MAINTREAMING DISABILITY IN DISASTER RISK REDUCTION
A TRAINING MANUAL AND FACILITATION GUIDE

EUROPEAN COMMISSION

Inclusive Disaster Risk Reduction Publication
CONTACTS:

**HANDICAP INTERNATIONAL – Indonesia Program**
Jl. Prawirotaman III No. 669A, Mergangsan,
Yogyakarta 55153 - Indonesia
Tel: +62 274 376107 / 382262
Email : info@handicap-international-id.org

**HANDICAP INTERNATIONAL- Philippines Program**
12F Valero Tower, 122 Valero St, Salcedo Village,
Makati City 1227 - PHILIPPINES
Tel: +63 (2) 812 6990 / +63 (2) 519 3341
Email : info@handicapinternational.ph

www.handicapinternational.ph
www.handicap-international.org

Printed in the Philippines – 2011

REVIEW AND CONSOLIDATION OF THE CONTENT:

**Handicap International - Indonesia Program**
Robert SULISTYO, DRR Trainer
Mathieu DEWERSE, Operational Coordinator

**Handicap International - Philippines Program**
Camilla PANTE, DRR Project Manager
Kirsten LENTZ, Disability Coordinator

**Handicap International – Technical Resources Division**
Annie LAFRENIÈRE, Social Inclusion & Inclusive DRM Technical Advisor
Anne GORMALY, DRM Technical Advisor

PHOTO CREDITS:
Handicap International

DESIGN AND GRAPHICS:
Darius MARTINEZ and Rorie FAJARDO

PRINT PRODUCTION:
JAVA PRESS

This guide may be used or reproduced for non-commercial uses only, on condition that the source is cited.

This training manual has been produced with the financial assistance of the European Commission Directorate General for Humanitarian Aid and Civil Protection – ECHO and the Spanish Agency for International Development Cooperation – AECID under the project “Mainstreaming Disability in Disaster Risk Management Initiatives in Indonesia and Philippines.”

The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Commission.
ABOUT HANDICAP INTERNATIONAL

Founded in 1982, Handicap International is an independent and impartial international aid organization working in situations of poverty and exclusion, conflict and disaster. Working alongside persons with disabilities and other vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights.

Handicap International is a not-for-profit organization with no religious or political affiliation. It operates as a federation made up of a network of eight national associations (USA, Belgium, Canada, France, Germany, Luxembourg, Switzerland, and UK) that provide it with human and financial resources, manage its projects and implement its actions and social mission.

Handicap International has programs in 60 countries and acts in both emergency and development situations. Handicap International is co-recipient of the Nobel Peace prize in 1997 and recipient of the Hilton prize in 2011.

In Indonesia, Handicap International started its intervention with emergency response following the 2004 tsunami. The program eventually developed longer term projects in the country with the goal to support greater opportunities for persons with disabilities to exercise their rights and enhance their dignity.

Handicap International has been working in collaboration with the Ministry of Social Affairs of the Republic of Indonesia and other national and international partners through emergency and development interventions to answer to the basic needs of vulnerable groups and support the inclusion of persons with disabilities.

The organization was present in relief interventions following the earthquake of 2006 in Yogyakarta, the earthquakes of 2007 and 2009 in Padang, as well the eruption of volcano Merapi in 2010.

Handicap International in Indonesia is active in health, social, disaster risk reduction and education sectors, constantly promoting participation of persons with disabilities in activities.

In the Philippines, Handicap International has been working since 1985 to provide persons with disabilities with permanent access to services which are presently non-existent or inaccessible and to contribute to reducing the effects of disasters and conflicts. The specific objectives are to promote the inclusion of disability issues and the integration of persons with disabilities in development policies and actions, to reinforce the capacities of local key players to improve access to services and to reduce the impact of natural disasters on vulnerable populations, particularly persons with disabilities.

Our intervention strategy is to support the implementation of the national Community Based Rehabilitation program and the national Community Based Disaster Risks Reduction policy, and the development of the Primary Health Care system to respond to the problem of diabetes and cardiovascular diseases.

In the ten past years, Handicap International participated to several emergency responses in Negros Occidental (2002), Mindanao (2003), Quezon (2005), Southern Leyte (2006), Albay (2007) and recently following the 3 typhoons Ketsana, Parma and Santi in Rizal (2009) and the typhoon Megi in Isabela (2010).
# Table of Contents

- **Introduction** .............................................................................................................................. 1
- **Organizing Your Training** ............................................................................................................ 8
- **Facilitating Your Training** ......................................................................................................... 14
- **Topic 1: Setting the Scene: Disability and Disaster Risk Reduction** .............................................. 24
- **Topic 2: Introduction to Disability** .............................................................................................. 34
- **Topic 3: Knowledge on Disability** .............................................................................................. 42
- **Topic 4: Approaches to Disability** .............................................................................................. 50
- **Topic 5: Disability, Development and Human Rights** ................................................................. 55
- **Topic 6: Mainstreaming Disability in Community-Based Disaster Risk Reduction** ....................... 63
- **Topic 7: Disability-Inclusive Vulnerability Capacity Assessment** .................................................. 69
- **Topic 8: Disability-Inclusive Early Warning Systems** ................................................................... 78
- **Topic 9: Disability-Inclusive Search, Rescue and Evacuation Process** .......................................... 85
- **Topic 10: Disability-Inclusive Shelter Management** .................................................................... 95
- **Topic 11: Disability-Inclusive Livelihood** .................................................................................. 108
- **Topic 12: Advocacy and Networking for Disability-Inclusive Disaster Risk Reduction** ................. 116
- **Topic 13: Disability and Disaster Risk Reduction: How Inclusive Are You?** ............................... 120
- **CD Guide** .................................................................................................................................. 127
LIST OF TABLES AND FIGURES

TABLE 1. Learning Blocks and Topics
TABLE 2. Training Scenarios
TABLE 3. Training Scenario (facilitated by trainer with DRM background)
TABLE 4. Training Scenario (facilitated by DRR and DPO trainers)
TABLE 5. Training Scenario (for participants with field experience on DRR)
TABLE 6. Major Disasters in Indonesia within the last five years
TABLE 7. Major Disasters in the Philippines
TABLE 8. UNCRPD’s Four Types of Impairments
TABLE 9. Main Categories for Functional Purpose in DRR
TABLE 10. International, Regional and National Laws and Regulations on Disability in Development and Disaster Management
TABLE 11. Impairments and Appropriate Community-based Early Warning System
TABLE 12. Measures to Make SR&E Disability-Inclusive
TABLE 13. Key Aspects of Disability-Inclusive Shelter Management
TABLE 14. Barriers and Solutions for Accessibility
TABLE 15. Access to Information and Communication: Barriers and Solutions
TABLE 16. Security: Risks and Solutions
TABLE 17. Water and Sanitation: Risk and Solutions
TABLE 18. Food Security: Risks and Solutions
TABLE 19. Livelihood problems related to disaster (e.g. flood)
TABLE 20. Access to Micro-finance: Risks and Solutions
TABLE 21. Common Advocacy Actions
TABLE 22. Disability-Inclusive DRR Checklist

FIGURE 1. The Learning Cycle
FIGURE 2. Risk Formula
FIGURE 3. Disaster Management Cycle
FIGURE 4. The CBDRR Process
FIGURE 5. Causes of Impairments
FIGURE 6. Disability Creation Process
FIGURE 7. Disability–Poverty Vicious Cycle
FIGURE 8. Disability and Chronic Poverty Cycle
FIGURE 9. Medical and Social Models of Disability and the Chronic Poverty Cycle
FIGURE 10. Rights-Based Model
FIGURE 11. The Twin Tracks Approach Adapted to Disability
FIGURE 12. Sustainable Development and DRR
FIGURE 13. The Disaster Risk Equation
At times of disaster, persons with disabilities are among the most vulnerable individuals within societies. This situation is often compounded for women, elderly persons and children with disabilities who may face multiple barriers and constraints. Furthermore, poverty and incidences of disability are clearly linked. For persons with disabilities from poor households, the ability to prepare for, respond to and recover following a disaster is further reduced. The condition of poverty does not only apply to the ability to secure a living to ensure a tolerable life, but also to inclusion in the decision making processes that shape lives and communities and to accessing information and opportunities. As such, the impacts of disasters on the lives of persons with disabilities can be truly devastating.

Despite the clear vulnerability of persons with disabilities, programming that seeks to empower and better prepare persons with disabilities and their families for disasters remain few and far between. It is also widely accepted that one of the impacts of climate change will be an increase in the occurrence of natural disasters globally. We should also consider that according to the 2011 World Disability Report of the World Bank (WB) and the World Health Organization (WHO), the number of persons with disabilities has previously been underestimated and that the prevalence of disability has been increasing. Current figures in the same report also suggest that more than a billion people globally are affected by some form of disability. Moreover, international and regional instruments such as the International Convention on the Rights of Persons with Disabilities, the Hyogo Framework for Action (Priority for Action 4), the Bangkok Action Agenda and BIWAKO +5 acknowledge that the protection and safety of persons with disabilities must be ensured.

For those of us working in the field of disaster risk reduction and management, the message is clear. We all have an obligation to ensure that persons with disabilities are included in disaster risk reduction plans and are better equipped to prepare for and to cope with disasters.

We hope that these two handbooks published by Handicap International (HI) and Arbeiter Samariter Bund (ABS) consisting of a guide on how to mainstream disability issues and a guide on how to train children with disabilities within disaster risk reduction initiatives will contribute to the goal of making disaster risk reduction more inclusive. The two books may each be used on their own; however, the interested reader will gain a richer picture and understanding from combining the two. The books provide information, ideas and materials that can be applied to a range of disaster risk reduction programming. The information provided is practical in nature and can benefit policy makers, managers, trainers and those working directly in and with communities alike.

It is our hope that you find the handbooks interesting and useful and that they are helpful for those already working on disaster risk reduction and disability. For those who are yet to work on these issues, we hope that these may inspire you to start.

Ms. Catherine Gillet
Country Director, HI Indonesia
On behalf of Handicap International in Indonesia and Philippines

Dr. Alex Robinson
Country Director, ASB Indonesia
ACKNOWLEDGEMENT

The authors are grateful to the following individuals and organizations for sharing their invaluable insight to the project. Their commitment and efficiency in the research made the completion of this training manual possible:

- Sandrine Bouille, Handicap International
- Yohanes Pakereng and his team, Handicap International
- Nuning Suryatiningsih, Director, CIQAL
- Roby Repa, Program Manager, YEU
- Arshinta, Director, YEU:
- Slamet Abubakar, Coordinator, TAGANA
- Epifanus Raga Mega, Main Coordinator, TAGANA
- Winston Rondo, Director, CIS Timor
- Anna Arifin, Project Manager, CARE
- Retno Ika Praesty, LL Consultant, Consortium Consultant
- Absalom Tanono, DRR Coordinator, OISCA
- Anat Prag, CORDAID
- Dr. Alex Robinson, Country Director, ASB
- Dr. Sinun Pieter Manuk, Kepala Dinas Sosial Propinsi NTT
- Tini Tadeus, SH and Jimi Mella, Kepala BPBD NTT
- Guido Fulbertus, PMI Prov. NTT
- Catherine Vasseur, Handicap International
- Camilla Pante and her team, Handicap International
- Eric Fort, Head of Mission, ACF
- Cherrie Oringo, Executive Director, SCCRDFI
- Jukes Nunez, Operations Officer, APSEMO
- Victor de Leon, National Field Representative, PRC
- Edgar Movilla, DRR Focal Officer, Save the Children
- Maureenlie Velasco, Program Officer, COSE
- Shirley Bolanos, Executive Director, Coastal Core
- Demosthenes Raynera, DRR Officer, Social Action Infanta
- Corazon Largado, Advocacy Officer, MACEC
- Ansherina Grace Talavera, M & E Officer, ASCEND-CARE NDL
- Agnes Palacio, National Disaster Risk Advisor, UN OCHA
- Katherine Villegas, Project Coordinator, WHO
- Josephenne Matriano, Senior Project Officer, Christian Aid
- Rene Jay dela Calzada, Project Manager, WWF
- Adrian Thomas Colasito, Local Government Operations Officer, DILG

The authors are also grateful to all the stakeholders, DRR project partners and government officials who generously shared their experience and knowledge related to the project in the common goal of coming up with a material which would contribute to improving the quality of life of persons with disabilities and communities in Indonesia and Philippines.
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td>Action Contre la Faim</td>
</tr>
<tr>
<td>ADD</td>
<td>Action on Disability and Development</td>
</tr>
<tr>
<td>ADPC</td>
<td>Asian Disaster Preparedness Center</td>
</tr>
<tr>
<td>AECID</td>
<td>Spanish Agency for International Development Cooperation</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>APSEMO</td>
<td>Albay Public Safety and Emergency Office</td>
</tr>
<tr>
<td>BAPPENAS</td>
<td>Badan Perencanaan dan Pembangunan Nasional</td>
</tr>
<tr>
<td>BNPB</td>
<td>Badan Nasional Penanggulangan Bencana</td>
</tr>
<tr>
<td>CBR</td>
<td>Community-Based Rehabilitation</td>
</tr>
<tr>
<td>CBDRR</td>
<td>Community-Based Disaster Risks Reduction</td>
</tr>
<tr>
<td>CIS Timor</td>
<td>Center for Internally Displaced People Service in Timor</td>
</tr>
<tr>
<td>CIQAL</td>
<td>Center for Improving Qualified Activity in Life</td>
</tr>
<tr>
<td>COSE</td>
<td>Council for the Services of the Elderly</td>
</tr>
<tr>
<td>CSR</td>
<td>Corporate Social Responsibility</td>
</tr>
<tr>
<td>CWD</td>
<td>Child with Disability</td>
</tr>
<tr>
<td>DCP</td>
<td>Disability Creation Process</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>DILG</td>
<td>Department of the Interior and Local Government</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DIPECHO</td>
<td>Disaster Preparedness - ECHO</td>
</tr>
<tr>
<td>DMC</td>
<td>Disaster Management Cycle</td>
</tr>
<tr>
<td>DPO</td>
<td>Disabled Persons Organization</td>
</tr>
<tr>
<td>DRM</td>
<td>Disaster Risk Management</td>
</tr>
<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
</tr>
<tr>
<td>DRRM</td>
<td>Disaster Risk Reduction and Management</td>
</tr>
<tr>
<td>DSWD</td>
<td>Department of Social Welfare and Development</td>
</tr>
<tr>
<td>ECHO</td>
<td>European Commission’s Humanitarian aid and Civil Protection Directorate General</td>
</tr>
<tr>
<td>ENSO</td>
<td>El Niño Southern Oscillation</td>
</tr>
<tr>
<td>HFA</td>
<td>Hyogo Framework for Action</td>
</tr>
<tr>
<td>HI</td>
<td>Handicap International</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
</tr>
<tr>
<td>IDDC</td>
<td>International Disability and Development Consortium</td>
</tr>
<tr>
<td>IDR</td>
<td>Indonesian Rupiah</td>
</tr>
<tr>
<td>IGA</td>
<td>Income Generating Activities</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labor Organization</td>
</tr>
<tr>
<td>ITDG</td>
<td>Intermediate Technology Development Group</td>
</tr>
<tr>
<td>MACEC</td>
<td>Marinduque Council for Environmental Conservation</td>
</tr>
<tr>
<td>NCDA</td>
<td>National Council on Disability Affairs – Philippines</td>
</tr>
<tr>
<td>NCVO</td>
<td>National Council for Voluntary Organizations</td>
</tr>
<tr>
<td>NCWDP</td>
<td>National Council for the Welfare of Disabled Persons (former NCDA)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>OHCHR</td>
<td>Office of High Commissioner for Human Rights</td>
</tr>
<tr>
<td>PDAO</td>
<td>Persons with Disabilities Affairs Office</td>
</tr>
<tr>
<td>PRC</td>
<td>Philippine Red Cross</td>
</tr>
<tr>
<td>PRIA</td>
<td>Society for Participatory Research in Asia</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>PWD</td>
<td>Person with Disabilities</td>
</tr>
<tr>
<td>RA</td>
<td>Republic Act</td>
</tr>
<tr>
<td>SEA</td>
<td>Southeast Asia</td>
</tr>
<tr>
<td>SHG</td>
<td>Self Help Group</td>
</tr>
<tr>
<td>SMRC</td>
<td>Shanta Memorial Rehabilitation Centre</td>
</tr>
<tr>
<td>SR&amp;E</td>
<td>Search, Rescue and Evaluation</td>
</tr>
<tr>
<td>SCCRDFI</td>
<td>Simon of Cyrene Children’s Rehabilitation and Dev’t. Foundation, Inc.</td>
</tr>
<tr>
<td>TNA</td>
<td>Training Needs Assessment</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Program on HIV/AIDS</td>
</tr>
<tr>
<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNISDR</td>
<td>United Nations International Strategy for Disaster Reduction</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>VCA</td>
<td>Vulnerability Capacity Assessment</td>
</tr>
<tr>
<td>WATSAN</td>
<td>Water and Sanitation</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WWF</td>
<td>World Wildlife Fund</td>
</tr>
</tbody>
</table>
CAPACITY
The combination of all the strengths, attributes and resources available within a community, society or organization that can be used to achieve agreed goals (for example to reduce the level of risk or effect of a disaster) ¹

CLIMATE CHANGE
The climate of a place or region is changed if over an extended period (typically decades or longer) there is a statistically significant change in measurements of either the mean state or variability of the climate for that place or region. Changes in climate may be due to natural processes or to persistent anthropogenic changes in atmosphere or in land use. Note that the definition of climate change used in the United Nations Framework Convention on Climate Change (UNFCCC) is more restricted, as it includes only those changes which are attributable directly or indirectly to human activity.

DISABILITY
The International Classification of Functioning, Disability and Health (ICF) defines disability as “the outcome of the interaction between a person with impairment and the environmental and attitudinal barriers he/she may face”².

DISASTER
A serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources. A disaster is a function of the risk process. It results from the combination of hazards, conditions of vulnerability and insufficient capacity or measures to reduce the potential negative consequences of risk.³

DISASTER RISK REDUCTION
The conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development⁴

DISASTER RISK MANAGEMENT
The systematic process of using administrative decisions, organization, operational skills and capacities to implement policies, strategies and coping capacities of the society and communities to lessen the impacts of natural hazards and related environmental and technological disasters. This comprises all forms of activities, including structural and non-structural measures to avoid (prevention) or to limit (mitigation and preparedness) adverse effects of hazards.⁵

DISASTER MANAGEMENT
The organization and management of resources and responsibilities for dealing with all aspects of emergencies, including in particular preparedness, response and early recovery within a risk reduction context. It involves plans, institutional structures and arrangements established to engage the normal endeavours of government, voluntary and private agencies in a comprehensive and coordinated way to respond to address the full spectrum of emergency needs.

EARLY RECOVERY
Recovery that begins early in a humanitarian setting. It is a multi-dimensional process guided by development principles. It aims to generate self-sustaining nationally-owned and resilient processes for
post-crisis recovery. Early recovery encompasses the restoration of basic services, livelihoods, shelter, governance, security and the rule of law, environment and social dimensions, including the reintegration of displaced populations. It stabilizes human security and addresses underlying risks that contributed to the crisis.

**EMERGENCY**
Threatening condition that requires urgent action

**HAZARD**
A potentially damaging physical event, phenomenon or human activity that may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation

**IMPAIRMENT**
The actual loss of functions in an individual caused by an injury or illness which can be congenital or acquired later in life. This includes for example a medical condition that makes a person unable to walk. Similarly, someone who cannot see nor has an amputated leg has impairment. Types of impairment are physical impairment, sensory impairment (speech, hearing), intellectual impairment and mental illness.

**MITIGATION**
Structural and non-structural measures undertaken to limit the adverse impact of natural hazards, environmental degradation and technological hazards. Examples of structural measures are engineering works and hazard-resistant construction, while non-structural measures include awareness-raising, knowledge development, policies on land use and resource management, and facilities’ operating practices.

**PERSONS WITH DISABILITIES**
“Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which, in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”6 Article 1, UNCRPD.

**PREPAREDNESS**
“Pre-disaster activities that are undertaken within the context of disaster risk management and are based on sound risk analysis. This includes the development/enhancement of an overall preparedness strategy, policy, institutional structure, warning and forecasting capabilities, and plans that define measures geared to helping at-risk communities safeguard their lives and assets by being alert to hazards and taking appropriate action in the face of an imminent threat or an actual disaster”.7

**RESILIENCE**
The capacity of a system, community or society potentially exposed to hazards to adapt, by resisting or changing in order to reach and maintain an acceptable level of functioning and structure. This is determined by the degree to which the social system is capable of organizing itself to increase its capacity for learning from past disasters for better future protection and to improve risk reduction measures.

**RISK**
The probability of harmful consequences, or expected losses (deaths, injuries, property, livelihoods, economic activity disrupted or environment damaged) resulting from interactions between natural or human induced hazards and vulnerable conditions
**IMMEDIATE RESPONSE**

The provision of assistance or intervention during or immediately after a disaster to meet the life preservation and basic subsistence needs of those people affected.

**RECONSTRUCTION AND REHABILITATION (RECOVERY)**

Decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community, while encouraging and facilitating necessary adjustments to reduce disaster risk. Recovery (rehabilitation and reconstruction) affords an opportunity to develop and apply disaster risk reduction measures.

**VULNERABILITY**

The conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards.
INTRODUCTION

This first section of the training manual provides information on the link between disability and disasters and the experiences of Handicap International in including and engaging with persons with disabilities in disaster risk management (DRM). It also introduces the objectives of the document and its target audience.

A. BACKGROUND

1. Disability and Disaster Risk Management

Persons with disabilities, children, pregnant women, elderly and persons suffering from chronic diseases are considered vulnerable groups due to the barriers they face in accessing resources, information and catering for their basic needs. They are consequently more at risk during natural or human-induced disasters.

Fast facts and figures:

- According to the World Health Organization (WHO), approximately 15 percent of the world’s population — or more than a billion people — have a disability. Approximately 80 percent of this population live in developing countries. More often than not, persons with disabilities are among the poorest of the poor.

- Some individuals who survive a disaster may become disabled due to injuries sustained in emergency situations. Causes could be the lack of access to medical aid, mobility aids and/or preventative care following the disaster. After the Asian tsunami in 2004, the number of persons with disabilities in the affected areas increased by an estimated 20 percent.

- Persons with disabilities are not usually registered before or after a disaster and thus fail to receive basic entitlements in response efforts. They are also least included in their community life and tend to be invisible in community-based initiatives.

- Most needs of persons with disabilities are the same as the needs of non-disabled persons. However, mobility, communication and other aspects can restrict or impede their access to adequate food, shelter, clothing, medicine, and safe environment, increase the effects of impairment or can even cause additional impairments.

- Persons with disabilities have specific needs such as mobility aids and other assistive devices, modified physical environment or medical treatment, which are often not addressed during emergencies. They also usually face the loss of these specific devices or medication during disasters. Lack of response to these specific needs during and after disasters create extra...
challenges to cope with the situation, increase the impact of existing impairment, or can also cause additional impairment and disabling situations.

- Among persons with disabilities, women, the elderly and children with disabilities may face multiple barriers and constraints.

- DRM addresses the whole community comprising all vulnerable groups, including persons with disabilities. But until now, actors in disaster risk reduction (DRR) have made little efforts to include persons with disabilities in their actions and plans.

- The lack of participation of persons with disabilities in DRR and response activities is not due to their functional impairments but mostly as a result of environmental obstacles such as poor environmental design and accessibility and negative societal attitudes.

The experiences of Handicap International in Asia and other regions have shown that lack of action for persons with disabilities is due to compounded factors including the uncertainty of mainstream actors on their own role and responsibility to include persons with disabilities; lack of understanding and skills on why and how to include persons with disabilities; the DRR actors’ limited knowledge and enforcement of national and international laws and conventions as well as their limited consideration for advocacy led by persons with disabilities and disability rights activists.

Still, obligations exist for governments, non-government organizations (NGO) and other stakeholders to promote and protect the rights and needs of persons with disabilities during disasters.

International documents promoting these obligations include the:

- UN International Strategy for Disaster Reduction (UNISDR)
- Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response
- UN Standard Rules on the Equalization of Opportunity for Persons with Disabilities
- Other UN Conventions such as the Convention on the Rights of the Child

Local legislation also provides obligations to develop disability-inclusive DRR strategies and promote the active participation of persons with disabilities in DRR and DRM actions:

- The Philippines enforces national laws such as Republic Act (RA) 7277 also known as the “Magna Carta for Disabled Persons and for Other Purposes” and RA 10121 or the “Philippine Disaster Risk Reduction and Management Act of 2010.”

- In Indonesia, Disaster Management Law Number 24/2007 states that every person has the right to get social protection and safety during disaster, especially those who are considered as members of vulnerable groups. This is also emphasized in Government Regulation Number 21/2008 on the Implementation of Disaster Management.

These international and local laws demonstrate that DRR stands firm within the human rights framework where obligations are clearly defined to ensure equitable and inclusive DRM in communities. The disability-inclusive DRM emphasizes that persons with disabilities have the same rights as non-disabled persons. They also have the same basic needs but have additional specific needs to allow the fulfillment of their
rights. More importantly, this framework tells that persons with disabilities have unique abilities that should be considered in DRM.

Disability-inclusive DRR considers how the rights and needs of persons with disabilities can be addressed in actions to avoid or to limit the adverse impacts of hazards, and how they can participate and contribute to DRR. Some persons with disabilities require specific support (e.g. assistive devices and an adapted environment among others) to participate actively, while others, because of their disabilities, have developed innovative solutions and coping strategies and have sound experiences and ideas that can benefit the whole community in DRR activities. The challenge for DRM stakeholders is to identify the best way in which persons with disabilities can be included and involved, keeping in mind that they are an asset and not a burden to their community.

To support the implementation of disability-inclusive DRM, Handicap International follows a twin-track approach which, together with the mainstreaming of disability into DRM actions and plans, proposes specific activities supporting the active participation of persons with disabilities in community-based DRM.

2. Training Manual Development

Past Experiences

Handicap International has begun interventions in disaster management with emergency responses more than two decades ago, acknowledging the insufficient mainstream response to the needs of persons with disabilities during relief operations.

By 2001, Handicap International has started accompanying the shift from response to prevention, and has broadened scope towards DRR through its first project in Central America in the same year. The organization since then has replicated experiences and learning from the initial project in its news projects in South Asia with funding support from the European Commission Directorate General for Humanitarian Aid (ECHO) and other donors.

In 2005 in Bangladesh, Handicap International produced a set of guidelines called “How to Include Disability Issues in Disaster Management” based on its experiences in including and engaging persons with disabilities in flood operations in the country.

These guidelines later provided basis for future disability-inclusive DRR projects of Handicap International, including the publication of Handicap International’s training manual called “Mainstreaming Disability in Community-Based Disaster Risk Reduction” in 2008 in India. In 2009, Handicap International produced the second edition in Nepal, carrying updated concepts, experiences, good practices and training techniques.

Current Experiences

This training manual is now its third edition. Similar to the first two editions, the development and publication of this edition is made possible through the support of the European Commission Humanitarian Aid Department’s Disaster Preparedness Program (DIPECHO). The latest edition is adjusted to propose a modular training course on “Mainstreaming Disability in Disaster Risk Reduction.”

This manual is part of Handicap International’s project called “Mainstreaming Disability in Disaster Risk Management (DRM) Initiatives in Indonesia and the Philippines” under the 7th DIPECHO South East Asia Action Plan with funding support from ECHO. In the Philippines, the project is co-funded by Agencia
Española de Cooperación International para el Desarrollo.

This project took off in June 2010 in partnership with 11 local and national NGOs working in DRM and disability sectors, as well as in cooperation with key local authorities and disaster management agencies both in the Philippines and Indonesia. The project is scheduled to conclude in October 2011.

Below is the summary of the project. For additional information, please refer to the project proposal “Mainstreaming Disability in Disaster Risk Management Initiatives in Indonesia and Philippines”.

DURATION: 18 months (June 2010 to August 2011, extended until October 2011)

OBJECTIVES:
Global: To reduce the vulnerability of people with disabilities to natural hazards by enhancing their participation and inclusion in DRM activities.

Specific: To increase the capacities of key DRM stakeholders in the Philippines and Indonesia (local authorities, local NGO and international NGO) in mainstreaming disability in their activities.

EXPECTED RESULTS:
1. In both countries, key local stakeholders in DRM have increased their knowledge on disability and mainstreaming disability in DRM.
2. Integration of DRM in local governance and development is supported. This result, specific to Philippines, will be implemented by ACF-Spain.
3. In both countries, persons with disabilities are effectively integrated in the targeted areas’ community-based DRM activities.
4. A task force of disability-focused organizations is prepared:
   a. To meet specific needs of persons with disabilities in case of a natural disasters (Philippines); and
   b. To provide guidance on how to mainstream disability in disaster preparedness (Indonesia).

TARGET GROUPS:
• 34 members of disabled peoples’ organizations and/or organizations specialized in the field of disability
• 165 staff of DIPECHO partners (or other international organizations more or less directly involved in DRR) and their direct partners
• 115 government representatives and local authorities
• 1,245 children with disabilities (and their families) and/or other extremely vulnerable individuals
• For ACF-Spain : An estimated total of 8,023 direct beneficiaries from the Barangays

MAIN ACTIVITIES
• Capacity building of key DRM stakeholders in mainstreaming disability
• Capacity building of key disability stakeholders on DRM
• Awareness raising on disability for the general public
• Technical guidance to DRM practitioners to consider disability in their processes and plans and to empower persons with disabilities through the provision of assistive devices, referral to rehabilitation services, peer support and setting-up of solidarity mechanisms
B. The Training Manual

Why a Training Manual?

This training manual aims to support capacity building of DRM stakeholders in Indonesia and the Philippines to include disability in their actions and plans.

As a practical guide, it provides useful background information on the links between disability and disasters; national and international legal frameworks addressing disability; and simple how-to’s in mainstreaming disability in selected activities on disaster preparedness and response.

The manual, more so the training, are not meant to be an introductory course to DRM and thus do not provide in-depth information on the DRM cycle as well as other issues related to it which were mentioned in the manual. It however retains the focus on community-based activities as in the previous editions. It also intends to provide relevant formulas towards wider scope of interventions. Using a modular approach to the training content, this manual aims to respond to different objectives – from awareness-raining to training of trainer.

If aiming at changing organizational practices, it is strongly advised that the training process implemented thanks to this manual is completed by technical mentoring from an organization experienced in disability-inclusive DRM.

Direct support and experience-sharing taking place during field activities are facilitating the conversion of knowledge into skills and the accurate mainstreaming of disability into organizational practices and frameworks.

It is advised that interventions do not stop in the training alone. Training must go hand in hand with technical mentoring in a certain organization to mainstream disability in DRR if it aims to put reforms in organizational practice. Direct support during field activities and experience-sharing help facilitate application and conversion of knowledge to skills, and more importantly, mainstreaming disability in the practices and frameworks of an organization.

A Training Manual for Whom?

This manual is designed to cater to the specific needs of two target groups: the training facilitators and the trainees.

The Facilitators. It is foremost a tool for trainers who are planning, organizing and facilitating sessions on disability-inclusive DRM. They will find here the content, methods and activities to implement the trainings as well as material to provide to the participants during the training.

Experience under the current project indicates that a pair of trainers – one with a background and expertise on DRM, and the other with disability background — is the most effective set-up for training facilitation.

A DRM professional with experience in disability mainstreaming could also facilitate the training, considering that one needs to undergo serious preparation to become familiar with the disability framework. In this case, inputs from a person with disabilities are strongly recommended to allow sharing of experiences.
Trainers are required to have the following baseline skills and knowledge:

- Facilitation skills and experience
- Understanding of the steps and interactions in Disaster Management Cycle
- Understanding of Disability Creation Process (concepts of risk factors, individual factors, environmental factors, barriers and facilitators, opportunities and participation)
- Understanding of the twin-track approach to include disability in development (concepts of mainstreaming and empowerment, mainstream, support and specialized services)
- Knowledge on human rights-based approach to development and disability (legal instruments, concepts of right holder and duty bearer)

**The Trainees.** The following groups are the target participants:

- DRM practitioners
- Lawmakers
- DPO and other disability advocates
- Communities

Participants can be final beneficiaries of the action or trainers who will later disseminate the knowledge and skills.

Content and agenda of the training will be adopted according to the target group. Handicap International provides suggestions to trainers based on organizational experiences in the Philippines and Indonesia on how to adapt content according to respective learning settings.

Participants are expected to possess sufficient knowledge and experience on DRM since this training manual is not designed to tackle the basics of DRM. Organizations which would like to complement this training with general introduction on DRM are encouraged to refer to UNISDR\(^2\) or ADPC\(^3\) websites for relevant material.

This training manual comes with a CD-ROM included at the back inside cover, which would enable users to access online information on specific topics through a list of useful websites.

Handicap International takes pride in the fact that persons with disabilities actively participated in completing this training manual. Their invaluable contribution helped ensure that the proposed activities accurately address their needs and expectations. Their participation either as trainer (through sharing of experiences) or trainee provides different perspectives which guarantee to achieve the desired impact.

**ENDNOTES**


2 ICF, WHO - 2001

3 Based on UNISDR Terminology on Disaster Risk Reduction (2009)

4 [http://ocha.unog.ch/drptoolkit/PDisasterRiskReduction.html](http://ocha.unog.ch/drptoolkit/PDisasterRiskReduction.html)

5 Based on UNISDR Terminology on Disaster Risk Reduction (2009)
6 Article 1, UNCRPD

7 http://ocha.unog.ch/drptoolkit/PDisasterPreparednessPlanning.html#Definition


12 http://www.unescap.org/esid/psis/disability/bmf/bmf.html

13 http://www.unisdr.org/

14 http://www.unisdr.org/we/coordinate/hfa

15 http://www.sphereproject.org/

16 http://www.un.org/esa/socdev/enable/dissre00.htm

17 http://www.unicef.org/crc/


21 See Topic 4, “Approaches to Disability” of this manual for details on twin track approach

22 http://www.unisdr.org/

23 http://www.adpc.net/2011/
The second section of the training manual discusses useful information for the project manager and the trainer — the contents of the training module, their organization and how to use them.

A. TOPICS AND LEARNING BLOCKS

The training manual has 13 topics, each addressing a specific thematic concern which could pass on as an independent and separate training session.

The topics are categorized into three learning blocks:

- **Disability and Disaster Risk Reduction**: It provides information on the stakes of persons with disabilities in disaster situations, their increased vulnerability, and the reasons and methods in including persons with disabilities in disaster preparedness.

- **Disability, Development, and Human Rights**: It provides background information in understanding the situation of persons with disabilities, differentiating impairment from disability, and apprehending that disability is a human rights-based issue.

- **Disability-inclusive Community Based DRR**: It discusses the selected steps of the Disaster Management Cycle and practical ways to include persons with disabilities in each of these steps.

The table below shows the arrangement of topics within the learning blocks:

<table>
<thead>
<tr>
<th>LEARNING BLOCKS</th>
<th>TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Disability and Disaster Risk Reduction</td>
<td>1. Setting the scene – Disability and DRR</td>
</tr>
<tr>
<td></td>
<td>2. Introduction to Disability</td>
</tr>
<tr>
<td>II. Disability, Development, and Human Rights</td>
<td>3. Understanding Disability</td>
</tr>
<tr>
<td></td>
<td>4. Approaches to Disability</td>
</tr>
<tr>
<td></td>
<td>5. Disability, Development, and Human Rights</td>
</tr>
<tr>
<td>III. Disability-inclusive Community Based DRR</td>
<td>6. Mainstreaming Disability in Community Based DRR</td>
</tr>
<tr>
<td></td>
<td>7. Disability-inclusive Vulnerability and Capacity Assessment</td>
</tr>
<tr>
<td></td>
<td>8. Making Early Warning Systems Disability-inclusive</td>
</tr>
<tr>
<td></td>
<td>9. Disability-inclusive Search and Rescue</td>
</tr>
<tr>
<td></td>
<td>10. Disability-inclusive Shelter Management</td>
</tr>
<tr>
<td></td>
<td>11. Disability-inclusive Livelihoods</td>
</tr>
<tr>
<td></td>
<td>12. Advocacy and Networking for Disability-inclusive DRR</td>
</tr>
<tr>
<td></td>
<td>13. DRR Disability and Disaster Risk Reduction: How inclusive are you?</td>
</tr>
</tbody>
</table>
Each topic is divided in two sub-topics:

- The first sub-topic provides a **description** of the information that will be given to the participants, including key information and benchmarks, and needs to be completely understood by the trainer before facilitating the training session.
- The second sub-topic is the **facilitation guide**, describing the agenda, methods and tools which the trainer would use.

Description in each topic has the following data:

- **Learning Objectives.** These refer to the statement that captures specifically what knowledge and/or skills learners should be able to exhibit following the training session. Participants should be informed of these at the beginning of each session.
- **Key Messages.** This is the list of essential messages which the trainer should transmit to participants when he facilitates a topic. He should quote clearly each during the training and reiterate these at the end of every session.
- **Introduction.** This refers to a brief outline of the information to be discussed during the training session.
- **Basic Concepts.** These refer to key information each topic presents, usually containing several paragraphs such as overview of the context, definition of terms and explanatory content.
- **Summary.** This gives the manual users a quick review of the topic objective and captures the important points tackled during wrap-up session.
- **Key References and Resources.** This section helps the manual users to identify additional materials and documents which can be accessed to strengthen their understanding on specific subjects in a topic. These also provide information on the documents used to develop a specific topic.

The facilitation guide in each topic contains the following data:

- **Duration.** Estimated time needed to facilitate a given topic.
- **Materials.** This is an enumeration of the materials needed to facilitate a given topic, such as hand-outs, presentations and exercises provided in the CD-ROM, as well as hardware material needed.
- **Development.** A timed description of the key steps and methods to be used during the facilitation of the topic

**B. CD-ROM**

Apart from the information which the topics provide, the training manual includes a CD-ROM found at the back inside cover and containing tools and other resources. Documents are arranged accordingly:

- **Training Material**
  - Training manual soft copy
  - Presentations, case studies and hand-outs referred to in the facilitation guide, dispatched by topic
  - Alternative training material from the Philippines for the “Practitioner Course” scenario
  - Tips on how to adjust case studies
C. Training Scenarios

Three possible training scenarios are suggested in this training manual based on experiences from the project “Mainstreaming Disability in Disaster Risk Management Initiatives in Indonesia and Philippines.” These are as follows:

<table>
<thead>
<tr>
<th>Duration</th>
<th>Scenario</th>
<th>Objective</th>
<th>Potential Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>Awareness-raising</td>
<td>• Introductory session on disability; Disability and DRR</td>
<td>• DRM practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Overview and examples of disability-inclusive CBDRR</td>
<td>• Lawmaker</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• DPO staff and disability advocate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Community</td>
</tr>
<tr>
<td>3 to 4 days</td>
<td>Practitioner Course</td>
<td>• Comprehensive information on disability; Disability and DRR</td>
<td>• DRM practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Presentation of International and National Disability and DRR-related</td>
<td>• Lawmaker</td>
</tr>
<tr>
<td></td>
<td></td>
<td>laws and regulations</td>
<td>• DPO staff and disability advocate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hands-on capacity-building on disability-inclusive CBDRR</td>
<td></td>
</tr>
<tr>
<td>5 days</td>
<td>Training of Trainer</td>
<td>• Knowledge and skills to facilitate any of the two scenarios mentioned</td>
<td>• DRM practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>above</td>
<td>• DPO</td>
</tr>
</tbody>
</table>

It is worthy to take note that these scenarios have been drafted according to the needs and expectations of target audiences, and have been adjusted according to specific contexts in Indonesia and the Philippines.

The scenarios also need to be reconsidered based on the objectives and participants of each training. Here is a more detailed description of the scenarios:
1. Awareness-raising Session

This scenario features information sessions aiming to sensitize a community group on the inclusion of disability into DRR; to introduce a mainstreaming process with an NGO or a government agency; or to advocate before policy makers or government officers with limited knowledge on disability and disaster management.

This one-day session does not emphasize on building skills but more on understanding the situation of persons with disabilities, and the link between disability and disasters, the justification for disability-inclusive DRM (including the legal framework, for policy makers). It also presents few technical topics to illustrate the issue of mainstreaming disability into CBDRR.

The table below is an example of the scenario to be facilitated by a trainer with DRM background:

<table>
<thead>
<tr>
<th>TIME / LEARNING BLOCKS</th>
<th>TRAINING TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td></td>
</tr>
<tr>
<td>Disability and DRR</td>
<td>Topic 2: Introduction to Disability</td>
</tr>
<tr>
<td>DisabilityDevelopment and Human Rights</td>
<td>Topic 5: Disability, Development and Human Rights (for policy makers only)</td>
</tr>
<tr>
<td>Disability-inclusive CBDRR</td>
<td>Topic 6: Mainstreaming Disability in Community Based Disaster Risk Reduction</td>
</tr>
<tr>
<td><strong>Afternoon</strong></td>
<td></td>
</tr>
<tr>
<td>Inclusive CBDRR</td>
<td>Topic 7: Disability-inclusive Vulnerability and Capacity Assessment</td>
</tr>
<tr>
<td></td>
<td>Topic 8: Disability-inclusive Early Warning Systems</td>
</tr>
<tr>
<td></td>
<td>Topic 9: Disability-inclusive Search and Rescue (for policy makers pick one topic between 7, 8 and 9)</td>
</tr>
</tbody>
</table>

2. Practitioner Course

The practitioner course uses all three learning blocks but puts a particular focus on the “Inclusive Community-Based DRR” block since it is designed for DRM practitioners who would implement the knowledge and skills acquired from the training in their respective field activities.

The participants’ background (e.g. previous exposure to DRR and disability) would help determine the exact time to allot on the first two learning blocks.

For example, for practitioners who already have field experience in CBDRR, the trainer might only need to refresh their understanding on the DRM cycle and definitions such as hazards and risks, and focus on their understanding on disability, the link between DRR and disability and how to implement inclusive CBDRR.

The choice of topics in the “Inclusive Community Based DRR” block should be based on the actual activities to be implemented (e.g. preparedness and response) and should ideally include exercises and case studies from your project.

For new practitioners with no previous exposure to disability as well as DRR issues, you need to make sure that all topics are adequately addressed and sufficient time is spent on case studies and experience sharing—preferably with persons with disabilities—to provide a more tangible and “real life” experience. In this case, a four-day training session is advised.
You will find in the next table an example of the scenario for a session facilitated by a pair of trainers (a DRR trainer and a DPO trainer) for a group of practitioners having previous field experiences on DRR.

### Table 4. Training Scenario (facilitated by DRR and DPO trainers)

<table>
<thead>
<tr>
<th>TIME (DAY) / LEARNING BLOCKS</th>
<th>TRAINING TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY 1</strong></td>
<td></td>
</tr>
<tr>
<td>Disability and DRR</td>
<td>Topic 1: Setting the Scene – Disability and Disaster Risk Reduction</td>
</tr>
<tr>
<td>Disability, Development and Human Rights</td>
<td>Topic 2: Introduction to Disability</td>
</tr>
<tr>
<td></td>
<td>Topic 3: Knowing Disability Better</td>
</tr>
<tr>
<td></td>
<td>Topic 4: Approaches to Disability</td>
</tr>
<tr>
<td></td>
<td>Topic 5: Disability, Development and Human Rights</td>
</tr>
<tr>
<td><strong>DAY 1</strong></td>
<td></td>
</tr>
<tr>
<td>Disability and DRR</td>
<td>Topic 1: Setting the Scene – Disability and Disaster Risk Reduction</td>
</tr>
<tr>
<td>Disability, Development and Human Rights</td>
<td>Topic 2: Introduction to Disability</td>
</tr>
<tr>
<td></td>
<td>Topic 3: Knowing Disability Better</td>
</tr>
<tr>
<td></td>
<td>Topic 4: Approaches to Disability</td>
</tr>
<tr>
<td></td>
<td>Topic 5: Disability, Development and Human Rights</td>
</tr>
<tr>
<td><strong>DAY 2</strong></td>
<td></td>
</tr>
<tr>
<td>Inclusive CBDRR</td>
<td>Topic 6: Mainstreaming Disability in Community Based Disaster Risk Reduction</td>
</tr>
<tr>
<td></td>
<td>Topic 7: Disability-inclusive Vulnerability and Capacity Assessment</td>
</tr>
<tr>
<td></td>
<td>Topic 8: Disability-inclusive Early Warning Systems</td>
</tr>
<tr>
<td></td>
<td>Topic 9: Disability-inclusive Search and Rescue</td>
</tr>
<tr>
<td><strong>Day 3</strong></td>
<td></td>
</tr>
<tr>
<td>Inclusive CBDRR</td>
<td>Topic 10: Disability-inclusive Shelter Management</td>
</tr>
<tr>
<td></td>
<td>Topic 11: Disability-Inclusive Livelihoods</td>
</tr>
<tr>
<td></td>
<td>Topic 13: Advocacy and Networking for Disability-inclusive DRR</td>
</tr>
</tbody>
</table>

3. **Training of Trainer**

This scenario is proposed to organizations aiming to use a “cascade” approach in their project and train a group of facilitators who would later train communities or other practitioners.

This scenario strongly recommends that participants possess previous field experiences as DRM practitioners, community facilitators in social/health projects or as DPO staff. Facilitation by a pair of trainers (one DRR trainer and one DPO trainer) with extensive previous training experience is a must.

Training topics 1 to 13 are provided with the aim of developing or strengthening facilitation skills of the participants. The third section, “Facilitating Your Training”, provides detailed description of the contents and facilitation guide.

Trainers spend more time on each topic here since information from both the “description” and “facilitation guide” section is discussed with the participants.

Trainers are encouraged to allot sufficient time on case studies and experience-sharing ideally with persons with disabilities as well as on facilitation exercises if the trainers are new to this activity.

Table 5 is an example of a scenario for a session facilitated by a pair of trainers (one DRR trainer and one DPO trainer) for a group of practitioners who have previous field experiences on DRR.
<table>
<thead>
<tr>
<th>TIME (DAY / LEARNING BLOCKS)</th>
<th>TRAINING TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY 1</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>• Your project</td>
</tr>
<tr>
<td>Training Skills</td>
<td>• The training process</td>
</tr>
<tr>
<td></td>
<td>• The training manual</td>
</tr>
<tr>
<td></td>
<td>• Adult learning</td>
</tr>
<tr>
<td></td>
<td>• Learning cycle</td>
</tr>
<tr>
<td></td>
<td>• Assessing training needs</td>
</tr>
<tr>
<td></td>
<td>• Training objectives</td>
</tr>
<tr>
<td></td>
<td>• Facilitation tips</td>
</tr>
<tr>
<td></td>
<td>• Evaluating your training</td>
</tr>
<tr>
<td><strong>DAY 2</strong></td>
<td>Topic 1: Setting the Scene – Disability and Disaster Risk Reduction</td>
</tr>
<tr>
<td>Disability and DRR</td>
<td>Topic 2: Introduction to Disability</td>
</tr>
<tr>
<td>Disability, Development and Human Rights</td>
<td>Topic 3: Knowing Disability Better</td>
</tr>
<tr>
<td></td>
<td>Topic 4: Approaches to Disability</td>
</tr>
<tr>
<td><strong>DAY 3</strong></td>
<td>Topic 5: Disability, Development and Human Rights</td>
</tr>
<tr>
<td>Disability, Development and Human Rights</td>
<td>Topic 6: Mainstreaming Disability in Community Based Disaster Risk Reduction</td>
</tr>
<tr>
<td>Inclusive CBDRR</td>
<td>Topic 7: Disability-inclusive Vulnerability and Capacity Assessment</td>
</tr>
<tr>
<td></td>
<td>Topic 8: Disability-inclusive Early Warning Systems</td>
</tr>
<tr>
<td><strong>Day 4</strong></td>
<td>Topic 9: Disability-inclusive Search and Rescue</td>
</tr>
<tr>
<td>Inclusive CBDRR</td>
<td>Topic 10: Disability-inclusive Shelter Management</td>
</tr>
<tr>
<td></td>
<td>Topic 11: Disability-Inclusive Livelihoods</td>
</tr>
<tr>
<td></td>
<td>Topic 12: Disability-inclusive Contingency Planning</td>
</tr>
<tr>
<td><strong>Day 5</strong></td>
<td>Topic 13: Advocacy and Networking for Disability-inclusive DRR</td>
</tr>
<tr>
<td>Inclusive CBDRR</td>
<td>Topic 14: DRR Disability and Disaster Risk Reduction: How Inclusive are you?</td>
</tr>
</tbody>
</table>
The third section of the training manual provides information specifically dedicated to the trainer. It contains basic training principles as well as tips for needs assessment, facilitation and evaluation.

A. DESCRIPTION

Learning Objectives

By the end of this topic, you as a trainer should be able to:

- explain the principles of adult learning
- explain the learning cycle and its use in designing training
- consider how to design your training to fit the context and needs of the learners
- consider how to help participants learn
- explain the purpose of evaluation and how to find out what your participants have learnt
- conclude a training program and link the training to coming activities

Key Messages

a. Effective training methodology is critical to learning and change.
b. Adults learn in different ways. Applying the principles of adult learning and the learning cycle to the design and conduct of training will enhance learning and motivation among all participants.
c. Understanding the context in which learning will be applied and adapting training to the specific experience and needs of learners will help ensure successful outcomes.
d. Checking what has been learnt is a key task. It will enable gaps to be addressed and also help to improve future trainings.
e. In the conclusion of a training event, it is important to consolidate learning and to consider how learning will apply to the participants’ own needs and context.

Introduction

The purpose of this section is to help people become effective trainers and provide some guidance on how to plan and conduct successful trainings, acknowledging that adults learn differently from children and that bridging the gap from training to work is critical if learning is to be maximized and the expected outcomes, achieved. Through the actual process of developing a personal action plan and evaluating and bringing this training program to an end, as presented in this topic, you will have an opportunity to consider this final part of the training.

Always remember the old Chinese adage

I hear and I forget
I see and I remember
I practice and I can do it
**Basic Concepts**

**PRINCIPLES OF ADULT LEARNING**

In designing your training program and sessions, applying the principles of adult learning as outlined below will help ensure a successful outcome.

Adults prefer learning situations which:

- are practical and problem-centered;
- promote their positive self-esteem;
- integrate new ideas with existing knowledge;
- show respect for the individual learner;
- utilize their experience; and
- allow choice and self-direction

Related to these principles are four more critical elements of learning that must be addressed if people are to learn:

**a) Motivation**

People should have the desire to learn! You can motivate them by:

- Building rapport with the participants – be friendly, make people feel welcome and valued
- Showing the importance of the subject and the outcomes – what are the benefits for them, professionally and personally, and to the wider community
- Highlighting what is expected from people during the training and afterwards — set challenges at the right level, not too low and not too high
- Using active learning and participatory methods
- Giving people positive and specific feedback

**b) Practice and reinforcement**

People learn better when alternating theory and practice!

- Provide clear, relevant explanations and examples.
- Demonstrate actions.
- Link with existing experience.
- Give people a chance to practice e.g. through exercises.
- If possible, provide opportunities to apply their learning e.g. through guided field work.
- Allow for different learning styles – use a variety of methods.
- Provide positive feedback on things done well and give ideas for how things could be improved; do not rebuke people.

**c) Retention**

People need to remember what they learn!

- Help learners link new learning to their own needs or situation.
- Provide opportunities for more practice or investigation.
- Provide handouts and, where possible, access to resource materials.
**d) Application**

Learning is a continuing process!

- Have people prepare an ‘action plan’ at the end of the training.
- Follow up the training through phone, visits, feedback, newsletter, etc.

**THE LEARNING CYCLE**

Another way of considering these elements and structuring a training program or session is by using “The Learning Cycle” (as presented in Figure 1 below).

![The Learning Cycle Diagram](image)

**Figure 1. The Learning Cycle**

For effective learning, training must provide for students to go through all four stages. Different people learn in different ways: For example, some people prefer to understand the theory first and later decide how to apply it, and to try it, observe what happens, and finally refine the explanation and theory. Others like to try things out first and reflect on the experience in order to generate explanations and ideas about how to improve the action. Mixing up the starting point across different sessions will help to keep everyone in the group interested and engaged.

**UNDERSTANDING THE CONTEXT AND ASSESSING TRAINING NEEDS**

In order to focus our program or session we need to conduct a Training Needs Analysis (TNA), which is made up of three main steps.

The first step is to decide what needs to be included in a training program and how to structure the learning is to get a clear understanding of the situation in which trainees will be operating – for example, what the situation of the person with disability is in the community and for DRR. The process of getting this understanding is sometimes called a situational analysis or a community analysis.
The second step is to be clear about what the learners are expected to be able to do after the training – in terms of knowledge and skills. This relates to the job or tasks we want people to be able to carry out. This process is called a job analysis or task analysis.

The third step is to assess what the learners actually know and are able to do before the training – not just know, but actually do. By comparing the first two steps with the third one, learning objectives can be set, and the curriculum and methods outlined.

A sample TNA is provided in the CD-ROM (with file name “Training Needs Analysis - TNA” in Training material/Trainer tools folder).

LEARNING VERSUS TEACHING OBJECTIVES

- A good trainer prepares the training according to what it is s/he wants learners to be able to do, rather than what s/he is going to teach.
- To help ensure you have learning objectives, preface objectives with the phrase ‘by the end of the training, participants will be able to....’ do what? (as demonstrated at the beginning of each topic in his manual).
- Remember, however, that the conduct of each program or session needs to be adapted to the experience and needs of the learners. This leads us to the third step, which is a learning needs analysis.

TIPS ON DESIGNING AND FACILITATING EFFECTIVE SESSIONS

Tips to foster experience-sharing attitudes

- Provide information.
- Give examples or models.
- Share your direct experience.
- Provide opportunities for discussion.
- Role-play exercises.

Steps for teaching skills

- Describe the skill – what, why and when it should be used.
- Demonstrate the skill – show how it should be done.
- Practice – arrange for the trainees to practice through e.g. role playing, simulation exercises, projects, on-the-job, and provide feedback.

Tips on giving a knowledge session or lecture

- Get the students’ attention – e.g. tell a story, ask what students already know or what their ideas are, explain why the topic is important.
- Give a summary – explain what will be covered.
- Test what students already know – check that everyone really does have an accurate understanding of, for example, DRR.
- Present the facts and information – e.g. using audio-visual aids, handouts, models or equipment, or real persons with disability, or have students research and present findings.
• Set an activity – e.g. have students consider how they would apply the knowledge using case studies, simulation exercises or role plays.
• Summarize – repeat the main points to help consolidate learning.
• Test – check if important points have been learnt.
• Application – set an exercise to do after the lecture e.g. identify how they will use the learning in their own situation, further reading.

REFLECTING ON AND CONSOLIDATING LEARNING

As we come to the end of the training, it is an important step to take stock of the topics covered during the training and reflect on the learning that you have acquired during the process.

Many different ways can be used, some of them being:

• Re-capitulation of days and sessions: participants take turn to summarize the process and learning.
• Graffiti – space is created where participants drop words, sentences and drawings innovatively, which demonstrates their learning.
• Learning logs – mainly used to consolidate individual’s learning, participants are given time after every half day to note down and reflect on key points of learning for themselves. It can also be a tool for individual assessment. This tool is provided in the CD-ROM.

EVALUATION: FINDING OUT WHAT HAS BEEN LEARNT

One of the most important tasks of a trainer is to find out how much the students have learnt, as evaluating is a critical step in the ongoing learning and improvement process.

A combination of eliciting individual feedback in tandem with participatory methods provides good results. Individual feedback allows people to comment in-depth on things that were specific to helping or hindering their learning, while a group sharing activity can be a way of identifying trends and of doing some final group reflection on the journey of these special few days.

The main areas in which trainers seek evaluative feedback are:

• The content – its relevance, level, understandability
• The process – the appropriateness of the methods, effectiveness of facilitators, level of participation
• The materials – adequacy and usefulness of the resource material, handouts
• The logistics – training management and administration, food, accommodation, etc.

Honest feedback on these things together with suggestions on how improvements could be made are vital to the ongoing development and success of training-learning processes.

Assessing learning helps to:

• check if a person can do the required task in a confident and capable way;
• identify any gaps learners may have and how these may need to be addressed; and
• identify which parts of a training program have been successful and which parts need to be improved.
Facilitating Your Training

There are many ways to check learning, and assessment methods can themselves enhance learning. Some common types of assessment are listed below.

Participatory approaches include:

- Continuous assessment – e.g. ongoing observations and feedback
- Self-assessment – e.g. before and after rating scales
- Peer-assessment – e.g. individuals or small groups critique one another
- Exercises
- Presentations
- Application on-the-job or through projects
- Project reports and records
- Checklists and rating scales
- Follow-up support and observation of practice
- Problem solving and experience sharing activities.

Summary

Training is a skilled task and unprepared trainers can inadvertently stifle motivation, inhibit learning and reduce commitment of participants. Using the principles and tips outlined here will help to make your training active and participatory. It is important to consider carefully training evaluation and closing processes. Finally, it is absolutely critical to follow up on how learning is being applied and if possible identify during the training the follow-up or mentoring process to be put in place afterwards.

Remember the proverb...

I hear and I forget,
I see and I remember,
I do and I understand.
# B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>3 to 4 hours depending on interest and time available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td>• White board/black board, flipchart and marker pens</td>
</tr>
<tr>
<td></td>
<td>• Training needs assessment provided in the CD, in training material/Trainer tools folder</td>
</tr>
<tr>
<td></td>
<td>• Learning log provided in the CD, in training material/Trainer tools folder</td>
</tr>
<tr>
<td></td>
<td>• Training evaluation form provided in the CD, in training material/Trainer tools folder</td>
</tr>
</tbody>
</table>

## Key Steps Method

<table>
<thead>
<tr>
<th>1. Introduction</th>
<th><strong>15 minutes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduce the topic and outline the objectives as an overview.</td>
</tr>
<tr>
<td><strong>EXERCISE</strong></td>
<td>What makes for good learning?</td>
</tr>
<tr>
<td></td>
<td>Think about your own life – as an adult, what are the things that have helped you learn?</td>
</tr>
<tr>
<td></td>
<td>This exercise can be done in pairs or as a group brainstorming. It should lead to the principles of adult learning as outlined below.</td>
</tr>
<tr>
<td><strong>NOTE</strong></td>
<td>Stress that goal of facilitator must be about enabling successful learning and its application to real issues and situations. Good training is just the conduit for this to happen.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Principles of Adult Learning</th>
<th><strong>30 minutes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCUSSION</strong></td>
<td>Conduct a discussion on the factors that underpin effective training and therefore learning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. The Learning Cycle</th>
<th><strong>30 minutes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion of the “Learning Cycle” and “Principles”</td>
<td></td>
</tr>
<tr>
<td>Main points to note: For learning to be effective, everyone needs to traverse all the parts of the cycle; different people learn in different ways – with a bias towards one or two parts of the learning cycle. This means that in a group of learners, there will be different learning styles and preferences – and all need to be accommodated!</td>
<td></td>
</tr>
<tr>
<td><strong>EXERCISE OPTIONS</strong>: Participants could complete a learning preference identification exercise that helps show what our own learning preferences/biases are and to consider the implications in terms of how we relate (as learners and as trainers) to those who have different preferences. Participants consider their preferences using the learning cycle diagram as provided in the Manual.</td>
<td></td>
</tr>
</tbody>
</table>
### 4. Understanding the Context and Assessing Training Needs

**30 minutes**

Two points or steps in assessing needs:

a. **Context:** Learning with adults and in DRR is directed toward changing specific situations and that change occurs within the context of communities and organizations. Understanding the purpose of the learning and the context is critical to designing an effective training program.

b. **Learner:** Having assessed the context and what is required of the job/task, the next step is to assess what competencies (knowledge, skills, attitudes, etc) the learner already has and what is needed. This will help shape and focus the training sessions and the methods used.

**EXERCISE:** Discuss ways to assess context and learning needs for your coming training. Brainstorm ideas for (a) and then for (b). Present the TNA provided in the CD-ROM.

### 5. Tips on Designing and Facilitating Effective Sessions

**1 hour 30 minutes**

Based on information and insights arising from points 2, 3 and 4 above, sessions can be designed and shaped to ensure needs are adequately met and required competencies are developed.

**EXERCISE:** Ways to enhance knowledge, skills and attitudes
- Discuss ways by which skills can be nurtured.
- List the proposed techniques on a paper-board
- Review, develop and complete on the basis of the information provided in the Description part of the topic

### 6. Reflecting on and Consolidating Learning

**Methods for reflection and consolidation of learning**

**30 minutes**

**EXERCISE:** Ask participants to brainstorm ways in which they can reflect on and consolidate learning. While reviewing the brainstorming list, refer to the methods proposed.

Logs can also be a tool for individual assessment. This tool is provided in the CD-ROM located on the back inside cover.

Remind participants to be clear at the beginning of the training about how they want to undertake learning, reflection and consolidation, and training evaluation and schedule time accordingly. If, for example, a learning log is going to be used or before-and-after questionnaires undertaken, then it will be important to negotiate and jointly agree on these between learners and trainers, as part of a ‘learning contract’ at the outset of the training.

**EXERCISE:** My most significant learning

**Step 1:** Have individuals reflect on and identify their three most significant points of learning from the training. These
might be things directly related to topic material or may have arisen as insights that connect a participant’s experience with new knowledge or awareness.

**Step 2:** Each individual shares one or more of their most significant learning with the group. This is an opportunity to affirm learning and feel confident to move to the next stage.

**NOTE:** How many learning that people share depends on the size of the group and time available. You may write up the learning on a board; this provides further confirmation and is a way of recording areas where the greatest learning has occurred across the group.

### 7. Ways to Assess Learning

**30 minutes**

Training evaluation is an important step of the training process. It gives insight on the capacities of learners, help to define the path forward and can contribute to motivation.

**EXERCISE:** Ways to assess learning
- Brainstorm and discuss ways by which learning can be monitored and assessed.

**EXERCISE:** Evaluation of the training
Using a carousel technique, participants move around the room and write their feedback on the chart papers, each of which has a heading such as ‘Content’, ‘Process’, ‘Materials’, ‘Logistics’. Participants do not have to write their names and the feedback is open for all to see.

Variations on this method include:
Having participants write their comments on a piece of paper that is then stuck on the chart asking participants to give a rating between 1 – 5 (1 being poor and 5 being excellent) along with a suggestion on how that aspect of the training could be improved.

Alternatively participants could be asked to complete a short evaluation questionnaire. A sample is provided in the CD-ROM.

**NOTE:** Respect of individuals’ time, opinion and experience must be ensured throughout this sharing exercise.

### 8. Conclusion

**30 minutes**

- Summary of key messages
- Evaluation of the day

- Wrap up the topic by summarizing the key messages.
- Check if there are any questions.
- Use one of the methods proposed in 7 to assess the knowledge acquired in the day.
KEY REFERENCES AND RESOURCES


A. Description

Learning Objectives

By the end of this topic, you should be able to:

• explain the purpose of the training program and its main contents;
• appreciate the use of participatory approach;
• provide an overview of the context of disasters and their effect on vulnerable people including persons with disabilities;
• understand why inclusion of persons with disabilities is important;
• understand the difference between DRR and Community-Based Disaster Risk Reduction (CBDRR);
• appreciate the link between DRR and disability;
• appreciate that inclusion of disability issues and persons with disabilities in DRR is both a fundamental right and a basic need.

Key Messages

• Disasters affect everybody, but vulnerable groups the most. Persons with disabilities are particularly vulnerable because they are poorly understood, marginalized and often invisible.
• Persons with disabilities make up 15 percent of the global population. They can be children, adults and older persons including men and women throughout all parts of the society.
• Disability is a cross-cutting issue. Access to the same opportunities and services as other community members is a fundamental right of persons with disabilities. This includes the right to be represented and included in DRR.
• DRR is a process of considering hazards, vulnerabilities and capacities and identifying ways to prevent or limit the negative effects of the hazards that can cause disaster.
• CBDRR is an effective way to include vulnerable people, ensuring that persons with disabilities are considered and participate in the process of reducing risks and building capacities.
• Understanding disability is the starting point for developing disability-inclusive DRR.
• The Millennium Development Goals cannot be achieved unless the rights and needs of persons with disabilities are taken into account.

Introduction

Welcome to this training on Mainstreaming Disability in Community-Based Disaster Risk Reduction. The purpose of the training is to assist participants in gaining knowledge, skills and confidence, to address the needs and abilities of persons with disabilities in disaster risk reduction, and to build safer, more inclusive and resilient communities. By the end of the training, it is hoped that the participants will have:

• knowledge and understanding of vulnerability, and the capacities, needs and rights of persons with disabilities related to DRR;
• skills and capacities to include disability issues into DRR activities and tools as a cross-cutting
approach, especially at the community level;
• willingness to facilitate disability inclusion in DRR; and
• individual ability to reflect on disability issues.

As participants will already have some understanding of DRR, the focus of this program is on how to make DRR disability-inclusive.

Basic Concepts

Overview of the Context

Persons with disabilities are particularly vulnerable when disaster strikes. They tend to be invisible during disasters. Along with women and children, they account for a significant percentage of the people injured or killed during a catastrophe. The specific needs of persons with disabilities, coupled with the barriers linked to the environment, information and communication, make it extremely difficult for them to access disaster risk management (DRM) initiatives. The following are descriptions about several major disasters and their impact on the people in Indonesia and the Philippines.

Indonesia

Indonesia’s National Agency for Disaster Management (BNPB) has documented several types of natural or human-induced hazards that may cause disasters in Indonesia such as earthquake, hurricane, flood, flood triggered landslide, epidemic, tidal wave-coastal abrasion, drought, volcanic eruption and landslide, crop pests, forest fire, act of terror/sabotage, social conflict, technological failures.

The table below presents some of the major disasters taking place in Indonesia over the past five years.

<table>
<thead>
<tr>
<th>Major disasters in Indonesia within the last five years:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Earthquake and tsunami that devastated Nanggroe Aceh Darussalam and North Sumatra province, 2004: 165,708 dead, and 4.45 trillion Indonesian Rupiah loss of assets;</td>
</tr>
<tr>
<td>• Earthquake in Jogjakarta and Central Java province, 2006: 5,667 dead, 156,662 houses damaged, and IDR 3.134 trillion loss of assets;</td>
</tr>
<tr>
<td>• Earthquake and tsunami in West Java province, 2006: 658 dead, and IDR 137.8 billion loss of assets;</td>
</tr>
<tr>
<td>• Floods in Jakarta Special Capital province, 2007: 145,774 houses flooded and created IDR 967 billion loss of assets.</td>
</tr>
</tbody>
</table>

Philippines

The Philippines is considered as one of the most disaster-prone countries in the world because of its geographical location. It has 220 volcanoes, of which 22 are known to be currently active. The Philippines also lies at the junction of two large converging tectonic plates — the Pacific plate and the Eurasian plate. The Philippines lies in the path of turbulent typhoons, the archipelagic nature of the Philippine coastal areas increases susceptibility to storm surges, tsunamis and sea level changes. Floods are common due to rains brought by typhoons and the monsoon. Located in the western part of the Pacific Ocean, the Philippines is also vulnerable to the El Niño Southern Oscillation (ENSO).

The impact of disasters as presented in these two countries may increase due to the existing poverty
problem in vulnerable areas where a hazard-triggered event may lead to a disaster. Poverty increases vulnerability and risk. Poor people often live and work in the most disaster-prone areas, and have fewer resources to escape and/or recover. Persons with disabilities are often the poorest of the poor. Yet while they might be among the most vulnerable, persons with disabilities are resourceful. Many of them have developed innovative coping strategies in order to survive.

In terms of legal frameworks, countries have different acts and policies that guide in-country stakeholders in situations of disasters, for aspects such as:

- preparation for and management of disasters;
- addressing the situation of vulnerable groups;
- considering the needs and rights of persons with disabilities;
- protecting human rights.

We will discuss these legal aspects during the course, especially in Topic 5: “Disability, Development and Human Rights”.

**DRR: AN OVERVIEW**

**Definitions**

**DRR.** The UN Office for the Coordination of Humanitarian Affairs (UNOCHA) defines DRR as “the conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.”

Disaster risks faced by a community living in hazard-prone areas vary according to two important factors — vulnerability and capacity. Vulnerability (poverty due to irregular income; lack of mobility due to poor health condition or impairment, damaged infrastructure, etc.) increases risks. On the other hand, risks decrease with the community’s capacity (memory of past disaster, coping mechanisms, etc.) to cope with the hazard.

This situation can be described with the disaster risk formula presented in the figure below:
The UN International Strategy for Disaster Reduction (UNISDR) defines several important concepts such as:  

- **Risk**: This refers to the combination of the probability of an event and its negative consequences; the probability of harmful consequences, or expected losses (deaths, injuries, property, livelihoods, economic activity disrupted or environment damaged) resulting from interactions between natural or human-induced hazards and vulnerable conditions. Conventionally risk is expressed by the notation Risk = Hazards x Vulnerability. Some disciplines also include the concept of exposure to refer particularly to the physical aspects of vulnerability. Beyond expressing a possibility of physical harm, it is crucial to recognize that risks are inherent or can be created or exist within social systems. It is important to consider the social contexts in which risks occur and that people therefore do not necessarily share the same perceptions of risk and their underlying causes.

- **Hazard**: This refers to a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage. Hazards can include latent conditions that may represent future threats and can have different origins: natural (geological, hydrometeorological and biological) or induced by human processes (environmental degradation and technological hazards). Hazards can be single, sequential or combined in their origin and effects. Each hazard is characterized by its location, intensity, frequency and probability.

- **Vulnerability**: It refers to conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards.

- **Capacity**: It refers to the combination of all the strengths, attributes and resources available within a community, society or organization that can be used to achieve agreed goals (for example to reduce the level of risk or effect of a disaster).

**The Disaster Management Cycle (DMC)**

Disaster management aims to reduce, or avoid the potential losses from hazards, assure prompt and appropriate assistance to victims of disaster and achieve rapid and effective recovery.
Figure 3 illustrates the Disaster Management Cycle and displays the ongoing process from which governments, businesses and civil society plan for and reduce the impact of disasters, react during and immediately right after a disaster and take steps to recover after a disaster has occurred. Appropriate actions at all points in the cycle lead to greater preparedness, better warnings, reduced vulnerability or the prevention of disasters during the next iteration of the cycle. The complete disaster management cycle includes the shaping of public policies and plans that either modify the causes of disasters or mitigate their effects on people, property, and infrastructure.

Disaster Risk Reduction: The UNISDR defines it as the conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.

Hyogo Framework for Action (HFA): This is a 10-year plan to make the world safer from natural hazards. It was adopted by 168 UN Member States in 2005 at the World Disaster Reduction Conference, which took place just a few weeks after the Indian Ocean Tsunami.

The HFA outlines five priorities for action in DRR, and offers guiding principles and practical means for achieving disaster resilience:

- Priority Action 1: Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation.
- Priority Action 2: Identify, assess and monitor disaster risks and enhance early warning.
- Priority Action 3: Use knowledge, innovation and education to build a culture of safety and resilience at all levels.
- Priority Action 4: Reduce the underlying risk factors.
- Priority Action 5: Strengthen disaster preparedness for effective response at all levels.

Community Based Disaster Risk Reduction: This is a process where at-risk communities are actively engaged in all stages of DRR in order to reduce their vulnerabilities and enhance their capacities. Community members are at the heart of decision making and implementation of disaster risk reduction activities, including those who are the most vulnerable.
DISABILITY AND DRR

In an emergency situation, persons with disabilities are often excluded due to the lack of information. Some persons with disabilities have impairments that impede their mobility – especially when the landscape changes following a disaster and/or there is a loss of mobility device (wheel chair, crutches, cane, prosthetic limb, etc.). Persons with disabilities are often invisible in search and rescue operations and face barriers to access relief supplies and shelters as well as services responding to their needs. Changing this situation is a common responsibility from DRR stakeholders, communities, disability advocates and authorities.

Disability is not simply a health concern: it is a cross-cutting issue that concerns for example social services, education, employment and income generation, protection, accessibility related to transport, communication, water and sanitation and accessibility to other services, including DRR activities. As such, disability inclusion is both a right and a need and persons with disabilities must be considered before, during and after a disaster. As international obligations highlight, persons with disabilities have a fundamental right to the same support and services as anyone else in the community. These include rights and responsibilities to participate in DRR planning and implementation. Enabling persons with disabilities to engage in DRR is thus a key function for those facilitating DRR.

Legal Obligations

International conventions and national laws provide formal direction for disability in development and disaster management. The main legal instruments are listed in Topic 5, together with their key provisions. More information on legal instruments is available in the CD-ROM, under the “Benchmark Documents” folder.

All persons affected by disasters have a right to live with dignity and therefore, a right for protection and assistance. This is reflected in the UNCRPD, the Humanitarian Charter and the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Government Organizations (NGOs) in Disaster Relief (Sphere, 2011). The Sphere handbook contains several cross-cutting themes including persons with disabilities and states that it is essential, therefore, to include persons with disabilities in all aspects of relief and recovery. This requires both mainstreamed and targeted response.

DRR concerns the whole community. This covers vulnerable groups including persons with disabilities. Topic 5 of this manual has presentations on how Indonesia and the Philippines approach the issue within their respective countries’ legal framework. Indeed, the inclusion of persons with disabilities is a fundamental right – as it is for all community members.

How to Start

It is common for DRM practitioners to feel uncomfortable while approaching persons with disabilities. This uncomfortable feeling is primarily attributed to the limited understanding of disability issues. Constructing our own ideas, feelings and attitude about disability is a good starting point for the development of disability-inclusive DRR activities.

So, while persons with disabilities have rights and some have specific needs, they also have abilities and responsibilities. Disability-inclusive DRR considers how the rights and needs of persons with disabilities can be addressed and also how they can contribute to DRR and disaster management. Understanding about disability and how persons with disabilities can be included and contribute in DRR is therefore an important part of disaster planning and management.
Summary

The inclusion of vulnerable people, including those with disability, is fundamental to ensure comprehensive DRR efforts. CBDRR is particularly a powerful process of enabling this, since it is communities themselves – and so persons with disabilities themselves – that can best understand local issues and opportunities. They have the greatest stake in ensuring their own survival and well-being and they have better understanding of local options and strategies. Ensuring active involvement of persons with disabilities is not just good practice; it is a right and a requirement.

B. FACILITATION GUIDE

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 hour 15 minutes to 1 hour 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td></td>
</tr>
<tr>
<td>• PowerPoint presentation : <strong>Introduction</strong> and <strong>Link between Disaster and Disability</strong> provided in the CD, in the folder &quot;Training Material&quot;.</td>
<td></td>
</tr>
<tr>
<td>• LCD projector</td>
<td></td>
</tr>
<tr>
<td>• White board/black board, flipcharts and markers, A4 size paper and pens.</td>
<td></td>
</tr>
</tbody>
</table>

### Development

<table>
<thead>
<tr>
<th><strong>Key Steps</strong></th>
<th><strong>Methods</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>20 minutes</td>
</tr>
<tr>
<td>• Welcome to the Course</td>
<td>Conduct the introductory session according to the situation, cultural norms and customs. Welcome participants and all guests.</td>
</tr>
<tr>
<td>• Overview of the Course</td>
<td>Use “Introduction” PowerPoint presentation, provide an overview of the training programme, including its purpose and reference to the Training Manual.</td>
</tr>
<tr>
<td>• Getting to know one another</td>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td>• Establish expectations and set norms</td>
<td>Use a creative process to enable the participants and facilitators to introduce themselves and get to know one another. This could be done through the following exercise.</td>
</tr>
<tr>
<td><strong>EXERCISE</strong>: Expectations and Norms</td>
<td>• What are your expectations from the workshop? What are the two things you hope to achieve from it?</td>
</tr>
<tr>
<td>• Setting norms – agreeing with rules and principles to ensure that the workshop is conducted smoothly.</td>
<td><strong>NOTE</strong>:</td>
</tr>
<tr>
<td>• Set the context of participatory methodologies. This includes the expectations and norms for the participants to follow the discussions. This training will set a good example and demonstrate equal respect and inclusion of all.</td>
<td></td>
</tr>
</tbody>
</table>

| 2. Participatory Approach | 10 minutes |
| • What is a participatory approach? | Participatory approaches are fundamental for capacity building as well as effective community based DRR. The |
### 3. Overview of the Context

- Disasters in your country
- Overview of DRR

<table>
<thead>
<tr>
<th>Topic 1: Setting the Scene: Disability and Disaster Risk Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXERCISE:</strong> Brainstorm/Reflection</td>
</tr>
<tr>
<td>• What is a participatory approach?</td>
</tr>
<tr>
<td>• What has been your experience in participatory approach?</td>
</tr>
<tr>
<td>• How is it relevant to CBDRR?</td>
</tr>
</tbody>
</table>

In a large group, participants are asked to brainstorm and reflect on their experiences. They are invited to share their experiences with the other groups.

Listed principles of adult learning on a black board/white board/flipchart. Refer to the section "Facilitating your Training".

### 4. Disability and Disaster Risk Reduction

- An Introduction
- Perceptions of Disability: Exercise

<table>
<thead>
<tr>
<th>Topic 1: Setting the Scene: Disability and Disaster Risk Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXERCISE:</strong> Taking position</td>
</tr>
</tbody>
</table>
| Consider your position on the following statements: Yes I
agree, No I don’t agree, I don’t know. Give reasons for your position.
• To help disabled people is to help God.
• Mental retardation and mental illness are two different things.
• Persons with disabilities always need to be helped.
• Poverty is one of the major causes of disability.
• Rehabilitation can solve the problems of persons with disabilities.
• Accessibility is one of the major challenges in disaster.
• Persons with disabilities should receive their emergency relief supplies in their own shelter.

Have participants stand in different groups of ‘yes’, ‘no’, ‘don’t know’. Facilitate dialogue among them which may help in clarifying position and creating opportunities for people to change their group if they wish to.

Explain that this is not a judgmental exercise; people hold different views based on existing knowledge and experience. All views are respected and positions can change over time.

### 5. Conclusion

#### Key Messages

5 minutes
Summarize the Key Messages on paperboard.

---

**KEY REFERENCES AND RESOURCES**


---

**ENDNOTES**

3. Ibid.
6. Ibid.
7 Capistrano, DR Melgabal, Natural Disaster Resuction: National Response and International Cooperation. [Link to website]

8 ibid.

9 [Link to specific section of website]

10 These key concept within the disaster risk formula are definitions made by UNISDR. For more DRR related terms and concepts please refer to UNISDR document at ENDNOTE No. 26.

11 UNDP-DRM Programme, “Disaster Management-Preparedness Methodology in Assam”, available at [Link to document]


13 Refer to ENDNOTE No. 26.

14 [Link to document]


16 See Topic 5 for details.

A. Description

Learning Objectives

By the end of this topic, you should be able to:

- explain disability concepts;
- identify the main types of impairments;
- appreciate the rights, needs and abilities of persons with disabilities; and
- consider your own experience and ideas of disability.

Key Messages

- A person with disabilities is a person first.
- Persons with disabilities are not a homogenous group — every person is unique.
- Persons with disabilities have abilities, just like any other person.
- Persons with disabilities have the same basic needs as everybody else does.
- Some persons with disabilities have specific needs (assistive device, caregiver, etc.) mostly due to environmental barriers they face, not only because of their impairment.
- Disability is not only a health issue but mostly a social and rights issue.
- Including persons with disabilities in development and DRR programming ensures that persons with disabilities get an opportunity to minimize the impact of disaster and live a productive and meaningful life as equal members of the community.
- This process begins by approaching persons with disabilities with respect and willingness to listen and learn.

Introduction

We all have come across persons with disabilities. You, or someone in your family, may have an impairment and disability. This topic will take a closer look at relevant definitions around disability. It will enable participants to experience disability through case studies and simulation and also get first-hand advice from persons with disabilities on how to engage with them.

Basic Concepts

Needs, Abilities and Rights of Persons with Disabilities

From our own observations and experiences, we see that persons with disabilities may do things differently from persons without disabilities. Some persons with disabilities may require assistive devices to move around, others may eat or communicate in a different way (e.g. write and/or paint with their feet or mouth), but it is important to note that even though they are “differently abled” they also have skills and capacities.

One must also remember that any person, depending on his/her economic, social, and/or educational level, health status, age, and gender, may have specific and unique needs, whether he/she is a person with or without disabilities. In emergency situations, persons with disabilities may face different challenges if their basic and specific needs are not met.
**DEFINITIONS**

The **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, Article 1, refers to persons with disabilities as:

“...those who have long-term physical, mental, intellectual or sensory impairments (includes visual, speech and hearing impairments), which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

The UNCRPD preamble, point (e) states:

Recognizing that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

Therefore, disability is a dynamic situation. At any point in time, the environment could become more or less enabling and the loss of functioning could increase or decrease.

**TYPES OF IMPAIRMENTS**

Persons with disabilities are not a homogenous group. There are many different types of impairments which can lead to disabilities. Also, it is important to remember that whatever the type of impairment he/she has, each person is unique and will have specific needs and abilities, and that his/her situation of disability will depend also on his/her environment. Practically, when working with persons with disabilities in DRR, we consider four types of impairments according to the UNCRPD:

<table>
<thead>
<tr>
<th>Table 8. UNCRPD’S FOUR TYPES OF IMPAIRMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
</tr>
<tr>
<td>Sensory</td>
</tr>
<tr>
<td>Intellectual</td>
</tr>
<tr>
<td>Mental</td>
</tr>
</tbody>
</table>

Impairments are grouped into four main categories for functional purposes. People in these groups may have different medical conditions but they share common functional needs in DRR.
### Table 9. Main Categories for Functional Purpose in DRR

<table>
<thead>
<tr>
<th>Main Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Survival ability influenced by the capacity to evacuate to safer place</td>
</tr>
<tr>
<td>Sensory 1 Hearing, and Speech</td>
<td>Survival ability influenced by the capacity to hear/read warning messages, instructions, communicating one’s situation or ask assistance from others</td>
</tr>
<tr>
<td>Sensory 2 Visual</td>
<td>Survivalability influenced by the capacity to see rapid environment changing, read/see warning signs and self evacuation to safer places</td>
</tr>
<tr>
<td>Intellectual and Mental</td>
<td>Survival ability influenced by the capacity to understand rapid environmental change before, during and after a disaster, and simple warning messages or instructions</td>
</tr>
</tbody>
</table>

### Disability in Various Contexts

In Indonesia, Law Number 4/1997 on persons with disabilities classifies “types of disabilities” into:

- Physical disabilities, which are caused by physical function disorder especially movement organs, vision, hearing and speech.
- Mental disabilities, which are mental and/or behavioural disturbance whether it was obtained since birth or caused by deseases.
- Mental and physical disabilities, which relate to persons with two types of impairments.

In the Phillipines, different types of impairment are presented based on the national nomenclature adapted in Administrative Order No. 2009-0011 of the Department of Health (DOH) or the “Guidelines to Implement the Provisions of Republic Act 9442”, also known as “An Act Amending RA 7277”.

RA 7277 is also known as the “Magna Carta for Disabled Persons”, where provisions are made for medical and related discounts and special privileges. The classification of impairments is stipulated in its Rationale and Chapter 8 on Definition of Terms. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with different barriers may hinder their full and effective participation in society on an equal basis with others (2009 DOH Guidelines on the Implementation of RA 9442 – RA 7277).

Legal instruments presented in the CD-ROM in the folder “Benchmark Documents” provide a detailed description of these laws.

### Summary

The most important way to begin to include persons with disability in DRR is to get to know more about their life experiences, skills, and capacities, and more importantly to understand that persons with disabilities are people first – and can experience or not a situation of disability. Persons with disabilities have needs, problems, and abilities, and they deserve the same opportunities as others.
Topic 2 creates different opportunities for participants to experience disability through different exercises. It is important to initiate a dialogue with persons with disabilities directly. The exercises and contents highlight the attitudes of the society towards persons with disabilities. This topic tries to emphasize and reinforce an understanding of different types of impairments and their impact on the daily lives of persons with disabilities. Commonalities among persons with disabilities are also tackled, the most vital one referring to the fact that persons with disabilities are persons and have desires and aspirations in pursuing their lives meaningfully.

B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>2 hours to 30 minutes</th>
</tr>
</thead>
</table>
| **Materials** | • “Understand Disability Issues” – PowerPoint presentation provided in the CD-ROM in the folder “Training Material”
• “Tips for Building Relation with Persons with Disabilities” tool provided in the CD-ROM in the folder “Working with Persons with Disabilities”
• LCD projector, white board/black board, flipcharts and markers, A4 size paper and pens
• Blind folds, crutches, wheel chairs, belt
• Case studies
• Video “Unheard Voices” (optional) |

<table>
<thead>
<tr>
<th><strong>Development</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Steps</strong></td>
</tr>
<tr>
<td>1. Introduction</td>
</tr>
<tr>
<td>- Experiences and perceptions of disability</td>
</tr>
</tbody>
</table>

**EXERCISE**: Feelings and first encounters

15 minutes

The purpose of this exercise is to elicit participants’ experiences from which to explore perceptions of disability (personal and societal) and break down attitudinal barriers in a non-threatening way.

- How do you feel when you see a person with disability?
- Please share the experience of your first encounter with a person with disability. (Please include details on when, where and what of the incident—at school, in your neighbourhood, at work or in family).
- What was your reaction when you first came across a person with disability?
- What did you think? How did you behave?

Participants are asked to express their feelings when they see a person with disability and/or their first encounter with a person with disability.

Their responses are summarized on a flip chart and compared with understandings of societal feelings and beliefs about persons with disabilities.
Prevailing myths and realities can also be brought out, e.g. persons with disabilities may not need to be helped all the time, it is only specific to their need and the context.

The moment of first encounter may bring out the fact that persons with disabilities can function similarly as others and can sometimes excel and how persons with disabilities are treated in the society.

It also provides opportunities for participants to assess themselves on their own attitudes in non-threatening ways.

2. Needs, Abilities and Rights of Persons with Disabilities

   - Relating perceptions and experience with knowledge and realities

15 minutes

At this stage it is important that participants begin to relate to the experience of persons with disabilities, get the evidence and appreciate that persons with disabilities have abilities, and that inclusion is possible, with good practices available. Participants need to open themselves up and witness such realities. It may bring a few shocks and surprises. The following discussion and exercises are designed with this in mind:

- Persons with disabilities may be more vulnerable in situations of disaster, especially when their particular needs are not considered or accommodated. Persons with disabilities demonstrate great strength and adaptability in finding ways to accomplish tasks and activities when they face some barriers.
- Persons with disabilities should not only benefit from, but also be included in disaster risk reduction, recovery and development activities, not only because they have the same rights and as others in society but also because they have much to contribute and are experts on how best to meet their own needs and maximize their strengths.

**DISCUSSION leading to exercises**

You may not be a person who has a permanent impairment. But most people have faced or will face some situations of disability in their lifetime due to a change in health status such as illness, injury or bodily changes caused by ageing or by a non-accessible environment. This may require you to seek assistance to do activities that you once could do or adapt to your situation. It means that you require changes to be made in your particular home or environment so that you can perform tasks and continue to participate in your community.

- Has there ever been a time when you faced barriers while doing an activity or participating in your community or witnessed someone facing barriers?
- What was the experience like?
- How did you/that person manage it?

Participants may reflect independently within the large group for a moment. Ask two or three willing participants to share their experiences with the group.
### 10 minutes
**EXERCISE**: Case Study – Select one of the proposed case studies. Have participants read the case study.

Discuss it as a large group. Emphasize that it is an example of good practice and community capacity building.

Briefly discuss the role that NGOs had in facilitating participation of persons with disabilities.

### 3. What is Disability?
- **Definitions**

By now participants have had the opportunity to reflect upon disability and the role that both personal and environmental factors play in the experience of disability. Providing a definition of disability serves to reinforce what they have considered so far.

Use “Understand Disability Issues” PowerPoint presentation, outline the definition of disability (UNCRPD) and types of impairments defined, when working with persons with disabilities in DRR.

### 45 minutes
**EXERCISE**: Personalizing Disability

This is an opportunity for you to experience briefly what it is like to have a disability.

In this exercise you are asked to put yourself in a position of someone having an impairment, and perform chosen daily activities (eat your lunch and go to the bathroom). In addition to that you also get specific tasks to experience barriers and difficulties in your specific situation of disability.

Some people will have an arm/leg tied up, some will wear a blindfold, others will be asked to use crutches or be in a wheelchair. Some people are also asked to experience communication difficulty etc.

Two to three members will be ‘observers’ and will also assist some other members, if needed.

After the exercise, participants are asked to share their feelings, experience, and barriers they faced. The discussion will help participants develop to an understanding of needs, problems and abilities from different kinds of disabilities.

**NOTES**: Facilitation of people’s experience will be very critical. It is important at the end of the exercise that participants are able to appreciate the existence and efforts of persons with disabilities in spite of their impairments and the barriers they face for the same daily routine tasks which is so easy for the non-disabled people. Participants must also get a positive feeling about their
own efforts in the limited time and opportunities during the exercise which will help them to visualise the ability possibilities of persons with disabilities to develop their own coping mechanisms if they have to be in such a situation for a longer period or for a lifetime. Please pay extra attention to security during this exercise to avoid any injuries.

- Dialogue with Persons with Disabilities

<table>
<thead>
<tr>
<th>45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXERCISE:</strong> Dialogue with persons with disabilities</td>
</tr>
</tbody>
</table>

In this session a person with a disability is invited to share his/her story, experiences and ideas and respond to the questions of the participants.

Questions participants might ask, include:

- How did you acquire the disability?
- How do you perform daily routine activities? With or without help?
- What have been the facilitative or hindering factors for where you are today?
- What have been your greatest challenges? How did you overcome these?
- What would help in making your life easier/independent or more meaningful/productive?
- How would you like other people to approach you or work with you in DRR?
- What advice do you have for how a person with disability should be included in DRR? In disaster relief and recovery?
- What is your life’s goal? What would help to make this into reality?

**NOTES:**
Both the person with disability and the participants will need some orientation and briefing before this session.

Briefing for persons with disabilities must not only convey the message that they have been invited to share their life story and experience for the learning purpose of the participants but also that they have the right to say no if they feel awkward about some questions.

Briefing for participants must include the need for sensitivity towards the fact that persons with disabilities are human beings experiencing disability.

Sensitivity to specific types of disabilities like intellectual disability is necessary and some questions may be very intrusive, which should be avoided.

Facilitators must also play the role to avert any such situation in the group.

Most importantly, everyone must ensure that the discussion is focused.
If a person with disability is not available, consider using the video ‘Unheard Voices’ or written case studies provided in the CD-ROM (Documentary Film and Audio folder).

<table>
<thead>
<tr>
<th>4. Conclusion</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Summary of Key Messages</td>
<td>Summarize the Key Messages using the paperboard and referring to the Manual.</td>
</tr>
</tbody>
</table>

**KEY REFERENCES AND RESOURCES**

A. DESCRIPTION

Learning Objectives

By the end of this topic, you should be able to:

- outline the causes of impairments;
- understand the relations between disability, poverty and vulnerability;
- explain the relations between impairment, activity limitation/disability and participation restriction;
- describe the disability creation process; and
- identify linkages between inclusion of persons with disabilities and DRR programming.

Key Messages

- Impairments can have different causes and can appear before, during or after birth.
- Impairments in body function lead to incapacities or limitation in activity.
- A situation of disability is not limited to the presence or not of an impairment.
- Disability results from the interaction between personal factors and environmental factors.
- A situation of disability is a limitation in performing life habits and social roles.
- Disability and poverty form a vicious cycle — disability increases poverty, and poverty increases disability.
- Persons with disabilities face challenges in participating socially in their community and tend to be invisible.
- Given their invisibility and lack of participation, persons with disabilities tend to be especially vulnerable and are at greater risk during disasters.
- Women and older persons with disabilities tend to be doubly disadvantaged and at greater risk.

Introduction

This topic will take a deeper look into the causes of impairments and the interaction between individual and environmental factors leading to situation of social participation, or situations of disability. We will also address the linkages between disability and poverty, and highlight how disability is a cross-cutting issue.

Basic Concepts

Causes of Impairments

The primary causes of impairments are poor nutrition, dangerous working and living conditions, limited access to vaccination programs and health, maternity care, poor hygiene, poor sanitation, inadequate information about prevention, as well as war, conflict and natural disasters. Figure 5 below gives an overview of some main causes of impairments. It is important to raise awareness on these specific causes since different impairments are preventable.
DISABILITY AND THE DISABILITY CREATION PROCESS

The Disability Creation Process (DCP) is a social disability model, based on the model of universal human development. According to DCP, disability results from the interaction between personal factors and environmental factors, with regards to a life habit, social role and/or activity of daily living. For example, for a child to attend school (life habit), the situation of disability or social participation will be analyzed looking at his personal factors (capacity to concentrate, to communicate with other children, to sit on a chair in the classroom, etc.) as well as his environmental factors (other children’s acceptance, teacher’s capacity to adapt his or her teaching methods, access to transportation to go to school, etc.) This model is interesting because it encourages the perception of disability as a changing situation rather than a fixed one — a situation which can be modified by reducing impairments and/or developing abilities (e.g. through physical therapy) as well as by adapting the environment (e.g. building accessible infrastructures, improving teaching methods, etc.)

Source: RIPPH / INDCP – CSICIDH, 1999
DISABILITY AND POVERTY

According to the Department for International Development (DFID), “as many as 50 percent of disabilities are preventable and directly linked to poverty”. A clear correlation indeed exists between disability and poverty.

‘Disability and poverty are intricately linked. Disability causes poverty and poverty exacerbates disability – people with disabilities are among the poorest and most vulnerable.’ — World Bank.

It is however important to define poverty. For our analysis, this definition is used as it clearly captures the many facets and dimensions of poverty:

“Poverty is a deprivation or insufficiency of one or more dimensions of well-being or capability. The dimensions span material sustenance, access to state provided infrastructure, secure control of assets (physical, human, social, environmental), psychological well-being, political voice, and choices about the future.”

To state that there is a link between poverty and disability implies that either disability causes poverty or poverty causes disability — or a mixture of the two is also possible. Poverty and disability therefore reinforce each other, trapping persons with disabilities in a vicious cycle that puts them at an ever-worsening double disadvantage. In short, poverty is both a cause and consequence of disability.

Persons with disabilities, however, are not simply poor. They often face chronic poverty, i.e. poverty that lingers for a very long time, is multi-dimensional, and is severe in nature as experienced by persons with disabilities.
Figure 8 above provides guidance to analyze the links between poverty and disability and also provides a framework on which further research, modeling and analysis can be undertaken. One can therefore infer that persons with disabilities, who are socially excluded and deprived of their rights as a result of their disability, are pushed deeper into poverty, often chronic while living in developing countries. This situation of poverty results even more in extreme social exclusion.

Many of the factors associated with poverty increase people’s risk of disease and disability on one side and reduce their capacity to overcome disability on the other. These factors include unstable health and the threat of disease, poor nutrition, hygiene and sanitation, and limited access to maternity care and basic vaccinations.

**Disability as a Cross-cutting Issue**

Although disability is closely linked with poverty, it is not only restricted to poor people. Other causes of impairment such as wars, accidents and old age, regardless of gender and class, affect all parts of society. Disability is not just a health concern; it cuts across all sectors, including social welfare, education, health, employment and income generation, accessibility related to transport, infrastructure, buildings, as well as water and sanitation.
**Disability and Gender**

Women in general are more vulnerable, regardless of class, caste or religion. Women and girls continue to have less access to education, employment and health care. Women with disabilities are often not considered competent to fulfill the role of homemaker, wife or mother. They are looked down on by their communities and sometimes even by their own families. Compared to other vulnerable groups, they have even less access to basic services and rights, which increases their vulnerability to disease and further disablement.

Women with disabilities are also vulnerable to sexual abuse and violence, with some raped and molested, neglected, others abandoned, or married to men with disabilities or other men who would not be considered suitable for persons without disabilities. Women with disabilities therefore suffer from multi-layered discrimination – for being a woman and having a disability – and also depending on their caste/class, ability and economic status.

**Disability and Ageing**

As people get older they are more likely to get impairments in their body function, which could lead to a disability. This is a particular challenge at a time when “the number of people aged 65 and above is expected [to triple] over the next 50 years.” Persons with disabilities and older persons face similar challenges. Many remain invisible mainly because of mobility challenges. If they are no longer able to contribute to the household they may be viewed as a burden and are abandoned by their families. Little is done in during emergencies to meet their needs. They face discrimination and can be deprived of or excluded from life-saving assistance.

**Disability and HIV/AIDS**

More than five million people are living with HIV/AIDS in Asia. At this rate, an additional eight million adults and children will become newly infected by 2020. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), persons with disabilities may be at risk of HIV infection because of:

- **HIV risk behaviours**: Persons with insufficient access to appropriate HIV prevention and support services, including persons with disabilities, may engage in behaviours which place them at risk of HIV infection, such as unprotected sexual intercourse and injecting drug use.
• **Sexual violence:** A large percentage of persons with disabilities will experience sexual assault or abuse during their lifetime. In some cultures, persons with disabilities who did not have sexual intercourse in the past are raped in the belief that this will “cure” an HIV-positive individual.

• **Poor/Lack of access to HIV education, information and prevention services:** Persons with disabilities may also be turned away from HIV education forums or not be invited by outreach workers because of false assumptions that they are not sexually active or do not engage in other risk behaviours.

**Summary**

Disability is not a disease; it is not synonymous to impairment and cannot be reduced to a medical problem. Impairments result from different causes and affect an individual’s body integrity and function. Disability results from the interaction between personal and environmental factors. Disabling situations are often also largely caused by physical, social, cultural and political factors.

Making CBDRR disability-inclusive needs both actions at the individual level (empowerment) as well as at the social level (removal of environmental barriers).

Disability and poverty are linked in a vicious cycle, as disability is both a cause and consequence of poverty. Persons with disabilities often belong to the poorest sections of the society. Women with disabilities and old persons with disabilities are doubly disadvantaged and at more risk.

Finally, disability is a cross-cutting issue, affecting people from all parts and classes of the society.

**B. FACILITATION GUIDE**

<table>
<thead>
<tr>
<th>Duration</th>
<th>2 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td></td>
</tr>
</tbody>
</table>
- PowerPoint presentations provided in the CD-ROM in the “Training Material” folder:  
  - “DCP”  
  - “Understand Disability Issues”  
- Case study: Kamla’s story provided in the "Training Material” folder.  
- LCD projector, white board/black board, flipcharts and markers, A4 size paper and pens. |

<table>
<thead>
<tr>
<th>Method</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Key Steps</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Introduction</strong></td>
<td>5 minutes</td>
</tr>
<tr>
<td>- Introduce the topic and objectives</td>
<td>Provide an overview of the topic and outline the objectives. Emphasize that this topic is an elaboration of the previous one. It places the experience of disability in the context of disaster. Some of the exercises will build upon the previous ones.</td>
</tr>
<tr>
<td>- Personalizing disability in disaster: Exercise</td>
<td>10 minutes</td>
</tr>
<tr>
<td><strong>EXERCISE:</strong> “Chasing emergency relief supplies”</td>
<td></td>
</tr>
</tbody>
</table>
This quick exercise shows how vulnerable people, including persons with disabilities, can be marginalized in emergency relief operations.

Participants are invited to put themselves in the position of persons with disabilities (see proposed exercise in Topic 2: “Personalizing Disability”). Other participants take roles as children, older persons, and men and women without disabilities. Finally, have a few participants take the role of observers.

Tell people to get ready to grab the emergency relief supplies (balls of paper) that are about to be dropped from a chopper into the waiting crowd. Your survival may depend on getting whatever supplies you can grab.

Facilitator stands on a chair or table holding a box of scrunched up big and little balls of paper (representing emergency supplies) and throws the box of paper balls across the room.

Have participants reflect their experiences in a large group afterwards.

Reflections:
- What was it like to be a person with disabilities?
- How did it feel to have to grab emergency rations in that situation?
- What were the principal difficulties? Why? How did you deal with them?
- How did you feel as an observer?
- What would have made the situation easier?
- What did you learn from these exercises? ... about disability? For considerations on DRR?

2. About Disability
- Causes and creation
- The disability creation process: Case study
- Disability and HIV/AIDS: Exercise

45 – 60 minutes
Use powerpoint presentations to outline causes of disability, the disability creation process, the link between disability and poverty, and finally disability as a cross-cutting issue. (Refer to the presentations in the CD-ROM in folder “Training Material” and to Topic 3/Basic concepts).

Break the PowerPoint up by having participants engage in the following activities:

30 Minutes
CASE STUDY: Kamla’s Story
Read the story of Kamla.

Participants listen to the story in groups and then answer the following questions.
- What are the main problems faced by Kamla?
- Why does she faces these problems?
- Which problems are due to Kamla’s personal limitations and which are due to her environment (social, physical, economical)?
- What could change Kamla’s situation?
Discuss and give feedback highlighting the different environmental factors. Refer to DCP as an analysis framework for Kamla's situation.

**10 Minutes EXERCISE**

Have participants break into groups to discuss on how disability and vulnerability (considering age, gender, health status like HIV/AIDS, etc.) relate to DRR.

<table>
<thead>
<tr>
<th>3. Conclusion</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Key messages</td>
<td>Summarize the Key Messages (as provided above) using a PowerPoint and referring to the Manual.</td>
</tr>
</tbody>
</table>

**KEY REFERENCES AND RESOURCES**


YE0, Rebecca. “Chronic Poverty and Disability”, Action on Disability and Development, Chronic Poverty Research Center, Background paper Number 4. “Benchmark Documents/Reference Documents” folder of the CD-ROM.

**ENDNOTES**

1 “Disability Creation Process, individual, social and systemic approach to disability”, Patrick Fougeyrollas, October 2006
7 YEO, Rebecca. “Chronic Poverty and Disability”, Action on Disability and Development, Chronic Poverty Research Center, Background paper Number 4, August 2001, p.11. Document available online: [http://www.dfid.gov.uk/r4d/PDF/Outputs/ChronicPoverty_RC/04Yeo.pdf](http://www.dfid.gov.uk/r4d/PDF/Outputs/ChronicPoverty_RC/04Yeo.pdf)
A. DESCRIPTION

Learning Objectives

By the end of this topic, you should be able to:

• outline the main models of disability;
• describe the ‘twin track’ approach;
• explain what ‘mainstreaming’ is; and
• identify some barriers and solutions for mainstreaming disability in DRR programming.

Key Messages

• There exists more than one disability model, focusing on different issues, mainly medical and social.
• Different models of disability influence the way persons with disabilities are viewed, but also how their inclusion challenges are addressed.
• In order to foster inclusion of persons with disabilities, there is a need to work both on persons with disabilities’ themselves (empowerment) as well as on an inclusive system, i.e. a system for all, less restrictive. This is the ‘twin track’ approach.
• ‘Mainstreaming’ refers to the inclusion of persons with disabilities in the mainstream system, meaning the system for all.
• There are societal and individual barriers in mainstreaming disability that need to be overcome.
• Everyone has a role to play in mainstreaming disability in DRR programming.

Introduction

The topic tackles different models and approaches in developing an understanding of disability, and also provides guidelines for mainstreaming disability in DRR programming.

Basic Concepts

MODELS OF DISABILITY

![Figure 9. Medical and Social Models of Disability](image-url)
Figure 9 shows the differences between medical and social models of disability. It is important to highlight that these models, even though different in many aspects, are not to be analyzed as opposing models. Inclusion of persons with disabilities cannot be achieved addressing only social or medical issues, as disability results from the interaction between personal and environmental factors (see DCP model under the Basic Concepts of Topic 3). From the medical and social model, we added as well a rights-based model of disability, recognizing that as rights holders, persons with disabilities have the right to be included in development and that we all have a duty to actively ensure this right.

![Figure 10. Rights-Based Model](image)

A holistic approach to disability is essential because everyone has a role to play in eradicating exclusion. Supporting empowerment of persons with disabilities, reducing barriers and providing access to equal opportunities and rights will enable them to lead a full life as any other person.

‘Twin Tracks’ Approach

The ‘twin tracks’ approach, developed originally by DFID for the full participation of women in development, has been adapted to disability and can guide the promotion of inclusive development for persons with disabilities to fully exercise their rights. The twin tracks re-emphasizes the need to focus not only on individuals but also to work on a system that would be inclusive of all.

![Figure 11. The Twin Tracks Approach Adapted to Disability](image)
Promoting an inclusive system does not mean that each and everyone needs to address the specific needs of all. “Ordinary” or “mainstream” services need to be accessible for all, but in order to address some specific needs, links need to be present with specialized and support services. There is no need to compare ordinary with specialized services.

As a DRR community-based worker or project officer, you are expected to ensure that the DRR activities are adapted to persons with disabilities, that they are included in community DRR planning and/or recovery programs. You are not expected to provide physical therapy for someone. But in promoting an inclusive system, you can plan a very important role in facilitating inclusion of persons with disabilities by networking with other community programs and services, informing and referring persons with disabilities according to their specific needs.

**PARTICIPATORY APPROACH**

For a system to be inclusive, services and opportunities need to be adapted to all, but moreover, an inclusive system needs to enable participation of all. Effective DRR needs to be participatory. Everyone in the community has to contribute to the process – concerns, ideas, solutions, etc. Inclusion of representatives from all parts of the community, including vulnerable groups and persons with disabilities, will build capacity and ownership and will facilitate the development of inclusive initiatives.

**PROMOTING AN INCLUSIVE SYSTEM – “MAINSTREAMING”**

Inclusion is not just about “involvement” or “integration”. It is a human rights issue: to promote equal rights and opportunities for all, including persons with disabilities. “Mainstreaming” is often used to describe the process of including disability in policies, legislation and programs, in all areas, at all levels, thus becoming an integral dimension of their design, implementation, monitoring and evaluation. It is said to be both a process and a goal. Some barriers can be encountered while promoting an inclusive system, including:

(a) Society:
- Attitudinal (e.g. discrimination in food distribution, access to credit)
- Physical (e.g. non-accessible water and sanitation [WATSAN] systems)
- Information and communication (e.g. not accessible to some audiences)
- Lack of awareness or skill (e.g. in engaging persons with disabilities)
- Lack of good practices
- Weak policy, legislation and practices (e.g. inclusive laws not applied)

(b) Persons with Disabilities:
- Attitudinal (e.g. lack of self esteem)
- Lack of means (e.g. financial)
- Lack of awareness (e.g. about rights)
- Lack of skills (e.g. need for empowerment)
- Lack of education and employment
- Mobility or communication (e.g. impairments prevent easy engagement)

Different solutions can facilitate inclusion of persons with disabilities:

- Engage persons with disabilities in Vulnerability Capacity Assessment (VCA), contingency planning, task forces, etc.
• Improve physical accessibility — making it easier to use paths, get into safer buildings, and use toilets.
• Conduct awareness raising campaigns to stop discrimination.
• Adapt information and communication — different DRR and early warning methods for people who are visual impaired, hearing impaired or are house-bound.
• Improve stakeholders’ knowledge and skills in engaging persons with disabilities — as individuals, community members, in task forces, etc.; provide training and advice.
• Facilitate links to specialized and support services and programs to address specific needs of persons with disabilities.
• Ensure networking with stakeholders to enhance disability-inclusive DRR and advocate for disability-inclusive strategies (using a twin track approach).
• Promote poverty reduction and engage in livelihood measures to ensure persons with disabilities are involved before and after disasters.
• Empower persons with disabilities through local DPOs or other relevant groups or organizations.

Summary

We have different ways to consider disability and disability has different models. Each has a set of values influencing how persons with disabilities are viewed and treated. It is therefore important to know what your own perspectives are and how these might affect your approach to vulnerability and disability.

Persons with disabilities have both basic and specific needs, that can be addressed within and inclusive system (including ordinary, specialized and support services). The “twin track approach” strengthens the importance of focusing both on promoting an inclusive system for all and ensuring empowerment of persons with disabilities for equal rights and opportunities. Systematic inclusion of disability in development policies, programs and activities is the aim; it is a right and not an act of courtesy or charity. Different barriers to inclusive development exist, but solutions to overcome them are available and everyone has a role to play. Engaging persons with disabilities in community activities, including DRR is essential — it is a right.

B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 hour</th>
</tr>
</thead>
</table>
| Materials | • PowerPoint presentations “Mainstreaming”, “DCP” and “ICF” provided in the CD-ROM in the “Training Material” folder  
• LCD projector  
• White board/black board, flipcharts and markers, A4 size paper and pens  
• Case studies of Ermelinda Djolo, Alma Bulima, Janna delos Santos which provided in the CD-ROM in the “Training Material” folder |
| Method | |
| Key Steps | Process |
| 1. Introduction | 5 minutes |
| | Provide an overview of the topic and outline the objectives. |
## 2. Approaches to Disability

- Models, twin track approach, and mainstreaming
- Overcoming barriers to inclusion: Exercise

### 25 minutes

Present the powerpoint presentations “Mainstreaming”, “DCP” and “ICF” provided in the CD-ROM in the folder “Training Material” that outlines models of disability, the ‘twin track’ approach, ‘inclusion / mainstreaming’ and barriers/challenges.

**EXERCISE: Overcoming Barriers to Inclusion**

On DRR programming, for each of the ten types of barriers, invite participants to propose possible solutions.

The group can be divided up per type of barriers, facilitating brainstorming and discussion in smaller groups.

Categorize feedback into strategies: e.g. knowledge, attitudes, skills, resources and practices.

## 3. What does it mean for me?

**CASE STUDY: Ermelinda Djolo**

The purpose of this case study is to help participants consider their approach to persons with disabilities and to encourage strength/capacity-based and solution-focused perspective.

- Identifying Needs: What are Ermelinda Djolo’s needs?
- Identifying Capacities: What are Ermelinda Djolo’s skills and abilities?
- Identifying Solutions: How could Ermelinda Djolo’s situation be improved? How could she be included into her community? Would she be needing special services? If so, which ones?
- What could you do to help her reach her potential?

## 4. Conclusion

- Key messages

### 5 minutes

Summarize the Key Messages using a powerpoint presentation and referring to the Manual.

---

**KEY REFERENCES AND RESOURCES**

of human rights are especially relevant in the context of disability (dignity, autonomy, equality, solidarity).

The concept of human rights for all can also be brought out through the following activity.

**EXERCISE:** “Swing in your space” Ask participants to stand in a big circle with their feet fixed firm on the ground.

Ask them: “Do you believe in freedom?”; “Do you have freedom?”, and then ask them to swing their hands freely all around them while not leaving the ground.

Ask participants if they are able to swing freely and if not, ask them why. You might find that this exercise shows that people do not swing freely, to be sure they don’t injure the person next to them. Analytically, it reflects that everyone has individual human rights and social responsibilities including persons with disabilities. Human rights are for all and therefore they apply also to persons with disabilities. With rights come responsibilities. In accepting their rights, persons with disabilities must also meet their responsibilities like anyone else.

### 3. Legal Obligations

- The range of international conventions and national laws
- Legal tools and instruments that exist: Exercise

<table>
<thead>
<tr>
<th>30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many international conventions and national laws provide formal directions for disability in development and disaster management. Provide the “Chart of international conventions . . .” handout that lists the main points.</td>
</tr>
</tbody>
</table>

**EXERCISE:** “What’s in an Act?”

The Acts will be divided into the working groups for review. Groups will be asked to summarize the key points which are relevant to disability, development and DRR and present them in plenary.

**NOTES:** The purpose of this exercise is for the participants to be familiarized with the different existing legal tools and instruments.

Small groups of 2 to 3 people will be formed, given one tool/instrument, and will have to present them in plenary.

Ask participants also to consider what this might mean for their own roles. How could they begin to turn this into practice?


<table>
<thead>
<tr>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using a paperboard or PowerPoint presentation, provide an overview of:</td>
</tr>
</tbody>
</table>

**Hyogo Framework for Action 2005-2015: 5 Priority Actions** (See Basic Concepts under Topic 5)
A. DESCRIPTION

Learning Objectives

By the end of this topic, you should be able to:

• describe inclusive development and some implications for DRR;
• understand key strategies to promote inclusive development;
• explain the disaster and development cycle; and
• be familiar with practical aspects of mainstreaming disability in DRR.

Key Messages

• Mainstreaming disability into DRR is part of a wider approach to ‘inclusive development’ that, in turn, aims to promote sustainable development, respecting human rights for all.
• Inclusive development underlines that disability needs to be considered throughout all sectors: education, health, employment and income generation, etc.
• Inclusive development is also concerned with addressing the needs of all vulnerable groups, including children, women and older persons. Similarities can exist between needs of vulnerable groups.
• Inclusion occurs at different levels, from national to community and individual level. Targets aim to address the rights of vulnerable groups within the context of sustainable development.
• Disaster risk reduction and inclusive development need to be addressed looking at both the disaster management cycle and sustainable development.

Introduction

This topic aims at developing participants’ understanding of inclusive development and DRR. Basic concepts of promoting inclusion and mainstreaming disability will be reviewed and put in perspective with DRR programming.

Basic Concepts

“MAINSTREAMING”

As previously mentioned, mainstreaming refers to the inclusion of persons with disabilities in the mainstream system (See Basic Concepts under Topic 4). More generally, it targets the inclusion of specific issues (e.g. disability, gender, age) into the different aspects (social, legal, political, economic) of an organism (e.g. community, country, NGO). It is said to be both a process and a goal and a holistic vision is important.

To address the rights of vulnerable groups within a context of sustainable development, the main targets at different levels are:

• National level: Poverty reduction policies, sectorial policy, planning commission, planning cell of different ministries, donors, international non-government organizations (INGOs), national NGOs
**State level:** State administration, policies and programs

**Local level:** Local administration, government, Panchayati Raj Institutions (PRIs), NGOs, community-based organizations (CBOs), city corporations

**Community level:** individuals, household, family and community

A twin track approach is recommended to facilitate equal opportunities and rights for persons with disabilities (See Basic Concepts under Topic 4) and overcome barriers. With regards to DRR programming, here are a few barriers that can be encountered:

a. Society level:
   - Attitudinal (e.g. discrimination in food distribution)
   - Physical (e.g. non accessible WATSAN systems)
   - Information and communication not accessible
   - Lack of knowledge how to handle persons with disabilities (e.g task forces)

b. Persons with disabilities (individual level):
   - Attitudinal (e.g. lack of self-esteem)
   - Lack of means (financial)
   - Lack of awareness about rights
   - Lack of skills (need for empowerment and holistic rehabilitation)

Disability-inclusive DRR will need to look both at:

1) promoting an inclusive system, for example by removing barriers at the society level and promotive equal and active participation:
   - Include persons with disabilities in VCAs, contingency planning, task forces, etc;
   - Make stakeholders’ development/DRR strategies disability-inclusive;
   - Physical (e.g. make WATSAN systems accessible);
   - Attitudinal (e.g. awareness campaigns to promote non-discrimination);
   - Information and communication (e.g. make early warning reaching everybody);
   - Enhance knowledge on how to handle persons with disabilities (e.g. task forces).

2) empowering persons with disabilities and their representatives

Inclusive Development

Inclusive development is an approach respecting the full human rights of every person, acknowledging diversity, eradicating poverty and ensuring that all people are fully included and can actively participate in the development process and activities, regardless of age, gender, disability, and state of health, ethnic origin or any other characteristics. According to different laws in progressive societies, persons with disabilities are considered equal members of the society.

As DRR is part of development planning, and as persons with disabilities are equal members of the society, they need to be included and considered in this process, ensuring inclusive DRR programming. If persons with disabilities are unable to participate actively in community-based activities themselves, it is important that they be represented, through family members, DPOs, advocates or other representative groups.

Persons with disabilities and other vulnerable groups share similar challenges. Aiming at inclusive development is aiming at development for all.
Key factors to promote inclusive development are:

- INFORMATION for better KNOWLEDGE
- AWARENESS for better ATTITUDES
- TRAINING for better PRACTICES

These factors can be applied at all levels with individuals, teams, organizations, communities and governments. As disasters occur in development settings, it is really important to consider DRR within a sustainable development context, moreover an inclusive development context. The figure presented below highlights the links between sustainable development and DRR. Disasters take place in a specific political, environmental, social, cultural and economic context. Vulnerability is a key factor that needs to be address in development and it is highly recommended that DRR be part of development priorities.

**Summary**

Inclusive development enables every person, as right holder, to participate in the development process and activities of his/her community. Needs and capacities of vulnerable groups, including persons with disabilities, are to be considered throughout all sectors: education, health, social welfare, employment and income generation, etc.

Promoting disability-inclusive DRR is part of promoting ‘inclusive development’ that, in turn, aims to promote sustainable development.
## B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 hour and 35 minutes</th>
</tr>
</thead>
</table>

### Materials

- PowerPoint presentation “Mainstreaming” provided in the CD-ROM in the “Training Material” folder
- LCD projector
- White board/black board, flipcharts, and markers, A4 size paper and pens,
- Doll, basket, pulley device
- Handout “Sustainable Development and DRR Diagram” provided in the CD-OM in the “Training Material” folder

### Method

<table>
<thead>
<tr>
<th>Key Steps</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Introduction</strong></td>
<td><strong>5 minutes</strong></td>
</tr>
<tr>
<td>- ‘Mainstreaming’: Exercise</td>
<td>Provide an overview of the topic and outline the objectives.</td>
</tr>
<tr>
<td><strong>10 minutes</strong></td>
<td><strong>EXERCISE:</strong> “River analogy” Discuss the concept of “mainstreaming” with an example of a “river and its branch” where a branch gets away from the main river stream and is losing its flow, speed, dynamism.</td>
</tr>
<tr>
<td><strong>NOTES:</strong> Have participants reflect on mainstreaming by looking at:</td>
<td></td>
</tr>
<tr>
<td>• What could have gone wrong when the branch got isolated from the main river?</td>
<td></td>
</tr>
<tr>
<td>• What is the possibility of bringing the two together?</td>
<td></td>
</tr>
<tr>
<td>• What change will happen to both once they come back together?</td>
<td></td>
</tr>
</tbody>
</table>

| **2. Inclusive Development** | **30 minutes** |
| - What is inclusivedevelopment? Exercise | Inclusive development can be understood in a participatory way. The following exercise is a creative means to represent and discuss the key elements of development. |
| **EXERCISE:** “Images of development” Divide participants into groups of five. Ask them to make a mime. Feel free to use all the space you want. The mimed situations should be based on what they understand from development action. | |
| **De-briefing of activity.** Go group by group to identify the key elements of development as portrayed in the mime. Draw out from the participants, what development is all about. Is it building factories, roads, company? | Summarize that development is about people, about human beings and all those things that contribute/support the human being to live a better life with dignity. Add a |
quick definition of inclusive development (refer to Powerpoint “Mainstreaming” Topic 4 / Introduction / Basic Concepts).

Outline main targets for mainstreaming at different levels (national, state, local, community) and how these targets aim to address the rights of vulnerable groups within a context of sustainable development.

**45 minutes**

**EXERCISE: “Doll and Pulley”** The ‘doll and pulley’ is a symbol through which to explore vulnerability and the needs of persons with different kinds of vulnerabilities and how we can support them to be uplifted.

This exercise will help compare and contrast the needs of the persons with disabilities with other vulnerable groups and human beings generally. It can also help participants understand how inclusion could happen; including the stakeholders’ analysis and roles everyone can play, has to play. It provides an opportunity for strategic analysis and a symbolic move towards action to bring about change in the current scenario.

**NOTES:** In setting up the contraption, the doll is lying on the floor because of its weight and disadvantage. On the other end of the pulley is an empty basket, hanging above some cards and pens.

Participants, in small groups, are asked to brainstorm and write what can be done to empower the doll; actions that will give the vulnerable person equality and dignity. As ideas (cards) are added to the basket, the doll rises from the floor.

Use leading questions about participation, stakeholders and strategic analyses and how to include persons with disabilities in education, economic development, social engagement, water and sanitation, governance, advocacy and access to rights, etc.

Consider different types of vulnerability:
- Children, women and the elderly, as well as persons with disabilities
- Discussion: Conclude the discussion by outlining the key factors to promote inclusive development.
- Information for better Knowledge
- Awareness for better Attitudes
- Training for better Practices

Present sustainable development and DRR diagram (See Basic Concepts under Topic 4).

**3. Conclusion**

- Key messages

Summarize the key messages, using a paperboard and referring to the manual.
KEY REFERENCES AND RESOURCES


Making Disability Inclusive project information: www.make-development-inclusive.org


World Vision UK. www.worldvision.org.uk


International Disability and Development Consortium (IDDC): www.iddc.org.uk


A. DESCRIPTION

**Learning Objectives**

By the end of this topic, you should be able to:

- describe what a Vulnerability Capacity Assessment (VCA) is and be familiar with the assessment tools commonly used;
- understand the relationship between Risk, Vulnerability, Capacity and Disability and the importance of making VCA disability-inclusive;
- understand the common challenges in making VCA disability-inclusive and the potential solutions; and
- identify strategies for implementing a disability-inclusive VCA.

**Key Messages**

- VCA involves collecting and analyzing information about hazards, vulnerability and capacities of communities to cope with hazards and their ability to recover from them.
- Persons with disabilities are especially vulnerable in disaster situations, thus they need to be included in VCA processes.
- It is both important and feasible to make VCAs disability-inclusive.

**Introduction**

In disaster situations, persons with disabilities may have specific needs due to the interaction of their impairments and environmental barriers that increase their vulnerability. However, they also have capacities to help overcome challenges and to contribute to DRR activities and solutions.

Generally, persons with disabilities are often overlooked and their resilience and capacities go unappreciated. In disasters they are even more invisible, thus leading to denial of vital assistance. It is extremely important that persons with disabilities are taken into account and ‘have a voice’ in all aspects of DRR to ensure that their needs and capacities are understood and included appropriately in disaster planning and response. This requirement is reinforced in the Hyogo Framework for Action.

The VCA is a participatory process that enables practitioners, community facilitators and communities to collect and analyze information about hazards that people face in their community, their different levels of vulnerability and their capacities to cope with these single or multiple hazards and their ability to recover from them when they strike.1

As a practitioner it is likely that you will have practical questions and eventually encounter challenges trying to include persons with disabilities in the VCA process. This topic is designed to give you the tools to overcome these challenges and to help communities ensure a disability-inclusive VCA and DRR process.
Basic Concepts

What is Vulnerability Capacity Assessment?

The VCA is a key component of disaster risk analysis. It involves the community and other stakeholders in the process of collecting, analyzing and organizing information on the hazards likely to happen in a given area, community’s vulnerability to this hazard, the capacities of the community that contribute to cope with hazards. This information finally allows measuring the level of risk the community is facing. Later on, this process will support the design of activities aimed at reducing the people’s vulnerability and increasing their capacity, thus reducing the risk.

VCA is also a useful tool for raising community awareness about disaster risks and participation of vulnerable groups including persons with disabilities.

The VCA provides a structured and meaningful way to:

- identify vulnerable groups including persons with disabilities;
- identify the personal and environmental factors that make them vulnerable and how they are affected;
- assess their needs and capacities (and empower them to assess these); and
- ensure that projects, programs and policies are addressing these needs, through specific/focused interventions and activities.

The Concept of Risk

Simply put, ‘risk’ is a calculation of the possible effects that a hazard might cause bearing in mind both the vulnerabilities and capacities of a community. More formally, it is the probability of harmful consequences (injuries, loss of lives, property, livelihoods, disrupted economic activity, environmental damage, etc.), resulting from interaction between natural or human induced hazards, vulnerabilities and capacities of a community.

When these harmful consequences exceed the ability of the affected community to cope using only its own resources, they are later called disasters.

The concept of risk is summarized in the equation presented below:

\[
\text{Risk} = \frac{\text{Hazards} \times \text{Vulnerability}}{\text{Capacity}}
\]

Figure 13. The Disaster Risk Equation
COMPONENTS OF VCA

1. Vulnerability Assessment
Vulnerability Assessment is the process to define the risk factors of each kind of hazard and analyze the reasons that cause such risks. In addition, it describes a set of prevailing conditions or constraints of an economic, social, physical or geographic nature, which limit the ability of the people to mitigate, prepare for and cope with the impact of hazards.  

2. Capacity Assessment
Capacity Assessment is done to find out the abilities and opportunities, including resources, means, skills, motivations that exist in individuals, households and communities. This capacity can enable them to anticipate and prepare for disasters, to cope with them, resist them and recover from their impacts.

3. Hazard Assessment
Hazard Assessment focuses on the potential hazards in or around the community which could potentially have harmful effects on the community. These may be natural or induced by human processes (e.g. environmental degradation, infrastructure weakness). Hazards can be measured in terms of their location, intensity, frequency and probability.

VCA TOOLS

Different tools are used to conduct the VCA and determine the risk. The tools you select will depend on the environment (urban/rural) and the kind of information you want to obtain. In selecting tools, consider their sequence (e.g. pre-engagement tools such as baseline data are followed by participatory tools such as n historical profile).

Commonly used tools include:
- Mapping (hazard mapping, social vulnerability mapping, physical vulnerability mapping, resource mapping)
- Seasonal calendar
- Chapati diagram
- Problem tree
- Historical profile
- Ranking
- Semi-structured interviews (SSIs)
- Key informant interviews
- Focus group discussions
- Transect walk
- Direct observation
- Visioning
- Change, influence and transformation (CIT)

MAKING VCA DISABILITY-INCLUSIVE

It is the right of all persons, including persons with disabilities affected by disasters to live a life with dignity and, therefore, see their right to protection and assistance fulfilled. This right is reflected in the UNCRPD, the Humanitarian Charter and the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (Sphere, 2004).
In order to maximize the coping strategies of those affected by disasters, it is important to know about the different vulnerabilities, needs and capacities of the affected groups. Disability influences vulnerability and shapes the ability to cope with and survive in a disaster context.

VCA is about identifying specific vulnerabilities such as particularly vulnerable households among others. The economic and other conditions of persons with disabilities and the households, which have persons with disabilities, make them particularly vulnerable, so it is essential to include them in the VCA.

Sustainable development’s main aim is poverty reduction, and so the focus of action should be on the poorest people. Persons with disabilities and their households are, by and large, poorer than the general population, as earlier discussed, i.e. the link between disability, vulnerability and poverty.

Persons with disabilities are among the most marginalized and may be invisible in situations such as disasters. They risk further marginalization and denial of vital assistance if their needs and capacities are not assessed and appropriately prepared for and responded to.

- Persons with disabilities also have great capacities and can help organizations to be more efficient and capable to meet the needs of their target groups. They often know better about the needs of other persons with disabilities and can, therefore, help in planning effective action.
- If persons with disabilities are empowered, they can actively contribute in DRR planning.
- Disability-inclusive mapping will serve the entire community; many people of a given community, for instance older persons, children and pregnant women, will benefit from shelters built according to universal design.

General principles for a disability-inclusive VCA:

- Use a participatory approach; include persons with disabilities and their families in all assessment exercises.
- Find out where persons with disabilities live from village leaders, older persons and other community members and go to their homes to conduct the assessment and provide messages about your support and activities.
- Speak directly to persons with disabilities as they are the best resource to give information regarding their problem, but make sure that the family remains present and involved.
- Ensure that the assessment/activities you are doing are accessible for all (physical accessibility, proximity of the service/activities and your ways of communicating and conducting activities).
- Ensure that all your messages are communicated using multiple formats and be prepared to conduct assessments/activities with alternative communication means (leaflets, posters, radio, loud speaker announcements, simple language, body language or simple language and drawing/symbols).

**Practical Ways to Make VCA Tools Disability-Inclusive**

**Baseline Data**

Baseline data involves the collection of statistics and information on the situation in a given community prior to VCA. Such information is needed to determine what further information is required from the VCA and for monitoring and evaluation purposes. It can be obtained by visiting government offices, libraries, universities, and research centers.
Information on persons with disabilities to include in your baseline

- Total number of persons with disabilities
- Prevalent types of disabilities
- Social status of persons with disabilities
- Services available for persons with disabilities, whether mainstream support or specialized services
- Different schemes and benefits available for persons with disabilities
- Needs and any specific requirements of persons with disabilities

Mapping

Mapping includes making a spatial overview of the area’s main features. Mapping facilitates communication and stimulates discussions on important issues in the community. Maps can be drawn on many topics (the arrangement of houses, social facilities and infrastructure, trails and roads, water pumps, irrigation, recreational facilities, etc.).

a. Mobility mapping

- How do persons with disabilities get from one place to another for day-to-day activities and in times of emergency?
- Are the paths/routes accessible and safe? If no, could they be made accessible? Could safety be enhanced?
- Are existing key infrastructures accessible for people using wheelchairs or crutches, or for persons with visual impairment? (e.g. safe havens, schools, colleges, mosques, health centers, dams, bridges, shelters)

b. Risk and resource mapping

- What types of facilities/staff are there — Medical care, Physiotherapy (PT), Occupational Therapy (OT), Prosthetics and Orthotics (P&O), etc. — in District and Block level hospitals or nearby NGO or community health facilities?
- What types of specialized services are available (orthopedic hospital, rehabilitation center, hearing aid providers, eye hospital, psychosocial support services, etc.)? Are these services prepared in case of an emergency situation?
- Is there a professional disability advisor (PT, OT and P&O) in your team?
- Are there any local DPOs or NGOs working on disability issues in your working area?
- Do you know where to get assistive devices and how to prescribe them? If no, do you know where to find this information or appropriate resource persons (address, contact number, services provided)?
- Are relief services, shelters, water and sanitation facilities and other basic needs accessible for persons with disabilities?
- Are you aware of specific evacuation measures for persons with disabilities?
- Where can you find potential resources (advisors, organizations, training, etc.)?
- Are your action plans disability-friendly (i.e. warning signals, accessible evacuation vehicles/boats, etc.)?
- Are there income-generating activities, vocational training opportunities or other livelihood activities available for persons with disabilities?

Semi-Structured Interviews (SSIs)/Focus Group Discussions

Semi-structured interviews are informal and conversational discussions. Semi-structured interviews have different types: (1) group interview, (2) focus group discussion, (3) individual interview and (4) key-informant interview. These interviews are used to get general and specific information about a particular topic; to analyze problems, vulnerabilities, capacities, and perceptions; and to discuss plans.
**Focus Group Discussions: Key Considerations for Persons with Disabilities**

- Acceptance and position of persons with disabilities within the family and the community
- How is their overall integration in socio-economic and political life in the community?
- Main occupation of persons with disabilities (inclusive scope for work and employment)
- Difficulties encountered related to people with different types of disabilities (during previous disasters)
- Main causes of failure of the villagers and persons with disabilities to cope effectively with previous disasters
- Identification of specific needs of persons with disabilities and potential solutions (assistive devices, social support network, etc)
- Scope of access to specialized and mainstream services available for persons with disabilities (health, education, evacuation, warning, relief etc.) at the local and district level
- Identification of local institutions, DPOs or NGOs who work in the field of disability
- Involvement of persons with disabilities in DRR (e.g. in task forces); initiatives on preparedness taken by persons with disabilities to cope with disaster
- Existence of disability-friendly early warning system
- Priority for persons with disabilities during search, rescue and evacuation
- Priority for persons with disabilities during relief distribution process

**Personal Interviews: Key Considerations for Persons with Disabilities**

The methodology is: Speak directly to persons with disabilities whenever possible, and involve their family members and care takers for support if necessary.

- Assess possible impact of disasters on persons with disabilities and their families in order to identify if a family which has a member with disability is more vulnerable than others.
- Assess if persons with disabilities are aware of their rights.
- Assess if persons with disabilities have access to service providers (assistive devices, schemes).
- Did the person with disabilities receive any types of services during the last disaster? What type?
- What would s/he need in case of disaster?
- Capacities of persons with disabilities: How does/did/would the person cope and what are his/her capacities to actively contribute (identify in which type of tasks related to Disaster Management the person can contribute)?

**Is Your VCA Inclusive for Persons with Disabilities?**

Have you included persons with disabilities in your assessment exercises? (e.g. Mapping exercises, baseline data, and interviews among others)?

- Does participation of persons with disabilities involve various types of disabilities? (e.g. physical, sensory, mental/intellectual)
- Have you spoken directly to persons with disabilities and their family members?
- Have you prepared to conduct assessments/activities with alternative communication means if needed (using drawings, symbols, body language or simple language, using support persons, if necessary)?

**Summary**

The VCA is a participatory process to determine a community’s vulnerability and capacity when facing hazards in order to plan and implement practical actions to reduce and/or eliminate disaster risks. Persons with disabilities are often invisible in situations of disaster and are especially vulnerable. It is therefore essential that persons with disabilities be included in VCA processes so that their needs and capacities are understood and that inclusive DRR planning and activities are implemented. It is both important and feasible to make VCAs disability-inclusive.
### B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 hour 45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td></td>
</tr>
<tr>
<td>• PowerPoint presentation entitled “VCA Disability-Inclusive” provided in the CD-ROM in “Training Material” folder</td>
<td></td>
</tr>
<tr>
<td>• Case study “Working while Changing”</td>
<td></td>
</tr>
<tr>
<td>• LCD projector</td>
<td></td>
</tr>
<tr>
<td>• White board/black board, flipcharts and markers, A4 size paper and pens.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Development</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Key Steps</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Introduction</strong></td>
<td>15 minutes</td>
</tr>
<tr>
<td>Overview of the topic and objectives</td>
<td></td>
</tr>
<tr>
<td>Elicit participants’ experience to stimulate their interest and participation and gauge their understanding.</td>
<td></td>
</tr>
<tr>
<td><strong>REFLECTION EXERCISE:</strong> What has been your experience in doing VCAs?</td>
<td></td>
</tr>
<tr>
<td>In a large group, participants are asked to reflect on their experiences and share with the rest of the group.</td>
<td></td>
</tr>
<tr>
<td>Describe the purpose and relevance of this topic with the participants, drawing upon their experiences to set the context for the content to follow.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. What is a VCA?</strong></th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver “VCA Disability-Inclusive” PowerPoint presentation to provide a basic overview of the VCA, including underlying concepts, components and tools. Emphasis is placed upon the VCA as a participatory process involving the affected target populations in the various stages of risk assessment.</td>
<td></td>
</tr>
<tr>
<td>*Please Note: This presentation is not intended to provide comprehensive training on VCA. It is assumed that participants have a good background of DRR or disaster management and are already familiar with the VCA (theoretical or at the field level). For a general training on VCA, you can refer to VNRC&amp;NLRC “VCA training manual for Vietnam Red Cross practitioners”.</td>
<td></td>
</tr>
<tr>
<td>Also make sure to link the terminologies that participants are more familiar with locally with the terms globally used under VCA (cf. UNISDR terminology).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. Making VCA Disability Inclusive</strong></th>
<th>20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXERCISE:</strong> Why is it important to make VCA disability inclusive? The participants are divided into small groups</td>
<td></td>
</tr>
</tbody>
</table>
4. Practical ways to make VCA tools disability-inclusive

- Overview of tools
- Strategies for making VCA disability-inclusive

and are directed to generate a list of key reasons for making VCA disability-inclusive.

Each group is then asked to give 2 points and record these points on the white board/black board.

The facilitator draws upon participants’ understanding of disability issues based on earlier topics (e.g. human rights, link between disability-poverty-vulnerability) to stimulate further discussion and ensure main reasons are represented.

**10 minutes**

**CASE STUDY**
The participants are asked to read the case study provided and to answer the questions in the following exercise:

**EXERCISE**: Challenges and Solutions
- What are some of the challenges associated with making a VCA disability-inclusive?
- What strategies could be used to overcome these challenges?

The facilitator then asks the participants to reflect upon their own experiences and poses these questions:
- What are some of the challenges you have faced or anticipated in making VCA disability-inclusive?
- What strategies have you used/would you use to overcome these challenges?

**5 minutes**

Presentation: Brief PowerPoint or overhead projection of General Principles for a Disability-Inclusive VCA

5 minutes

**Presentation (optional)**

PowerPoint presentation “VCA Disability-Inclusive”, section on tools: Mapping, Semi-structured Interviews/Focus Group Discussions

**30 minutes**

**Small Group Activity**

The purpose of the activity is to explore strategies for making sure that the VCA is participatory and inclusive of persons with disabilities. Participants are divided into three groups. Each group is designated as a VCA tool:
1) A disability profiling group
2) Mapping group
3) Interview/Focus group.
The groups are asked to brainstorm:

- The key considerations for persons with disabilities related to their particular assessment tool
- How would they ensure persons with disabilities are engaged in the assessment activity?

Note: Participants should be encouraged to consider different types of disabilities. The groups present their key considerations to the large group. The facilitator stimulates further discussion as needed to ensure most key considerations are covered.

**KEY REFERENCES AND RESOURCES**


A. DESCRIPTION

Learning Objectives

By the end of this topic, you should be able to:

• describe possible Early Warning Systems (EWS) and the importance of developing disability inclusive EWS;
• understand how to assess whether an EWS is disability inclusive or not; and
• explain possible strategies for making EWS disability inclusive.

Key Messages

• EWS need to reach all people, including persons with disabilities.
• Disability-inclusive EWS use a variety of communication methods. They also build upon informal support networks and people’s ability to respond.
• Persons with disabilities need to be fully involved in the development of inclusive EWS.
• Disability-inclusive EWS are cost-effective and can be done within the community.

Introduction

Early warning system is a key tool in disaster preparedness as it provides timely information to the community about a coming disaster. Therefore it is important to address the specific needs of persons with disabilities to make sure that EWS is disability inclusive. It is important to make the best use of the capacities of persons with disabilities to develop inclusive EWS.

Basic Concepts

WHAT IS EARLY WARNING SYSTEM?

This refers to the set of capacities needed to generate and disseminate timely and meaningful warning information to enable individuals, communities and organizations threatened by a hazard to prepare and to act appropriately and in sufficient time to reduce the possibility of harm or loss.1

Why Make EWS Disability-Inclusive?

All persons have a right to early warning information. An early warning system is effective only if it reaches all community members. Therefore, persons with disabilities must be included when designing warning signals/signs so they can help to make sure the methods used will be appropriate to meet their needs.

THINGS TO REMEMBER ABOUT PERSONS WITH DISABILITIES AND EWS

• Some persons with disabilities can receive and understand the early warning information by themselves.
• Some persons with disabilities can get the information through a little modification in the existing early warning system.
• Some persons with disabilities rely strongly on their informal social networks for information.
• Some persons with disabilities can be heavily involved within EWS by disseminating information.

GENERAL PRINCIPLES OF EWS

• All people can be reached by EWS if they include many forms of communication.
• EWS needs to strengthen informal support linkages and build upon people’s capacities to respond.
• EWS is easy, cost-effective and can be done within the community.

GENERAL RECOMMENDATIONS FOR DISABILITY-INCLUSIVE WARNING SYSTEMS

• Develop early warning systems in a disabled-friendly manner by utilizing a variety of communication methods.
• Consult persons with disabilities/DPO representatives and family members to assure that the needs of persons with disabilities in emergency situations are met.
• Include persons with disabilities and make the best use of their capacities to develop your EWS, e.g. involve persons with disabilities in an early warning task force to make sure that their specific needs are identified and addressed.
• There are different means, tools and channels to provide early warning, and the whole range could/should be utilized to address the specific needs of persons with different types of disabilities.
• Raise awareness on disability-inclusive EWS with authorities, donors and INGOs.
• Provide theoretical and practical training on disability-inclusive EWS (knowledge and skills) for relief workers, volunteers, family members and CBOs (community-based organizations). Possible training topics include understanding disability and basic and specific needs of persons with disabilities; understanding and overcoming barriers; and communication techniques and methods adapted to the needs of persons with disabilities.

WHAT DOES IT MEAN FOR ME?

Key Questions: Problem Analysis

• Do the warning messages reach everybody including different categories of persons with disabilities?
• What are the barriers?
• How could it be done differently and in an inclusive manner?

EWS provides a very important link between preparedness measures and response action, which in turn reduces the risk of exposure and injury to community members. It is not enough to simply include one person with a disability in the planning and designing of early warning signals/signs, as every person is unique and accessibility factors will depend also, for the same environment, on different type of impairments. Persons with disabilities are a group with some specific needs and capacities. Therefore, for a same environment, considerations for EWS need to be made related to all types of impairments (physical, hearing, seeing, intellectual/mental, etc.), in order to make it as inclusive as possible. It is important to have information about the persons with disabilities living in the community prior to the development of EWS and also to ensure their full involvement in the process. But an inclusive EWS should not be limited only to the types of impairments and specific needs of persons with disabilities present in the community; it must
also consider the fact that there are or not persons with disabilities in the community. Some persons might face impairments later in their life, and since emergency situation sometimes creates temporary of permanent disability (persons with injuries), it is better to plan ahead.

Use “Disability Screening Tool” and “Post-Disaster Disability Screening Form” provided in the CD-ROM in the “Working with Persons with Disabilities” Tools folder as examples of possible tools to identify persons with disabilities.

*Impairments and Early Warning Systems: Practical Strategies for Inclusion*

Below is a list of possible strategies for making EWS disability-inclusive that generally relates to four types of impairments. These are suggestions only and are based on the experiences of persons with disabilities, communication material available in the area and volunteers working in the field. This list is not exhaustive and comprehensive nor should it be used as a checklist that negates or replaces the need for the involvement of persons with disabilities.

Every community will have its own unique problems/issues. They may benefit from some of the suggestions listed below but must have the opportunity to consider the suggestions, and more importantly, to develop their own solutions. It is essential that persons with disabilities, DPOs and care givers are included in this process as they will have critical inputs to give.

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Warning System</th>
<th>Appropriateness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical impairment</td>
<td>• Auditory signals (e.g. alarms, sirens, announcements)</td>
<td>• Ideal</td>
</tr>
<tr>
<td></td>
<td>• Visual signals (leaflets, posters, red flag, spotlights turned on-off repeatedly)</td>
<td>• Possible (depending on mobility)</td>
</tr>
<tr>
<td>Visual (sensory) impairment</td>
<td>• Auditory signals (e.g. alarms, sirens, announcements)</td>
<td>• Ideal</td>
</tr>
<tr>
<td></td>
<td>• Leaflets in Braille</td>
<td>• Possible (if person can read Braille)</td>
</tr>
<tr>
<td></td>
<td>• Low vision: information issued in big font and/or flashy colors (leaflets, posters, pictures, red flag); spotlights turned on-off repeatedly</td>
<td>• Possible</td>
</tr>
<tr>
<td>Hearing and/or speech (sensory) impairment</td>
<td>• Visual signals (leaflets, posters, pictures, red flag, spotlights turned on-off repeatedly)</td>
<td>• Ideal</td>
</tr>
<tr>
<td></td>
<td>• Gestures, body language</td>
<td>• Possible (if person knows lip reading)</td>
</tr>
<tr>
<td></td>
<td>• Clearly articulate words</td>
<td>• Possible (if informer and the person with disability know about it)</td>
</tr>
<tr>
<td></td>
<td>• Sign language</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Person with hearing impairment: auditory signals (e.g. alarms, sirens, loud and clear announcements)</td>
<td>• Possible</td>
</tr>
</tbody>
</table>
Intellectual impairment and mental illness
• Auditory signals (e.g. alarms, sirens, short and clear announcements)
• Gestures, body language
• Visual signals: red flag, spotlights turned on-off repeatedly
• Visual signals: leaflets, pictures, posters

Multiple impairment
• Use multiple communication methods (e.g. pictures and special signals for persons with intellectual and hearing impairment)
• Early warning task force to find and train family members/caretakers in EWS
• Provide family members of the person with disability with warning information

Ideal (but needs to be trained in preparedness phase, as alarms and sirens might cause panic)
Possible
Possible (depending on mobility)
Possible (preferably in pictures and symbols)

Ideal
Possible if resources available
Ideal

Important Point
Written information through leaflets can be useful but is not necessarily the best tool depending on the level of literacy. Where people are illiterate, simple symbols or pictures are used.

Summary
EWS involves many different means, tools and channels and the entire range should be utilized to address the specific needs of persons with different types of disabilities. Authorities and communities need to be aware of the specific needs and capacities of persons with different types of disabilities in order to address them and include persons with disabilities in the development of EWS. Include persons with disabilities, DPOs and care givers and make the best use of their capacities to develop EWS.

Key Questions to Assess the Inclusion of Persons with Disabilities in Your EWS
• Are persons with disabilities involved in EWS planning and how are their diverse needs and capacities addressed?
• Are persons with disabilities, DPOs and caregivers encouraged to participate?
• Are persons with disabilities involved in an early warning task force?
• Are persons with disabilities consulted while preparing evacuation/early warning systems to make sure their specific needs are addressed?
• What could you do to improve the system?
# B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 hour 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td></td>
</tr>
<tr>
<td>• PowerPoint presentation “EWS Disability-Inclusive” provided in the CD-ROM in the “Training Material” folder</td>
<td></td>
</tr>
<tr>
<td>• LCD projector, white board/black board, flipcharts and markers, A4 size paper and pens</td>
<td></td>
</tr>
<tr>
<td>• Headphones and recording of voices; blindfold; wheelchair;</td>
<td></td>
</tr>
<tr>
<td>• Set of cards (each card lists a different impairment and describes the related functional abilities)</td>
<td></td>
</tr>
<tr>
<td>• Case study Christian Aid /SAC-ASCEND provided in the CD-ROM in the “Training Material” folder</td>
<td></td>
</tr>
</tbody>
</table>

## Development

### Key Steps

<table>
<thead>
<tr>
<th>Key Steps</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>5 minutes</td>
</tr>
<tr>
<td>- EWS, communities and disability</td>
<td></td>
</tr>
</tbody>
</table>

Introduce the topic and outline the objectives as an overview. Check and see what participants' understanding of EWS is; develop or provide a basic description of EWS.

**15 minutes**

**ROLE PLAY: Disability Simulation/Community Organization**

The purpose of the role play is to set the scene for the topic and stimulate interest and discussion.

**NOTES:**

Divide participants into groups. Each group represents a community of people. Four people in each community are given a specific impairment.

The facilitator gives each community instructions to complete a multi-step task (the task can be anything that requires movement and organization, e.g. writing your name on a piece of paper, then moving to the back of the room around obstacles and lining up alphabetically or according to age).

The facilitator gives the instruction verbally once only and then leaves the community to organize themselves. Each community must be quick and must complete the task within a specified timeframe (e.g. 10 minutes). Each community is given a different task and must complete the tasks simultaneously to add to the noise and confusion in the room. The facilitator can include a surprise hazard warning during the exercise if the groups handle the role play correctly.

**Disability Simulation**

1) Person with a mental impairment who hears voices (this person must wear head phones and listen to a recording throughout the exercise).
2) Person with a physical impairment (this person must
use a wheelchair). If wheelchair is unavailable, have person use only one leg.
3) Person who is visually impaired (this person must be blindfolded).
4) Person who is intellectually impaired and cannot speak (this person must leave the room while instructions are being given and return to complete the task with the community. Community members cannot verbally give this person the instructions but can demonstrate).

**5 minutes**
**LARGE GROUP DISCUSSION**
What was the experience like?
What were the challenges and solutions?
What makes persons with disabilities especially vulnerable in situations of risk?
Why is it important to make EWS disability-inclusive?
Use this discussion as a platform to draw out their actual experiences of EWS.

**5 minutes**
**REFLECTION**
In a large group, participants are asked to reflect on their experiences and share with the rest of the group. What has been your experience in EWS and how have persons with disabilities been involved?

<table>
<thead>
<tr>
<th>2. What is EWS &amp; Why is a disability-inclusive EWS important?</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver “EWS Disability-Inclusive” PowerPoint presentation to provide a rationale/review on why a disability-inclusive EWS is important and the general guidelines for making EWS disability-inclusive. Also refer to description of the topic.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Making EWS Disability-Inclusive</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REFLECTION</strong></td>
<td>The facilitator asks the participants to reflect upon their own experiences and asks:</td>
</tr>
<tr>
<td>- What are some of the challenges you have faced/anticipated in making EWS disability-inclusive?</td>
<td></td>
</tr>
<tr>
<td>- What strategies have you used/would use to overcome these challenges?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Practical Ways to make EWS Disability-Inclusive</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXERCISE</strong>: Developing strategies for ensuring a disability-inclusive EWS in pairs, consider each impairment:</td>
<td></td>
</tr>
<tr>
<td>• How would you ensure the person with disabilities receives EW and gets to safe ground?</td>
<td></td>
</tr>
<tr>
<td>• What barriers would the person with disabilities face? What assistance or modifications would be required?</td>
<td></td>
</tr>
<tr>
<td>Participants are given a set of cards each with a different impairment (physical, sensory, mental &amp; intellectual). Each</td>
<td></td>
</tr>
</tbody>
</table>
card represents a type of impairment and a brief description of the person/their functional ability.

Participants are paired. Each pair takes a card and answers the questions. Facilitator asks each pair to feedback on three key points.

**10 minutes**
Present the slide "Develop Early Warning Systems in a Disabled-Friendly Manner" using PowerPoint presentation "EWS Disability-Inclusive".

<table>
<thead>
<tr>
<th>5. Conclusion</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Key messages</td>
<td>Summarize the key messages using a paperboard and referring to the Manual.</td>
</tr>
<tr>
<td>- Reflection for disability-inclusive EWS</td>
<td><strong>REFLECTION</strong>: Is your EWS Disability-Inclusive?</td>
</tr>
</tbody>
</table>

**Key Questions:**
- How are persons with disabilities involved in EWS planning, development and implementation and how are their diverse needs and capacities addressed?
- What could you do to improve the system?

---

**ENDNOTES**

A. DESCRIPTION

**Learning Objectives**

By the end of this module, you should be able to:

- describe the aims of Search, Rescue and Evacuation (SR&E);
- explain the basic principles behind disability-inclusive SR&E; and
- understand possible barriers and solutions to disability-inclusive SR&E.

**Key Messages**

- Persons with disabilities are often at risk of being left behind, neglected or forgotten in SR&E, as they tend to be invisible in their community.
- Persons with disabilities must be included in SR&E preparation and planning/activities to ensure their needs are appropriately addressed.
- Adaptations can be made to SR&E approaches and techniques to accommodate the needs of persons with disabilities.

**Introduction**

The specific needs of persons with disabilities should be addressed in search, rescue and evacuation activities. This requires appropriate preparation and planning prior to disasters. Persons with disabilities, DPOs and caretakers must be included in the preparedness phase so that their needs are understood and appropriate responses can be implemented in SR&E.

**Basic Concepts**

**WHAT IS SEARCH, RESCUE AND EVACUATION?**

Search, Rescue and Evacuation are procedures carried out in the primary stages of disaster response to find persons with/without injuries in lightly damaged buildings. The basic aim of SR&E is to ensure the survival of the maximum possible number of affected people. SR&E should be carried out immediately after a disaster strikes.

Evacuation implies removing all people from a threatened area to a safe place before, during or after an emergency.
HOW IS SR&E DIFFERENT FOR PERSONS WITH DISABILITIES?

During immediate SR&E measures following disaster, it may be necessary to employ special techniques or procedures to safely and quickly evacuate persons with disabilities. For this reason, persons with disabilities, caregivers, family members, as well as representatives from DPOs should be included in disaster management committees to help identify the specific needs of persons with disabilities in a participatory manner.

GENERAL PRINCIPLES OF DISABILITY INCLUSIVE SR&E

Persons with disabilities can be evacuated:

- through their own efforts;
- through little assistance; and
- through complete assistance.

THINGS TO REMEMBER ABOUT PERSONS WITH DISABILITIES AND SR&E

- In an emergency response (including SR&E), actors typically focus on people newly injured through the disaster. Persons with disabilities, prior to the disaster and during the disaster, are at risk of being completely neglected or forgotten.
- Persons with disabilities can participate in the planning and organization of search activities just as anyone else. But they have some specific needs that SR&E teams need to be aware of.
- Persons with disabilities are at a higher risk of getting injured, trapped, or stuck due to their reduced capacity to anticipate and react.
- Many persons with disabilities need the support from a caregiver (can be a family member or others) during an emergency. Caregivers might get lost, injured, or die and persons with disabilities, therefore, find themselves alone with no one to help.
- Persons with disabilities as well as their caregivers/family members should be identified in advance during preparedness. If they have not been, try to identify them immediately. As an example, use the disability screening tool to identify persons with disabilities provided in the CD-ROM in “Working with Persons with Disabilities” folder.
- Emergency search and rescue personnel should have knowledge on how to adapt search and rescue techniques to find and move persons having different types of impairments. For example, a person having difficulty sitting without support may need a belt to tie him/her into an evacuation boat so she/he does not fall over the edge.

The table below provide key informations to make SR&E disability-inclusive.

<table>
<thead>
<tr>
<th>Table 12. Measures to Make SR&amp;E Disability-Inclusive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When preparedness measures are in place</strong></td>
</tr>
<tr>
<td>• Set up a team dedicated/trained to rescue persons with disabilities.</td>
</tr>
<tr>
<td>• Utilize existing database/list of persons with disabilities.</td>
</tr>
<tr>
<td>• Adapt evacuation procedures.</td>
</tr>
<tr>
<td>• Prepare adequate material to remove someone from rubble.</td>
</tr>
<tr>
<td>• Plan evacuation to accessible pre-identified location.</td>
</tr>
<tr>
<td><strong>When there is no preparedness planning</strong></td>
</tr>
<tr>
<td>• Allow the person with disability (or family member in specific cases) to advise you on his/her specific needs (i.e. transfer techniques to move him/her, need for assistive devices, medicines to bring).</td>
</tr>
<tr>
<td>• Evacuate the person with disability to a location where he/she will best able to meet his/her immediate needs (i.e. accessible water, toilets, etc.).</td>
</tr>
</tbody>
</table>
**Disability-Inclusive SR&E: General Recommendations**

- Persons with disabilities do not need to be transferred to healthcare facilities unless they have serious injuries or face life threatening situations.
- Allow persons with disabilities to give advice on their specific needs regarding Rescue and Evacuation techniques to move and carry them, the need for assistive devices, etc.
- SR&E during the preparedness phase should be participatory, i.e. include persons with disabilities/DPOs because they can give the best advice about their specific needs. Also include them in emergency simulation and in mock drills.
- Persons with disabilities should be identified in advance during the mapping phase (include their type of disability, assistive devices and other specific needs), as part of the inclusive VCA process (See Topic 7). This will make SR&E easier. Use disability screening tool to identify persons with disabilities.
- Try to include someone who knows the person with disability (caregiver/family member) or someone familiar on working with persons with disabilities or DPOs during SR&E, especially persons with intellectual disabilities and mental illness.
- Unprofessional rescue very often leads to irreversible impairments: e.g. unstable or multiple fractures of the spine where the person becomes paraplegic because of unprofessional handling during the rescue.
- Certain transportation techniques can be very risky (e.g. pick-a-back to be avoided if any doubt of spinal cord injury).
- Stretchers, chairs or trolleys can be very helpful to move people in an uneven environment.
- Appropriate equipment such as stretchers, wheelchairs, or crutches during SR&E are not only helpful for persons who had an impairment before the disaster, but also for newly injured people, older persons and pregnant women, who may face mobility problems.

**Illustration 1.** Assisting a person with disability to go faster: do not forget to bring assistive devices.

**Illustration 2.** Using stretcher or bed to evacuate people with severe disability.

**Illustration 3.** Using transfer technique - three person transfer
- one person will support the head and upper part of the body
- one person will support the hip area
- one person will support legs
Three lifters will lift the person together at the same time.
ILLUSTRATION 4. In a two-person transfer, one person will support the trunk while the other will support the lower limb. The person behind will reach under the person’s arms and hold the opposite wrist of the person. Person holding the legs will hold the person under the knees and ankles.

ILLUSTRATIONS 5 AND 6. Transfer-technique-transfer people with no movements in their arms, trunks or legs.

ILLUSTRATION 7. One person transfer: This transfer is for person(s) who can put weight on their legs but are not able to move without some help.
• for one person, the person has his/her feet flat on the floor, be positioned forward in the wheelchair and have his arms around helper’s upper back.
• the helper puts his knees and feet on the outside of the person’s feet and knees, helper’s hands are put under person’s buttocks
• when the person is up high enough the helper will turn the person to the new area and slowly return the person to a sitting position

ILLUSTRATION 8. Two people with visual impairment moving together hand-to-hand, holding hands tight and following instructions of the leader (person in front).

GENERAL COMMUNICATION TIPS FOR PERSONS WITH INTELLECTUAL DISABILITIES

• Act calmly.
• Never speak or act as if the person isn’t there, even if he cannot understand.
• Always treat the person as an adult.
• Use short and simple sentences, and maximize the use of non-verbal communication (e.g. use pictures; act out your message or use body language).
• Take time and be patient.
• Use humor whenever possible.
• Make sure the person can see you clearly as you speak and minimize distractions as much as possible.
• Primary caregivers of the individual may have an effective communication system and you can use them to help you convey your message and understand theirs.

If the person with intellectual disability is aggressive or has confrontational behavior:

• Remain calm.
• Redirect (e.g. change the topic; distract the person; direct him/her to a pleasant thought).
• Reassure.
• Revise (e.g. adapt questions or tasks; lessen demands).

PRACTICAL STRATEGIES FOR MAKING SR&E DISABILITY-INCLUSIVE

Below is a list of strategies for making SR&E disability-inclusive, generally relating to the four different types of impairments. This list is not exhaustive or comprehensive and the suggestions should be cross-checked with the experiences of the persons with disabilities, the available communication material in the area, and volunteers working in the field.

Every community will have its own unique problems/issues which are dynamically evolving in time. Therefore a given community may benefit from some of the suggestions listed but must have the opportunity to consider the suggestions, and more importantly, to develop their own strategies. It is essential that the persons with disabilities be involved in preparation and planning to anticipate their needs/issues in SR&E. Always try to bring someone who knows the person with disability or someone used to working with persons with disabilities during SR&E.

For persons with physical impairments

• If the person uses crutches or other mobility devices, bringing them along may help the individual move quicker.
• If the person has a lot of difficulty, it may be necessary to carry her/him or use a stretcher/wheelchair. While helping a person in or out of a stretcher or wheelchair, do not pull on the person’s arms or legs or place pressure on their limbs or chest as this may cause injury, pain spasms or block breathing.
• Transfer technique for only one person or two can be used for less severe physical impairment.

For persons with visual impairment

• Assistance should be given by unblocking the evacuation route when stairs or access is crowded.
• Give verbal guidance to the person when you are guiding so he/she knows what obstacles are ahead (i.e. rocks, water, stairs, etc.).
• Indicate the presence of stairs, doors, narrow passages, or ramps using rough mats at starting and ending points.
• Assist the visually-impaired person when sitting down by placing his or her hand on the back of the chair.
• If there are many people with visual impairments at the same place, assist them to hold hands/elbows/shoulders in a chain and follow the direction of a leader.

For persons with hearing impairment

• Use visual means (hand gestures, demonstrations, or pictures) to communicate instructions.
• If the individual is unable to speak, give him/her a way to communicate by using flash cards (picture exchange communication).
**For persons with mental illness and intellectual disabilities**

- Explain the situation clearly (i.e. what has happened, if there is still danger, how to protect themselves).
- Remain calm. Reassure.

**For persons with multiple disabilities**

Combine strategies to respond to multiple needs. Ask the person with disability and/or family member/caretaker how best to meet their needs.

**Summary**

The specific needs of persons with disabilities should be addressed in SR&E activities. This requires appropriate preparation and planning prior to disasters. Persons with disabilities, DPOs and caretakers must be included in the preparedness phase so that their needs are understood and appropriate responses are implemented in SR&E.

**Is your SR&E approach inclusive of persons with disabilities?**

- An accessible evacuation location is pre-identified.
- Emergency search and rescue personnel have knowledge on how to adapt search and rescue techniques to find and move persons having different impairments;
- Minimize risks of injury by following basic first aid and professional handling techniques.
- Utilize appropriate equipment such as stretchers, wheelchairs, or crutches, and appropriate transfer techniques whenever possible.
- Identify persons with disabilities in advance during the mapping phase (including their type of disability, their assistive devices, and other specific needs).
- Make sure the database/list of persons with disabilities is established, utilized and regularly updated.
- Caretakers or people familiar to the persons with disabilities who could assist during SR&E are identified and included in the process, especially when it comes to people with intellectual disability and mental illness.
- SR&E during preparedness phase is participatory, i.e. persons with disabilities/DPOs are included in preparedness activities such as planning, organization, emergency simulations and mock drills.
- Persons with disabilities give advice on their specific needs for rescue and evacuation (transportation techniques, assistive devices/mobility devices, medicines needed).
- SR&E teams are aware of their specific needs.
# B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>2 hours</th>
</tr>
</thead>
</table>

## Materials
- PowerPoint presentation “SR&E Disability-Inclusive” provided in the CD-ROM in the “Training Material” folder
- LCD projector
- White board/black board, flipcharts and markers, A4 size paper and pens
- Stretcher and wheelchair (optional)

## Development

<table>
<thead>
<tr>
<th>Key Steps</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Introduction</strong></td>
<td><strong>15 minutes</strong></td>
</tr>
<tr>
<td>- EWS, communities and disability</td>
<td>Introduce the topic, outline the objectives and define SR&amp;E. Elicit participants’ experiences from which to stimulate interest and participation and gauge their understanding.</td>
</tr>
</tbody>
</table>

**REFLECTION EXERCISE:**
What has been your experience with search, rescue and evacuation?

In a large group, participants are asked to reflect on their experiences and are invited to share with the rest of the group.

<table>
<thead>
<tr>
<th>2. How is SR&amp;E different for persons with disabilities?</th>
<th><strong>30 minutes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Considering disability in SR&amp;E</td>
<td><strong>EXERCISE: Considering Disability in SR&amp;E</strong></td>
</tr>
</tbody>
</table>

- What are the challenges involved in SR&E of persons with disabilities (e.g. physical, mental/intellectual, hearing, seeing, multiple disabilities)?
- What preparedness measures could be put in place to facilitate inclusive SR&E?

Participants are divided into teams and given an SR&E scenario that involves getting a person(s) with disability to safety.

Within each team, people are given specific roles (e.g. rescuer, bystander, persons with disabilities), challenges and resources to accomplish the task.

They have a specified time period to accomplish this task using available resources. In each team, the person with the role of person with disability is given a different impairment.

The trainer facilitates a discussion afterwards about their experiences, challenges and lessons learned.

A list of key considerations is to be recorded based on this discussion. Refer to ‘Things to Remember about Persons with Disabilities and SR&E’ in the description of Topic 9.
3. Disability-Inclusive SR&E

- General principles of disability-inclusive SR&E
- Disability-inclusive SR&E: General recommendations

5 minutes

EXERCISE: Short Quiz

Persons with disabilities can be evacuated:
- through their own efforts;
- through a little assistance; and
- through complete assistance.

In a large group, ask participants the above questions and must indicate the correct response. This is a trick question as all the three options are correct. The purpose of this exercise is to reinforce the points that:
1) Persons with disabilities CAN be evacuated;
2) The support they require will vary depending on their type of disability and circumstances;
3) Persons with disabilities must be asked to give advice on their specific needs regarding SR&E.

15 minutes

REFLECTION

Participants are divided into pairs and asked to reflect upon the following key questions:
- What are some of the challenges associated with making SR&E disability-inclusive?
- What strategies could be used to overcome these challenges?

Participants share their ideas/responses (not already covered) with the large group.

5 minutes

Present PowerPoint presentation “SR&E Disability-Inclusive”, Section on General Principles for Disability-Inclusive SR&E. Also refer to the description of Topic 9.

4. Practical Ways to make SR&E Disability Inclusive

- Evacuation and rescue tips for persons with disabilities
- Transfer training (optional)
- Communication tips for persons with intellectual or mental impairment (optional)

10 minutes

PowerPoint presentation “SR&E Disability-Inclusive”, Section on Evacuation and Rescue Techniques and Tips for persons with disabilities. Also refer to the description of Topic 9.

30 minutes

PowerPoint presentation “SR&E Disability-Inclusive” and demonstration

The facilitator reviews basic transfer techniques for persons with physical disabilities. Ideally, give participants the opportunity to develop/practice transfer techniques with each other. However, if the facilitator does not have the skills/background to conduct this particular aspect of training, use illustrations and a theoretical approach.
To facilitate skill building: Set up ‘practice stations’ according to the transfer techniques illustrated in the description of Topic 9. Ask for a volunteer participant to be a person with disabilities at each station.

Participants are divided into small groups and circulate from station to station to practice transfers.

The transfers should be modeled for the participants prior to the practice stations. Step-by-step instructions should be written on a paperboard at each station. All transfers should be supervised to prevent injury.

10 minutes  
**ROLE PLAY:**  
Communication skills: Dealing with aggressive or confrontational behavior.

The facilitator asks two volunteers to enact a role-play. One person is a person with a mental impairment having an aggressive behavior during a rescue scenario. The other person performing the rescue team member demonstrates the following skills:

- Remain calm, redirect (e.g. change topic or distract).
- Reassure and revise (adapt questions or tasks, lessen demands).

The rest of the participants are not given details of the role play but function as observers.

The trainer facilitates a discussion following the role play where the course participants identify the communication skills that were used to manage the aggressive behavior.

The facilitator then provides an overview of communication tips for persons with intellectual or mental disabilities as provided in the description of Topic 9.

*Please Note:* The optional exercises are labeled as such because they are dependent upon your assessment of the interests, roles/knowledge or skill level of the participants and facilitator.

### 5. Conclusion

- **Key messages**

- **Reflection for disability inclusive EWS**

15 minutes

Summarize the key messages (as provided above), using a paperboard and referring to the Manual.

**REFLECTION:** Is your SR&E approach Disability Inclusive?

- An accessible evacuation location is pre-identified.
- Emergency search and rescue personnel have knowledge on how to adapt search and rescue techniques to find and move persons having impairments;
- Risk of injury is minimized by following basic first aid and professional handling techniques.
- Appropriate equipment such as stretchers, wheelchairs, crutches etc. are utilized whenever possible and
appropriate transfer techniques employed.
• Persons with disabilities are identified in advance during the mapping phase (including their impairments, the assistive devices, and other specific needs).
• Database/list of persons with disabilities is established, utilized and updated.
• Caretakers/supports or people familiar to persons with disabilities who could assist during SR&E are identified, especially when it comes to persons with intellectual impairments and mental illness.

KEY REFERENCES AND RESOURCES


http://www.firstaid.org.uk/index.htm

ADDITIONAL MATERIAL

Refer to the booklet “How to Include Disability Issues in Disaster Management” (Bangladesh Handicap International), provided in the CD-ROM in the “Resource Material” folder.
A. Description

Learning Objectives

By the end of this topic, you should be able to:

- explain the key aspects of shelter management as they relate to the needs of persons with disabilities;
- understand the particular risks that persons with disabilities face in emergency camps;
- appreciate the potential barriers for making shelters disability inclusive and some solutions for overcoming these; and
- use resources from this manual to guide planning and management of shelters to be more inclusive and protective of persons with disabilities.

Key Messages

- Making emergency shelters disability-inclusive may take a little more thought, time and resources but will provide benefits for other vulnerable groups as well as persons with disabilities.
- Persons with disabilities, DPOs and caretakers have ideas on how to make shelters more inclusive; involving them in the planning and implementation phase is essential.
- Inclusive shelters need to be safe, accessible in terms of mobility and communication, and equitable in access to supplies and services.

Introduction

The specific needs of persons with disabilities should be addressed in shelter management activities. This requires appropriate preparation, planning and possibly adaptation of existing shelters. Persons with disabilities, DPOs and caretakers must be included in the preparedness phase so that their needs are understood and appropriate responses can be implemented for their access and use of shelters.

Basic Concepts

WHAT IS SHELTER MANAGEMENT?

Shelter is a necessary means to security, personal safety and protection (e.g. from climate, illness and disease). Shelter management aims to provide all the members of the population affected by disasters with equitable and safe access to shelter, including goods and services such as natural and common resources, safe drinking water, energy for cooking, sanitation and washing facilities and emergency services.

Persons with disabilities do not automatically have equitable access to shelter or the goods and services to which they are entitled. Action must be taken to identify their specific needs and capacities and to prevent or remove barriers that compromise their security, personal safety and protection. Involving persons with disabilities, DPOs and caretakers in the key aspects of shelter management helps to ensure that their right to human dignity, protection and assistance is met.
WHAT ASPECTS OF SHELTER MANAGEMENT ARE PARTICULARLY IMPORTANT FOR PERSONS WITH DISABILITIES?

Four key aspects of shelter management are especially relevant for the well-being of persons with disabilities. They are detailed below:

<table>
<thead>
<tr>
<th>Table 13: Key Aspects of Disability-Inclusive Shelter Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accessibility</strong></td>
</tr>
<tr>
<td>- physical accessibility of shelters and camps</td>
</tr>
<tr>
<td>- access to information and communication</td>
</tr>
<tr>
<td><strong>Security</strong></td>
</tr>
<tr>
<td>- protection from physical, sexual and emotional abuse-</td>
</tr>
<tr>
<td>- security risks linked to the physical space</td>
</tr>
<tr>
<td><strong>Water and sanitation</strong></td>
</tr>
<tr>
<td>- access to safe, sufficient and affordable water for</td>
</tr>
<tr>
<td>- personal and domestic use</td>
</tr>
<tr>
<td>- rapid, safe and acceptable access to an adequate number of</td>
</tr>
<tr>
<td>- toilets/washing facilities close to one's dwellings at all</td>
</tr>
<tr>
<td>- times</td>
</tr>
<tr>
<td>- an environment that is acceptably uncontaminated by solid</td>
</tr>
<tr>
<td>- waste and a means to dispose of domestic waste conveniently</td>
</tr>
<tr>
<td>- and effectively</td>
</tr>
<tr>
<td><strong>Food security</strong></td>
</tr>
<tr>
<td>- physical and economic access to sufficient, safe and</td>
</tr>
<tr>
<td>- nutritious food for a healthy and active life.</td>
</tr>
</tbody>
</table>

PRACTICAL STRATEGIES FOR MAKING SHELTERS DISABILITY-INCLUSIVE

For each key aspect of shelter management a list of possible barriers and disability-inclusive strategies is provided that correspond with different types of disabilities. These are suggestions only and are based on the experiences of persons with disabilities, available literature in the area, and people working in the field. This list is not exhaustive or comprehensive.

Every community will have its own unique problems/issues. They may benefit from some of the suggestions listed but must have the opportunity to consider the suggestions, and more importantly, to develop their own strategies. It is essential that persons with disabilities be involved in preparation and planning to anticipate their needs/issues in shelter management.

1. Accessibility

Accessible shelter refers to safe and secure access to and use of shelters and essential services and facilities. It includes physical accessibility in terms of design and construction of the shelter as well as access to information and communication. All members of disaster-affected populations are entitled to shelter services and facilities that offer assistance and protection. Requirements of persons with disabilities should be reflected in the planning and provision of shelter and services.

Please take note that access is a moving target and not a final destination.

Physical Accessibility of Shelters and Camps:
The Orissa Super Cyclone 1999

Most persons with disabilities said that they were not consulted during the construction of shelters/homes. The result was that the shelters constructed in the disaster-prone area were not disability-friendly. Cyclone shelters were generally not made accessible for persons with disabilities except for a few ramps. Inadequate facilities for simple daily tasks proved to be a problem for persons who had disabilities with multiple barriers to access from housing to marketing to employment.
The table below shows examples of barriers as well as solutions for accessibility.

**Table 14: Barriers and Solutions for Accessibility**

<table>
<thead>
<tr>
<th>Possible barriers</th>
<th>Possible solutions</th>
</tr>
</thead>
</table>
| Physical Impairment (e.g. wheelchair users)  
- Difficulty in getting to the shelters such as school buildings and raised grounds;  
- Difficulty in accessing facilities in shelters (e.g. doors too narrow);  
- Difficulty in accessing water and sanitation facilities (doors too narrow; no hand rails); problems in accessing water spots. | • Make shelters, toilets, water spots, etc. physically accessible to all community members using universal design (e.g. installing ramps, hand rails; modify water and sanitation sources etc);  
• Distribute assistive and mobility devices to increase persons with disabilities’ capacities. |
| Visual Impairment (e.g. low vision)  
- Difficulty in orientation to new and unfamiliar environment. | • Paint key places with strong flashy colors and highlight contrasts. |

Examples of how to improve physical accessibility

I) *Pathway to home*

- A concrete pathway (stable, firm, even, slip resistant), easy for walking, 90 cm wide at least

II) *Shelter entrance*

- Preferably without steps  
- The ramp should have a gradient of not more than 1:10.  
  It should be 150 centimeters wide and have a smooth, non-slip surface. There should be hand rails on each side that extend 1 meter beyond the ramp. There should be a level space at the end of the ramp to allow the person to stop and turn.

III) *Doorways*

- All doorways should be wide enough for persons with disabilities to be able to get in and out with their wheelchair unassisted – 90 centimeters in total.

Where possible, also include guiding blocks in bright colors and raised surfaces for people with low vision and visual impairments. Bright colors indicate changes in pathways. Dotted tiles say “stop or turn” while lined tiles say “go”.

**What can you or your organization do?**

- Shelters and camps should be made physically accessible using universal design: a) for access to shelters and camps; b) for free movement within shelters and camps.
- Accessibility issues should be addressed in the preparedness phase in a participatory way: participation of persons with different types of disabilities ensures that the design will be adapted to their specific needs.
- If universal design is included in the designing phase, there may be only marginal additional costs. Adapting structures once they are built is more complex and more costly.
Keep in mind the “unbreakable chain of movement”: if one element in the chain is not accessible, certain persons with disabilities won’t be able to reach the final point of destination (e.g. getting out of the house, from there to the main path to reach and access a food distribution spot).

Under the UNCRPD (Article 9), lobby for government policies to plan, implement and monitor minimum standards for barrier-free reconstruction, including reconstruction of infrastructure and public facilities.

Facilitate and monitor inclusive planning and reconstruction with the help of expert advice from skilled and trained persons with disabilities and/or DPOs.

**Access to Information and Communication**

Access to information and communication is a key condition to:

- benefit from relief services; and
- be an active contributing actor.

Key information can be made accessible in different formats in the preparedness phase (preparation of leaflets in Braille; audio cassettes, large posters, etc.). Include persons with disabilities in information committees (already in preparedness phase): this raises awareness among the general population and counters discrimination. Try whenever possible to speak directly to persons with disabilities. Sometimes, information can be passed more easily via a family member (e.g. hearing impaired person; person with severe intellectual disability). Ask family members and caretakers about the easiest way to communicate with the person who has a disability.

**Table 15. Access to Information and Communication: Barriers and Solutions**

<table>
<thead>
<tr>
<th>Possible barriers</th>
<th>Possible solutions</th>
</tr>
</thead>
</table>
| Persons with disabilities run an increased risk of exclusion from information and communication due to:  
• reduced mobility (e.g. physical impairment; visual impairment; intellectual disability);  
• delivery of information and communication in inaccessible format (e.g. audio information for hearing impaired persons and visual information for visually impaired persons). | • Concept of Disability Focal Points: Establish places where persons with disabilities and their families can get information and services such as:  
√ Help in finding food, clothes and tents, cooking appliances;  
√ Referral to/networking with service providers (rehabilitation, education, social services, etc.);  
√ Direct support for assistive and mobility devices;  
√ Peer support networks, self-help groups;  
√ Counseling on how individual homes, shelters can be made more accessible;  
√ Information in accessible format: try to edit information leaflets, communication tools, inscriptions on key public buildings etc. in accessible format whenever possible;  
• Braille and audio cassettes for people with no vision;  
• Large print, good contrasts, strong colors for people with low vision;  
• Written information, pictures, sign language for people with hearing impairment; |
| Persons with disabilities tend to be poorly informed about:  
• evolution of the general situation of disaster; | • Adapt information (material and means of communication) to make it accessible; |
services available (e.g. rehabilitation services; specific food and crop distribution); and
• decisions taken by authorities and other relief factors, etc.

√ Pictures, symbols for people with severe intellectual disability;
√ Person with hearing impairment: person should stand as near as possible;
√ Hearing impaired person, able to do lip reading: don’t stand with the sun in your back when providing information; speak slowly and articulate clearly; keep a writing pad and pencils ready;
√ Hearing impaired person, able to read sign language: provide assistant person able to communicate in sign language; keep a writing pad and pencils ready;
√ Person with severe intellectual impairment/mental illness: speak slowly, in clear and simple words; calm and reassuring voice so as not trigger stress reactions; use gestures; use pictures;
√ Distribute assistive and mobility devices so that persons with disabilities can better access information:
  - Physical impairment: crutches, wheelchairs; tricycles to access the information spot;
  - Visual impairment: white cane; and
  - Hearing impairment: hearing device

2. Security

Physical, sexual and emotional abuse
In an emergency, decision making mechanisms and access to social networks are usually altered. The life-threatening situation often leads to neglect of human rights such as equality, non-discrimination and dignity. In such a situation, vulnerability to social stigmas, insecurity, exploitation, verbal abuse and violence increases. Women and children with disabilities are particularly vulnerable. Persons with intellectual impairments and mental illness might be the most vulnerable.

**Table 16. Security: Risks and Solutions**

<table>
<thead>
<tr>
<th>Possible barriers</th>
<th>Possible solutions</th>
</tr>
</thead>
</table>
| Persons with disabilities and other vulnerable groups are often more susceptible to physical, sexual and emotional abuse (including discrimination) when staying in shelters or camps due to their reduced ability to protect themselves or to understand the situation. | Orient relief staff and volunteers about this risk and on ways to minimize the risks of such abuses.  
• Try to recruit female volunteers/women task force to take care of women with disabilities.  
• Try to reunite persons who have disabilities with their caregivers or relatives during their stay in the shelter.  
• If caretaker/family members are not available, try to ensure there are adequate numbers of volunteers/staff in camps or shelters.  
• Promote interactive discussions with persons who have disabilities to decrease tension and stress of the overall situation.  
• Initiate different simulation exercises to help persons with disabilities express and combat their fears through dialogue. |
Some persons with disabilities may be at greater risk of injuring themselves due to difficulty in seeing, moving or hearing. To help prevent injury or new/worsening of impairments:

- Organize awareness sessions for general population about disability (in preparedness and response phase).
- Expose persons with disabilities to the shelter/camp environment in the preparedness phase (e.g. The visually impaired can familiarize themselves with the new environment in a stress-free way.).
- Fence the shelter compound or areas that are unsafe (open holes, piles of rubble, cliffs, etc.) to prevent accidental injury.
- Ensure sufficient lighting in shelter areas so obstacles can be easily visualized.
- Paint obstacles that can’t be removed with flashy colors for people with low vision.
- Install hand rails where there are stairs or install ramps.
- Provide persons who have disabilities with assistive and mobility devices (e.g. white cane for visually impaired persons).

3. Water and Sanitation

The aim of a water and sanitation program is to promote good personal and environmental hygiene to protect health. Inadequate water supplies and sanitation contribute to illness and diseases, which can lead to death. Providing sufficient water and sanitation facilities needs to be combined with ensuring that all disaster-affected people have the necessary information, knowledge and understanding to prevent waterborne and sanitation-related disease.

Involving persons with different types of impairments in design and building (preparedness phase) and maintenance of these temporary facilities ensures that the facilities are better adapted to their specific needs. Incorporate accessibility features into the original design of latrines, bathroom, water point, wells, etc. This greatly reduces the cost (less than 2 percent of total cost).

**Table 17. Water and Sanitation: Risk and Solutions**

<table>
<thead>
<tr>
<th>Possible barriers</th>
<th>Possible solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Despite sufficient water and sanitation facilities, persons with disabilities might not be able to access/ utilize them.</td>
<td>Make water and sanitation facilities physically accessible.</td>
</tr>
<tr>
<td></td>
<td>• Toilets, wash basins, tube wells, hand pumps, water containers should be adapted to make their use easier: e.g. pivoting long arm handles instead of turning wheels (for people with limited movement of arms/hands/fingers); signage (tactile surface) for visually impaired persons.</td>
</tr>
<tr>
<td></td>
<td>• Provide assistants, if necessary, to persons with severe impairments.</td>
</tr>
<tr>
<td></td>
<td>• Ensure persons with disabilities are informed about when and where water sources and sanitation facilities are available in shelters or camps.</td>
</tr>
</tbody>
</table>
Include persons with disabilities when disseminating information on prevention of water-borne and sanitation-related diseases and provide information in accessible format at accessible places.

Physical impairment: information spots at accessible places; door to door service.

Visually impaired persons: leaflets in Braille, big font, strong contrasts; audio information via cassettes or TV.

Hearing impaired persons: visual information via leaflets, maps, pictures, boards, subtitled TV information;

Hearing impaired persons for people who are able to do lip reading: don’t stand with the sun in your back when providing information.

Persons with intellectual impairment/mental illness: clear and simple language; short sentences; calm and reassuring voice.

Persons with disabilities are denied equal access to water sources or latrines due to discrimination.

Monitor access.

- Form separate queues.
- Launch awareness campaigns for general population about disability.

Persons with disabilities, especially people with physical and visual impairment (as well as older persons and pregnant women) might be at risk of getting injured in hazardous environment.

Ground surrounding the water source should be cleaned up regularly to avoid falling/slipping.

- Adequate drainage around the water source will also help minimize risk of falling on wet and slippery surfaces.

Installing Accessible WATSAN Facilities

Toilets

- 90 cm wide ramp at the entrance (gradient no more than a slope of 1:10, hand rails on both sides to guide people with low vision)
- Latrine seats 45 cm to 50 cm from the finished floor level
- Enough space to turn a wheelchair (circle of 150 cm diameter)

**Flood Response in Bangladesh (2004)**

During the floods of 2004 in Bangladesh, most sources of pure water in Handicap International’s geographical areas of intervention were contaminated and tube wells were destroyed in large numbers.

Handicap International installed and repaired tube wells in homes as well as near social institutions like schools. Ramps (slopes) were installed to make water sources more accessible and a proper drainage system was developed to keep the floor dry and prevent slips and trips.

**ILLUSTRATION 9. Accessible toilet with ramp, large door, and handroll along with space inside to accommodate wheelchair. Ramps can also be made adding a small slope to the level of latrine’s floor.**
4. Food Security

Everyone has the right to adequate food. Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food. Maintenance of adequate nutritional status is a critical determinant of survival in disaster. Persons with disabilities are more susceptible to malnutrition in emergency situations due to a number of factors.

**Table 18. Food Security: Risks and Solutions**

<table>
<thead>
<tr>
<th>Possible barriers</th>
<th>Possible solutions</th>
</tr>
</thead>
</table>
| Persons with disabilities might already suffer from malnutrition and will hence be more vulnerable. | • Make staff in charge of shelter management and volunteers aware of this fact so that they can act accordingly.  
  • If possible, have a person with disability in-charged of food distribution points. |
| Physical environment hindering access to food                        | • Accessible food and crop distribution spots. (Refer to section on physical accessibility).                                                    |
| Discrimination affecting food access (e.g. food distribution points) | • Assign specific distribution spots (e.g. disability focal-points).  
  • Ensure that persons with disabilities are included in registers and monitor access.  
  • Separate queues and containers.  
  • Arrange sitting facilities for those who can’t stand for a long time in a queue.  
  • Monitor access to equal rations.  
  • House-to-house service through NGOs and volunteers for person with disabilities who can not follow the general procedure in relief distribution (especially severely disabled people).  
  • Awareness campaigns for the general population (in preparedness phase and during response) |
### Topic 10: Disability-Inclusive Shelter Management

<table>
<thead>
<tr>
<th>Condition</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation from family members or usual caregivers leading to anxiety and lack of physical assistance</td>
<td>• Try to reunite with caregiver or relatives.</td>
</tr>
<tr>
<td>Difficulty in chewing and/or swallowing</td>
<td>• Provide food rations (e.g. liquid diet or semi-solid diet) which are easy to chew and swallow.</td>
</tr>
<tr>
<td>Reduced food intake due to anxiety or stress linked to unfamiliar environment and situation</td>
<td>• Provide high energy food items.</td>
</tr>
</tbody>
</table>
| Need for modified position/posture when feeding                           | • If no family member or caretaker is available, ask health rehabilitation professionals (if available) or train volunteers about the best position and posture for feeding.  
• Ensure space to eat in privacy.                                           |
| Constipation (particularly affecting individuals with reduced mobility: e.g. cerebral palsy, spinal cord injury, etc.) | • Include vegetables and fruits in food rations.                                 |

A person who has a severe physical impairment may not have enough energy reserves to sustain himself or herself during periods of poor nutrition. Particular attention should be paid to sufficient food quantities for such individuals. Provision of specific medicine should be ensured for people with certain types of disabilities depending on their situation (e.g. people with diabetes; people with epilepsy; people with mental illness who are under medication). The persons with disabilities’ access to drugs needs to be ensured (e.g. via Disability Focal Points); ensure in preparedness phase that the person has a stock of his/her drugs for approximately seven days.

**Case Study: The Orissa Super Cyclone of 1999**

Many persons with disabilities spent two to three days without food. Reason: persons with disabilities lacked of information regarding the availability of food; visually impaired persons could not locate the centers. More than 80 percent of disabled persons faced food shortage during the disaster. Distribution of dry ration did not help as there was shortage of cooking fuel. Special needs in food were not addressed.

**Case Study: Flood Response in Bangladesh in 2004**

To reach basic food safety for persons with disabilities, Handicap International ensured in its geographical areas of intervention that persons with disabilities were not overlooked or deprived during the process of food provision:

• Food distribution at assigned spots was strictly monitored so that persons with disabilities had access to relief.
• Ramps and hand rails were installed to facilitate access. Volunteers were assigned to assist persons with disabilities
• Persons with disabilities were specifically encouraged to access rations and other relief services.
• In addition, by ensuring their equal access, persons with disabilities were recognized by their families and the community resulting in increased awareness about disability.

**Tips for working with persons with disabilities in shelter and camp management**

• Modify your communication approach with persons who have hearing and/or speech impairment and with persons who have intellectual disabilities and mental illness.
• Be aware that some individuals with severe intellectual disabilities or mental illness might not understand the significance of “Keep Out” signs and barricade tapes.
• Never separate persons with disabilities from their assistive or mobility devices: wheelchairs, crutches, white canes, hearing aids, medications, special diet food, urinary supplies, etc.
• Be aware that an equipment of a person with disability may not be working after a disaster occurs, or it may be insufficient for emergency circumstances. Personnel should then seek support from specialized rehabilitation professionals and training should ideally already happen in the preparedness phase.¹

Is your shelter management inclusive of person with disabilities?
Your shelter management is disability-inclusive if:
• persons with different types of disabilities have been included in all phases of preparedness to ensure that shelter management is disability-inclusive;
• persons with disabilities have access to shelter and free movement within shelter; toilets and water spots are accessible to everyone (using principles of universal design);
• key areas are illuminated using contrasting colors (e.g. for visually impaired people);
• essential items to meet the needs of persons with disabilities have been stored during the preparedness phase, including wheelchairs, crutches, walkers, toilet chairs and urine pots;
• assistive and mobility devices are distributed to persons with disabilities to increase their independence;
• persons with disabilities are included in registers and their access to services is monitored;
• accessible places/distribution spots are established where persons with disabilities and their families can get information supports and services;
• key information is presented in different formats (e.g. signs, Braille, auditory messages, signals);
• protocols are adapted to accommodate the specific needs of persons with disabilities (e.g. relief: provide house to house service for persons with disabilities);
• separate queues are formed for persons with disabilities to facilitate access to services
• inclusive planning and reconstruction is facilitated and monitored with the help of expert advice from skilled and trained persons with disabilities and DPOs;
• security risks for persons with disabilities are identified and minimized in consultation with persons with disabilities;
• staff and volunteers in charge of shelter management are educated about disability/disability sensitive issues in shelter environment; and
• opportunities are provided for persons with disabilities to participate in shelter management.

Summary

Inclusive shelters need to be safe as well as accessible in terms of mobility, equity to supplies and services. There are four key aspects of shelter management that are especially relevant for the well-being of the persons with disabilities: accessibility, security, water and sanitation and food security. This topic provides a list of possible barriers and disability-inclusive strategies corresponding with each aspect of shelter management as it pertains to different types of disabilities. Key points from this list are summarized below. This list offers suggestions only. Every community will have its own unique problems/issues and will need to develop strategies relevant to their particular situation. Persons with disabilities have knowledge on inclusion, thus involving them in planning and management is essential.
Accessibility
All locations including shelters, schools and community centers should be made accessible to persons with disabilities using universal design such as:
- Building ramps
- Installing hand rails
- Signage for visually impaired (tactile surface) with information in Braille
- Signals for speech and hearing impaired
- Access to information and communication for persons with disabilities

Security
- Persons with disabilities, especially women and children, are highly vulnerable to physical, sexual and emotional abuse.
- Fence the shelter compound or areas that are unsafe.

Water and Sanitation and Food Security
- Make water and sanitation facilities accessible to persons with disabilities.
- Inform persons with disabilities accordingly about water and sanitation facilities and about food relief services.
- Ensure food security for persons with disabilities.

Preparedness of Shelters and Camps
- Essential items to meet the needs of persons with disabilities should be stored, including wheelchairs, crutches, walkers, toilet chairs and urine pots.
- Include people with different types of impairments in all phases of preparedness to ensure shelter management is disability-inclusive.

B. FACILITATION GUIDE

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 hour and 30 minutes</th>
</tr>
</thead>
</table>
| Materials      | - PowerPoint presentation "Shelter Management Disability-Inclusive" provided in the CD-ROM in the “Training Material” folder
                  - LCD projector
                  - White board/blackboard, flipcharts and markers, A4 size paper and pens
                  - Case study “Inclusive wells, symbols of inclusion” |

<table>
<thead>
<tr>
<th>Key Steps</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

Introduce the topic and outline the objectives as an overview. Provide a brief definition of shelter management. Elicit participants’ experiences from which to stimulate interest and participation and gauge their understanding.

**BRAINSTORM EXERCISE:**
What has been your experience in shelter management? In a large group, participants are asked to
<table>
<thead>
<tr>
<th>2. What is Shelter Management and its relevance to persons with disabilities?</th>
<th>20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Shelter managementand disability</td>
<td>Show the “Shelter Management Disability-Inclusive” PowerPoint presentation to provide an overview of shelter management, including aspects of shelter management that are especially relevant for persons with disabilities. These include their descriptions/definitions (accessibility, security, water and sanitation, food security). Refer to the description of Topic 10.</td>
</tr>
<tr>
<td></td>
<td>*Please Note: This presentation is not intended to provide comprehensive training on shelter management. It is assumed that participants have a good background of DRR or disaster management and are already familiar with shelter management (theoretical or at the field level).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Making Shelters Disability-Inclusive</th>
<th>40 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Practical strategies</td>
<td>BRAINSTORM EXERCISE: What are key considerations for persons with disabilities in shelters?</td>
</tr>
<tr>
<td></td>
<td>Participants are asked to divide into four groups according to the four key aspects of shelter management (accessibility, security, water and sanitation, food security) to be considered for persons with disabilities.</td>
</tr>
<tr>
<td></td>
<td>Each group must list possible barriers facing persons with disabilities and propose solutions.</td>
</tr>
<tr>
<td></td>
<td>Each group then presents their list to the larger group. The facilitator fills in gaps in information provided by participants through discussion and reference to description of Topic 10.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Conclusion</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Key messages</td>
<td>Summarize the Key Messages using a paperboard and referring to the Manual.</td>
</tr>
<tr>
<td>- Reflection on Disability-Inclusive Shelter Management</td>
<td>REFLECTION: Is your Shelter Management Disability-Inclusive? Based on the brainstorm exercise done in introduction, wrap up the session with a discussion regarding participants’ experience in shelter management and their level of inclusion. Use the checklist “Is your Shelter Management Disability-Inclusive” provided in the description of Topic 10.</td>
</tr>
</tbody>
</table>
KEY REFERENCES AND RESOURCES

Sphere Handbook – provided in the CD-ROM in the “Reference Documents” folder.

ADDITIONAL MATERIAL


HelpAge International (HAI) and UNHCR (United Nations High Commission for Refugees), [no date]. Older people in disasters and humanitarian crises: Guidelines for best practice. HAI: London, UK. Available at www.helpage.org


ENDNOTES

1 Modified from Prof. (Dr.) Asha Hans et al., Training Manual for Inclusion of Disability in Disaster Response, Shanta Memorial Rehabilitation Centre (SMRC), Bhubaneswar, Orissa, India, 2005
A. DESCRIPTION

Learning Objectives

By the end of this topic, you should be able to:

- understand the link between livelihood, DRR and development;
- describe the barriers that persons with disabilities face in accessing livelihood opportunities;
- explain how livelihood activities can be disability-inclusive.

Key Messages

- The resilience of people’s livelihoods and their vulnerability is largely determined by the resources available to them and how these have been affected by disaster.
- Persons with disabilities are particularly vulnerable in terms of livelihood, because disability is both a cause and a consequence of poverty.
- Poor people are more vulnerable and, therefore, have less capacity to cope with disasters.
- DRR must include development activities that aim to reduce poverty, to make a community less vulnerable and to increase its capacity to cope.
- Different barriers (physical, attitudinal, information and communication) hinder persons with disabilities’ access to livelihood activities.
- Making disability-inclusive livelihood involves an innovative approach in facilitating access of persons with disabilities to livelihood relief activities, Income Generating Activities (IGA), self-employment, and other relevant schemes and provisions.

Introduction

Livelihood is a wide area of development for any vulnerable group. This topic offers an introduction to making livelihood disability-inclusive in DRR. The information and strategies provided are not exhaustive as livelihood is in itself a broad and multifaceted area. A more comprehensive presentation is beyond the scope of this manual. For further guidance, please refer to references below and Topic 5 “Disability, Development and Human Rights”.

Basic Concepts

The resilience of people’s livelihoods and their vulnerability is largely determined by the resources available to them and how these have been affected by disaster. DRR and development programming are clearly linked when it comes to livelihood.

The poorer a person or group:

- the more vulnerable they are (e.g. living in hazardous areas; unstable house construction);
- the less capacity they have to cope (e.g. no money for a stable house construction, to stock food; no stable income).

This puts them at much higher risk to be affected by disasters as per the formula: Risk = Hazard \times (Vulnerability/Capacity). This said, DRR must include development activities that aim to reduce poverty.
to make a community less vulnerable and to increase its capacity to cope. This is why DRR is strongly linked to sustainable development.

This relationship is especially important for persons with disabilities and households with persons with disabilities. They are particularly vulnerable in terms of livelihood, since they are at greater risk of being poor, as disability is both a cause and an aggravating factor of poverty. Hence, a smaller share of their income can be spent or invested on livelihoods. Furthermore, they often have difficulty accessing livelihood opportunities as the result of environmental barriers (physical, social, economical, political). This increases their vulnerability and decreases their capacities.

**Barriers Analysis for Access of Persons with Disabilities to Livelihood**

**General Barriers**

Different barriers (physical, social, economical and political) hinder persons with disabilities’ access to livelihood activities. Here are a few examples of barriers:

- **Physical barriers:** These hinder the mobility of many persons with disabilities and hence their possibility to get involved in livelihood activities (e.g. get enrolled in a job and to keep it).
- **Social, attitudinal barriers:** Stigma, prejudices, lack of knowledge on disability issues and on persons with disabilities’ capacities can influence persons with disabilities’ employment opportunities. Attitudinal barriers can even be seen from families of persons with disabilities, or persons with disabilities themselves.
- **Lack of self-esteem:** persons with disabilities themselves can also be a great barrier because they often show a very low self-esteem and might be convinced themselves that they can’t get involved in livelihood activities.
- **Lack of access to information and/or communication barriers:** most persons with disabilities and households with persons with disabilities are not aware about existing governmental schemes for persons with disabilities related to livelihood.

Table 20 below shows how persons with disabilities have to overcome the same problems than others in situations of disasters but also additional problems related to the specific barriers they face.

**Table 19. Livelihood problems related to disaster (e.g. flood)**

<table>
<thead>
<tr>
<th>General risks</th>
<th>Additional risks/problems for persons with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livestock and crops</td>
<td>• Loss of livestock, poultry, fisheries</td>
</tr>
<tr>
<td></td>
<td>• Diseases of livestock, poultry and fisheries</td>
</tr>
<tr>
<td></td>
<td>• Damage of crops and harvest</td>
</tr>
<tr>
<td></td>
<td>• Loss of seed and seedlings</td>
</tr>
<tr>
<td></td>
<td>• Persons with disabilities’ livestock and poultry are often affected first during the crisis.</td>
</tr>
<tr>
<td></td>
<td>• Livestock of persons with disabilities are left unattended due to mobility issues.</td>
</tr>
<tr>
<td>Income-generating activities(IGA), self-employment</td>
<td>• Unemployment/job crisis</td>
</tr>
<tr>
<td></td>
<td>• Destroyed/temporarily blocked access to income-generating sources/working place</td>
</tr>
<tr>
<td></td>
<td>• Reduction of fertile land</td>
</tr>
<tr>
<td></td>
<td>• Less employment opportunities</td>
</tr>
<tr>
<td></td>
<td>• Increased barriers in physical environment due to disaster affect persons with disabilities’ mobility</td>
</tr>
</tbody>
</table>
- Loss of assets (e.g. for shopkeepers: loss of shop and goods, etc.)
- Increase in price of common commodities due to scarcity and speculation
- Selling of household assets and livestock/poultry that lack in the long run

- Because they have less mobility (e.g. people with physical or visual impairment), persons with disabilities have less possibilities to migrate after disasters to look for new work.
- If persons with disabilities (even more women with disability) have employment, they are often underpaid because of:
  - Perception that they have a lower performance. Also, they often don’t benefit from security/healthcare schemes and union representation.
  - The informal sectors where these groups find work are usually the most impacted by natural disasters. - They have little bargaining power because of lack of opportunities.
  - Loss of adapted working items and assistive devices affecting performance.

<table>
<thead>
<tr>
<th>Financial capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increasing prices and less income (job crisis) lead to increased financial problems of the poor with risk of not having enough money to purchase basic goods.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Possibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Persons with disabilities and households with persons with disabilities are particularly vulnerable, because they belong to the poorest of the poor and have even less share of their income available due to expenditure for specific care for persons with disabilities.</td>
</tr>
<tr>
<td>• Persons with disabilities rarely have access to micro-finance as they are perceived as a too high risk.</td>
</tr>
</tbody>
</table>

### Possible Solutions

1. General principles

- **Barrier-free environment:** A barrier-free environment facilitates access to livelihood activities for all, including persons with disabilities.

  - Reduced physical barriers will improve the mobility of many persons with disabilities and hence the possibility to seek a job and keep it.
  - Less attitudinal barriers means that people are more open to employ and collaborate with persons with disabilities.

- **Increased self-esteem:** Raising persons with disabilities’ self-esteem will encourage proactivity and dynamism which will help them find a job.

- **Assistive and mobility devices:** Coordinate with rehabilitation professionals (physiotherapists, occupational therapists, orthotists and prosthetic technicians) regarding assistive and mobility devices that enhance persons with disabilities’ capacities to engage in livelihoods, keeping in
mind however that the device is a facilitator and not an end in itself. More information on the rehabilitation professional please refer to “Specific Needs of Persons with Disabilities + solutions 12.2007” in the CD-ROM (Resource Materials folder).

- **Counseling:** If needed, get counseling from rehabilitation professionals who are able to advice on persons with disabilities’ capacities; successes are best if the rehabilitation of a person with disability is holistic (physical, psychological, social and vocational).
- **Information and communication:** Inform persons with disabilities and households of persons with disabilities about existing livelihood opportunities, including governmental schemes for persons with disabilities related to livelihood (or liaise with specialized organizations).

2. **Facilitate access to livelihood relief activities**
   - Ensure that persons with disabilities are included as beneficiaries in crops and seeds distribution, etc.
   - Ensure that persons with disabilities or their family members’ livestock are included in vaccination campaigns as well as in fodder distribution.
   - Include persons with disabilities and their families in Food for Work programs.
   - Any person with disabilities without family or community support and having no livelihood option should be identified and included in protection activities conducted by the community.

3. **Facilitate access to income-generating activities (IGA) or self-employment**
   a) **Access to micro-finance (micro-credit and loans).** Generally, persons with disabilities have difficulties in accessing micro-finance.

### Table 20. Access to Micro-finance: Risks and Solutions

<table>
<thead>
<tr>
<th>Possible barriers</th>
<th>Possible solutions</th>
</tr>
</thead>
</table>
| Lack of awareness among persons with disabilities about existing micro-finance schemes | • Include persons with disabilities in information campaigns regarding micro-finance possibilities.  
  • Provide information in accessible format.  
  • Raise awareness of family members that persons with disabilities can be entrepreneurs. |
| Lack of skills and entrepreneurial ability of persons with disabilities | • Strengthen persons with disabilities’ soft skills as well as technical, management and entrepreneurial skills through access to vocational training. |
| Micro-finance providers perceive inclusion of persons with disabilities as a high risk. | • Change attitudes through awareness raising by highlighting good practices and success stories.  
  • DPOs/NGOs can guarantee for the collateral. |
| Lack of micro-finance schemes adapted to the needs of persons with disabilities | • Design multi-stakeholder projects (incl. DPOs, NGOs, Business Development Services, micro-finance institutions), where different actors collaborate and coordinate together for better understanding of challenges and possible solutions. |
b) **Inclusion of persons with disabilities in vocational training.** Lobby stakeholders active in vocational training and IGA support (e.g. micro-finance) to include persons with disabilities in their activities. Assist persons with disabilities to acquire good basic education so they will be eligible for higher level (university) study and thus potential to positions requiring high skilled workers. Persons with disabilities often have low levels of literacy, as well as lack of financial and entrepreneurial education; facilitate opportunities to gain these skills.

c) **Corporate Social Responsibility (CSR).** There are significant opportunities linked with CSR that go beyond strictly financial support. Indeed many enterprises might be interested in giving technical support or offering opportunities for exposure visits and short trainings. This investment in human capital proves more effective in the long run than financial contributions.

d) **Mainstream disability in CBOs and Self Help Groups (SHG) and encourage persons with disabilities to create or join DPOs/SHGs**

- Raise awareness of general community to facilitate inclusion of persons with disabilities.
- Raise awareness of persons with disabilities on the advantages of joining DPOs/SHGs.
- Empower persons with disabilities through referral to ordinary, support and specialized services and personalised social support.
- Train persons with disabilities on the concept of DPOs and SHGs.
- Support them through start-up and legal registration processes.
- Empower persons with disabilities in existing DPOs/SHGs through developing soft skills and building their capacities in management (financial management, organizational development, leadership, etc.) and/or other technical capacities.

4. **Facilitate access to employment**

Improving persons with disabilities’ access to employment in a systematic way rather than through scattered initiatives requires a multi-stakeholder and network approach in order to address different barriers. Peer support mechanisms can play an important role in supporting the process.

a) **Vocational training centers.** Facilitate persons with disabilities’ access to vocational training centers through:

- Raising awareness of managers of vocational training centers;
- Making curriculum of vocational training institutes disability-inclusive;
- Training staff of vocational training centers on disability, e.g. basic principles of communication with persons who have disabilities, and the capacities of persons with disabilities.
- Empower persons with disabilities through referral to ordinary, support and specialized services and personalized social support.
- Support accessibility work in the vocational training centers.

b) **Employment agencies.** Facilitate persons with disabilities’ access to placement agencies through:

- Raising awareness of staff of employment agencies about capacities of persons with disabilities so that they know better which type of work can be done by people with which impairments.
- Raising awareness of staff of employment agencies about disability and capacities of persons with disabilities.
- Informing persons with disabilities about disability-inclusive employment agencies.
- Empowering persons with disabilities through referral to ordinary, support and specialized services and personalized social support.
- Linking employment agencies with existing inclusion schemes and vocational training centers.
c) Employers (government, corporate profit-making sector, non-profit making sector)

- Raising employers’ awareness on:
  - Capacities of persons with disabilities;
  - Disability laws and policies;
- Linking employers with existing inclusion schemes and vocational training centers

5. Access to schemes and provisions

Disability pensions and benefits often help to cover the most urgent needs. However, certain schemes can also be disincentives to savings and economic growth. While some are specifically designed to help persons with disabilities, they are not well known and are not as widely accessed as they could be.

Possible actions are:

- Awareness-raising about schemes for employment and disability stakeholders
- Support to persons with disabilities to access the schemes (registration, etc.)
- Advocacy with government stakeholders for proactive use of existing provisions

Summary

Barriers related to persons with disabilities’ access to livelihood activities can be found on both the demand and supply sides. On the supply side, it is important to raise stakeholders’ awareness that persons with disabilities have specific needs but that they also have capacities. Attitudinal barriers such as prejudice and stigma need to be removed. On the demand side, persons with disabilities face a lack of access to job opportunities and are often underpaid due to their limited bargaining power and negative perception on their capacities. They also have few opportunities for decent work due to limited education. Hence, access for persons with disabilities to education and vocational training is crucial.

As a start for any actor, it can be interesting to show replicable models that can be scaled up. Take advantage of the demonstration effect and start with persons with disabilities who are most likely to succeed (entrepreneurial spirit and ongoing businesses) in order to “prove” to both micro-finance institutions (MFIs) and persons with disabilities that success is possible. Identify success stories and learn from them; identify role models.

Taking advantage of existing provisions and schemes is relevant, but is not necessarily a sustainable and empowering solution. A rights-based rather than a charity-based approach where persons with disabilities are empowered and in charge of their destiny is important.
### B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 hour and 30 minutes</th>
</tr>
</thead>
</table>
| **Materials** | - PowerPoint presentation “Livelihood disability-inclusive” provided in the CD-ROM in the “Training Material” folder  
- LCD projector  
- White board/blackboard, flipcharts and markers, A4 size paper and pens  
- Case studies “Dul Wagemem’s New Business” |

#### Key Steps

<table>
<thead>
<tr>
<th>Development</th>
</tr>
</thead>
</table>
| 1. Introduction  
- Vulnerable persons and livelihood |

<table>
<thead>
<tr>
<th>Method</th>
</tr>
</thead>
</table>
| 5 minutes  
Introduction  
Ask the participants some questions about the practices they are following and facilitating to link vulnerable population’s livelihood in the communities in context of disaster. Also ask questions about their response on the complexity of the livelihood as one of the critical intervention areas in context of DRR. Introduce the topic and outline the objectives as an overview. |

<table>
<thead>
<tr>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The resilience of people’s livelihoods and their vulnerability is largely determined by the resources available to them and how these have been affected by disasters. Persons with disabilities are particularly vulnerable in terms of livelihoods because of the link between disability and poverty.</td>
</tr>
</tbody>
</table>

**DISCUSSION**: Facilitate a discussion to help participants link DRR, livelihoods and development with vulnerable groups. Ask participants:  
- What makes persons with disabilities more vulnerable in terms of livelihoods?  
- What practices are you following and facilitating to link vulnerable population’s livelihoods in their communities in the context of disasters?  
- What is your response to the complexity of livelihoods as one of the critical intervention areas in the context of DRR?  

| 2. Making Livelihood Disability Inclusive  
- Improving access to micro-finance through strategic partnerships:Case Study |

<table>
<thead>
<tr>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 minutes</td>
</tr>
</tbody>
</table>

"Livelihood disability-inclusive” PowerPoint presentation:  
The purpose of this presentation is to cover the following aspects of disability and livelihood. Legal and political instruments, barriers and needs related to livelihood and disaster and possible solutions.  

After outlining:  
1) Legal and political instruments linked to disability and livelihood  
2) Barriers in access to livelihood |
Stop the presentation and introduce the following participatory activity:

**EXERCISE**

Ask participants to read **Table 20. Livelihood problems related to disaster (e.g. flood)**. (Refer to description of Topic 9) Hide the third column entitled “Additional risk/problems for persons with disabilities” so that participants can’t see its content. Ask participants to read the case study of Dul Waginem.

Ask them to identify what additional risks/problems may exist for persons with disabilities for the following aspects of livelihood: 1) livestock and crops 2) income-generating activities 3) self-employment; and 4) financial capital. Outline the possible barriers and facilitate a discussion on possible solutions.

Following the exercise, finish the presentation of the PowerPoint outlining strategies for facilitating access to employment, and schemes and provisions.

**3. Conclusion**

- **Key Messages**

Summarize the Key Messages (as provided above), using a paperboard and referring to the Manual.

---

**KEY REFERENCES AND RESOURCES**


**ADDITIONAL MATERIAL**


- Making Disability Inclusive project information: www.make-development-inclusive.org


A. DESCRIPTION

Learning Objectives

By the end of this topic, you should be able to:

- explain what advocacy and networking are, and why they are important in promoting disability-inclusive DRR; and
- describe some ways to strengthen advocacy and networking strategies.

Key Messages

- Influencing key stakeholders to adopt disability-inclusive DRR policies and practices requires effective advocacy and networking.
- Successful advocacy requires a strategy, i.e. a multi-pronged approach in raising awareness and gaining commitment to address disability rights in DRR.
- Creating knowledge, skills and networks among persons with disabilities, DPOs and other relevant organizations are the key tactics in developing an effective advocacy strategy.

Introduction

Getting government, other organizations and people in the community to include persons with disabilities in all aspects of DRR is critical towards successful disability-inclusive DRR. It involves raising awareness, and promoting understanding and commitment to actions that address the rights of persons with disabilities. Good advocacy and strong networking can be key strategies in achieving this goal.

Basic Concepts

WHAT IS ADVOCACY? WHAT IS NETWORKING?

Advocacy is about persuading other people or groups to act differently — to change their policy, approach or operations. An advocate is someone who publicly argues for, supports and recommends a particular cause or action. Often the best advocates for an inclusive system are persons with disabilities themselves.

Networking involves making connections with other relevant people and organizations which have responsibilities and can help achieving successful results. On your own, it can be difficult and sometimes even detrimental to try alone to have people in power to change their decisions and programs to benefit vulnerable groups. Working together with others gives strength and unity, to increase the voice of persons with disabilities.

WHY ARE ADVOCACY AND NETWORKING IMPORTANT IN PROMOTING DISABILITY-INCLUSIVE DRR?

Ensuring persons with disabilities are included in all the stages of DRR planning, and implementation requires support and commitment of others from the community. However, it is important for persons with disabilities
to be continually considered and actively engaged in ongoing DRR efforts and development programs. It is also important that persons with disabilities themselves have the skills and networks to continue to advocate for and make their rights become reality. Ensuring disability-inclusive DRR and enabling persons with disabilities to exercise their rights is an ongoing process to change attitudes and decisions.

**WHY PROMOTE DISABILITY-INCLUSIVE DRR?**

Five key reasons capture why we should advocate making disability-inclusive DRR a priority.

- Ethical reasons – It is morally preferable to prevent human suffering than to save lives afterwards.
- Financial reasons – DRR is a better investment in terms of cost versus benefit compared to emergency response.
- Political reason - Governments have political interests in protecting their citizens and implementing DRR legislation. Failure to do so may cause political instability and unrest.
- Legal reason – A comprehensive legal framework for the inclusion of persons with disabilities in DRR exists. Governments are accountable for ensuring its implementation.
- Development reason – Achievement of MDG is impossible without considering inclusive development strategies, and therefore disability inclusion in DRR.

**STRATEGIES FOR EFFECTIVE ADVOCACY**

Successful and effective advocacy needs to be planned and based on accurate research and information.

**Table 21. Common Advocacy Actions**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Do your homework: Advocacy works best when everyone wins.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness-raising and education: to attract attention, to inform, to change attitudes (e.g. training, articles in newspapers, posters, information campaign, input into school curriculum, interactive and exposure visits).</td>
<td>What will motivate key people to support disability-inclusive DRR?</td>
</tr>
<tr>
<td>Communication: formal and informal meetings with key stakeholders to present a case, influence decisions, make plans and resolve problems; forums; articles.</td>
<td></td>
</tr>
<tr>
<td>Networking: to access skills, support and information; joining with others to show a strong, united voice.</td>
<td></td>
</tr>
<tr>
<td>Lobbying: personal meetings; collective petitions, letters, formal meetings.</td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

Gaining the commitment of key stakeholders to include persons with disabilities in DRR and ongoing development activities is a crucial component in the achievement of disability rights and wellbeing. If people are well informed and can see how they can be part of the process, they will more likely commit to support disability-inclusive DRR and development. However, the process of changing attitudes, policies and practices takes time. It requires a multi-pronged and long-term strategy, together with skills and persistence. Forming networks is a key way to support this activity.
### B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 hour</th>
</tr>
</thead>
</table>
| **Materials** | - White board/black board, flipcharts and markers, A4 size paper and pens  
- Case study of “Village Regulation for Inclusive DRR” provided in the CD in the “Training Material” folder |

### Development

<table>
<thead>
<tr>
<th>1. Introduction</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Introduce the topic and objectives</td>
<td>Introduce the topic and outline the objectives as an overview. Begin with the following exercise.</td>
</tr>
</tbody>
</table>
| **EXERCISE:** Defining advocacy and networking | - What does advocacy and networking mean to you?  
- What examples can you give of advocacy and networking? |
| | This exercise could be undertaken as a quick brainstorming activity. First collect ideas for advocacy and then for networking. If time permits, identify success factors, or facilitators, for advocacy and networking. Consolidate and compare the participants’ contributions with a paperboard. |

<table>
<thead>
<tr>
<th>2. Why are ‘Advocacy’ and ‘Networking’ important in DRR?</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In addressing this question, the options are:</td>
</tr>
</tbody>
</table>
| | - continuing the brainstorm and discussion from above  
- discuss in pairs and provide feedback |
| | Summarize using a paperboard, providing brief examples to illustrate. Refer to the “Village Regulation for Inclusive DRR” case study in the Manual, as a possible example of results of advocacy. |

<table>
<thead>
<tr>
<th>3. Strategies for ‘Advocacy’ and ‘Networking’</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Explain what a strategy is, i.e. a multi-pronged approach using a combination of methods.</td>
</tr>
<tr>
<td><strong>EXERCISE:</strong> Drawing on participants’ experience (as practitioners and/or recipients of advocacy campaigns/networks), generate practical ideas and considerations that make for successful advocacy and networking. This is best done in small groups, with each group taking one topic: advocacy or networking.</td>
<td>In feedback, acknowledge the similarities and differences in methods. Summarize by highlighting the key factors to consider (as outlined in the Manual): e.g. preparation, motivation, relationships, communication, persons with disabilities as the best advocates.</td>
</tr>
</tbody>
</table>
### 4. What can you do?

- Applying learning to DRR and participants’ own situation

<table>
<thead>
<tr>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXERCISE:</strong> Whom to target and how?</td>
</tr>
<tr>
<td>• Who are the key people and organizations to target for promoting disability inclusive DRR in your area?</td>
</tr>
<tr>
<td>• What will motivate them to support disability-inclusive DRR?</td>
</tr>
<tr>
<td>• What strategies – combination of activities – could be used?</td>
</tr>
<tr>
<td>• Consider this task individually or in groups. Using the four categories proposed in Table 21 (Awareness raising, communication, networking and lobbying), provide a template to help people structure their thinking: (either draw the table on the board or hand out a work sheet). If sufficient time is available, have participants consider what capacity building might be needed to strengthen the advocacy and networking processes.</td>
</tr>
</tbody>
</table>

### 5. Conclusion

- Summary of key messages

<table>
<thead>
<tr>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarize the key messages, using a paperboard and referring to the Manual.</td>
</tr>
</tbody>
</table>

### KEY REFERENCES AND RESOURCES

- Elizabeth G. McNaughton’s Recipe for Advocating for Disaster Risk Reduction and Guiding Notes [http://www.disabilitykar.net/roundtables/india_rt.html](http://www.disabilitykar.net/roundtables/india_rt.html)

### ADDITIONAL MATERIAL


A. Description

Learning Objectives

By the end of this topic, you should be able to:

- explain why persons with disabilities need to be included in DRR and disaster responses;
- describe your role and/or your organization’s role in making DRR disability-inclusive DRR; and
- link phases of disaster with specific disability-inclusive strategies.

Key Messages

- DRR is a process of considering hazards, vulnerabilities and capacities and ways to prevent or limit the negative effects of hazards and to limit disasters.
- Disasters affect everybody but more especially vulnerable groups, including persons with disabilities, who are usually excluded, poorly understood, marginalized and often invisible.
- Persons with disabilities represent more than 15 percent of any population. Children, adults, older persons, men and women — everybody — can face disability at some point in their life.
- Disability is a cross-cutting issue in most sectors including education, social welfare, health, employment, and accessibility among others.
- Access to the same opportunities and services as other community members is a fundamental right of persons with disabilities.
- DRR and disaster responses frequently exclude and/or do not meet the rights and needs of persons with disabilities adequately.
- Obligations now exist for governments, NGOs and others to promote and protect the rights and needs of persons with disabilities in disaster situations.
- Disability-inclusive DRR considers how the rights and needs of persons with disabilities can be addressed and how they can contribute to DRR and disaster management.
- Persons with disabilities have some needs which require specialized and support services, but most of the time ordinary services. The twin track approach to disability emphasizes the need to focus not only on individuals but also to work on a system that would be inclusive for all.
- Persons with disabilities must have a voice in all aspects of DRR to ensure that their needs and capacities are understood and included appropriately in disaster planning and response.
- Those best equipped to understand the needs and concerns of persons with disabilities are persons with disabilities themselves.
- Everyone has a role to play. Engaging persons with disabilities in development, including DRR programming, does not take specialized skills; it requires respect, patience and an open mind.

Introduction

Inclusion implies action. It involves capacity building, awareness raising, advocacy and networking around disability-inclusive DRR as a common vision. The main objective of this topic is to provide a summary of disability-inclusive DRR and to reflect upon your role in making DRR more inclusive.
Basic Concepts

Disability and DRR: How Inclusive are You?

The table below is not intended to be a recipe on how to make DRR disability-inclusive. It is rather designed to facilitate reflection and practical inclusive planning through suggestions based on some important activities to be implemented during different disaster phases.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Key Actions for Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability and Capacity Assessment</td>
<td></td>
</tr>
</tbody>
</table>
  - Include persons with disabilities in your assessment exercises to identify their particular vulnerabilities and capacities (e.g. mapping exercises, baseline data, interviews, etc.).  
  - Encourage the participation of persons with different types of disabilities in assessments (e.g. physical, sensory, visual, and mental/intellectual).  
  - Speak directly to persons with disabilities and to their family members. |
| Early Warning Systems             |  
  - Prepare to conduct assessments/activities with alternative communication means if necessary (using drawings, symbols, body language or simple language, using support persons).  
  - Establish a database/list of persons with disabilities, including their type of impairments, their assistive devices and other specific needs and update it regularly.  
  - Involve community in decision making, resources allocation and organization.  
  - Consult persons with disabilities, family members and DPO representatives while planning/preparing evacuation/early warning systems to make sure their specific needs are addressed and incorporated into EWS/evacuation.  
  - Establish an early-warning task force that includes persons with disabilities.  
  - Include persons with disabilities in simulation exercises and mock drills. |
| Search, Rescue and Evacuation     |  
  - Pre-identify accessible evacuation point.  
  - Ensure emergency search and rescue personnel have knowledge on how to adapt search and rescue techniques to find and move persons having different impairments.  
  - Ensure any existing database/list of persons with disabilities is utilized.  
  - Identify caretakers/support givers or people known to the persons with disabilities who could assist during SR&E, especially when it comes to people with intellectual impairments and mental illness.  
  - Ask persons with disabilities for advice on their specific needs for rescue and evacuation (transportation techniques, assistive devices/mobility devices, medicines needed).  
  - Include persons with disabilities in planning and |
<table>
<thead>
<tr>
<th>Shelter and Camp Management</th>
<th>Livelihood; Social and Economical Empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Include persons with different impairments to ensure shelter management is disability-inclusive.</td>
<td>• Facilitate access to income-generating activities (IGA), self-employment or access to micro-credits and loans.</td>
</tr>
<tr>
<td>• Ensure persons with disabilities have access to shelter and free movement within the shelter, and that toilets and water spots are accessible to everyone (using principles of universal design).</td>
<td>• Include persons with disabilities in vocational training.</td>
</tr>
<tr>
<td>• Illuminate key areas using contrasting colors (e.g. for visually impaired people).</td>
<td>• Lobby with different stakeholders active in vocational training and IGA support (e.g. micro-finance) to include persons with disabilities in their activities.</td>
</tr>
<tr>
<td>• Support referral, assessment, and distribution of assistive and mobility devices to persons with disabilities to increase their independence.</td>
<td>• Assist persons with disabilities to acquire basic education so they are eligible for higher level (university) study and, thus are suitable for posts requiring highly skilled workers.</td>
</tr>
<tr>
<td>• Include persons with disabilities in registers and monitor their access to services.</td>
<td>• Mainstream disability and persons with disabilities in CBOs and SHGs through community awareness raising.</td>
</tr>
<tr>
<td>• Establish accessible places/distribution spots where persons with disabilities and their families can get information, support and services.</td>
<td>• Encourage persons with disabilities to create or join DPOs/SHGs.</td>
</tr>
<tr>
<td>• Present key information in different formats (e.g. signs, Braille, auditory messages, signals).</td>
<td>• Train persons with disabilities on the concept of DPOs and SHGs.</td>
</tr>
<tr>
<td>• Adapt protocols to accommodate the specific needs of persons with disabilities (e.g. relief: provide house-to-house service for persons with disabilities).</td>
<td>• Empower persons with disabilities by building their soft skills as well as management (financial management, organizational development, leadership etc.) and technical capacities.</td>
</tr>
<tr>
<td>• Form separate queues for persons with disabilities to facilitate access to services (e.g. for relief).</td>
<td>• Train staff and volunteers in charge of shelter management about disability/disability sensitive issues in shelter environment.</td>
</tr>
<tr>
<td>• Facilitate and monitor inclusive planning and reconstruction with the advice from skilled and trained persons with disabilities and DPO.</td>
<td>• Ensure active participation of persons with disabilities in shelter and camp management.</td>
</tr>
<tr>
<td>• Identify and minimize security risks for persons with disabilities in consultation with them.</td>
<td></td>
</tr>
</tbody>
</table>
As you embark upon the journey toward disability-inclusive DRR and disaster response here is a list of some important “Do’s and Don’ts” to help keep you on track.

**DISABILITY AND DRR: DO’S AND DON’TS**

**Do!**

- Strive for disability-inclusive DRR and response.
- Facilitate the active engagement of persons with disabilities at all stages.
- Find persons with disabilities who are living in the community, take time to listen, get to know them and provide an opportunity for them to share their experiences.
- Respect the dignity and wishes of persons with disabilities as you would for anyone else, whatever type of impairment they may have. Persons with disabilities are human beings first and have equal rights as others.
- Consider persons with disabilities as the best experts about their situation; always ask them for advice on how best to meet their needs.
- Be patient with persons with mental and intellectual impairments. If communication is difficult, speak slowly, try alternative communication means or ask the support of their caregiver or family members if needed to get a better understanding of their needs.
- Network between persons with disabilities, DPOs and key DRR stakeholders.
- Monitor and evaluate the inclusiveness of your DRR and disaster response activities.

**Don’t!**

- Assume that persons with disabilities do not or cannot survive disaster and/or do not live in a particular community.
- Assume persons with disabilities have already been considered in planning and response activities.
- Exclude persons with disabilities from mainstream services and opportunities, assuming that a person with disability only needs specialized services.
- Assume that only providers of specialized services have a role to play in making DRR disability-inclusive.
- Develop disability and disaster strategies and plans without the participation of persons with disabilities or key stakeholders.

**Summary**

Disability-inclusive DRR considers how the rights and needs of persons with disabilities can be addressed and how they can contribute to DRR and disaster management. Although governments, NGOs and other stakeholders are becoming increasingly aware of their obligation to promote and protect the rights and needs of persons with disabilities in disasters, this understanding is not consistently translated into action.
primarily due to insufficient knowledge and confidence among individuals and organizations to take meaningful action.

This topic provides a summary of key considerations when planning and implementing disability-inclusive DRR. It serves to build knowledge and confidence among key stakeholders to **TAKE ACTION**. There is no specific recipe for disability-inclusive DRR and disaster response and it does not necessarily require specialized skills – but it needs to be the concern of all. The foundation of disability-inclusive DRR, before ensuring the response to the needs of persons with disabilities, is **PARTICIPATION**. Disability-inclusive DRR thus requires an active engagement and collaboration with persons with disabilities.

### B. Facilitation Guide

<table>
<thead>
<tr>
<th>Duration</th>
<th>1 hour</th>
</tr>
</thead>
</table>
| **Materials** | • Flipcharts and markers, A4 size paper and pens  
• Hand-out with 4 DRR problem-based scenarios (cf. step 2) |
| **Development** | |
| **Key Steps** | **Methods** |
| **1. Introduction** | **5 minutes** |
| | Introduce the topic and outline the objectives as an overview. Explain what the main objective of this topic is, i.e. to consolidate learning and ideas for disability-inclusive DRR and have participants reflect upon their role in making DRR inclusive. |
| **2. Disability and DRR: How Inclusive are You?** | **45 minutes** |
| - DRR and the Disability Challenge | **NOTE**: Time may not allow you to undertake all the three exercises during the course: select or adapt those that best suit your group. |
| - Reflection and Planning | **EXERCISE: DRR and the Disability Challenge** |
| - Preparing for Action | Have participants demonstrate their learning by identifying disability inclusive strategies to a DRR challenge or problem-based scenario. Divide participants into four groups. Each group is given a problem-based scenario that represents a phase of disaster management cycle (disaster, response, rehab, reconstruction, development, prevention/mitigation, preparedness) and a selection of DRR activities (EWS, SR&E, Shelter & Camp Management and Livelihood). |
| | The challenge is to make their particular scenario disability-inclusive. Participants could do this exercise as a role play or present their identified disability-inclusive strategies using a flip chart. They need to highlight to the group specific disability inclusive strategies they would use. |
**EXERCISE:** How inclusive are you?
- How inclusive are you? How inclusive is your organization and/or your programs?
- What are the barriers to disability inclusive action in your role/organization?
- What strengths/assets do you/your organization have in terms of facilitating disability-inclusive DRR?

Use **Disability-Inclusive DRR Checklist** in Table 23 provided in description of Topic 13 to facilitate reflection on the participants’ degree of disability inclusiveness in their work/the work of their organization. This activity builds upon the previous one as it summarizes disability-inclusive strategies that groups may have missed in their scenarios. It could be done as an independent reflection with the opportunity to exchange experiences/ideas in the next exercise.

**EXERCISE:** Making connections, mobilizing assets
What connections can you make with others to support disability-inclusive DRR in your activities/organization?

Once participants have identified their strengths and barriers to Disability-Inclusive DRR in their work/organization (previous exercise), facilitate an exercise or dialogue where participants identify and link with relevant people in the room as a strategy for enhancing their capacity to be disability inclusive.

**3. Conclusion**

- **Disability and Disaster: Dos and Don’ts**

10 minutes

In summarizing this session, provide and/or refer to the “Disability-Inclusive DRR Checklist” in Table 22 and “Dos and Don’ts” in the Description of Topic 13.

**KEY REFERENCES AND RESOURCES**

- YEO, Rebecca. “Chronic Poverty and Disability”, Action on Disability and Development, Chronic Poverty Research Center, Background paper Number 4. Provided in the CD-ROM folder)
- How to include disability issues in Disaster Management following floods 2004 in Bangladesh. Provided in the CD-ROM (in Resource Materials folder)
- Making Disability Inclusive project information: [www.make-development-inclusive.org](http://www.make-development-inclusive.org)
- International Disability and Development Consortium (IDDC): [www.iddc.org.uk](http://www.iddc.org.uk)
MANUAL

• 0 Cover (Front)
• 1 INSIDE FRONT
• 2 PRELIMINARIES
• 3 INTRODUCTION
• 4 ORGANIZING YOUR TRAINING
• 5 FACILITATING YOUR TRAINING
• 6 TOPIC 1
• 7 TOPIC 2
• 8 TOPIC 3
• 9 TOPIC 4
• 10 TOPIC 5
• 11 TOPIC 6
• 12 TOPIC 7
• 13 TOPIC 8
• 14 TOPIC 9
• 15 TOPIC 10
• 16 TOPIC 11
• 17 TOPIC 12
• 18 TOPIC 13
• 19 CD Guide
• 20 Cover (Back)

3-DAY TRAINING

• Assessing Disability and Development
• DRR&Disability_Training Phil
• Evaluation
• Pretest
• Session 1: Disability Mainstreaming in DRM
• Session 1a: Disability in Emergency
• Session 2: Introduction to Disability
• Session 3: Legal Frameworks
• Session 4: Inclusive PCVA
• Session 5: Inclusive Early Warning System
• Session 6: Inclusive SRE
• Session 7: Accessibility Guidelines
• Session 8: Inclusive Shelter Management
• Session 9: Inclusive Communication

BENCHMARK DOCUMENTS

• Disability

Country Specific
  • ID ASB KOMUNIKASI TOTAL Bahasa
  • ID HI Protection Booklet
  • ID LEMBARAN FAKTA Bahasa
  • IN HI Disability and Development
Mainstreaming Disability in Disaster Risk Reduction: A Training Manual and Facilitation Guide

**International**
- 201011-1
- CAPTUR-1
- cartagenaverma
- Fact sheet
- rdspguide_web
- UNAIDS-1
- What Are Cooperatives
- ADD Chronic Poverty & Disability
- HI Appropriate Terminology Eng
- HI Disability Screening Tool
- HI Holistic rehabilitation
- HI Mental Illness&IntelDisability
- HI Post Disaster Disability Screening Form
- HI Specific Needs of PWD
- HI TipsforBuildingRapport_withPWD
- HI Tool for rapid disability assessment
- HI-CBM MakingPRSPInclusive
- KAR Disability poverty & Development
- Poverty and Disability
- Save the Children Assessing Disability and Development Impact
- UN UNCSD Mainstreaming disability in development AIDS-WHO-OHCHR Disability & HIV
- WB Assessing impact of health interventions on PWD
- WHO facts_en2005
- WHO World Disability Report
- WHO_SummaryWorld Disability Report

**Country Specific**
- BGD HI Disability in Disaster Management
- BNG Red Crescent Society Inclusive VCA
- ID ASB Children with disability & DRR
- ID BNPB_contingency planning_Bahasa
- ID GTZ Contingency planning review
- ID Topic 7_proces & tools VCA_Bahasa
- ID Topic 7_VCA_Bahasa
- ID Topic 10_Shelter Management_Bahasa
- IN CBDP_&_PWD
- IN HI DRR&Disability-Savinglives
- PH HI Awareness on disability & DRM
- PH HI DRR&Disability
- PH HI Individual prepardness leaflet

**International**
- APCD DRM in southeastasia
- Bonn_Declaration
- CBM Disability perspective in SEA tsunami
- Disability&Disaster litterature review
CD Guide

• Legal Framework & Instruments

Country specific
- Indonesia
- IN-Benefits for the PWDs
- IN-LegalObligations_forPWDs
- PH-Disability & DRR
- PH-Disability & Rights

International
- HI CRPD & Biwako Framework
- UN Convention for Persons with Disabilities
- UN Universal declaration rights 1948
- UNESCO Biwako Millenium Framework
- UNICEF Child convention

• Video & Sound
- IN HI Freedom_of_Being
- IN HI Inclusive_Education
- IN HI Unheard_Voices

DOCUMENTS RELATED TO TRAINING SESSIONS MATERIAL

• Topic 1
- Topic 1_Introduction
- Topic 1_Taking Position

• Topic 2
- Topic 2_case_study_Barangay_Pagsangahan
- Topic 2_case_study_Rogelio_Tanon
- Topic 2_Case_study_Simon_Bety
- Topic 2_Understand_disability_issues

• Topic 3
- Topic 3_Case_study_Kamla
- Topic 3_DCP
- Topic 3_Understand_disability_issues

• Topic 4
- Topic 4_case_study_Alma_Bulima
- Topic 4_Case_study_Ermelinda
- Topic 4_case_study_Janna_delos_Santos
• **Topic 5**
  - o Topic 5_Case study_CIQAL
  - o Topic 5_case study_MHO
  - o Topic 5_Handout_Conventions and laws

• **Topic 6**
  - o Topic 6_Hand-out
  - o Topic 6_Mainstreaming

• **Topic 7**
  - o Topic 7_Case study
  - o Topic 7_VCA disability inclusive

• **Topic 8**
  - o Topic 8_Case study_Inclusive PCVA
  - o Topic 8_EWS disability inclusive

• **Topic 9**
  - o Topic 9_SR&E disability inclusive

• **Topic 10**
  - o Topic 10_Case study
  - o Topic 10_Shelter Management disability inclusive

• **Topic 11**
  - o Topic 11_Case study_Dul Waginem
  - o Topic 11_Livelihood disability inclusive

• **Topic 12**
  - o Topic 12_Case study_Village regulation

• **For trainer**
  - o How to adjust case studies
  - o Learning Log - format
  - o Training Evaluation Form
  - o Training Needs Analysis (TNA)
  - o Useful websites
Handicap International – Indonesia
Jl. Prawirotaman III No. 669A
Mergansan, Yogyakarta 55153

Handicap International – Philippines
12D Valero Tower, 122 Valero St
Salcedo Village Makati City 1227

in partnership with:

All project documents, including those produced by
Indonesia, can be downloaded from the publication and/or
DRR section of the following website:
www.handicapinternational.ph