Reducing the Risk of Disasters in Rural Communities of Gaibandha, Bangladesh

An impact evaluation of the long-term Disability-inclusive Disaster Risk Reduction interventions (2009-2021)

May 2022

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Acronyms

AAP	Accountability to Affected Populations
CBDRR	Community-based disaster risk reduction
CBM	Christian Blind Mission
CDD	Centre for Disability in Development
CFGs	Cattle Farming Groups
CDDiDRR	Community Driven Disability-inclusive Disaster Risk Reduction
CHS	Core Humanitarian Standard
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
DiDRR	Disability-inclusive Disaster Risk Reduction
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EiE	Education in Emergencies
FGD	Focus Group Discussion
GUK	Gana Unnayan Kendra
HH survey	Household survey
IEC	Information, Education, and Communication
IFGs	Integrated Farming Groups
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability, and Learning
M&E	Monitoring and Evaluation
MoDMR	Ministry of Disaster Management and Relief of Bangladesh
NGOs	Non-governmental Organizations
OECD/DAC	Organization for Economic Co-operation / Development Assistance Committee
OPDs	Organization of Persons with Disabilities
RRAP	Risk Reduction Action Plan
RTE	Real Time Evaluation
SADDD	Sex, Age, and Disability Disaggregated Data
SANA	Situation Analysis and Needs Assessment
SDGs	Sustainable Development Goals
SHGs	Self-help Groups of persons with disabilities
SOD	Standing Orders on Disaster
UDMC	Union Disaster Management Committee
UISC	Union Information Service Center
UP	Union Parishad (Council)
WASH	Water, Sanitation, and Hygiene
WDMC	Ward Disaster Management Committee

Executive summary

Globally, persons with disabilities are among those **most impacted by natural hazards** and **climate-induced disasters**, yet are **more likely to be excluded from** disaster risk reduction (**DRR**) related **decision-making** and **practice**.[1]

The situation is no different for persons with disabilities in Bangladesh, particularly in the flood-prone areas of the Gaibandha district, where the Christian Blind Mission (CBM), in partnership with the Centre for Disability in Development (CDD) and Gana Unnayan Kendra (GUK), implemented **a disability-inclusive DRR (DiDRR) initiative** from 2009 to 2021.

In early 2022, CBM commissioned an **impact evaluation** of this long-term intervention **to identify its impact** on the targeted communities, particularly with regard to persons with disabilities and their families. Recommendations were drawn from the evaluation findings to **support further development** of **inclusive** and **replicable DRR models** in similar contexts.

The evaluation found that the project was based on solid needs assessment, although there were **gaps in identification of persons with disabilities** using the functioning approach.[2] Additional gaps were seen in identifying and addressing needs of the broader community, particularly when considering the **intersection** of diverse identity factors.

The project was **well-aligned** with and **supported the implementation** of key **national** and **international frameworks** for **disaster risk management** and **disability inclusion**, including the National Plan for Disaster Risk Management, the Sendai Framework and the Convention on the Rights of Persons with Disabilities (CRPD).

The **formation** and **empowerment of the Self-help Groups (SHGs)** of persons with disabilities, as well as **institutionalization** of the Ward Disaster Management Committee **(WDMC)** model were among the **most successful activities implemented** within the project. These structures, which did not previously exist, were **effective in building** the **confidence** of persons with disabilities and women and **encouraging community participation** in DRR. This was achieved by a strong **community mobilization** component and **targeted capacity building support**.

The project **established a referral system** to minimize gaps resulting from resource limitations and supported mechanisms to build mutual understanding and solidify relationships between **the local government** and **the representative groups** of persons with disabilities (i.e., SHGs and Apex Bodies) on aspects related to disability inclusion and inclusive DRR. The project **involved local government** and **increased their knowledge** and **capacities** in DiDRR. As a result, they appear to have become **more supportive** of DiDRR. However, **budget allocations** have prioritized **"physical development"** and **relief** over capacity development and empowerment, which requires continued advocacy.

The project **developed accessible infrastructure** and **provided equipment** necessary to **increase participation** of persons with disabilities and **supported them to better cope** with

[1] Twigg, J. Kett, M. Lovell, E. Disability inclusion and disaster risk reduction: Overcoming barriers to progress (2018)

[2] A functioning approach to disability focuses on what a person is able to do in their lived environment. Understanding disability from a functioning perspective is directly relevant to DRR as it enables the disproportionate risk that persons with disabilities face being readily identified and directly acted upon (Robinson A., Kani S. Disability-inclusive DRR: Information, risk, and practical action in Shaw R & Izumi (2014))

future disasters. However, household surveys indicate that **poor accessibility** combined with **lack of financial resources** remain **major barriers to participation**. This suggests the **need for continued commitment by local DRR actors** to provide quality accessible infrastructure and assistive devices needed to ensure participation of persons with disabilities on an equal basis with others.

The project **contributed to increasing local coping capacities** of persons with disabilities and their families by supporting **alternative livelihoods** and **introducing** mechanism for practicing **savings**. While the evaluation concluded that **while persons with disabilities** can now be **considered better prepared** to practice sustainable DiDRR, the **same does not seem to apply** to the rest of the community. The model was designed with the assumption that persons with disabilities capacitated by the project would become 'messengers' for DiDRR in the community, however, the evaluation found little evidence of this.

The findings of the evaluation were used to formulate the following key **recommendations**:

1. Strengthen the twin-track approach for achieving **equality of rights** and **opportunities** for all persons with disabilities in DRR by focusing equally on both components: Track 1) **removing barriers** and **facilitating access**; Track 2) **providing targeted solutions** and **individualized support**.
2. Plan **bottom-up process to build local leadership**. This should focus on developing **technical capacities**, providing **financial resources**, and facilitating **technical assistance** for representative groups of persons with disabilities **to engage in DRR leadership** beyond **advocacy**.
3. Advocate for **expansion of the SHG model** and **allocation of resources** from government, non-government, and private sectors.
4. Address **underlying challenges** pertaining to disability-inclusive development **at individual** and **environmental level** (e.g., health and rehabilitation, livelihood, infrastructure) for **meaningful participation**, **effective engagement,** and **inclusion** in DRR.
5. Ensure **methodological consistency** in disaggregated data collection in DRR **using a functioning approach** by adopting the Washington Group Questions together with appropriate **tools** and **capacity development** of key stakeholders, including government and representative groups of persons with disabilities.
6. Advocate for **institutionalizing school based DiDRR.** Involve **children** and **youth**, as well as **parents**, following the **household empowerment** approach. Establish **stronger linkages** between **schools**, **representative groups** of persons with disabilities, and **disaster management committees** to support this work.
7. Document **lessons learned** and **good practices** on disability-inclusive DRR throughout the project duration as evidence for real-time advocacy that supports sustainability and scaling up of the DiDRR model. Arrange **exposure visits** to enhance impact and replication. Ensure wide **dissemination** of learning, tools, and resources to **broader stakeholders** and **platforms**.
8. Institutionalize accessible **community feedback and reporting mechanisms** to enhance accountability and ensure that communities have a greater voice in DiDRR efforts that impact them.

Introduction

Background

Persons with disabilities are estimated to make up about 15% of the world's population – over a billion people[3] – yet continue to be among those **most impacted by disasters**[4]. The situation is **further exacerbated for persons with diverse, intersecting identities** who often experience **increased risks** and **barriers** based on different identity factors. This situation is observed not only during natural hazard and climate-induced disasters, but in global health emergencies, as evidenced by the recent COVID-19 pandemic, and other humanitarian crises.

Despite these trends, persons with disabilities – especially those who are most at risk – and their representative organizations are **often not consulted** and **included** in DRR-related policy making and practice.

To support the inclusion and meaningful participation of persons with disabilities in disaster risk reduction and develop successful models at the community level, CBM in partnership CDD and GUK, **initiated a disability-inclusive DRR (DiDRR) project** in rural communities of Gaibandha (Northern Bangladesh) in 2009. This initiative was later expanded through three additional implementation phases, which continued until 2021.

During the intervention design phase, **disability rights** was **among the most overlooked issues** in Bangladesh.[5] Persons with disabilities experienced high levels of poverty, discrimination, and social injustice. They were forgotten during national development planning, remained missing in population census, and were officially treated as objects of clinical intervention and pity.[6] A critical hinderance to persons with disabilities enjoying their rights and entitlements related to the general inaccessibility of infrastructure.[7] At that time, there were no organizations representing persons with disabilities at the community level and persons with disabilities had little voice or confidence. As a result, persons with disabilities were at an increased risk of disasters, particularly in such a highly hazard-prone country.[8]

The Gaibandha model for inclusive disaster risk reduction

To build resilient and inclusive communities, the Gaibandha model for disaster risk reduction was based on the following five interlinked interventions:

1. Strengthen groups of persons with disabilities and their representative groups
2. Advocate with local government for inclusive disaster risk management
3. Build accessible infrastructure and involve community in disaster risk reduction

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[3] World Report on Disability. WHO (2011)
[4] IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019)
[5] For example, while the Convention on the Rights of Persons with Disabilities was ratified by the Government in 2007, it was not yet being implemented, and 2007, the first/original report on its implementation was submitted to the CRPD Committee almost ten years later, in April 2017.
[6] State of the Rights of Persons with Disabilities in Bangladesh. Disability Rights Watch Group (2009)
[7] Ibid.
[8] According to the Climate Risk Index 2021, Bangladesh lost 11,450 people, suffered economic losses worth $3.72 billion and witnessed 185 extreme weather events from 2000-2019 due to climate change, and it remains the 7th most vulnerable country to the climate change globally. Germanwatch (2021)

4. Work with schools to strengthen household and community awareness and preparedness
5. Promote and support sustainable, resilient livelihoods

The intervention started with an assessment of the local disaster risk management (DRM) system and the situation of persons with disabilities. In case of Gaibandha, DRM committees had been established at the municipal (Union) level not long before the programme started in 2009. Some flood shelters were available, however, they were limited in number and inaccessible for persons with disabilities. There were no organizations of persons with disabilities (OPDs) in Gaibandha and most persons with disabilities lived in isolation, rarely participating in community life. [9]

Within this context, the interventions were implemented at three levels:

- At the **household level**, persons with disabilities were identified and supported individually with rehabilitation measures and livelihood support. Disaster awareness and preparedness of households was also strengthened.
- At the **community level**, Self-help Groups (SHGs) of persons with disabilities and community-based Ward Disaster Management Committees (WDMCs) were established. Representatives of the SHGs were engages as members in these committees, which collaborated with the municipal-level governmental Union Disaster Management Committees (UDMCs) for implementing DRM measured in the communities. A school-based DRR component was also implemented to raise community awareness and disaster preparedness.
- At the **municipal level**, Apex Bodies[10] were established, which consisted of representatives from all SHGs, and formation of OPDs as official structures was initiated.[11]

Evaluation scope, objectives, and methodology

In early 2022, CBM commissioned an **income evaluation** of this long-term **intervention to identify its impact** on the targeted communities. At the same time, the evaluation aimed to **analyze the enablers** and **barriers for well-functioning DiDRR** interventions, especially in situations of re-occurring and worsening natural disasters, **to support further development** of **inclusive** and **replicable DRR models** in similar contexts.

1. Scope and objectives of the evaluation

The overall **scope** of the evaluation was to **assess the outcomes** of the **long-term DiDRR intervention** implemented by CBM and CDD in partnership with GUK in the Sreepur and Haripur Unions of the Gaibandha district, Northern Bangladesh.

The evaluation was commissioned with the following **objectives**:

- **Increase evidence** and **documentation** of good practices and lessons learned in DiDRR.
- **Provide recommendations** for adjustments or required adaptations of the DiDRR approach applied by the project partners for future reference.

[9] Saving Lives and Leaving No One Behind: The Gaibandha Model for disability-inclusive disaster risk reduction. CBM & CDD (2018)
[10] The Apex Bodies advocate for disability inclusion with the Union government
[11] Saving Lives and Leaving No One Behind: The Gaibandha Model for disability-inclusive disaster risk reduction. CBM & CDD (2018)

2. Methodological approach

The evaluation focused on the **four phases** of the DiDRR intervention implemented from 2009 to 2021.

To assess formative and summative conclusions of the intervention, the methodology of the evaluation employed a **mixed methods approach** adopting a **two-fold**, quantitative and qualitative participatory methods. This included the review and **analysis of the available reported evidence** through a comprehensive document review and **collection of field data** through focus group siscussions (FGDs) and key informant interview (KIIs) with programme stakeholders. The evaluation combined remote and face-to-face consultation, with consideration of COVID-19 health protocols.

Additionally, household **(HH) surveys** were carried out to capture voices from the broader community on perceptions, knowledge, attitudinal, and behavioral change following their involvement in the project.

Lastly, a participatory and interactive method – **photovoice**[12] was used to provide space for **documenting stories of change** experienced by individuals involved in the programme, particularly persons with disabilities.

3. Evaluation questions and criteria

The evaluation was guided by the following questions. Questions were developed and refined based on a detailed review of over 50 key programme documents and in consultation with CBM and CDD:

- To what extent has the programme contributed to the development and sustainable practice of a community-led mechanism on DiDRR?
- To what extent has the resilience of communities and households in areas targeted by the programme increased over the past 12 years? How have particularly at-risk communities benefitted?
- How instrumental has the role of OPDs, SHGs, WDMCs, and local authorities been in this process?
- To what extent have persons with disabilities been empowered to access health, social welfare, livelihood, agriculture, and other services?

The following **key evaluation criteria** were used for data collection and analysis which have been developed based on OECD/DAC evaluation criteria:

1. Appropriateness and relevance of the interventions
2. Internal and external coherence
3. Effectiveness of the approach and implementation modalities
4. Outcomes and impact of programme on the rights holders
5. Sustainability of the action
6. Coping mechanisms

[12] Photovoice is a visual research methodology that puts cameras into the participants' hands to help them document, reflect upon, and communicate their experiences, particularly the most significant change upon their involvement in the CBM-CDD-GUK DiDRR intervention in Gaibandha. Photovoice enhances community engagement in data collection by considering communities as equal partners in the process. Although visual, this method can be used by persons with visual impairments with the support of personal assistants or family members. Such approach was deemed suitable for the CBM-CDD Gaibandha programme considering the long-term nature of the partnership in building community capacities.

7. Do no harm
8. Documentation, monitoring, evaluation, and learning

Thematic analysis was adopted to extract and synthesize key findings. Guided by the key evaluation criteria, data from the document review was first coded and then triangulated, compared, and contrasted with data from the field consultation in an excel document matrix. These datasets were used to develop the overall report of findings.

4. Datasets

A total of **16 KIIs** and **17 FGDs** were conducted with **119 respondents** (63 women and 56 men), of which **35%** of participants represented persons with disabilities (42 individuals).

Data collection captured **multiple perspectives of stakeholders**, including project partners, representatives of the Self-help Groups, Apex Bodies, Ward Disaster Management Committees, Union Disaster Management Committees, farmers groups, and government (elected representatives and appointed officials at Ward level, and authorities at Upazila (sub-district) and national levels). The selection of participants was done in consultation with partners.

Additionally, data from **150 households** with and without persons with disabilities was collected. The sampling and selection of participants was led by CDD/GUK. Following data validation, **108 household data** (including 69 households with persons with disabilities) and **72 photovoice stories** were analyzed and included in the findings of the evaluation.[13]

Overview of key findings

The evaluation identified the following key findings in line with the eight key evaluation criteria and guiding questions developed specifically for this project:

1. Appropriateness and relevance of the intervention

Guiding questions:

Was the intervention appropriate and relevant to the needs of the communities?

- How relevant was the combined effort of OPDs, SHGs, WDMCs, and local government administration to disability-inclusive DRR in your community?
- To what extent have the intervention activities addressed the real needs of communities and of persons with disabilities in the specific context?

1.1. Assessment, planning, and design

The evaluation found that the DiDRR intervention in Gaibandha was **designed based on community needs**, as evidenced by a series of assessments to understand the living conditions of the communities in targeted areas. This included, but was not limited to, the Situation Analysis and Need Assessment (SANA) for selecting and expanding the project locations (most at-risk Unions), the baseline, mid- and endline assessments, the feasibility study for livelihood options, and the HH survey for identification of persons with disabilities, among others. During selection of project locations, partners targeted areas where **no other**

[13] The evaluation team has marked 42 household data as incomplete as these households reported not having received any information, support, or assistance related to this project. This may have resulted from the sampling strategy or the difference in community perceptions about receiving a 'soft' form of assistance.

organization was working on DRR. At the same time, they **consulted with communities** and considered their suggestions when designing the specific project components (e.g., raising land to protect it during the flood, selecting livelihood options, etc.).

However, the evaluation revealed **some gaps in the assessment, planning, and design phases**. For example, the desk review found that **the recommended livelihood options** generated through the livelihoods feasibility study **were not profitable and resulted in losses**. This was confirmed during an interview that mentioned the farmers' groups struggled to continue activities and faced number of challenges. At the same time, this intervention **was not risk-informed** (e.g., considering potential increase in the prices for the rented land, or the risks from flooding and river-bank erosion, although the feasibility study had indicated the high risk in the targeted areas). It was also reported that Sreepur Union was **hardly affected by any floods** during the first phase of the intervention, which may indicate a **need for a better selection of target locations/**hazard prone areas (e.g., based on hazard mapping and risk assessment).

There were also **gaps in including the local implementing partner** (GUK) in **proposal development** and **project planning**, as well as in **decision-making** in some instances. This appears to have had an implication on field work (e.g., conflicting staff roles and responsibilities, which were later resolved once GUK reported the issue to CDD).

1.2. Perceived relevance of the intervention and the level of satisfaction

It appears that the **emphasis of the project assessment was to align with the needs of persons with disabilities,** as the project targeted primarily persons with disabilities and their families. However, it is not clear **to what extent the initial assessment identified the needs of the broader community**, particularly considering **persons with diverse, intersecting identities** who often experience increased risks and barriers (e.g., based on gender, age, race, ethnicity, sexual orientation, gender identity, disability, and other identity factors), and how this assessment was used to define the intervention.

For example, of the 39 community members (persons without disabilities) interviewed during the HH survey, the majority (87.18% or 34 people) mentioned that they only received awareness raising and information on disaster preparedness and disability. **Less than half considered the intervention relevant or very relevant** (43.59% or 17 people), demonstrating the perceived value of the intervention as experienced by the community members. Some community members also reported that **assistance in the form of "materials" was more acceptable than only information**.

The perceived relevance finding is **consistent with the level of satisfaction reported by community members without disabilities**, with **62%** or 25 people **reporting being less satisfied** with the type of intervention that the project provided for them.

The desk review and several interviews confirmed that GUK and CDD engaged persons with disabilities and their families in the design of the project, including addressing some specific needs and concerns. However, the results of the HH survey revealed **gaps in addressing the actual needs of persons with disabilities** in targeted areas.

For example, while **70% of the respondents with disabilities** (69 HHs in total) **indicated** that the **information** or **assistance/support** received from the project was **relevant** (60%) or **very relevant** (10%) to actual needs, the remaining **30% of responses indicated that the intervention was not entirely relevant**. Of the respondents with disabilities, **27%**

reported **lower satisfaction** with the information, assistance, or support received from GUK/CDD and CBM.

1.3. Identification of persons with disabilities

The evaluation revealed **gaps in identification of persons with disabilities** using the functioning approach and proven tools, such as the Washington Group Questions. Instead, the project relied on data provided by local government and the UDMC. According to the latest Alternative Report on the Status of Implementation of the Convention on the Rights of Persons with Disabilities (CRPD) in Bangladesh, existing data on disability or persons with disabilities is not adequate, reliable or comprehensive.[14] Therefore, having relied on the available data indicates that **the project may have missed** persons with disabilities or other at-risk individuals, who were not included in the local database. While the project team might not have been well-familiar with the Washington Group Questions during the design of the first phase of the intervention as these were still relatively new at that time, the **subsequent phases presented an opportunity to address this gap**. However, **this opportunity was missed,** with the Washington Group Short Set on Functioning only being introduced in the fourth phase of the project (in 2020) and focusing on the new geographic areas which are outside the scope of this evaluation.

1.4. Community engagement and accountability

Interview data indicates that **feedback from the community was considered** while adjusting the programme (e.g., deciding on the type of assistance) and during participatory development of the Exit Plan. For example, several respondents noted that the project had **informal accountability mechanisms,** such as indirect feedback (e.g., using a feedback and complaints box) or direct feedback to the project staff. Community consultation was also considered as one of the forms of the feedback. However, the project did not have a **formally established inclusive and accessible community feedback and reporting mechanism** for all community members to provide feedback about the interventions of CBM, CDD, and GUK, and to share concerns with the project partners freely and confidently.

The results of the HH survey indicated **mixed responses regarding the feedback mechanisms**. While many community members reported general awareness of a feedback mechanism in place, **only 35.9%** or 14 people **had a clear idea of how to share their concerns and feedback**, whereas **28.21%** or 11 people **were not sure**. The remaining respondents were **not aware that such mechanisms existed** (**35.9%** or 14 people).

Survey data from respondents with disabilities indicated **higher awareness of feedback mechanisms**. **Only 9 people** (or 13.04%) **were not aware** of the existence of such mechanism and did not know that they could share their concerns, feedback, or suggestions with the project team. This can be explained by the fact that the **primary focus of the intervention was on persons with disabilities.**

[14] According to the alternative CRPD report from 2019, approximately 24 million of the 160 million people in Bangladesh have disabilities. Existing data on disability or persons with disabilities is not adequate, reliable, or comprehensive. Reported data on disability rights is based on sample surveys or micro-level initiatives, primarily undertaken by NGOs in their individual working areas.

2. Coherence

Guiding questions:

How well does the intervention fit?

- To what extent was the intervention consistent with existing national policies and relevant international norms and standards to which the partners adhere?
- To what extent was the intervention consistent with other actors' interventions in the same context (including complementarity, harmonization, co-ordination, and added value)?

2.1. Internal coherence

The project was designed to **support implementation** of the **national framework** and **strategic plans for disaster risk management** (e.g., National Plan of the Government of Bangladesh for Disaster Management 2010-2015, Standing Orders on Disaster, etc.).

The intervention **contributed to the implementation** of major **international and regional frameworks** including the Sendai Framework for Disaster Risk Reduction 2015-2030 and its Guiding Principles related to inclusion, Article 11 of the CRPD related to the protection and safety of persons with disabilities in situations of risk and humanitarian crisis, the Sustainable Development Goals (SDGs), the Incheon Strategy[15], the Asia Regional Plan for Implementation of the Sendai Framework, and the Dhaka Declaration on Disability and Disaster Risk Management.

The intervention was aligned with the mandate of the implementing partner organizations, and the three partners complemented each other, with CBM providing technical guidance/advisory support, CDD – expertise on disability inclusion and GUK – field presence and experience. The partners established good working relationships, although there were **gaps in including the local implementing partner** (GUK) in **proposal development** and **project planning**, as well as in **decision-making** in some instances which had implications on field work. Several reports noted that the **physical premises of local partner offices were inaccessible**. GUK was **lacking internal organizational policies** and **capacities on disability inclusion**, however **some of these issues** (e.g., physical accessibility) seem to have been **addressed during implementation** (as evidenced by the photos provided by the field evaluation team). Findings indicate that it may be worthwhile to further **explore** to what extent the GUK capacities and organizational policies related to disability inclusion have been built over the course of the project.

2.2. External coherence

During selection of project implementation locations, partners targeted areas where **no other organization was working** on DRR, which brings an added value and importance of their presence in the area.

The project partners (CDD and GUK) established **good working relationships with communities** and **consulted closely with community representatives** during the design of specific project components (e.g., accepting suggestions from the community while selecting the location for tube-well construction or while deciding on livelihood support options, etc.). CDD/GUK also involved WDMC members in meetings with the Union Council that resulted in increasing community ownership of the project. Some respondents reported

[15] Launched in 2012, the Incheon Strategy to "Make the Right Real" represents one of the first milestones for persons with disabilities in Asia and the Pacific region. Goal 7 of the strategy is specifically targeted at ensuring disability-inclusive disaster risk reduction and management.

feeling that **community engagement activities were conducted in a respectful manner and acknowledged the value** of community opinions, which contributed to community members feeling included and accountable. This engagement has **increased community ownership of the programme**.

The project supported mechanisms to **build mutual understanding** and **solidify relationships** between **local government** and **representative groups of persons with disabilities** (i.e., SHGs and Apex Bodies) on aspects related to disability inclusion and inclusive DRR. The collaboration informal and not institutionalized. Several reports and interviews confirmed that the groups established under the project were able to establish and maintain **effective coordination with the government**.

The evaluation found the following examples, which highlight instances of positive relationships and coordination:

- Apex Bodies coordinated with the Social Welfare Office at the Upazila (sub-district) level for including persons with disabilities in the social safety net
- WDMCs engaged with lawmakers of constituencies regarding their annual advocacy plans on DRR and also advocated for the institutionalization of the WDMC model
- Union Information Service Center (UISCs) provided bookshelves for DiDRR Information, Education and Communication (IEC) materials in Sreepur and Haripur
- Sreepur Union provided assistive devices for persons with disabilities
- Local government developed referral system to ensure services for persons with disabilities
- Farmers groups received assistance from agricultural institutions

Some respondents stated that WDMCs **shared the results of their work** and **lessons learned** with the government and UDMCs. As a result of this, government better recognized them and involved in government activities. There was another successful example when the Apex Body advocated with the UDMC to include persons with disabilities in their structure and move the Social Welfare Office to the ground floor. This demonstrates that the **government** had **increased awareness on disability inclusion** and tried to accommodate the specific requirements of persons with disabilities.

Several reports mentioned that WDMC members, including persons with disabilities, **coordinated with the private sector** to provide relief in specific situations. For example, WDMCs approached a local philanthropy group for assistance for persons with disabilities during COVID-19.

The above examples demonstrate that the project had a **well-established referral system** and **linkages with other organizations** (e.g., support from the Union Parishad (UP) and the one-stop service center), to minimize gaps resulting from resource limitations. The project was not designed to cover needs of the entire community, nor had the resources to do so. Instead, it capitalized on building the capacities of persons with disabilities and the groups established under this project and making the necessary linkages with government and service providers.

There were **some challenges** reported. For instance, the Community Driven Disability-inclusive Disaster Risk Reduction (CDDiDRR) project Evaluation Report (2016) reported **issues in coordination between the Apex Body and SHG** as the decisions documented by Apex Body were different from the decisions made by the SHGs. The report also mentioned that the decisions made in the meetings were, *“hardly followed up at the action*

level, which appears to be a barrier to the dynamics and development of the Apex Body as an emerging and growing institution supported by progressive leaderships of persons with disabilities."

3. Effectiveness of the approach and implementation modalities

Guiding questions:

Did the intervention achieve its objectives?

- How have the OPDs, SHGs, local disaster management structures (such as WDMCs), and the local government administration worked for practicing disability-inclusive DRR at the community level?
- What changes have the OPDs, SHGs, local disaster management structures, and the local government administration made in terms of mainstreaming disability inclusion in disaster risk management?
- How effective is the participation of persons with disabilities in coordination for disaster management?
- What change is reported at the household level?

The evaluation found that partners faced initial **challenges identifying community members** (primarily persons with disabilities) who could be **motivated to spend time** voluntarily **on this project** (i.e., to become members of different committees/groups established under this project), as many people preferred financial benefits over volunteering. These issues were overcome by a **strong community mobilization** component.

The most recent challenge related to the **remote communication**, particularly in terms of **access to** and the **use of technology** that the project had to rely on during the COVID-19 pandemic. This led to the **realization** of the **need to provide mobile devices** and **invest in building capacities** of persons with disabilities in using the technology.

3.1. Capacities of the groups formed under the project

The project supported **increasing capacities** of SHGs, Apex Bodies and WDMCs **on DRR**. During disasters these groups provided early warning, conducted evacuation, organized meetings to mobilize resources, and distributed relief. In pre-disaster periods, they disseminated information related to disaster preparedness and risk reduction.

The SHGs and Apex Bodies were **created** to **empower persons with disabilities**, including in support of their own groups. A FGD revealed that SHGs and Apex Bodies regularly gathered funds voluntarily that could be used to support persons with disabilities or used as a loan. They were also responsible to support the community, especially during disasters, and had developed a contingency plan. This plan was coordinated with the Risk Reduction Action Plan (RRAP) developed by UDMC and divided tasks among members.

The **formation** and **institutionalization of the WDMC model** was **among the major achievements** to which the project contributed. These structures, which did not previously exist, were found to be **effective in encouraging the community participation** in DRR and **taking initiative** during disasters. For instance, the WDMCs could mobilize communities and respond quickly to disasters (e.g., manage evacuation and provide food assistance and shelter). There was some overlap between the members of the WDMCs and the UP. This was seen as an enabler for the programme, as the experiences and networks of the UP

members can support the WDMCs in better coordinating with government. Other organizations also contributed to the institutionalization of the WDMC model through national level advocacy, which resulted in the issuance and endorsement of the revised Standing Orders on Disaster (SOD) 2019 by the government of Bangladesh.

The evaluation identified **several successful advocacy efforts** by the SHGs, Apex Bodies, and WDMCs, which resulted in the **following government initiatives and changes**:

- Sreepur UP allocated budget for disability inclusion and enrolled persons with disabilities in the social safety net
- The social services of the Social Welfare Office were shifted to the ground floor to facilitate access for persons with disabilities
- UP provided ramp and accessible latrine at their office
- During disaster, UP provided safe drinking water, food, blankets, and repaired flood shelters
- UP included persons with disabilities and other at-risk groups in the social safety net programme
- Local government committed to allocating at least 4% of the budget for disability inclusion and DRR and provided assistive devices for persons with disabilities

WDMCs and SHGs now appear to **have capacities to identify the needs of communities** and **request assistance** from government and respective organizations or institutions. For example, WDMCs coordinated with GUK and the NGO forum to collect safe drinking water and SHGs contacted the Union Chairman to report a leaking embankment during the flood. During the COVID-19 pandemic, WDMCs initiated to provide oxygen by opening an emergency oxygen bank. Some respondents mentioned that WDMCs were trained and provided with a toolkit that helped them to be actively engaged during disasters.

Some respondents noted that the **capacity building of** persons with disabilities resulted in them feeling more **empowered to engage in DRR activities** (e.g., representatives of SHGs of persons with disabilities, who were also members of the WDMC, raised funds and distributed relief during floods).

3.2. Improvements in accessibility

The project **developed accessible infrastructure** and **provided equipment** that **helped increase participation of persons with disabilities** and **supported communities to better cope** with future disasters (e.g., accessible rescue boats for evacuation, rescue troller, road repairs, accessible houses for persons with disabilities, assistive devices for persons with disabilities, accessible schools as shelters, accessible tube-well and latrine, early warning system for floods, etc.). Data indicates that field staff received **orientation on accessibility** from CDD for construction of accessible infrastructure. With all of the above measures, the project **increased community awareness** and **understanding** of how **accessible infrastructure benefits everyone**.

Photovoice activities carried out with households with persons with disabilities indicated that the **persons with disabilities experienced positive changes** due to these improvements in accessibility (for details see the section on ‘Stories of change’).

Despite support provided by the project on enabling accessibilities, HH surveys with both persons with and without disabilities indicate that **poor accessibility** (road access and assistive devices) and **lack of financial resources** remain the **main perceived barriers to participation** of persons with disabilities. This suggests a **need for continued commitment**

by local DRR actors to provide quality accessible infrastructure and assistive devices to ensure participation of persons with disabilities on an equal basis with others.

3.3. Participation of women and persons with disabilities

The evaluation found that the project made an intentional target **to increase the participation of women** and **persons with disabilities** from inception. The desk review identified a mandate to involve **at least 30% women** and **10% persons with disabilities** as members of the WDMCs. The livelihoods component also targeted persons with disabilities and their families as well as female-headed households. This was confirmed via KIIs. A HH survey with persons with disabilities confirmed this finding with **84.6%** of the respondents (58 people) stating that **women and girls with disabilities were involved in DRR activities** and **decision-making**.

The project sought to address **unequal power relation** between women and men due to the patriarchal culture, which restricted women's mobility and participation and limited their confidence and opportunities. One of the key lessons learned was that **providing clear understanding** of the project to the families of women and **raising awareness on gender equality** could increase **women's participation**. This **appears to have improved** over the years, as confirmed during the field data collection.

During FGDs, the evaluation team observed that **women were prompt and confident** in sharing their thoughts, and while caregivers of persons with disabilities attended the discussion, they did not seem to engage as much as persons with disabilities. This suggests that **women and persons with disabilities** have **increased confidence** in expressing themselves freely. However, women members of WDMCs suggested that women should receive more vocational training and opportunities to become financially independent and contribute to their family. This recommendation might have been raised due to the fact that not all community members received support from the project.

Some respondents noted that the project contributed to **increasing the awareness** of the community, including persons with disabilities themselves, **on disability rights** (e.g., parents of children with disabilities now had confidence in sending their children to schools, persons with disabilities could raise their voice regarding their rights, etc.). Respondents of a FGD explained that the project had **increased confidence** of persons with disabilities as it gave them a 'platform' (i.e. a SHG or Apex Body) to be heard by government and communities. **Persons with disabilities** also seem to be **more respected** by society and their families, and have more **confidence to collaborate with government**. This directly contributes to increased levels of participation.

The evaluation found that the project contributed to **increasing participation of persons with disabilities in DRR activities** (e.g., membership in disaster management committees, participation in risk assessments and mock drills, engagement in developing contingency plans and inclusive Risk Reduction Action Plans (RRAP) at Union level, disseminating early warning messages, participation in decision-making process with local level government, etc.). The HH survey also confirmed the level of engagement of persons with disabilities in DRR activities. However, it is important to note that **the majority of involvement was during activities provided by the project** (i.e., trainings by GUK) and **only a few initiatives extended beyond the project**.

Some respondents noted that **involvement** of at-risk groups, including **persons with disabilities as members of WDMCs and UDMCs** had **increased** throughout the project. Reports indicated that during the early stages of the project, persons with disabilities

were not confident to participate, however, became more confident after project partners encouraged participation, which took place often via house-to-house visits, provision of accessibilities, and targeted capacity-building.

The project succeeded in creating **role models of persons with disabilities** in DiDRR such as Kajol Rekha, who after having received rehabilitation and capacity building support, became an advocate for an inclusive environment for persons with disabilities in her community and beyond. While role models are a good example of success, the **lack of access** and **support** make it **difficult for other persons with disabilities to follow the path** of Kazol Rekha. For instance, the HH survey revealed that **there remain fundamental barriers to participation** that need to be addressed, one of which relates to accessibility.

3.4. Awareness on disability-inclusive DRR and disaster preparedness

The project endeavored to **increase the awareness on DiDRR** through **various channels** including trainings, mock drills, street theaters, mass awareness campaigns, posters, video and animations, and DiDRR campaigns at schools. These activities targeted persons with disabilities and their representative groups, WDMC members, students, parents, teachers, local government, and the community at large. As a result, many respondents **reported** being **better prepared for potential disasters** and feeling that the project **increased their understanding** of the presence of neighbors with disabilities, as well as their rights.

Although some SHG members shared knowledge on DiDRR within their communities, **not all people in the community feel prepared.** This finding indicates that activities started to introduce elements of preparedness, however, needed to be followed up with subsequent training and awareness raising (including drills) on this matter.

> *"The community is better prepared now for disasters and including people with disabilities in disaster response. They did not have this information before the project, but now they are aware and prepared."*
>
> - Focus group discussion with religious leaders

Th evaluation found **limited evidence that the school-based DRR component was successful**. Students and teachers were sensitized on DiDRR through activities such as trainings on Education in Emergencies (EiE), mock drills, and art competitions and supported in forming **school disaster management committees**. However, these are **no longer functional** and the last time the WDMCs engaged with schools was 2015. Some respondents mentioned hearing that the **school** provided **budget for DRR** previously, which is **no longer available**. Students mentioned that they are now better equipped with knowledge on DiDRR, but **might not have sufficient capacities** or **support** in case of a disaster. The evaluation **did not find a clear link** between school-based DRR and the community component, indicating a low level of effectiveness in this connection.

3.5. Government awareness, involvement and commitment

The project sought to address **low awareness of local authorities on disability inclusion** and their responsibilities in this regard, as well as **limited familiarity with the latest governance arrangements** for disaster risk management. A previous evaluation (2016) reported **high turnover of government staff** as a barrier to achieving advocacy goals. The project could not maintain linkage and rapport with local government offices due to the regular turnover of the officials. Furthermore, the **lack of support of newly elected local government representatives** was identified as a risk factor that could hinder sustainability of the project. These issues made it necessary for the project team to **engage closely with**

local government and **provide continued awareness raising** and **sensitization** to address gaps in capacity and institutional knowledge.

Interview data indicates that the project **increased awareness and capacity of local government** to consider the needs of at-risk groups while designing programmes. For example, some respondents mentioned that UDMCs designed inclusive programmes and accommodated specific needs based on discussion with the community, including persons with disabilities.

> *"Well, I think when you work to empower the most at-risk communities, there are societal challenges. Several times we were asked not to work with these groups, but we have overcome this by community mobilization and consultation. We also kept a close connection with the authorities at various levels, including not only Union Councils but the Social Welfare Office, livestock officer, and other government officials, and provided awareness and sensitization to these individuals about the rights of the people with disabilities."*
>
> - An interview with a key informant from a partner organization

The project also **involved local government** and had **increased their knowledge and capacities** in DiDRR. As a result, local authorities seem to have become **greater supporters of DiDRR** within the project areas and beyond. For instance, some respondents mentioned that Union Council's involvement in DiDRR activities increased their capacities, which in turn contributed to their commitment and support for DiDRR. However, the HH survey with community members revealed that the **support provided did not accommodate all of the community needs**. This was also confirmed through a KII noting that the government could not provide relief to all people in the community during floods (i.e., only 30-50 households received relief despite 500 households being in need).

3.6. Livelihood support initiatives

A key challenge reported during the evaluation related to the establishment of **group-based livelihoods,** as the **concept was unfamiliar** to the targeted communities. Local partners also had **relatively limited experience** in this area and the **options** suggested as a result of the feasibility study **did not appear to be viable**, resulting in losses, as well as eventual change of approaches (e.g., shifting from maize production to cattle farming). Although the project had an experienced livelihood officer based in project location to provide continuous technical advice, support and close monitoring, there were issues reported. For example, one report stated that a woman who received tailoring training could not utilize the skills in earning income. Another woman (head of household) who received cow-rearing training and a cow, had to sell the cow as sustaining it was not viable for her. One more 'beneficiary' could not rear a cow due to her family's negligence. Seven of the 20 Cattle Farming Groups (CFGs) **experienced losses** due to falling market prices and higher expenditures (e.g., higher costs for renting land). The **lack of ownership of livelihood activities** among members of farmers' groups appears to have led to the **usage of project grants** for **family purposes**. Furthermore, the **caregivers of persons with disabilities** seem to have dominated and influenced the group decisions.

Nevertheless, some respondents explained that the **socio-economic conditions of persons with disabilities and their families increased** as a result of the livelihood interventions. One report mentioned that a woman with disabilities who was involved in the livelihood initiative had become a role model in her village. This reportedly encouraged other persons with disabilities to engaged in the programme.

While the livelihood component was important despite the aforementioned challenges, the project **lacked a health and rehabilitation component**, which was proposed by CDD as a tool for meaningful participation and inclusion. These activities could not be funded due to resource limitations and the livelihoods initiatives was prioritized instead. However, while **the project** could not cover the health component, it **made referrals** and linkages with other organizations **to minimize this gap**. One report mentioned that the project provided therapy support for community people, especially the members of the SHGs by means of cooperation with some clinics.

Several respondents explained that the project supported some persons with disabilities well, however, it **could not cover the needs of all persons with disabilities** in the targeted areas. This may indicate high **community expectations** and **misperceptions** that the project should have provided for everyone, **rather than holding the primary duty-bearer** (government) **accountable**.

4. Outcomes and impact of the intervention on rights-holders

Guiding questions:

What difference did the intervention make?

- What has been the overall impact of the DiDRR intervention and its specific components (e.g., on capacity building, livelihoods, coordination with government, etc.)?
- How and to what extent have persons with disabilities been empowered through the DiDRR programme?
- Can the target population be considered better prepared for practicing sustainable DiDRR in the community?

The evaluation concluded that the Gaibandha intervention had an overall **positive impact on the targeted communities**. The project provided **capacity building** for **the rights-holders** ('beneficiaries'), including persons with disabilities and their families, women, SHGs, Apex Bodies, members of the Ward and Union disaster management committees, and local authorities on disability inclusion and inclusive DRR. As confirmed through the field data collection, the **type** and **level of support** provided was **tailored to each target group**, depending on their capacities and actual needs.

Despite initial challenges due to community misperceptions and practices, the intervention appears to have **succeeded in empowering persons with disabilities** and **women** who are now better recognized and involved by the community in their activities. For example, **women members** of the **WDMCs** mentioned that all WDMC members are equal. They reported feeling encouraged to actively participate, and that **women are welcomed** and **do not hesitate to express their opinions** despite the initial gender insensitivities among the male members, which the project attempted to address. Persons with disabilities are now invited to social gatherings and called by their proper names. The **participation** of persons with disabilities has also **increased due to the improvements in accessibility** and provision of reasonable accommodation (e.g., sign language interpretation for persons with hearing impairment) which was facilitated by this project. As a result of empowerment activities, persons with disabilities are now members of different committees of the local government and are now more active contributors in the community. Some respondents mentioned that persons with disabilities now had **capacities to confidently advocate** for disability inclusion with government and **engage in DRR planning and disaster response**.

Survey with persons with disabilities revealed that **nearly half of the respondents felt** they were **always included** to the best extent possible in DRR activities, while the rest reported that they were **sometimes included, but not always** (37.68% or 26 people) and 7 people (or 10.14%) said they **were not included**. The **majority of their involvement was during training** on disaster preparedness and disability **provided by GUK/CDD** and only **very few extended their involvement beyond the project**, such as spreading awareness to their family or communities, or helping others to evacuate.

Although there seems to have been a missing link between the SHGs and the local government initially in terms of coordination, the project eventually succeeded in **connecting SHGs with local government** and different **service providers**. The SHGs can now independently navigate the 'system' and seek the required services from multiple stakeholders through referrals.

Some respondents noted concerns that the project developed **only a few leaders with disabilities**. While the contribution of these individuals for advancing the disability inclusion agenda was immense, the rest of the persons with disabilities **depended too much on them**.

The Gaibandha intervention **encouraged local government** to **mainstream disability inclusion in DRR**. As a result, local authorities as well as schools have made demonstrated attempts to increase disability inclusion. For example, government provided **disability allowance** and **assistive devices** to persons with disabilities, the assistant district primary education officers committed to ensuring **inclusion of children with disabilities in** the mainstream **education** system, schools developed contingency plans for **continued education in emergencies** which proved to be successful during recent floods, and government **repaired the damaged roads** to **ensure effective access** for the community, including persons with disabilities, among others.

One of the keys to success was the fact that the project attempted to **address systemic issues at the root level** from inception. For example, often government representatives (both elected members and appointed officials) were not well-aware of their functions or the new governance arrangements for disaster risk management (e.g., the new Standing Orders on Disaster (SOD) 2019). This required initial training in these aspects, followed by awareness raising and sensitization on the fundamentals of disability inclusion.

The project also **contributed to increasing local coping capacities** (primarily of persons with disabilities and their families). This was accomplished via means of supporting **alternative livelihoods** and **introducing** mechanism for practicing **savings** (for details refer to Section 6. Coping mechanisms).

Overall, the evaluation found that **while persons with disabilities** can now be **considered better prepared** for practicing sustainable DiDRR in the community (as they were the primary target groups of the intervention), the **same does not always seem to apply** to the rest of the community.

The model was designed with the assumption that persons with disabilities who were capacitated by the project would become 'messengers' for DiDRR in the community. Additionally, it was anticipated that the school-based DRR component woiuld contribute to increased community awareness and disaster preparedness. However, the evaluation found that this strategy was not effective. Some respondents mentioned hearing that the school provided budget for DRR previously, which is no longer the case. While students reported

that they are now better equipped with knowledge on DiDRR, there are concerns that they might not have sufficient capacities or support in case of a disaster. All of the above suggests that the initiative on establishing the school disaster management agency **was not sustainable** and despite being designed as an integrated component of the project and seems to have been **detached from the rest** of the project.

5. Sustainability of the action

Guiding questions:

Will the benefits last?

- Have the local government, WDMCs (and other local DRM structures) and OPDs built an ownership for maintaining/continuing disability-inclusive DRR activities?
- Have the targeted communities created an ownership for practicing DiDRR?
- Is there a clear institutional commitment from the (local) government for DiDRR (e.g., through policies, budget commitments, etc.)? If so, what type of commitment?
- Is the project approach replicable in other parts of the country and other countries? If so, in what sense?
- What evidence demonstrates that the OPDs and SHGs will (be able to) continue their activities after the programme completion?

Elements of **ownership** and **sustainability** were **embedded in the design** of the Gaibandha intervention from the onset in a number of ways, though at that time, the project team did not realize that it would take up to 10 years for the project to be ready to phase out.

Overall, **the Gaibandha initiative appears to have contributed** to **improving capacity of local actors** to support disability-inclusive DRR in the long-term by means of providing training and sensitizing local authorities and communities on disability rights and disability inclusion in DRR. Some respondents noted that capacities of at-risk communities, particularly persons with disabilities, have been developed to become DRR actors. However, some **areas for further assistance** were suggested, including need for organizational training and capacity development for financial management and resource mobilization of the groups formed under this project. Refresher trainings for local actors, such as WDMCs, have also been requested.

5.1. Institutionalization of the WDMC model

Supporting the **formation of the WDMCs** at the village level through the participatory process was **an important first step** towards building an inclusive community-based DRR model in Gaibandha. The WDMCs were **capacitated** on different issues with focus on DRR, reducing community risks, and key considerations for inclusion of persons with disabilities, among others. When the project started, WDMCs were not officially recognized by government as these structures were introduced exclusively by the Gaibandha initiative. However, an **important link** was made **with the municipal-level** government by appointing members of the UDMCs as Chairs of WDMCs.

After several years of piloting the model, the project team **succeeded in effectively introducing government** authorities **to this initiative** and its key learnings. Subsequently, government **officially recognized** the WDMC model, and with the revised SOD 2019, made it **mandatory to establish WDMCs** nation-wide. **Membership of persons with disabilities** and **women** has also been made compulsory for the WDMCs.

The WDMCs formed under the Gaibandha project have proven **instrumental in reducing disaster risks** in the communities and **addressing the specific requirements of persons with disabilities**, as also evidenced by recent disasters. The establishment and effective functioning of the WDMCs in other parts of Bangladesh is constrained by resource limitations and has been challenging.[16] Some respondents confirmed that the Gaibandha project **WDMCs continue working** and liaising with UDMCs to support the community **even though the project has ended**. WDMC members also explained that their existence had made positive changes to the communities. For instance, the community refers to WDMCs during disasters because WDMCs are considered to be well prepared. However, the WDMCs suggested that it would be helpful to **receive some sort of support,** for example, replacements for equipment that GUK/CDD provided at the beginning of the project, as many of these were no longer functioning properly. It was also suggested that GUK/CDD provide **office space** for WDMCs **to use as a rescue center**, as it appears that the school management committees did not always give permission to use schools as rescue centers during disasters.

Several reports mentioned that WDMCs developed contingency plans that contributed to DRM planning at Union level. However, not all disaster management committees appear to have developed contingency plans (e.g., UDMC did not seem to have such plan in place and reportedly did not receive guidance on this). The evaluation concluded that in a number of cases, the disaster management committees both at Ward and Union level tend to develop annual contingency plans that are based on the experiences and suggestions of the members **rather than following a structured process** and **guidelines**. This indicates **a need for DRR planning to be well documented formally**.

The above examples **suggest continued reliance on project partners rather than requesting** that the government, as the **primary duty-bearer,** assume its responsibilities by providing the necessary budgetary allocations and technical assistance for DRR planning at local level.

5.2. Formation and capacity development of SHGs and Apex Bodies

An important initiative of the project was the **establishment of SHGs** of persons with disabilities. This resulted from learning in the first phase, where persons with disabilities were not organized, and as observed, did not perform as expected. During the design of the second phase, and based on CDD's experience from other projects where persons with disabilities were organized in groups, the SHGs were formed and capacitated on their rights. This included working one-on-one and mentoring, as needed.

This platform helped **build confidence** and **motivation** of persons with disabilities and empowered persons with disabilities to **become leaders.** These efforts have been **instrumental in awareness raising** and **advocacy for disability inclusion** at local level. As a result of the work of SHGs, persons with disabilities who had no ID cards before were registered and enrolled in social safety nets and received assistive devices. At the same time, the SHGs positively influenced **improving accessibility** of government premises and **budgetary allocation for disability-inclusive DRR**. For instance, the Annual Narrative Report 2020 mentioned that Sreepur and Haripur UPs allocated 10% and 6% of their annual budget for disability inclusion and DRR-related activities. The project Exit Plan also noted that the Sreepur and Haripur UPs will allocate a minimum of 4% of annual budgets for persons with disabilities and DRR, which will be used for road repairs, construction of ramps,

[16] Due to the challenge in resources and local capacities, not all Unions across Bangladesh have formed WDMCs. Even in some areas, the UDMCs have been reported not being well-functional.

and provision of relief during disasters. Some respondents felt that the **local level investment had been insufficient**, for example, relief from the government only covered 10% of the needs of all households during flooding and while government had promised to allocate resources, there were inconsistencies in actual provision of the funds. When implemented, budget allocations tend to prioritize “physical development” and relief, rather than empowerment and capacity development.

Regarding the sustainability of **the SHGs**, during FGDs, members reported that they **continue holding monthly meetings** and assessing new opportunities. While they do not have a written plan for the entire year, they hold monthly planning meetings.

The project helped formation of **Apex Bodies** or umbrella groups at sub-district and Union level consisting of the representatives from all SHGs coming together to advocate for disability inclusion with the Union government. The respondents of a FGD explained that Apex Bodies were still **working to facilitate fulfillment of the rights** of persons with disabilities even though the project has phased out. There was an effort to support the SHGs and Apex Bodies to become **official structures (OPDs)** so the government would recognize them formally. This would help persons with disabilities access more funding and resources. However, the **process has not been finalized yet** as the first attempts were unsuccessful due to issues reported with the registration paperwork.

5.3. Replication of the accessible rescue boats model

A **successful** and **sustainable initiative** was the introduction of **accessible rescue boats.** This has now been replicated by the government by building 60 accessible boats across Bangladesh with 8 already being already transferred to flood prone districts. The first multipurpose accessible rescue boat was designed and piloted by CDD in Gaibandha. Based on the positive experience of the pilot, CDD provided the design, and the Ministry of Disaster Management and Relief of Bangladesh (MoDMR) contracted the Bangladesh Navy Dockyard to replicate and construct additional boats.

6. Coping mechanisms

Guiding questions:

Did the intervention improve local coping capacities?

- Which external shocks have been experienced by communities/households in recent years?
- What kind of impact have these shocks on communities/households?
- What kind of coping mechanisms were developed by communities/households?
- To what extent has the intervention contributed to improved coping mechanisms at local level?

During project implementation, several disasters including flooding, river erosion, and the COVID-19 pandemic occurred in the **targeted communities**. These communities were found to have **developed coping mechanisms** to respond to these external shocks.

The project **developed accessible infrastructure** and **provided equipment** that **helped communities better cope** with future disasters.

Practicing **saving** has been one of the most common **coping mechanisms for persons with disabilities and their families during disasters**. For example, saving in a coin box for school children was one of the project initiatives that helped children and their families during

floods, though the coin boxes were not distributed to all schools in the areas targeted by the initiative.

Alternative livelihoods were also developed as a coping mechanism in consultation with locals (e.g., the profit from cattle farming groups was used to support the community and persons with disabilities in case of a disaster, as the CFG members were also members of the SHGs). A key informant explained that the project provided training on livelihood and cattle or monetary support to persons with disabilities, which increased resilience to disaster.

The communities also managed to **minimize losses from disasters** by moving the household materials to a safe place, preparing a hanging loft to protect household items, shifting livestock over the protected embankment area, raising the plinth of the households during the flood season, etc. The members of the CFGs sold milk to neighborhoods to prevent losses due to flooding and market closures during the COVID-19 pandemic.

The WDMCs, together with the community, including at-risk groups, developed **disaster preparedness plans**. During disasters, the WDMCs supported communities by providing early warning announcements using hand microphones, informing people door-to-door, saving dry foods, providing numbers of WDMC members in case of emergency, providing rescue services, etc.

The communities also developed coping mechanisms for **dealing with the COVID-19 pandemic**. Examples include: developing oxygen banks to provide oxygen free of charge for persons with low-income, including persons with disabilities; village saving loan approach helped communities recover from unemployment resulting from the pandemic; SHGs initiated to fundraising activities and provided masks to the community.

The HH surveys provided **mixed responses** where respondents addressed the impact of recent disasters on **persons with disabilities and their families** Many reported their **houses damaged** and **lack of access to evacuation**. Most households with persons with disabilities and community members reported that they **lost some cattle**, and the **disasters damaged the crops**, which threatened their livelihood situation.

> "*People were getting injured; some houses were under water and people could not live their normal life."*
>
> - A community member from Haripur

At the same time, communities reported that **CDD/GUK** and **the government had helped them to cope with disasters** by providing **early warning information** (regular updates and announcements/information via megaphones), **relief** (money, food, etc.), and **access to evacuation** through accessible boats. A few families/HHs with persons with disabilities also received **house repairs/retrofitting** by GUK.

Communities and families with persons with disabilities reported that **training and information on DRR** had **helped them** to better respond to disasters. **Community**

members also considered and **assisted their neighbors with disabilities** in evacuating. However, a small proportion of community members still reported that they did not receive any assistance aside from early warning systems. Additionally, a FGD with persons with disabilities revealed that they were **not yet fully prepared to better cope with disasters**. While some members of SHGs received DRR information from their team members, they reported that would be better to get first-hand training from GUK on regular basis.

> *"These disasters destroyed my crops and cattle. And we needed to go to shelter to seek for help, food and protection due to our shortage of resources. Our financial situation was also in crisis. Most importantly, I faced more difficulties because I had to take my blind daughter to seek shelter."*
>
> - A carer of a blind daughter from Sreepur

7. Do-No-Harm

Guiding questions:

Did the intervention follow the Do-No-Harm approach?

- Have there been any unintended negative outcomes from the project?
- What types of conflicts within communities/households have been minimized or aggravated due to the intervention, if such?

The project **followed a Do-No-Harm approach** by **introducing measures for mitigating or resolving potential negative outcomes** of the intervention (e.g., training project staff on Children and Adults-at-Risk Safeguarding Policy to prevent harm to target 'beneficiaries'). Some respondents mentioned that **increasing awareness on disability rights** will also help prevent negative impacts to this group.

Monthly meetings of different groups established under the project (e.g., SHGs, farmers' groups, etc.) were also used as a channel to mitigate internal conflict. Some respondents noted that the project ensured **confidentiality of the feedback** provided by the 'beneficiaries' which also **prevented conflict** among the groups targeted by this initiative. A discussion with a parents' group explained that they received training related to care for children and adults with disabilities during disasters and how to address their specific needs and preferences during evacuation.

The evaluation revealed a minor **unintended negative outcome related to the livelihood component of the intervention**. There was some conflict among members of the CFGs resulting from the lack of trust and clarity on the distribution of tasks. This resulted from some members neglecting taking care of the cows. The issue was resolved by re-allocating tasks and assigning clear responsibilities to each member of the CFG.

8. Documentation, monitoring, evaluation and learning

Guiding questions:

Did the intervention adopt a MEAL framework? Were good practices and lessons learned well-documented, shared and considered?

- What tools have been used to monitor long-term progress for SHGs, OPDs and WDMCs?
- What gaps still exist related to data collection?
- Which guidance and technical documents that were developed under these projects are utilized? Do those reflect local realities and relevance to the context?

8.1. Documentation

The project team **demonstrated efforts** in **producing knowledge products** and documenting **case studies**, **good practices,** and **lessons learned** from the Gaibandha model on DiDRR. These knowledge products were needed as a record for governments and all partners to help them in planning and understanding the local context and realities. Findings indicate that **more needs to be done** in terms of **wider dissemination** of learning, tools, and lessons learned, as well as arranging exposure visits for greater impact and replication so that government and other key actors see how the model works in practice.

8.2. Monitoring, evaluation, and learning

The project had some elements of a monitoring and evaluation framework in place, including an M&E plan, baseline, mid-term, and endline assessments. This was complemented by local-level monitoring by the SHGs and other groups formed under the project, however, there was **no comprehensive, integrated MEAL framework for the project** developed jointly by the three partners at the onset of the intervention. There were also **gaps in monitoring individual components of the project** (e.g., tracking tool for monitoring livelihood activities, indicators for measuring the quality and impact, etc.) and **capacity building** of the monitoring groups formed under the project.

The evaluation found no specific information related to the tools for monitoring the progress of the SHGs, OPDs, and WDMCs and their impact on the communities. Some reports noted that the project practiced **participatory monitoring and evaluation** in addition to administering the base-line and end-line surveys and conducting the mid-term evaluation. For example, **local level monitoring** was conducted by OPD members to monitor progress of farming groups, WDMC members visited persons with disabilities/recipients of cattle under the livelihood component of the project, UDMC members attended WDMC meetings to gain information related to their needs and plans, etc. Additionally, one of the targets of the project Exit Plan was that Apex Bodies formed monitoring groups specifically for livelihood activities. **Regular staff meetings** were also organized to discuss project progress and make necessary adjustments in the course of action.

The existing project monitoring system was developed and managed primarily by CDD (by HQ **MEAL staff,** who was responsible for visiting project locations, collecting field data, and updating the databases on a quarterly basis). However, this staff was only recruited after the project had started and **did not participate in the planning process**. GUK had its own MEAL strategy and tools. The data collected by CDD was complemented by GUK, as well as by the groups established under this project who documented and reported regularly on their activities at the field level.

Desk review (e.g., CDDiDRR Evaluation Report, Annual Narrative Report, Mid-Term Evaluation, etc.) findings revealed **challenges** reported during monitoring and evaluation. This included: **delays in communicating the feedback** from the field monitoring visits, which diminished the usefulness of the feedback; **additional workload on field staff** due to the amount of time spent providing regular monitoring data, which resulted in compromising the quality of work/project activities; **limited capacities of monitoring groups** formed under the project to conduct proper monitoring; and **absence of tracking tool for the livelihood component** to capture relevant data. While the evaluation could not identify the extent to which these challenges were resolved, the aforementioned should be taken as an important learning by the partners for future.

Stories of change

A photovoice exercise with households with persons with disabilities revealed changes experienced by persons with disabilities stemming from improvements in accessibility and the livelihood support provided by the Gaibandha intervention.

Photovoice is a visual research methodology that puts cameras into the participants' hands to help them to document, reflect upon, and communicate their experiences, particularly the most significant change upon their involvement in the CBM-CDD-GUK DiDRR intervention in Gaibandha. Photovoice enhances community engagement by considering communities as equal partners in data collection. Although visual, this method can also be used by persons with visual impairments with the support of personal assistants or family members. The approach was deemed suitable for CBM-CDD Gaibandha programme considering the long-term nature of the partnership in building community capacities.

Case story 1 – A woman with disability from Sreepur

"This picture (glasses and white cane) shows my happiness and confidence. It is very important for me as a blind individual, and it changed my life. Now, I can go to the toilet by myself and do my other work without my mother's support and help."

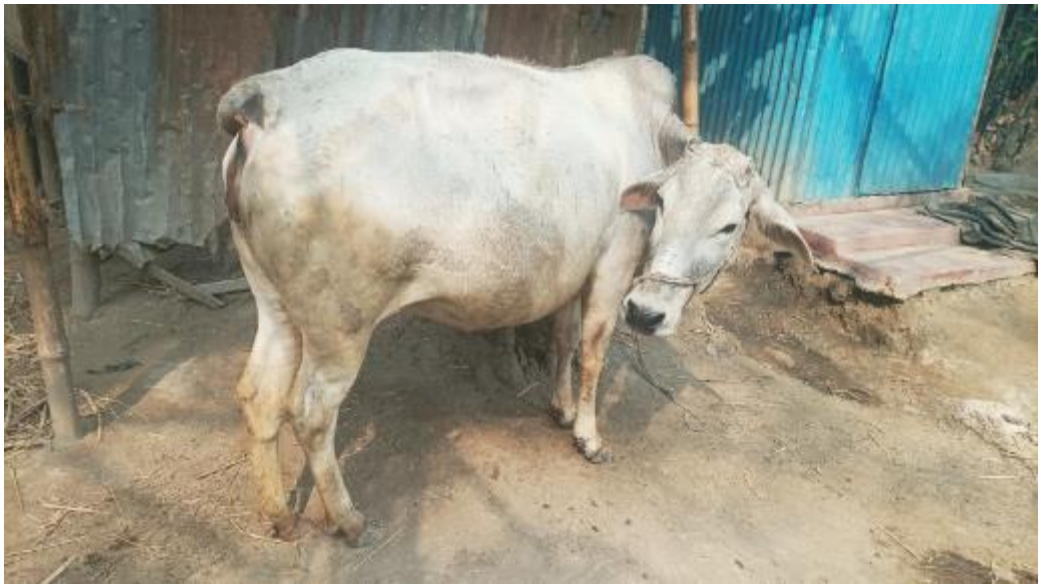
Case story 2 – A carer of a child with disability from Sreepur

“In this picture, we can see Hasan can stand now. Previously, he could not even stand, but after receiving assistance from the project he can now properly stand and walk.”

Case Story 3 – A woman with disability from Haripur

"I got a tube well with latrines and it brings my family happiness and safety which totally changes our life."

Case story 4 – A woman with disability from Sreepur



"This cow was given by GUK. It gives joy and happiness to me and my family. It also brings us a new faith because when there is disaster my family does not have to starve to death. This cow is our source of financial support for buying food and other expenses during crisis."

Case story 5 – A woman with disability from Haripur

“This sewing machine was given by the GUK. It is a great lifetime support for me. It totally changed my life because before the sewing machine I did not earn any penny, but now I can earn money that I use for my daughter's treatment and bear the other expenses for my family.”

Case story 6 – A man with disability from Sreepur

“This picture is my lifeline. Only because of this, my family now loves me, and I have confidence that raising the cow will bring more income in the future for the betterment of my family.”

Key conclusions and recommendations

The following conclusions and recommendations are based on the findings highlighted above.

1. Future conceptual design of the Gaibandha model should strengthen implementation of a twin-track approach[17] by **balancing** out both tracks. The Gaibandha model appeared to place a greater emphasis on the "disability-specific" component, rather than the "mainstreaming" track (involving broader communities) during the project implementation. These two components appeared to have been designed and implemented separately, rather than being an interrelated, cohesive approach to building inclusive community-based disaster risk reduction (CBDRR). The link between the two components was expected to occur naturally with the establishment of Apex Bodies (and possibly OPDs) who were supposed to continue building capacity of broader communities, however, the evaluation found little evidence of this.

   Balancing the twin-track approach can be achieved by **increasing resources allocated for broad community** engagement. Involving **wider communities** and **persons with disabilities** early **in the intervention** and **design activities** can help build closer links between the two components. This would facilitate greater **sharing of experiences** and **expertise between stakeholders** modeled on a rights-based and all-of-society approach. For example, during identification of persons with disabilities and disability data collection, a team of local enumerators from both mainstream communities (i.e., women volunteers) and persons with disabilities could work asa team. By including persons with disabilities as "resource persons" during community awareness raising and training on DRR and disability, the interaction can be initiated early on and nurtured throughout the project implementation.

2. Adequate resources must be allocated to **building technical capacities** and **providing mentoring** and **sufficient resources for Self-help Groups** (or representative organizations of persons with disabilities) **to engage in DRR leadership beyond advocacy**. Given that a good proportion of persons with disabilities grouped in the SHGs have indicated leadership potential to initiate and lead DRR projects, future conceptual design of the Gaibandha model should **consider SHGs' leadership in accordance with the "localization" principle**. This includes extending capacity development to cover organizational and project management skills, including but not limited to grantmaking capacity, financial capacity, stakeholder engagement, and MEAL. Such capacity can be a great modality for sustainability, but requires funding allocations for the SHGs that catalyze this leadership.

   Partners should also advocate for the **expansion of the SHG model** and **allocation of more resources** at the local government level for this purpose.

[17] A twin-track approach is commonly used for advancing the rights of marginalized populations. The objective of the twin-track approach in DRR is to deliver equality of rights and opportunities for women, men, boys, and girls from at-risk groups. The first track, equality of rights is pursued by strengthening DRR system by removing barriers and facilitating access, so that the needs and rights of at-risk groups are addressed in disaster preparedness, response, and recovery. The second track, equal opportunities are pursued by empowering at-risk groups to participate actively in DRR through the provision of targeted solutions and individualized support (e.g., by providing assistive technology or access to rehabilitation services for persons with disabilities). The twin-track approach can only lead to successful outcomes for at-risk groups, if emphasis is put on both tracks, as they complement each other. Collaboration with and referral to local representative organizations is also essential. CBM Inclusive DRR Hands-on-Tool.

3. Implementation must include mechanisms to **address underlying challenges** pertaining to disability-inclusive development **at individual** and **environmental level** (e.g., health and rehabilitation, livelihood, infrastructure) for **meaningful participation**, **effective engagement**, and **inclusion** in DRR. **A thorough cost-benefit analysis** and more intentional **balancing between different activities** may be helpful for optimum results (e.g., the project could have decreased the livelihood coverage and provided the health and rehabilitation component to cover more needs and enable greater participation and inclusion of persons with disabilities).

4. MEAL systems and practices should address gaps in the systematic data disaggregation by sex, age, and disability (SADDD) in DRR, by ensuring **methodological consistency** in disaggregated data collection. DRR programming should be designed and implemented **using a functioning approach**[18] by adopting the Washington Group Questions, together with other appropriate **tools and capacity development** of key stakeholders, including government and OPDs.

   Partners should advocate for the use of the Washington Group Questions in the **national population census** and **surveys** and support establishing a **data registry** on persons with disabilities **at community level**. **Local leaders** should **spearhead** collection of accurate data **working closely with OPDs**, where possible. This will support the implementation of the Sendai Framework and fulfillment of legal obligations under the CRPD, as well as achieving SDG disability targets.

5. To address gaps identified related to intersectionality, **approaches to DRR programming** and **data collection** should **consider the intersection** of diverse identity factors such as one's gender, age, race, ethnicity, gender identity, and disability, taking into account the local context.

6. Despite increased government commitment to disability inclusion and DRR, the official budget allocation seems focused on physical infrastructure and relief/assistance. Partners and stakeholders should plan for increased, sustained **advocacy for** greater government **budget allocations** for **empowerment**.

7. Future conceptual design of the Gaibandha model should **consider involving children and youth**, as well as **parents following a household empowerment approach** (e.g., more household-based training and awareness raising). Given that the school-based DRR initiative seemed to be detached from the rest of the project and did not appear to be sustainable, this would help **ensure stronger linkages** between the **schools**, the **representative groups of persons with disabilities,** and disaster management committees. Partners should **advocate for formalizing the school-based DiDRR component** (e.g., making it mandatory establishing inclusive school disaster management committees, allocating school budget for disability-inclusive DRR, etc.).

8. Partners should consider **institutionalizing an inclusive and accessible community feedback and reporting mechanism** for ensuring that communities have a greater voice, and no one is left behind. While the project introduced informal accountability

[18] A functioning approach to disability is less concerned with categorizations and instead focuses on what a person is able to do in their lived environment. Understanding disability from a functioning perspective is directly relevant to DRR as it enables the disproportionate risk that persons with disabilities face to be readily identified and directly acted upon (Robinson A., Kani S. Disability-inclusive DRR: Information, risk and practical action in Shaw R & Izumi (2014))

mechanisms (e.g., feedback and complaints box, community consultations and direct feedback to the project staff), this will contribute to strengthening accountability to the targeted communities as part of the Core Humanitarian Standard (CHS), Accountability to Affected Populations (AAP) framework, and the Charter on Inclusion of Persons with Disabilities in Humanitarian Action.

The mechanism should be **embedded in the country programme** and **all new projects.** It should be **based on** careful **analysis of the community profile** and **local context,** as well as **consultations** with communities including at-risk groups **considering the diversity of the population**. The partners should also consider **continuous monitoring**, **learning,** and **improvement** by evaluating the effectiveness of the feedback and reporting system on an ongoing basis and including this as part of the MEAL framework, Real Time Evaluations (RTEs), and mid-term and end-of project evaluations.

9. **Investing in organizational** and **community readiness to respond**, including **building up internal processes**, **capacities** and **strategies** to strengthen preparedness work is critical to support DiDRR. This should be done in collaboration with persons with disabilities and their representative groups/organizations at local level to be better prepared to respond to future emergencies.

10. Engaging persons with disabilities in **employment generating activities** and provision of **alternative livelihoods** are effective, replicable, sustainable strategies that **increase confidence** and **coping capacities**. These measures should always be **informed by disaster risk** and disability-specific livelihoods assessment based on: (i) thorough **market analysis** to assess viability and demand of local business and products; (ii) **local capacity assessment**; and (iii) context-specific **feasibility study** that considers geographic location and resources.

11. **Investing in partnerships with local NGO partners** (such as GUK) **with the spirit of localization is critical to success**. CBM and CDD should initiate and discuss **a systematic partnership plan** with enhancement of the role and engagement of local NGO partners, especially during project inception. At the same time, **clear expectations** and **strong systems of communication** should be established throughout project implementation. **New partnerships** should be based on the **capacity assessment** of local partners **to inform ways of working** and **capacity development**, including **embedding clear indicators and targets** for this purpose.

12. Partners should **co-develop a MEAL framework** to facilitate optimum uptake and usage of evidence to inform adaptation of the project implementation strategy and changing needs. Planning should **prioritize MEAL from project inception** and **build strong human resources capacities,** including at field level, to deliver the MEAL framework and ensure shared understanding and capacity between the partners. As an important learning for future programme planning, specifically for the livelihood component, a tracking tool should be established to capture relevant data such as success and failure rates. At the same time, **learning from other projects** should be more widely adopted.

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