attitudes, as well as stigma and exclusionary practices may be rife, including on the basis of religious and cultural beliefs (Gartrell et al., 2020). Within the context of DRR, the result is that people with disabilities, their needs, and even their lives are pushed back in the list of priorities, including by policy makers (GFDRR, 2017; Bennett, 2020). As a result, changing attitudes is a core part of DIDRR grounded in CBID principles, starting off with where disability matters most- the family and the community, and this requires cultural change. Key messages imparted by participants included:

- Work directly with families, communities and local authorities to reach out, raise awareness and educate about disability, using formal, non-formal and informal means, including schools, as well as community meetings, religious and other local spaces that bring people together. Where there are gaps, one must create spaces to open opportunities for outreach and community education.
- Engage and target spiritual leaders and other influential figures who can then propagate messages of non-discrimination and inclusion.
- Work on addressing stigma and negative attitudes by having people with disabilities and OPDs take control of the process to change perceptions and attitudes progressively, to show how these lives not only have value, but are equal to others, and have the same rights
- Target issues of basic accessibility even within the household, and to ensure that there are changes that can lead to more inclusion outside.
- Address issues of mental health.
- Educate on basic rights and people with disabilities as rights holders: tackle rights violations with seriousness, including explanation of the legal implications
- Target and educate stakeholders engaged in DRR directly or indirectly at the local level, from government through to organisations and service providers, and address prejudices as well as stereotypes and negative attitudes
- Use information, language and means of communication that are culturally sensitive, localized, contextualized and easy to understand.
- Build alliances with other organisations working on other issues, for example gender and childhood or refugees, so that they can include disability within their broader work tackling marginalisation and exclusion.

## Start when they are young: talking rights and accessibility in Haiti



CBM Haiti embarked on a new project in line with its increasing focus on children. In conjunction with the Office of the Secretary of State for the Integration of Persons with Disabilities, the objective is accessibility to the built environment, and ensuring that laws addressing accessibility are implemented and respected. The project seeks to tackle the importance of accessibility as a right, and to do this through education, awareness-raising and advocacy. Importantly, the project seeks to start early by working with children, because they are the future.

A children's illustrated book, tells the story of Lea, a 7-year-old tetraplegic girl, who following a car accident, finds help from an altruistic fairy as the central character. Encouraged by the fairy, she regains confidence in herself by becoming aware of her rights as a person with a disability and the need for the environment to be adapted to her needs as advocated by the Haitian law on the built

environment. Lea goes on to become an ambassador of this law to her peers, then to those in charge of her school, and finally a national advocate heading a highly visible awareness campaign.

CBM Haiti hopes not only to raise awareness about rights and accessibility, but also to contribute to changing perceptions of persons with disabilities, in this case working to have a heroine with a disability. While the main audience are children, the project hopes to reach and sensitize adults too, if not directly, then through their children. As one project leader said, "Like the work of our heroine, we aim to launch an awareness campaign starting off with children, because we believe that sensitized children can carry the cause even further. In this way, we hope to encourage society, and especially those engaged in construction and the state authorities, to ensure the application and implementation of this inclusive law at all times".

### 3.2.2.2 *Inclusive, responsive and user-friendly early warning systems*

Investment in inclusive and accessible early warning systems is perhaps one of the most important factors that emerged, alongside the need to ensure that all people understand these systems with ease, know when and how to react, and to do this quickly. Early warning systems are part of DRR contingency planning and address what to do in the eventuality of a hazard, with the objective of preventing a disaster situation (e.g. loss of lives and livelihoods) (Lilian Fonds, 2016). However, in practice, warning and evacuation plans, too often overlook people with disabilities, especially those with visual or hearing impairments or intellectual disabilities (see Craig et al., 2019). The key objectives here, are therefore to:

- Have systems that are inclusive, informed, and designed with adequate knowledge of different disabilities, how different people can access information and process it, and the support they require (material and human) to use this information effectively in a way that will save lives
- Have early warning systems that are simple to process and easily memorised by everyone
- Build a reserve of knowledge and preparedness that can either prevent or minimise the impact of disasters and take measures, for example by building up food and water reserves before drought periods, or safeguarding animals or seeds before flooding or cyclones.

This process involves a number of interconnected good practices as well as processes which require input by multiple stakeholders with different fields of expertise too:

- Know each context and make sure that systems are trusted by communities
- Support a space for people with disabilities and OPDs to coordinate the whole process of working with families and communities as well as interfacing with government authorities and other stakeholders responsible for early warning systems.

- Lobby local, regional and central government for systems that are informed, resourced and which take into consideration the needs and demands of persons with different types of disabilities.
- Ensure that these systems are tied to an updated process of mapping, including knowing where people with disabilities are located within specific communities (see below)
- Use participatory consultations to understand what families and communities need, the barriers they confront, as well as the resources that can be capitalized on in these systems. This process cannot be done from a distance.
- Make sure that alerts, warnings and messages in the communication are clear, adapted, and unlikely to fail (e.g. that they are battery or solar powered)
- Teach about and use other warning systems, such as changes in animal behaviour that can alert to an impending disaster.
- Be alert to and monitor weather forecasts and know the implications, for example heavy rain or cyclones upstream of people living along a river, mean likely floods downstream.
- Use multiple formats and modalities, including messages that are both sight and sound dependent and that reach people with disabilities as well as those who are close to them, notably families. These may include visual warnings using different coloured flags (e.g. green, yellow, red for different levels); lights indicating for example different rising water levels and so on; radio; posters; spotlights; sirens; bells; phone calls; whistles; leaflets in braille; material using strong colours for people with visual impairments. One participant also stressed the need to personally call on people with hearing impairments and have a sign language interpreter or use visual signs to alert the person to evacuate
- Design systems that allow sufficient time, accounting for delay between provision



of message and evacuation, as well as the fact that some persons may be slower than others. The earlier the warning, the more on time the evacuation is, and will also give people

time to gather critical belongings. This involves organising a system of priority evacuation for people with disabilities and others who may be more vulnerable or slower.

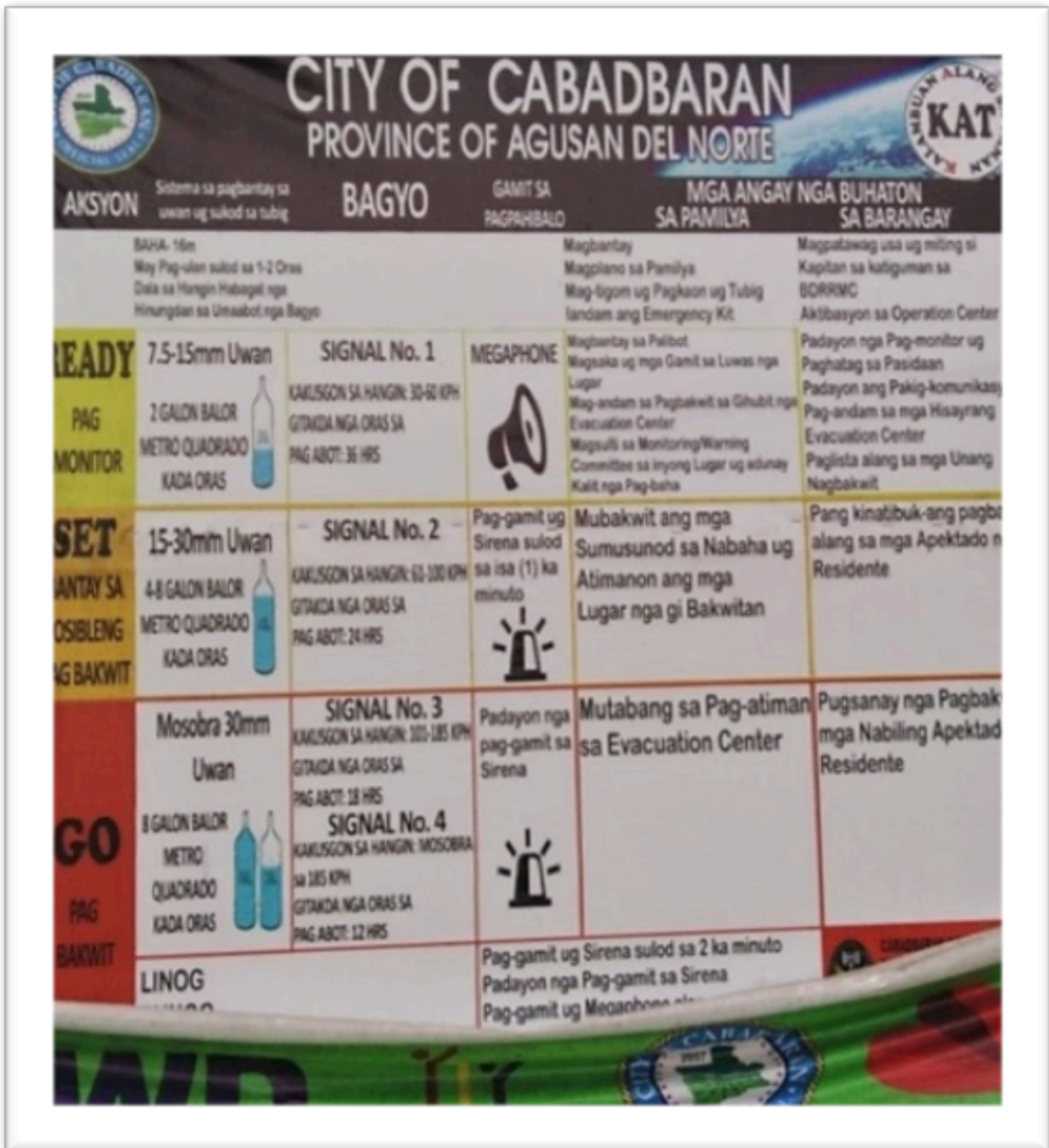


Photo above: Early warning system in the Philippines. Usually posted in a strategic location within the community for people to easily notice it and in local dialect so that people understand it. The signage shows the different types of early warning systems to use. It also gives instructions on what to do at the household and community levels during various phases of emergency. **Photo: CBM**

### 3.2.2.3 Disability Inclusive Community mapping

If there was a critical issue discussed in depth, this was the need for timely, effective and inclusive community mapping. This was especially the case when it comes to communities that are dispersed, in remote areas, and where people with disabilities may be spread out. As one participant stated: 'it is impossible to do anything if you do not even know where people are'.

The implication, is that information often needs to be intentionally sought out to document, inform and prepare inclusive and effective practices that are also relevant. When asked, participants noted how community mapping is central in DIDRR and a good practice because it serves multiple objectives:

- It is needed for a well-coordinated process and helps with targeting.
  - Involves the community: they know each other, and they know where to find people with disabilities.
  - Helps understand the challenges and barriers that accentuate vulnerability to disaster risks.
  - Offers an effective tool for lobbying for inclusive policies and practices.
  - Documents needs, hazards and assets.
  - Helps build consensus while mapping to improve design and local government systems aimed at strengthening disaster resilience and reducing vulnerability.
  - Helps ensure that the voices of the most marginalized, including people with disabilities are heard, documented, and learned from.
  - Deepens understanding of the social, economic, cultural, ideological, physical and political landscapes of communities and the various complexities (e.g. where power resides, who has decision making capabilities and so on).
  - Guides disaster mitigation activities and community evacuation routes among many other processes.
  - Allows a community to recognise its own resources and capacities to respond effectively.
  - A means of awareness-raising and also building of knowledge and training among families and communities to understand the risks, as well as the strengths and resources, and to know when and how to react.
  - Provides key information for disaster risk reduction plans and programs at the local level
- Discussions with participants highlighted a need for an array of information and activities in mapping:
- The location of potential risk areas (e.g. coasts or steep mountain sides)
  - The number and also specific location of households residing in high risk areas and who are hard to reach, and map the best routes to reach them quickly
  - Resources (natural, social, infrastructural etc.), where they are, and who and what determines and/or conditions access.
  - Organisations, including authorities in the area and who can support and collaborate.
  - Key landmarks, facilities and services in different areas, including hospitals, schools, health centres.
  - Evacuation routes and centres and transportation links to these
  - Water points, sanitation, telecommunications and distances to these
  - Functioning shelters, how equipped they are (e.g. medication and assistive devices) and ease of access
  - Numbers of people with disabilities in the community, where they reside, distance from main thoroughfares and distribution points in the eventuality of a disaster.
  - Type of disabilities, what restrictions they face in evacuation, accessing shelters and so on.



- What medication they require, assistive devices they use etc.
- Poverty, livelihoods and levels of vulnerability, including access to assets
- Availability of support to people with disabilities, be they family members or community members who can assist before or during a disaster and ensure to document and map those who have no support.
- Adapt mapping to the specific communities, for example by using more pictorial means in areas with high levels of illiteracy, while constantly ensuring culturally sensitive and responsive means of communication and engagement.
- Get community members to draw a map that is easily read, fully accessible, that clearly marks community boundaries, locations of institutions, streets, houses of people with disabilities, numbers in high risk areas and so on

Good practices within mapping are not only pertinent to the information that is collected, mapped and collated, but also to how this exercise is done. The main message is that mapping is not carved in stone, and that it should be flexible, requiring a different range of information varying according to context as well as personal circumstances. There are some good practices, though, when it comes to how this information is collected:

- Disability inclusive mapping is ideally designed, coordinated and executed by people with disabilities and OPDs and the community itself.
- Ensure that everyone is included in the mapping exercise, especially families and communities, alongside village heads and local and municipal government, places of worship and other places of gathering, schools, agencies and organisations present in the area.
- Ensure all people with disabilities and their households are comprehensively mapped: this process requires not only intimate knowledge of communities, but also smaller mapping teams working in the field at a decentralised level. It is very problematic and unreliable to depend on municipal or other records that may often not be complete.
- Use mixed methods: for example, some information may be drawn from official records, while other information needs to be generated for example through rapid surveys, informal conversations or community discussions.

- Choose a space that is fully accessible for people with different disabilities, and integrate all supports required e.g. sign language interpretation.

Mapping is a learning exercise and is dynamic and constantly changing in response to changing demands for information as well as circumstances. This means that it is not a one-off exercise. Importantly, one must ensure that this mapping information is available to anyone who needs it, especially officials responsible for DRR as well as local government, and that it can be accessed, is known and organised, for example by having clear maps with pins highlighting the houses of people with disabilities.

#### 3.2.2.4 *Harness the power of communities: inform and strengthen*

Communities are the most powerful local force apart from families, and which have a direct influence on people with disabilities and on DIDRR. The community is where disability is lived, and where it is survived, and community action is a powerful force to be harnessed- this is the basis of CBID (CBM, 2018a).

Work with families and communities is critical in ensuring preparedness as well as ability to react after a disaster (Subramaniam and Villeneuve, 2020) and hence no one must be left out. Good practices from participants suggested a number of areas to be covered:

- Ensure that people with disabilities, families and caregivers are included in any training on early warning systems, how they work, what the warning signals mean and what actions should be taken. Special attention needs to be given to those who live in more remote and isolated areas and who tend to be left out.
- Set up community records mapping those who are most vulnerable and who need help, to allow for easy tracking and evacuation.
- Use schools as an effective platform to educate about disasters, DRR and also disability from a young age, so that children understand what to do in the eventuality of a crisis, and to achieve a multiplier effect, by having children relay information back to their families, including early warnings, or critical information about evacuation. Also train schools to monitor information and signals.
- Teach how to monitor news and other alerts before and after disasters and to do this consistently
- Educate on the signals used in warning systems, what each signal means, and how to react and to ensure that these are read and paid attention to as part of a routine.
- Impart key information from mapping, including:
  - where vulnerable households, including people with disabilities are located
  - which evacuation routes are accessible and which are not and hence should be avoided
  - where shelters are located, which are the closest, and how to reach them
  - identifying support staff during evacuation
  - how to communicate and request assistance
  - how to access health facilities, water points etc. following a disaster and where these are located
- Devise a plan with community officials for early evacuation of people with disabilities and persons who may be vulnerable and who need immediate attention as well as help with getting out.
- Train on contingency plans at the household level, for example the need to stock-pile food early when there are early signs of drought
- Conduct regular drills to check how efficient the early warning system is, and importantly to identify gaps, including in universal design. Drills also serve as effective refreshers, to ensure everything is understood by everyone, learnt and memorised (e.g. the different colours of warning flags and what they mean), because people tend to forget (Liliane Fonds, 2016). OPDs should be involved in such drills alongside government officials and other key supporting stakeholders within the areas. It is not only families that need drills, but also those who will be responsible for supporting during and after a disaster.

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## Setting up community early warning and emergency response systems in a conflict and displacement setting: the case of Niger



Photo above: Training of members of the Community Early Warning and Emergency Response System (SCAP-RU inclusive). Photo: CBM Niger

Recurring natural disasters are not the only disasters in Niger. Indeed, since 2015, the Diffa region has been living a constant security crisis caused by the armed insurgency of Boko Haram, often leading to massive population displacement.

In order to ensure the active participation of vulnerable groups, particularly people with disabilities in the forecasting of crises or disasters, and to guarantee that their specific needs are addressed in crisis or disaster management, the CBIDRR project set up 21 Inclusive Community Early Warning and Response Systems (SCAP-RU) in its areas of intervention. These are grassroots community organizations aimed at increasing the

capacities, roles and responsibilities of communities in the forecasting and management of crises or disasters that may affect households in the community.

As a tool to support decision-making at the local rural household level, the SCAP-RU's mandate is to produce specific information on a range of security dimensions, including: household living conditions (food, health, nutrition); natural resource management and the environment; livestock; extreme events and climate change; social relations and conflict management among others. The objective is therefore the generation of data that can serve as local warning indicators, and that cover



men, women and children across all age groups and with all types of disabilities equally.

The members of these 21 Community Early Warning and Emergency Response Systems (inclusive SCAP-RU) were trained on their operations, roles and responsibilities, the filling in of data reporting forms, inclusion, and the rights of people with disabilities. These SCAP-RUs have also been supported to

identify warning indicators with translations in local languages and to develop their own action plans.

In anticipation of possible crises or disaster situations requiring emergency displacement or evacuation, a mapping of persons with disabilities was conducted to locate their homes in all the villages and to ensure they are not forgotten or left behind.



Photo above: A family takes part in a needs assessment as part of CBM and JJA's response to Cyclone Idai. Photo: CBM

### 3.2.2.5 Fostering resilience: on weathering stresses and shocks

Investing in building and strengthening resilience has garnered much attention in both the development and humanitarian sectors, including DIDRR (ODI, 2016; GFDRR, 2018; CBM, 2020a). The main objective here is to support ‘households, communities, states and systems’ to ‘better absorb shocks without suffering long-term setbacks in their economic and social development’ (Peters and Pinchon, 2017:11), and importantly bounce back<sup>10</sup>. The discourse on resilience has also provided a positive shift away from charity and/or deficit models, towards an emphasis on agency and self-development.

When discussing resilience, one of the main topics addressed by participants, was that of protecting and strengthening livelihoods, to achieve what CBM (2018a) calls ‘disaster-proofing livelihoods.’

#### 3.2.2.5.1 Resilient livelihoods that are ‘with-proof’

The attention to livelihoods is indeed not surprising. Stronger livelihoods are not only a means of addressing immediate consumption, but are also a critical safety net when it comes to disasters, including to prevent a system collapsing or the ability to recover. But, and even more basically, one of the main areas, if not the main one affected by disasters are livelihoods, especially for those engaged in agriculture and/or in close proximity to natural resources or who are dependent on these<sup>11</sup>. Overall, loss of or fragmented livelihoods have serious economic, social, political, cultural, and personal implications among others, especially in contexts where social protection is absent. Most people in poverty have little more than their own labour to depend on. For people with disabilities, this can mean for example reduced ability to access health care and rehabilitation and/or purchase food

to make up the food basket, and/or provide for children. Even more basically, inclusion in livelihood activities, has a strong psychological component, including confidence and mental health.

Overall, and in line with the SRC (2016:14), good practices highlighted by participants point to an approach where the scope is to:

*‘secure the livelihoods of people before, during and after hazardous events. The emphasis is on improving their living conditions and restoring their livelihoods in the aftermath of disasters, so as to enable them to resume a dignified and self-determined life.’*

This requires intervention on multiple fronts, but does not necessarily mean new practices, but instead a strengthening of what is already in place. As will become clear, much of this draws from CBID. Key points raised by participants related to building resilient livelihoods, included:

- Ask people with disabilities what they would like to do and how and what they need, including accommodations, to ensure any activity is contextually and also personally relevant and wanted, and not imposed from the outside. This is where Income Generating Activity (IGA) Assessments are useful, especially when these genuinely listen and learn.
- Remove or minimise barriers to livelihoods, before and after a disaster: these may be infrastructural, physical (most livelihoods of people in poverty are dependent on harsh physical labour), economic, as well as attitudinal. This involves not only technical knowledge, but also measures at addressing these attitudes and social responses (see above).
- Educate communities with DPOs leading on this: to show how people with disabilities

<sup>10</sup> This focus on building resilience is indeed a main feature, promoted by global frameworks such as the Sustainable Development Goals, the Paris Agreement and the Sendai Framework for Disaster Risk Reduction. What we therefore see here is an increased focus on action to mitigate crises, and to strengthen systems in responding and recovering from them. This involves concerted and long-term action, and is indeed more aligned with development than with actual humanitarian work in its focus on vulnerability reduction, and which therefore provides a critical interface between the two, as with CBID work.

<sup>11</sup> Floods for example wipe out farmlands and livestock, droughts kill them and affect their productive output over time. Those who are displaced often lose their livelihoods, whether because their place of work is destroyed or they lose their productive means, be they livestock or machinery that cannot be easily moved. People may also end up temporarily or permanently displaced, often losing their livelihoods.



contribute too, and how their participation in the labour market ultimately benefits the whole community (see GFDRR, 2018 for more on this)

- Provide training on livelihoods that are less strenuous, that can be performed by different people with different disabilities e.g. small-scale gardening, poultry farming or retailing.
- Emphasise climate resilient livelihoods using modern and also high yield seeds.
- Ensure there is a market for what is proposed, and hence conduct a market analysis alongside an environmental analysis
- Provide access to start-up capital and inputs, for example seed and fertilizer
- Look at higher value crops that are more resistant and explore multi-cropping possibilities.
- Consider livelihoods that can be ‘moved’ during a disaster e.g. certain livestock which can ensure some or other productive as well as consumption potential.
- Extend the portfolio of possible livelihoods beyond agriculture into areas that may be less volatile and exposed, for example the service industry.
- Focus on people already working, and include those outside the market- the poorest of the poor. These are the ones who are most fragile in the face of shocks.
- Lobby government extension workers: open channels as well as contact so that these can offer livelihoods training to people with disabilities too when it comes to livelihood support, alongside access to critical inputs such as government subsidized fertilizer.
- Lobby government, development and relief agencies to offer employment to persons with disabilities in relief aid and post emergency programmes.



Photo above: A household takes part in a needs assessment as part of CBM and JJA's response to Cyclone Idai. The household lost a kitchen and a bedroom during the cyclone and has since received mealie meal as aid. **Photo: CBM**

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## Building climate resilient inclusive livelihoods in Bangladesh

Cyclones are recurrent and common natural disasters in the southern part of Bangladesh, an area increasingly vulnerable to the effects of climate change. Over the past 15 years, it has faced some devastating cyclones and tidal surges which have damaged the natural ecology and also the livelihoods of communities, especially persons with disabilities. Intrusion of salinity in ground water, low precipitation, lack of fresh water and soil salinity, in turn impact agricultural production and push up the prices of agricultural products, especially those of paddy and vegetables in the South western part of Bangladesh.

As a result, CBM in partnership with the NGO Disabled Rehabilitation and Research Association (DRRA), initiated the Community Centred Disability Inclusive Disaster Risk Management project. The objectives was to enhance livelihood activities of marginalized people, including people with disabilities in the Satkhira district. The project selected participants using specific criteria: ownership of a piece of land that can be cultivated; basic knowledge of agriculture; interest in vegetable gardening and agriculture; minimum level of physical mobility; and access to a small source of fresh water such as small pond or a water tank close by.

The project provided training on modern vegetable gardening along with transplanting in paddy cultivation. Participants received a conditional cash transfer to serve as seed money for their gardening activity, based on their own individual business plan. To increase the capacity of persons with disabilities, the project connected them with the government agricultural department, which then provided technical support through its extension workers. Project staff and government extension workers provided regular follow up at the individual level.

Participants set their cropping target according to the crop calendar, and forecast investment and possible net income. The project helped them to

better understand markets, profit and loss, product pricing, as well as the disaster season.

As an innovation, the project introduced soil-free seedling which helps participants prepare their seeding before any natural disaster, and hence preventing any form of disruption. Coco peat was employed as a natural biodegradable substance which can hold water for longer, and which when combined with compost, becomes more fertile.

To enhance the productivity and best use of fallow land or unused space at home, they were also encouraged to use bag gardening. All this innovation was applied to cultivate vegetables in a place where soil salinity is too high for vegetable gardening.

The project has proved to be a successful climate resilient inclusive livelihood approach offering participants financial benefits and a source of nutrition for them and their families. The project is determined to try and develop a livelihoods model which can be replicated in other climate vulnerable communities.



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## ‘Moving’ livelihoods: goat farming and the creation of resilient value chains in Niger



*Photo above: Rearing goats in proximity to households in a village in Diffa, Niger, part of the strategy to build resilient livelihoods*

**Photo: CBM**

The CBiDRR project by CBM in Niger was actively engaged in the creation and promotion of inclusive, competitive and resilient value chains. The need to invest in resilient livelihoods is a priority, because these can determine if and the extent to which a shock to the system becomes a disaster. To do this, the rearing of goats was chosen as a viable strategy to enhance the resilience of households, particularly of those who are poor, and which still needed to be tested at the time of this study. The project sought to then provide financial assistance, training and evaluation.

Goat rearing was chosen following an initial study of the vulnerability and capacities of the communities. According to the recommendations of this study, three value chains were identified for poor people, including people with disabilities: goat rearing, poultry and sesame. Goats are resources in preparedness, but also response action because they can be moved in the event of a crisis, and are a means of productive capital following a drought, flood or an attack by parasites. Through this activity, participants would therefore be encouraged to take part in actions to prepare for or mitigate disasters risks, while ensuring some or other resilience to the system.

### 3.2.2.6 Flexibility is key

One key point of discussion, and a good practice, was the ability to act flexibly according to needs and demands as opposed to following a strict blueprint, because situations change in disasters (Liliane Fonds, 2016). The ability to respond effectively and in a timely way, though, requires coordination and complementarity with other efforts, as well as the possibility of adaptive programming, that is the flexibility and space to react to needs as they emerge (see Valters et al., 2016). A number of notable good practices in response, in particular, included cash transfers and crises modifiers, and which need to be carefully planned for and activated in DIDRR efforts:

#### 3.2.2.6.1 Cash transfers

A number of participants highlighted how in a number of instances, cash transfers are the best solution in disaster response, because these offer persons and families the autonomy to choose and decide what is best for them. Short term, cash provides immediate access to attend to basic needs, while relieving from congestion and chaos in relief (see Bailey, 2008 for more on this).

Using cash transfers is an effective option also because it minimises waste, while shifting power back to people with disabilities and their families. Cash is needed because in disasters, people with disabilities may lose their assistive devices, or may also require specialised health care, and this often needs money, even to simply mobilise and reach specialised health care facilities. Overall, this does not necessarily mean separate cash transfer programs for persons with disabilities, but to ensure that what is in place, is disability-inclusive and accessible.

Participants highlighted a number of good practices in planning for and activating cash transfers following a crisis:

- Consult with as many persons as possible during the needs assessment, and ensure there is enough disaggregated data to understand where the requirements are greatest and where cash transfers can be best directed and employed.
- Ensure that OPDs are active together with other marginalised groups as well as organisations in deciding how cash will be targeted and also in implementation of cash transfer programs.
- Check that markets and shops are functioning and accessible (including distance), so that the cash can actually be spent, and know what is available and what is not.
- Understand the barriers to accessing and using cash transfers for persons with disabilities as well as accessing markets, for example mobility problems.
- Make sure that the most vulnerable, including women, older adults, children, refugees, those from ethnic minorities among others have access to cash transfer programs
- Ensure that modes of delivery are informed, culturally, religiously and gender sensitive and adapted.
- Consider a top-up for people who are more vulnerable and exposed and who have added costs, for example those with no legal status, older adults with disabilities, families having more than one person with disabilities, those with serious health conditions and health care costs, and pregnant women among others.
- Put in place a disaggregated data system to document recipients and amounts by gender, age, type of disability, location, etc. and to seek balance.
- Provide the cash through a mechanism that ensures it does reach beneficiaries immediately and without delays, and that it is accessible to all, with no discrimination, is secure and equitable and transparent. Methods can include cash-in-hand that is recorded, or transfer via a traditional bank or mobile transfer systems, but the most important thing is that any method used is contextualized and that people are familiar with it, that it is easy to understand and access.



Mixed modes are also possible, for example providing one group with cash and another with food depending on their needs and circumstances, or a combination of both, when markets are fragmented or not functioning as they normally do. Overall, though, cash transfers need to reach those who are most in need, the process needs to be

fair and equitable while minimising conflict and fragmentation between people and communities. The implication is therefore that diligent needs assessments need to be in place, alongside clear and transparent targeting and selection criteria and tools, and once again to look at inclusive targeting as opposed to singling out people with disabilities<sup>12</sup>.

## Inclusive cash transfer using inclusive targeting criteria: a lifeline in Bangladesh.



*Photo above: Mojaffar, who has a physical impairment, received unconditional cash support as part of the Cyclone Amphan response. He used the money to purchase material to repair his house. Photo: CBM/DRRA*

The Multi-Purpose Cash Grant support is one of the most effective ways to support affected communities during any disaster when things collapse, says the CBM representative in Bangladesh. But if needs assessments and targeting criteria tools are not in place and not inclusive, then there is scope for those who are most at risk, including people with disabilities, to be excluded.

An inclusive targeting criteria tool was therefore introduced and piloted during Cyclone Amphan in Bangladesh in 2020. The tool looked at three areas (household demographics; socio-economic characteristics; and disaster impacts on household coping mechanisms) and used these as ‘proxy indicators’ of risks, with different weighting scales associated with each specific category.

<sup>12</sup>See UNHCR (2014) and CBM (2020a) for more on inclusive cash transfers.



The Washington Group Short Set of Questions (WGSSQ) were included to help identify persons with disabilities.

Before finalizing the list of participants, a vulnerability and market access survey were conducted for inclusive humanitarian cash support alongside a gap analysis. To ensure that the list included persons with disabilities, several consultation meetings with local government, key stakeholders, community members, persons with disabilities and OPDs were held.

Identifying persons with disabilities is always challenging in Bangladesh, so the involvement of OPDs and the use of the WGSSQ helped to overcome this challenge. Because persons with disabilities have better knowledge about their own situation within their communities, they were involved throughout implementation and monitoring of the activities

Data for the inclusive assessment was collected using mobile phones and then uploaded to an online database. At the initial stage, more than 15% of targeted participants from affected households included persons with disabilities. Each household was assigned a score based on different indicators,

and those with the highest score were selected. These targeted households each received BDT4,500 (EUR48) as an unconditional Multi-Purpose Cash Grant support.

This system proved to be effective because persons with disabilities may confront specific needs after a disaster. They may lose their assistive devices or sustain a new injury or need therapy or to purchase medication as a result of the crisis. Households where people with disabilities live, therefore often require additional money following a crisis. There was therefore an additional top up of BDT1,000 (EUR10) to cover these expenses. This figure was decided during the Rapid Needs Assessment through consultation meetings with OPD representatives. The use of the mobile financial service bKash enabled remote, secure and direct cash transfers to beneficiaries regardless of location, and hence reduced stress and time lags.

After the cash transfer, a Post Distribution Monitoring (PDM) exercise was conducted to obtain feedback from the community about the transfer, the initiative, transparency and accessibility among other issues.



Photo above: A person with a physical disability withdraws cash from an authorized bKash agent after receiving the unconditional multipurpose cash support in response to cyclone Amphan in Southkhali Union of Bagerhat District in Bangladesh. Photo: CDD

### 3.2.2.6.2 Crisis modifiers

Crisis modifiers were mentioned, in particular by one country office, Niger, where it seems there is reasonable investment as a concept going in. However, in most of the country offices, as demonstrated earlier, Covid 19 had resulted in measures needing to be taken on the spot and at short notice. A crisis modifier is exactly what the name implies: an intervention that seeks to modify a crisis by addressing urgent humanitarian needs while at the same time, protecting ‘development gains resulting from development programs’ (CBM, n.d.). The idea here is to quickly respond while being able to still invest in and sustain programmes targeting and seeking to reduce people’s vulnerability to stresses and shocks.

Crisis modifiers can come in different shapes and forms, but in particular, funding reserves that can be tapped into to readjust or realign the system, whether through budget modifications, access to a central response fund, or ring-fenced budgets (see CBM, n.d.). As resilience continues to gain traction in the development and humanitarian sectors, so does the focus on building resilient systems. The US Agency for International Development (USAID), for example deploys crisis modifiers in drought-prone contexts to protect agro-pastoral livelihoods. This has roots in Eritrea and Ethiopia in 2000 when it used crisis modifiers to redirect development funds to emergency assistance activities (see USAID, 2015).

Even with the Covid 19 responses documented above, the element of protecting what has been achieved through CBID and other approaches (e.g. more resilient livelihoods) formed a key component and motivator to respond among participants’ organisations. The alternative would have been loss and a need to start from scratch, apart from the humanitarian crisis, so for many, not responding was not an option. In sum, crisis modifiers serve a number of functions:

- They bridge development and humanitarian responses and are targeted at specific communities. They involve the injections of funds that can be tapped into in the eventuality of a crisis
- They provide for quick responses and according to emerging and urgent needs, for example

food or medical care, without too many delays between applying for and receiving the funds

- They protect gains made and help ensure that these are not lost in a crisis situation
- They can be trimmed back quickly once the situation changes so that resources can be pumped back into normal development activities and hence ‘allow for an easier and more organic transition from relief to recovery and back to development’ (CBM, n.d.)

Overall, when utilised effectively, crisis modifiers hold the potential to avert or reduce the impact of a crisis, offering a practical means to better support at-risk populations, including people with disabilities (see Peters and Pinchon, 2017 for more on the technical and operational dimensions of crisis modifiers).

It was clear in discussions that crisis modifiers are still relatively ‘new’ to the DIDRR space, though not at all unfamiliar. While the majority of participants did not refer to them as crisis modifiers, to some or other extent, all were familiar with the dynamic of response at very short notice, as people start going hungry, lose their livelihoods, cannot attend to their medical and also basic needs and the quest for mere survival takes over, as happened with COVID-19.

The key good practice here, is therefore the integration of crisis modifiers at the planning stage, ready to be tapped into in the eventuality of a crisis, and where speed is of the essence. The country office in Niger, for example, highlighted how it had planned early once signs of the pandemic were evident, and then activated the crisis modifier in June 2020, targeted at people with disabilities and women affected by COVID.

It is still early days to see what the potential and impacts of crisis modifiers can be, and requires much more experience specifically with people with disabilities as well as research. However, there is much promise. At a basic level, crisis modifiers bridge the space between development and humanitarian policies and practice (GFDRR, 2018), a space that can perhaps be better understood and harnessed, if anything, to also garner support for DIDRR in other areas of practice.

## Crisis modifiers: an inclusive response to the covid-19 pandemic in Niger



Photo above: Banner for The Community Based Inclusive Disaster Risk Reduction Diffa Niger project, providing assistance with kits and awareness during the Covid 19 crisis. **Photo: CBM**

Crises and disasters are recurrent in the intervention areas of the CBIDRR project, steered by CBM Niger. Started in October 2019, funded by CBM Switzerland and implemented by the NGO DEMI-E for a period of three years, this project has been rather busy.

During the programming and planning phase of the project, a provision was made for possible rapid humanitarian responses and hence integrated the crisis modifier, which needed to be tapped into earlier than anticipated. The objective of this, was to enable the project's implementing partner

(DEMI-E) to respond quickly to the communities' urgent humanitarian needs, while protecting the development gains resulting from the project. Once this humanitarian response would be provided, the partner would then be able to resume project activities addressing the root causes of people's vulnerability to improve their resilience to recurrent shocks and stresses, a regular part of CBID work.

Changes happened quickly as the first case of Covid-19 was diagnosed in Niger in March 2020. The Diffa region has been in a state of emergency



since 2015 due to the armed conflict with Boko Haram, and the positive cases of COVID-19 added yet another crisis, including pressure on disease prevention measures. In addition, the closing of the borders harshened poverty and deprivation, seeing the prices of basic foodstuffs soar while households had increasingly low purchasing power.

These measures negatively impacted the economy of households, most of whom live day by day. The living conditions of vulnerable populations, among them persons with disabilities, became even more precarious. To this end, the government of Niger initiated a national COVID-19 response plan to mitigate the effects on the country's economy and on the lives of vulnerable households who were already very vulnerable. However, this response plan did not provide for specific measures for poor people, including persons with disabilities and to attend to their needs through effective social protection. Furthermore, communications produced by the government and its partners were not accessible to people with certain disabilities, especially persons with hearing and speech disabilities (no sign language translation, no subtitles, etc.). These people, already vulnerable, with limited access to even soap and water, were at very high risk of the disease and no one was caring.

Faced with this situation, the CBM Niger Country Office in collaboration with its partners, initiated actions to contribute to an inclusive response to COVID-19 in order to bridge the gap. It is within this framework that the implementing partner, DEMI-E activated the CBIDRR project's crisis modifier to support groups at risk, particularly people with disabilities.

Distributions of relief and assistance reached 500 vulnerable beneficiary households (338 men and 162 women with disabilities) in 8 of the most affected villages. Each beneficiary household received food and a hygiene kit and protective masks. During these distribution sessions, project

agents educated communities on preventive measures against the spread of COVID-19 along with demonstrations.

In order to convey more inclusive messages, arrangements were also made for translation into sign language. In addition, other awareness-raising messages on the same subject produced by the Nigerian Federation of Persons with disabilities (FNPH) were broadcast in 3 local languages on a local radio for several weeks.



## 4. Conclusions

Rounding off this report is not easy given the multiplicity of issues and practices discussed, but one can draw a few conclusions:

- We are still embarking on the DIDRR journey, and there is much left to garner in the way of knowledge, experience and also longitudinal research: we need more critical evaluations to look at effectiveness and impact in a range of heterogeneous and complex spaces, without generalizing or simplifying. There are no one-size-fits-all solutions or ‘best practices’, but there are definitely good and promising ones to discuss and develop.
- DIDRR is contextually sensitive and requires learning, adaptation and flexibility: no one context is the same, and no one action will work in every space and place. This implies a need to critically understand the social, economic, geopolitical, cultural and ideological landscape over space and time, how it provides the conditions for disasters, and also impacts efforts at reducing disaster risks.
- Contexts as well as disasters change and so is DIDRR changing and dynamic.
- DIDRR is about people with disabilities, their needs, demands and their methods: they need to be supported on their own terms.
- We must understand the heterogeneity of disability and how this interacts with and the implications for any work in DIDRR.
- Building capacity and organizing persons with disabilities is key.
- Inclusion is a matter for all, not only for people with disabilities, and this message has to echo far and wide.
- Advocacy can never be diluted, but it needs to be consistent, informed, strategic, collaborative and resourced.
- Disability exists within broader spaces of vulnerability: these intersectional spaces need to be understood and addressed through a strategy of inclusive targeting to make sure no one is left out.
- Not much can be achieved without tackling negative cultural attitudes towards disability, including by those in powerful positions.
- Alliances need to be harnessed and relationships cultivated because without coordinated collaboration, little can be done.
- Information is needed, constantly and solidly, wherever it may come from. It can and does save lives. It can also push governments and others into action.
- Universal design must be streamlined in all things, old and new.
- Having policies in place, does not mean they will be implemented: checking that a budget and commitment are in place, and the relentless vigilance to ensure that what is promised is being delivered upon, are what make advocacy arduous yet indispensable.
- DIDRR is ultimately about rights: these need to be learnt, understood and explained to all relevant stakeholders and then enforced.
- Any good practice needs to not only recognise, but also build on strengths that are already in place: this is necessary also to ensure that any practice does not infringe on the rights of or harm people with disabilities or communities in any way, directly or indirectly.
- Finally, resilient and adaptive systems can contribute to weather stresses and shocks: these, though, need sustained investments and informed foundations, and resilience transcends mere economic aspects to include adequate universal social protection, including for families and communities, over space and time. We therefore also cannot shift the focus away from the causes of disasters, including poverty and inequality, because they have strong historical and geopolitical foundations, and impact disasters and resilience to them, with the implication that DIDRR, too, needs to be politicized.

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