



# DISABILITY INCLUSIVE DISASTER RISK MANAGEMENT

VOICES FROM THE FIELD & GOOD PRACTICES

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# PREFACE

## **Invest together today for a safer tomorrow**

We can feel a powerful momentum to reduce risks and reinforce resilience in our communities. It is crucial to maintain a sustainable impetus among all the actors: from the civil societies to the governments, from the local grassroots organisations to the international organisations, with the academics and the private sectors and with the disability movement, we need to include everyone. Together we can achieve so much more. This is exactly what this publication is about: working together to build the maximum resilience for all communities, including everyone. Specifically, together with our partners from the field, we have collected a number of good practices of inclusion of persons with disabilities in Disaster Risk Reduction (DRR) and recovery practices.

Our job is to improve the quality of life of persons with disabilities in the poorest communities of the world. We ensure everyone is included before, during and after times of disaster. It is fundamental to include persons with disabilities at every stage of the disaster risk management: it is essential, it can be easy and cost effective, and most importantly, it builds stronger resilience.

The majority of the good practices come from the unique experience of the Disability-inclusive DRR Network for Asia and the Pacific (DiDRRN). The DiDRRN is a consortium of like-minded disabled people's organisations (DPOs) and 'mainstream' and disability-focused organisations. It was launched at the 5th Asian Ministerial Conference on Disaster Risk Reduction in Indonesia in October 2012. Our collective aim is to secure the active participation, and meaningful contribution, of persons with disabilities in DRR policy and practice up to 2015 and beyond.

This publication will support you to reach everyone including persons with disabilities in the upcoming Hyogo Framework for Disaster Risk Reduction II. It will help you focus on participation and effectiveness. Because you want to listen to everyone, this publication will show you how to bring persons with disabilities together with mainstream organisations, increasing your efficiency.

Persons with disabilities had never been thought of as possible contributors to the communities and therefore never included in Disaster Reduction Management projects. Changing attitudes is a long-term process and together we can accelerate the efforts to make DRR disability inclusive now. Together, we can start mainstreaming disability in all phases of disaster risk management and in all sectors. And together, we can give a voice to persons with disabilities in regional and national disaster risk management.

Together we can do so much more.

**MATTHIAS SPÄTH**  
CBM Vice President Programme Development

# I. INTRODUCTION: DISABILITY AND DISASTERS

Disasters have a huge impact on human infrastructure, lives and livelihoods. They can result from natural causes (earthquakes, floods, cyclones, etc.) or from human-influenced factors (like climate change and conflicts) which can lead to food insecurity and displacement of large populations.

While it remains crucial to understand and reduce the human effect in creating disasters, natural causes will continue. The key in diminishing their impact is to reduce people's vulnerability. Through inclusive Disaster Risk Reduction (DRR) programmes, incorporated in human development plans and poverty reduction programmes, risks can be reduced and communities' resilience to disasters can be strengthened.

Persons with disabilities are often overlooked throughout the disaster management cycle and especially during relief operations, and are seldom considered as important actors in conflict prevention even though they are often more exposed during conflicts and displacement<sup>1</sup>. The UN Convention on the Rights of Persons with Disabilities (CRPD), in its articles 11 and 32<sup>2</sup>, requires that persons with disabilities benefit from and participate in disaster relief, emergency response and disaster risk reduction strategies.

## **About this publication**

This publication would like to contribute with advocating for a more inclusive DRR where persons with disabilities are active participants and not overlooked in relief and response actions. The practices and experiences

presented here are challenging the stereotype of persons with disabilities as helpless victims, and instead showing them as effective agents in changing this exclusionary system. Their voices are introduced here to demonstrate that with the right attitude, knowledge and by making sure to provide equal opportunities for all, inclusion is possible.

Through these testimonies and individual stories, the capacity of persons with disabilities and their families in making disaster risk reduction plans and programs inclusive are shown. If supported by well-informed and disability-aware humanitarian organisations, governmental authorities and international organisations, there is possibility to make sure that persons with disabilities, 15% of the world's population, have equal opportunity to improve their resilience towards disasters.

Eleven good practices of Disability inclusive Disaster Risk Reduction experiences have been gathered that show concrete practical examples of how persons with disabilities are active participants in various DRR interventions. Organisations developing sustainable resilience mechanisms to disasters and climate change effects have become aware of the added value that trained and knowledgeable persons with disabilities bring.

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<sup>1</sup> Women's Commission for Refugee Women and Children. "Disabilities among refugees and conflict affected populations", Women's Commission for Refugee Women and Children, New York, 2008.

<sup>2</sup> Article 11 - States Parties shall take, in accordance with their obligations under international law,... all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters. Article 32 – International Cooperation a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities.

## Disability inclusive Disaster Risk Reduction

DRR aims to reduce the damage caused by natural hazards like earthquakes, floods, droughts and cyclones. The impact of the disaster depends not only on the magnitude of the hazard but also on the choices we make for our lives and our environment. How we grow our food, where and how we build our homes, how the wealth of our countries is distributed down to what we teach in schools. And, most important, how we make sure that everyone has equal access to information to be able to make such choices.

DRR involves disaster management, disaster mitigation and disaster preparedness, and is also part of sustainable development. In line with articles 11 and 32 of the CRPD, disability inclusive DRR considers the whole community but pays specific attention to persons with disabilities and their families since their vulnerability in a disaster might reduce the entire community's resilience towards catastrophe.

### Key principles for inclusive disaster risk reduction policies

- **Participation** - persons with disabilities must be active participants in planning, implementation and monitoring of DRR actions, in climate change policies, conflict prevention and mitigation. Therefore barriers to active participation have to be removed and capacity building programs enhanced.
- **Twin-track approach** - ensuring that persons with disabilities have full access to relief operations, disaster risk reduction policies and conflict prevention/mitigation programs by removing barriers, and at the same time, addressing specific requirements

through more individualised support for persons with multiple disabilities or high dependency needs<sup>3</sup>.

- **Comprehensive accessibility and universal design** are important concepts that should be incorporated in humanitarian action policies, making sure relief operations and structures are fully accessible for all, including persons with disabilities<sup>4</sup>.

- The immediate post-emergency phase and early re-construction period should be driven by the **"build back better" principles**, stressing the opportunity to improve the quality of life of persons with disabilities through sound and inclusive investment and decision-making processes.

- **Non-discrimination** should underpin all policies in emergencies and conflict prevention/mitigation, and require a proactive approach aiming at identifying and removing exclusion factors, which prevent persons with disabilities from accessing relief services and programs on peace and conflict mitigation.

- **Coordination and collaboration** Disaster and conflict management involve a large variety of stakeholders that all need to coordinate their efforts to ensure that disability is included in their projects as a core-crosscutting theme.

The rehabilitation and reconstruction phases after a disaster provide a good starting point for rebuilding a better society, a more inclusive society for all. If disability is taken into account in reconstruction of physical infrastructures (schools, hospitals, clinics, public buildings, roads etc), in community planning, in workforces, in monitoring and evaluation, a solid ground for a more equitable society can be built.

<sup>3</sup> DFID. (2000). "Disability, Poverty and Development", Department for International Development, United Kingdom.

<sup>4</sup> Universal design and comprehensive accessibility refers to building programs and policies, relief intervention and conflict prevention/mitigation processes that are designed so that all groups in society can access. More on universal design can be found at The Center for Universal Design website at: [http://www.design.ncsu.edu/cud/newweb/about\\_ud/udprinciples.htm](http://www.design.ncsu.edu/cud/newweb/about_ud/udprinciples.htm)

## II. INCLUDING PERSONS WITH DISABILITIES IN NATIONAL EMERGENCY AND PREPAREDNESS PLANNING

Emergency and preparedness planning are important components in DRR. Including persons with disabilities in such activities can lead to an increased understanding among persons with disabilities and their respective DPOs regarding emergency preparedness and at the same time, national contingency and relief / rescue agencies will have a better appreciation on how to conduct inclusive risk analysis and design barrier free preparedness plans.

In Thailand, following CBM's campaign to make disaster management exercises inclusive of persons with disabilities, the Royal Thai Armed Forces invited government bodies, private sector, civil society organisations, including the Council of Persons with Disabilities Thailand, to join the Thailand-Cambodia Joint and Combined Exercise on Humanitarian Assistance and Disaster Relief in 2012. The exercise had the purpose of identifying areas for improvement and to enhance coordination between several stakeholders in Thailand, and strengthen relationship between Thailand and Cambodia.

The Council of Persons with Disabilities participated in this exercise for the first time, and nine representatives with disabilities inspired the training participants to move their practices to inclusive disaster management. One representative worked as a liaison officer to support the Commanding Post Unit; the others were acting with other civilians as disaster victims in storm surges, tsunamis, landslides, and collapsed buildings.

Mr. Chaiporn, Director of the Council of People with Disabilities was invited to contribute to the feedback session after the 4-day exercise in 2012: "It is our pride to stand on our feet along with the military colleagues. Moreover, the statement of appreciation from the Military that was sent is meaningful to us". Colonel Sungkom Piemwiriya Wong, Deputy Director, said, "this makes us start to think about inclusion".

Later in 2013, Council of Persons with Disabilities Thailand received an invitation from Royal Thai Armed Force to join the ASEAN Regional Forum Disaster Relief Exercise 2013 taking place in May 2013. The Royal Thai Armed Force this time decided to involve persons with disabilities already from the start, and recognised Council of Persons with Disabilities Thailand in all planning meetings and arranged for a training session where persons with disabilities shared knowledge and skills with Armed Force rescuers on how to approach persons with different types of disabilities.

CBM supports the participation of Council of Persons with Disabilities Thailand in the Relief Exercises in order to:

- Raise awareness on disability and emergency response among rescue operation team,
- Encourage meaningful participation of persons with disabilities within international disaster response framework,
- Raise visibility profile of CBM among national and international stakeholders for emergency response and disaster risk reduction, and,
- Raise awareness on Disability Inclusive Emergency Response to public.

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## Voices from the field

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### UNIVERSAL RIGHT TO ACCESS SERVICES IN DISASTER SITUATIONS

Interview with Mr. Chaiporn,  
Director of the Council of Persons with  
Disabilities, Thailand.

“Persons with disabilities need to know how to help themselves. In terms of warning communication, government should make sure that warning message would accommodate all types of disabilities...It is universal right for all people to have access and make use of available services, especially in disaster situations. For example, shelters must be accessible and the registration of evacuees must be disabilities sensitive, how to approach persons with disabilities in emergency rescue operation, the referral system for persons with disabilities must be thought of thoroughly.

With the support of CBM we had the chance to start working with the Royal Thai Armed Forces in the Thai-Cambodia collaboration exercise

in 2012 and this year, they requested again to coordinate with the Council of Persons with Disabilities Thailand. I feel that it has been a good start to create understanding among society, government and military sector and I believe that if we share a common view that disability is everybody’s business; then we can live with good understanding with each other.

Persons with disabilities who participated in this exercise can also be trained to be resource persons for the topic of disability and disaster because they now understand the rescue and relief operation. From this experience with the Royal Thai Armed Forces, we decided to integrate disaster management and how to assist persons with disabilities in disaster situations in our volunteer training in Bangkok. One day, we may establish a self-help centre to coordinate assistance for persons with disabilities and vulnerable sector such as the elderly”.



| © CBM



### III.

## MAKING COMMUNITY BASED DISASTER RISK MANAGEMENT DISABILITY INCLUSIVE

While the local communities cannot bear the full responsibility to manage major disasters (this has to reside with the government) they are by default first responders. Therefore they have to be involved in policy making on DRR and know how to reduce risks. Promoting disaster risk reduction and building resilience must therefore also be done at the community level, especially if it is to have a long-term and sustained impact. Increasingly, community based organisations, local authorities and public service providers are recognising that reducing the risk of disaster and building resilience starts with making people aware and prepared to prevent and/or face a possible disaster and themselves becoming disaster risk reduction practitioners. Therefore, reinforcing resilience at the community level, and making sure to include all groups, such as children, persons with disabilities and indigenous groups remains a critical area of work to improve.

### COMMUNITY VOLUNTEERS AND FIRST RESPONDERS - CRUCIAL ACTORS IN EMERGENCY RESPONSE

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The Emmanuel Hospital Association (EHA) has been working in India since 1970 with a mission to “transform communities through caring”. Many of EHA’s hospitals and programs are implemented in disaster prone areas and the need for systematic disaster preparedness and capacity building led to the establishment of the Disaster Management & Mitigation Unit in 2006. With the support of CBM, and building on a previous disaster preparedness project funded by ECHO, a pilot project entitled “Disaster Preparedness

through Training & Capacity Building in the Northeast region of India” was developed to explore inclusion of disability in disaster preparedness programmes. The project was successfully implemented in eight states.

Local community volunteers, local healthcare and educational institutions, governmental and Non-Governmental Organisations working with person with disabilities were the target groups of the project. EHA trained more than 3000 community volunteers and professionals in First Aid, Basic Disaster response, Basic Life Support and Advanced Cardiac Life support and, the 127 local instructors are now linked to EHA’s capacity development unit. Building the capacity of individuals and professionals within communities prone to disaster risks is extremely important, as they can become key

agents for change through raising awareness and spreading early warning messages as well as being the first to respond to disasters. With increased knowledge they can now also address authorities and urge them to take their responsibility for Disaster Risk Management and allocate sufficient resources at community level.



| © EHA

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## Voices from the field

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### PROVIDING TRAINING IN DISASTER PREPAREDNESS

Mr. Paulus Masih was a member of the Disaster Preparedness project's Core Support Team and was actively engaged in EHA's training as well as disaster management planning in the hospital. He also received instructors training for First Aid. When he was just about 18 years old, he had an unfortunate accident that severely injured his left foot and part of his right hand. He recalls, "With the knowledge about medical first aid, I could have saved my foot from such discomfort and partial disability".

He recounts the following about his experience: "I am particularly glad that I had the privilege to be in the Core Team. This program was very different since EHA included disabled people in training and planning, even in the Gaon (village committee) panchayat level. This was an excellent work done by the team.

The structural changes e.g., building ramp with railing to pharmacy counter, holders in toilet and levelling all important areas so that wheelchair can move around without difficulty is a great help and very easy for disabled people in our hospital to use. Moreover, other works like protection of costly equipments by anchoring them in my department that protects them from falling hazards during earthquake. Similar work was done also in Operation Theatre, hospital wards, outpatient department and admin office in our hospital.

The large number of volunteers, taxi drivers as well as police personnel that you trained in First Aid itself would help to prevent injuries from becoming permanent impairments. I have also seen you training persons with disabilities and interacted with government and private organisations for the cause of disabled people".

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The innovation in this specific project was to include disability in all the activities, from the capacity building component to awareness actions and disability-friendly hospital preparedness plans. During this pilot project, the First Aid guide was published in Braille, persons with disabilities were included in First Aid training and for the first time, one Village Disaster Management plan was developed taking into account the needs of persons with disabilities in the community.

The most significant changes identified at the end of the project were:

- EHA's Disability and Disaster Management Unit has adopted a disability inclusive approach in its disaster response and relief programmes and in their work around preparedness.
- A replicable model of disability inclusive hospital preparedness plans is available and shows that the necessary adaptations are not very costly or complicated.
- Bringing DPOs and disability organisations together with mainstream emergency organisations has increased awareness and made future collaboration possible.
- Several community volunteers and 127 local instructors are now trained and aware of the need to identify and include persons with disabilities during awareness sessions as well as when building disaster preparedness plans in the communities.

### **Key lessons learnt**

This experience revealed that the awareness of the communities on disability was very low and stigma and negative attitudes

towards persons with disabilities made the initial work quite challenging. Persons with disabilities had never been thought of as possible contributors to the communities, and therefore never included in either disaster planning, or when preparing emergency relief. Changing attitudes is a long process so actions on awareness and promoting positive images of persons with disabilities are key aspects, also in working on community based disaster risk reduction. Making sure to include persons with disabilities actively in committee work, in conducting exercises, in giving awareness sessions and taking part of the planning of the activities, contribute to positive attitude changes.

Authorities, local hospitals and schools realised, thanks to this projects, that adaptations to make sure persons with disabilities can participate are not that complicated nor expensive. For example, the disability friendly hospital preparedness plan was an excellent way of sensitising not only the hospitals but also the whole community, on easily adaptable ways to increase accessibility.

**MR. PENIEL MALAKAR**

Central Coordinator

Disaster Management  
& Mitigation Unit

Emmanuel Hospital  
Association - India

**[www.eha-health.org](http://www.eha-health.org)**

✉ [peniel@eha-health.org](mailto:peniel@eha-health.org)

## MEANINGFUL COMMUNITY PARTICIPATION LEADING TO MORE FLOOD RESILIENT COMMUNITIES

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Centre for Disability in Development (CDD) are pioneers in Bangladesh when it comes to including persons with disabilities in both development and humanitarian relief work. This specific project implemented in a flood prone community in Sreepur, Gaibandha, portrays a journey of transformation from remaining vulnerable to floods to becoming a community with increased capacity on risk prevention, preparedness strategies and management of disasters. They have achieved this by involving all members of the community, and this is, therefore, an excellent example of how persons with disabilities can participate meaningfully if their capacities are built, opportunities are created and they are shown equal respect and dignity.

Bangladesh is highly vulnerable to natural hazards due to its geographical location, land characteristics, multiplicity of rivers and the monsoon climate. Climatic changes are therefore an insurmountable threat for the country, increasing community risks and vulnerability. While the government and the NGO sectors have started to define strategies and programs on disaster preparedness and risk reduction the concerns of persons with disabilities have not always been considered.

CBM and CDD worked together in providing emergency relief to persons with disabilities during various disasters from 2007-2011 and through those experiences the need for more inclusive practices on DRR became obvious. In order to gather evidence and good practices on how to include disability into DRR, CBM and CDD developed a first project together with Gana Unnayan Kendra, a local NGO,

in six wards of the Sreepur Union, a region highly vulnerable to floods and where people of the community are largely dependent on agriculture.

### Situation before the project

The pre-situational assessment revealed that most of the community had limited knowledge both on DRR and disability. They focused more on disaster management than on preparedness and few persons with disabilities had actually had any access to relief support during previous disasters. Moreover, the community and the government disaster management committee did not have information about the needs and capacities of persons with disabilities. Based on these findings and through consultation with community committees and persons with disabilities, a comprehensive DRR project was set up, based on a twin-track approach. Persons with disabilities received specific support in terms of sustainable livelihood training and transfer of assets, and disability was mainstreamed in all DRR activities.

### Most significant outcomes

- **Formation of Disaster Management Committees** in each of the six wards – these are critical structures that can now provide local context disaster response, local representation, ensure some continuity and are a link to the government Union structure.
- **Participation of persons with disabilities in community level committees** on DRR and advocacy activities – the sensitisation of community members and local government representatives led to a better understanding and agreement on creating dignified opportunities for the inclusion of persons with disabilities.



Kazol Rekha  
© Shumon Ahmed / CDD

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## Voices from the field

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### I AM INVOLVED IN THE VILLAGE DISASTER MANAGEMENT COMMITTEE

Kazol Rekha is a young woman living in one of the villages in Sreepur Union. Kazol is a wheelchair user after an accident severed her spinal cord. In a prize winning video made by End the cycle/CBM she tells about her role on the Disaster Management Committee, making sure persons with disabilities are not forgotten when disaster strikes.

[www.cbm.org/video](http://www.cbm.org/video)

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• **Involvement of local government** – the Union councils (comprising nine wards) are the smallest administrative units that are elected. They are responsible for local planning and include a Union Disaster Management Committee. As a result of the project, the Union now recognises the Ward Disaster Management Committee and encourages their participation at local development planning. They are committed to allocate some funds for disability inclusive DRR at ward level. Another important outcome of the project is that a link has been created between the communities, including persons with disabilities, and the local government development plans and programs, which can increase access to social safety net programs for example.

“Though personally I am supportive towards persons with disability, but it was only after the training that the needs of persons with disabilities during disaster and ways to include them in the disaster preparedness activities started to become clear to us.

Now we understand the significance of considering the opinions of the persons with disabilities in planning and implementing any initiative for persons with disabilities. This should be the same for all developmental planning and implementation”

S. M Ruhul Amin  
Immediate past Chairman of the no.13  
Sreepur Union

• **Community ownership and contribution** – the whole community was engaged in disability awareness and capacity building for disaster preparedness and through the involvement of persons with disabilities positive attitude changes could be noticed. Similarly, through always applying accessible

design of latrines, flood shelters, rescue boats, and tube-wells, the community and local development actors got an idea of easily adaptable ways of making structures and tools useable for all.

It is imperative that the community, persons with disabilities and local government are meaningfully engaged in all DRR planning and its implementation. It is their support that is a key factor for success of undertaken programs. Persons with disabilities often need counselling, life skills development, and access to information, positive environment, rehabilitation care and capacity on DRR to enable them to participate effectively and confidently. If such opportunities and services are available and if there are appropriate policies and these are implemented, persons with disabilities can contribute as their neighbours to community development.



Rashedul © Shumon Ahmed / CDD

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## Voices from the field

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### EMPOWERED AND PREPARED IN THE EVENT OF A DISASTER

Rashedul was born in Boali Village, situated in the Shreepur Union of Sundargonj sub district of Gaibandha. At an early age he got a fever and the absence of proper health care services in his village and his family's poor economic situation made him lose function in his legs. The struggle his family had to face in the village made him move to Dhaka to try to support the family's income through asking for money in the streets, though his dreams were always on finding another type of profession. He recalled as well the severe flood in his village in 2007 and the inhuman conditions he had to face during the emergency period. Nobody had thought about how to evacuate persons with mobility problems, or how to provide them with adequate latrines and safe drinking water.

Rashedul became one of the persons that participated in the project supported by CBM and CDD, as he joined the invitation from Gana Unnayan Kendra, the local partner implementing the project. Through this

opportunity he could return to his village as he took part of the livelihood scheme and obtained a grant for buying a sewing machine, a few animals and tools for doing homestead gardening. He was also trained in disability inclusive disaster management and received a tricycle so that he could easily move around in the village and take part of the preparedness actions being implemented.

Acquisition of an accessible house, and inclusion in income generating activities, has enriched Rashedul's standard of living, and his skills in disaster management have brought him dignity and respect. Members of his family give a lot more importance to his needs and requirements. When asked what the reason behind this is, he answered: "because I am involved in productive activities now, I have a regular income, I have a house where neighbours can take shelter during flood, I have a vehicle (tricycle), I have knowledge on flood preparedness and as a result I have the ability to help others."

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### NAZMUL BARI

Director

Centre for Disability in  
Development - Bangladesh

✉ [nazmul.bari@yahoo.com](mailto:nazmul.bari@yahoo.com)

[www.cdd.org.bd](http://www.cdd.org.bd)

# Focus on

## FLOOD-PROOFING ACCESSIBLE WATER, SANITATION AND HYGIENE (WASH) INFRASTRUCTURE

Center for Disability in Development's assessment in Sreepur Union showed that the daily challenge for persons with disabilities to access to safe drinking water and proper latrines was exacerbated during floods and emergencies. 97% reported that they faced difficulties accessing safe drinking water during floods. With regard to using latrines, 96% reported that it becomes extremely difficult during this time.

The project supported 18 persons with disabilities from 6 wards of Sreepur union to reconstruct accessible and flood proofed housing with latrines and tube wells designed to continue functioning during flooding disasters. Flood-proofing included raising the plinth, planting trees and grasses around the house to prevent soil from washing away in a flood and installing a concrete floor.

To ensure sustainability, families were encouraged to make the person with disability owner of the land or at least part of the house and only then where the house constructed or renovated. This was done because typically persons with disabilities are discriminated against, and sometimes overlooked by their families in ownership of land or rooms in a house. The cost of one flood risk universally accessible house along with installation of one accessible tube well and latrine was approximately US\$ 1,212.



Accessible evacuation boat © Gopal / CDD

Apart from the tube wells and latrines installed in homes, 30 existing tube wells from the community were reinstalled above flood level and made accessible in locations that would benefit the total community. Adaptations included the installation of ramps, increased size of platforms sufficient to manoeuvre and turn a wheelchair, raised place to wash clothes and use of colour contrast to assist people with low vision. On average, the cost of reinstalling one tube well in the community was US\$ 92. In partnership with local school management committees, local government and the community, the ground levels of two schools were also adapted to serve as accessible flood shelters, with raised areas.

Recognising the challenge persons with disabilities face in quickly evacuating flooded areas; the project also built a steel-bodied rescue boat with 60-person capacity and modified it for disabled access. People can safely board the accessible boat using the ramp, move independently within the boat and use the accessible latrine and water source. A storage tank was fitted on the roof where safe drinking water is kept. One solar panel was installed to allow light in the accessible boat at all times and people are able to charge their mobile phones to ensure that they remain within the communication network. The construction cost for the steel bodied boat with all accessibility features was US\$ 10,100.

Full details about this practice (case study n°10):  
[www.inclusivewash.org.au/case-studies.htm](http://www.inclusivewash.org.au/case-studies.htm)





Nhung, Dong Phuoc village  
© Guilhem Alandry : Malteser International

## INCLUSIVE EARLY-WARNING SYSTEMS AND PRIORITY EVACUATION ASSISTANCE

Situated in the tropical monsoon zone close to the typhoon centre of western pacific, Vietnam is one of the most disaster prone countries in the Mekong region. In response to frequent disasters, strengthening disaster risk management is a priority for the government of Vietnam. The government is adopting a strategy based on the concept of "Self-Help" at community level, and in this strategy, the inclusion of particularly vulnerable groups is clearly mentioned.

An assessment made by Malteser International in 2011 showed that until now, disability had not been systematically mainstreamed within community-based disaster risk management, although the government wanted to learn from good practices and methodologies in this field.

In coordination with the National Disaster management Committees of Vietnam, Malteser International is implementing a project in 47 villages in Quang Nam province in central Vietnam around inclusive early warning mechanisms and priority evacuation assistance. Ending in 2013, the project follows the twin-track approach by starting with activities and trainings that are specifically adjusted to the needs of persons with disabilities and their families. DPOs improve their capacity (self-representation and self-determination) in order to actively and confidently participate in community processes. The second step supports the direct inclusion of persons with disabilities within the community through various activities (Village Disaster Risk Management plans, developing inclusive early warning and evacuation mechanisms, awareness raising, etc.).

"The village DRM committee has a lot of work to secure the safety of villagers. Being a representative of people with disabilities in the DRM committee, I can help providing flood early warning to my villagers to evacuate. I am happy that I can help villagers."  
NHUNG, Dong Phuoc village

### Most significant outcomes

- **Empowerment and participation** – persons with disabilities themselves realised that they have a power to influence village decisions that affect their lives. Through the capacity building training provided to them and their caretakers on DRR and assisting them to be included in their village disaster management committee, they are starting to participate and act as "Change Agents" in the villages.

• **Disability inclusive early warning and evacuation assistance** – early warning mechanisms and priority evacuation assistance have been adapted to make sure they equally reach persons with disabilities, and rescuers and neighbours know how to warn and assist all the village population. For example, persons with hearing impairment will receive door-to-door early warning with non-verbal messages such as visual signals. Persons with disabilities and elderly can receive priority evacuation assistance from local rescue members.

• **Disability inclusive Village Disaster Risk Management plans** – all 47 villages will have produced such plans by the end of the project. Endorsement of the local government will ensure that the plans will be executed when a disaster happens and it will be the government’s responsibility to review the plans according to their monitoring result after the event.

“Participation in flood preparedness does not mean that people with disabilities have to physically carry rocks or to rescue people. Participation itself can also mean raising voices of our needs, it is helpful for many people.”

DANG PHU, Ha Duc Dong village



Dang Phu, Ha Duc Dong village  
© Guilhem Alandry : Malteser International

Two aspects can measure the success of the project. Firstly, the strong governmental support for disability inclusion and that the project was designed within the already existing national DRM framework. Secondly, involving persons with disabilities and their caregivers from the start, and understanding their capacities and limitations makes the action more relevant and creates ownership of the process.

If this good practice is replicated elsewhere, it will be crucial to take into account the following:

- Awareness raising for relevant stakeholders about disability, participation and inclusion before doing disability-related work in the community.
- Application of a twin-track approach: It is essential to empower persons with disabilities as well as promote inclusive DRR planning.
- Selection and setting up a strong network of Change Agents helps to create sustainable changes in their communities.
- Finding the most efficient and accessible method to train persons with disabilities.
- Allowing sufficient time to build partnership and capacity with persons with disabilities and their representative DPOs.

**MS. SAE KANI**  
Inclusive DRR Advisor  
Malteser International  
✉ sae.kani@malteser  
International.org  
**www.malteser-  
international.org/en**

# Focus on

## FACILITATING DATA ON DISABILITY DURING DISASTERS

During the rescue and rehabilitation phases following the 2010 Pakistan floods, STEP (a Disabled People's Organisation in Pakistan) knew that marginalised groups, such as persons with disabilities and elderly, would be at greater risk of neglect. In response to this, STEP established the Information Resource Center on Disability as a point for information sharing and dissemination for the two districts of Nowshera and Charsaddah.

The Information Resource Center on Disability comprises a computerised database on persons with disabilities, which is connected to STEP's online web portal and linked with the central crisis centre of the Red Crescent Society of Pakistan. The database includes their national identity card number and can also provide a detailed profile, including the nature of their disability and their location. The use of this database has proved very helpful for identification of persons with disabilities and in providing a coordinated service for disseminating information to these people and their families regarding food distribution systems, medical outreach services, distribution of cash and food

grants, cash-for-work programmes suitable for persons with disabilities and so on. STEP used the information received through the Information Resource Center on Disability to provide technical advice to the WASH and Shelter clusters in terms of making their services more accessible.

In the future, STEP will be able to utilise the Information Resource Center on Disability for building the capacities of these persons with disabilities, such as getting them organised in the form of Displaced Persons' Organisations, making them aware of different career and educational opportunities and getting them connected with other relevant like-minded organisations working to promote their rights. The Information Resource Center on Disability is already enabling persons with disabilities and other marginalised and vulnerable groups who struggle to be heard during the aftermath of natural disasters and emergencies.

**ATIF SHEIKH, DIRECTOR**

Special Talent Exchange  
program (STEP)

**[www.step.org.pk](http://www.step.org.pk)**

✉ [atif.sheikh@step.org.pk](mailto:atif.sheikh@step.org.pk)

## MAKING SURE THAT CHILDREN OUT OF SCHOOL ARE EQUALLY PREPARED FOR DISASTERS

Of children with disabilities in Indonesia, 95% are estimated to be out of school according to the Directorate General for Special Needs and Special Services (2006). Apart from being denied one of their most basic rights, the right to education, they are also excluded from information and awareness on how to be prepared and act in case of a disaster. As children usually bring such knowledge with them back home, families of children with disabilities might be further excluded from such information, making the whole household more vulnerable.

Arbeiter-Samariter-Bund (ABS) in Indonesia decided to address this issue and developed a project with the aim of directly training children with disabilities out of school on how to act and be prepared for disasters. The training methodology and content would also provide an adoptable model for the delivery of DRR information to local government authorities. The project was developed over 17 months in the province of Yogyakarta in the two districts Gunung Kidul and Sleman.

With a methodology of training-of-trainers, government cadres and DPOs were trained and they in their turn trained cadres at village level. Children with disabilities out of school could then receive information and practical exercises on DRR in their villages or homes, which also implicated their families as it included safe-room settings in homes and the carrying out of earthquake drills and evacuation simulations.

### Voices from the field

#### SECURING OUR HOUSE AGAINST EARTHQUAKES

“When the cadres delivered materials on earthquake, tsunami, landslide, and whirlwinds, Irfan was very enthusiastic. After receiving the training, Irfan shared what he had learnt with his grandfather and grandmother and also his friends. He also delivered the material to his brother who could not attend the training. Irfan was able to protect himself during the evacuation drills. But we still felt worried because he could not hear.

When the earthquake happened in 2009, we didn't really know what to do. Irfan was cycling and ran to hold on to a tree. I was in the house and was near a wall- it felt like the wall was going to collapse. Irfan came inside to look for us. Then there was another shock and we all ran outside. Now, after receiving the DRR training, we realise that we have to protect ourselves first.

Besides doing drills, we also arranged a safe room setting. I remember that the big cupboard was shaking and almost fell on us in the 2009 earthquake. We've now moved the cupboard and secured it to the wall. We applied this to other furniture in the house and even the television. The initiative to make the rooms safe came from Irfan. Irfan's father was sick and could not attend some training by the cadres. Irfan explained everything to his father and got his father to help to arrange the safe room setting together. We also prepared an evacuation route and agreed where we can meet. And an emergency bag and we still keep adding things to the emergency bag!

Today is the 3rd day that Irfan has been going to a special school. During the project ASB, they arranged some meetings with community leaders, headmaster, teachers, and students from this Kawali special school. In the end we decided we would send Irfan to Kawali. Now Irfan really wants to learn sign language, just like Arif, the Deaf DRR trainer from ASB”.

NOOROHMA ROMDONIAH  
mother of Irfan Ciamis  
West Java, Indonesia.  
Participant in ASB project

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### **Most significant outcomes**

- **Legislation**

Formal adoption of the established information delivery model (using the sub district and village cadres) by local government. The district of Gunung Kidul is including the system in its disaster management action plan.

- **Strategy**

Working with persons with disabilities, or even including disability in DRR, is often subject to the idea that such work is technical and expensive; this project outlined aims to dispel such ideas.

- **Capacity-building**

The project builds the capacity of small Disabled People’s Organisations (DPOs): 32 DPO members and 70 sub-districts cadres have delivered DRR information and procedures to 690 village cadres. The village cadres have in turn delivered DRR information and procedures to 929 children with disabilities out of school. A large number of

families and neighbours have also benefitted from the project and conducted safe-room in their homes and completed evacuation drills.

- **Advocacy and awareness**

The project raised awareness of vulnerability and disability at the district, sub-district and community levels.

### **Key lessons learned**

The project has demonstrated that DRR information and procedures can be delivered to children with disabilities on a large scale and economically. Prejudicial perceptions of persons with disabilities exist and there is a low awareness amongst officials of disability issues. For that reason, more intense awareness-raising directly at the community level could have improved the outcomes. Additional time would also allow for stronger establishment of linkages between DPOs and cadres and communities.

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## Voices from the field

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### EMPOWERED THROUGH BEING A TRAINER IN DRR

"I had never been involved in disaster risk reduction (DRR) projects and had never received any training on DRR. From my previous experiences, when an earthquake happened, I panicked. After I received training from ASB, things have changed. I learned new precious experiences and very helpful DRR knowledge.

After receiving training on DRR, my role was to deliver the information to sub-district and village cadres who were more experienced and educated than me. When I first delivered a DRR training to the cadres, some of them showed the attitude that what I had delivered was not important. However, after further engagement, they became enthusiastic and responded with a positive attitude.

I have also felt personal changes in me. At first, I was not confident as a person with disability. I have low vision. I was not confident to speak in front of others and especially when I first had to deliver training in front of the cadres. But now my confidence has increased significantly. I never thought that I would be able to become a trainer.

Another significant change is that I did not feel under estimated by others as a person with disability. I also feel that I am needed and can meaningfully contribute to others especially when I did trainings directly to children with disability. These children did not attend school and were ignored and left behind in the community. Apparently, many children with disabilities are still hidden

here. Within this project, many children with disability were made 'visible' by the survey and have now benefited from this project.

To conclude, life now seems more meaningful for me. I feel needed and that I can be of help to others, especially for those who share the same experiences of being persons with disabilities."

NGATINI

Playen, Gunungkidul, Yogyakarta.  
Participant to ASB project.

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**DR ALEX ROBINSON**

Country Director

ASB Indonesia

✉ alex.robinson@

asbindonesia.org

**www.asbindonesia.org**

## **IV. MAINSTREAMING DISABILITY IN FOOD SECURITY AND EARLY RECOVERY RESPONSE**

Large parts of the Horn of Africa and the Sahel regions suffered from continuous lack of rain in 2011, with the latest four rainy seasons failing to provide adequate levels of water to ensure proper food production. At that moment, the UN estimated that more than 13.3 million people were in need of urgent humanitarian assistance, and it would be safe to say that 15% of those people were living with a disability<sup>5</sup>. Ethiopia and Kenya were two countries that received many refugees from neighbouring Somalia and at the same time faced severe food shortage in their own pastoralist regions.

During the 2011 and 2012 food crises in the Horn of Africa and Sahel, CBM decided not only to work with specific disability organisations but also to extend the work to mainstream relief organisations willing to include disability in their emergency response programs in Ethiopia, Kenya and Niger. Some of the lessons learned and success stories from these experiences are presented as follows, together with testimonies from persons with disabilities involved in the activities.

A video made by CBM Kenya on disability inclusive humanitarian response can be seen on: [www.cbm.org/video](http://www.cbm.org/video)

### **MAKING SURE THAT PERSONS WITH DISABILITIES ARE INCLUDED IN BASELINE STUDIES**

Intermon Oxfam was one of CBM's partner's that was providing food security response in the pastoralists' areas of the Afder and Liben zones of the Somali region. It was the first time that Intermon Oxfam in Ethiopia developed a project with a clear aim to mainstream disability. For this reason, although they had already done the project baseline assessment, they complemented this with a disability specific assessment. The assessment not only provided valuable information on the situation of persons with disabilities and the barriers they face to access relief and recovery as well as their coping mechanisms but proved to be an important opportunity to raise awareness of both Intermon Oxfam field staff and key local decision makers in the project location.

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<sup>5</sup> World Health Organization and World Bank. (2011). "World Report on Disability", Geneva: WHO Press.



Mister Galgalo Bore © CBM / Axelsson

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## Voices from the field

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### DISABILITY INCLUSION IN EARLY RECOVERY CHANGES ATTITUDES

Mr Sora Galgalo Bore is 60 years old and father of seven children. He is a resident of Gandhile kebele in Teltele woreda. Sora has a physical impairment and one of his sons has a hearing impairment. He has faced a negative and humiliating attitude from the community terming his impairment and that of his son as punishment from God due to his sins and wickedness. The community thought he was not able to participate in development activities. This led to his exclusion from social, economic, spiritual and political activities in kebeles. The commencement of a disability-mainstreaming project in Gandhile kebele brought good news for Sora.

"In one blessed day kebele administrator came to my home and informed me that a project interested in working with persons with disability is coming to Teltele and our kebele is selected; therefore I may be included as a beneficiary among other people. I didn't believe his words and just took it as

joke. But after a week GPDI team with woreda representatives convened a community meeting in my village and explained about the project. It was then that the community selected me to benefit from cash for work and seed provision."

When asked about what he perceives to be the benefits of the project, Sora says that what he likes most is the change of attitude towards persons with disabilities at the community.

"I benefited a lot from this project but what I liked most is change of community attitude. The way they treat me has totally changed, it is dignifying and respectful". He also acknowledges the contribution by the Community Facilitator, Fatuma, who is continuously educating the community on disability. "Today, they don't see me as a criminal and do not overlook me like in the past". He also thanks GPDI for educating the community on disability that has led to positive changes. He continues "...this has helped people to know about us and now community members are encouraging me, the way they see me is welcoming and they are very supportive".

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## **INCLUSIVE EARLY RECOVERY RESPONSE - BUILDING MORE RESILIENT COMMUNITIES**

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Gayo Pastoral Development Initiative (GPDI) is an Ethiopian indigenous development organisation active in Teltele in Borana district. Together with Intermon Oxfam, they both worked on inclusive food security and early recovery during the drought crisis. Key components of this work were to improve access to drinking water through rehabilitating ponds or digging new ponds, improve the livestock for the poorest and more vulnerable households and provide drought resistant seeds for farmers. It proved less difficult than expected to include persons with disabilities during the targeting process with the community. Village leaders and local authorities agreed on including persons with disabilities as a priority group for cash-for-work activities as well as for receiving livestock. Throughout the project, persons with disabilities participated side by side with their neighbours in digging ponds and rehabilitating roads and many of them could re-stock with goats. The people that could not physically carry out these rather heavy jobs could get other tasks or, one of their family members could work instead.

These activities have contributed to improving the communities' resilience to drought and food insecurity. Recovery mechanisms are in place and persons with disabilities are now not only more visible, but are also active members of community water management committees and are looking for possibilities to set up cooperatives.

## **SUPPORTING INCLUSIVE COPING STRATEGIES USING A TWIN-TRACK APPROACH**

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CBM and its local partner Karkara supported 400 pastoralist households of the municipality of Aderbissinat in central Niger during the Sahel food crises in 2011 and 2012. In a context where a food crisis affected a large part of the Sahel region of Africa, this project aimed to enable extremely vulnerable families to pass the summer lean season and be better prepared for the next. Specific activities were also implemented to help persons with disabilities to organise themselves and develop their economic potential. The project was designed using the twin-track approach.

Crucial support was provided for the most affected households in Aderbissinat, including households with a family member with disability, in the form of cash transfer to cope with the dry season. With that cash, families were initially buying food for themselves and their animals but as the situation improved, they also invested in re-stocking animals.

Parallel to these lifesaving actions, support was provided to newly formed groups of persons with disabilities. One of them, A Taimaka, consisting mainly of women with disabilities, was provided with resources, equipment and capacity building training to set-up a sewing workshop in the community. Step by step, A Taimaka has become known to the community and has contributed to improve the status of women with disabilities. They are seen as productive and self-reliant persons and with the income gained from this business these women have diversified their source of income and have complementary strategies to rely on in case of future droughts. Their increased visibility and status in their community and their linkage with other villages ensures better access to information and perhaps decision makers.



Chairlady of Mwigiki women - Alice Igoki with her granddaughter Nkirote whom she takes care of © CBM

“Our children now have food but we worry about their education.”

## SHIFTING FROM RELIEF TO RESILIENCE

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CBM and the partner Services for the Poor in Adaptive Rehabilitation Kinship (SPARK) in Kenya established food distribution clusters during the Horn of Africa food crisis for ease of distribution of food rations. These clusters have since evolved into Self Help Groups and are now engaged in micro-enterprise and livelihood activities aimed at improving food security and diversifying their income – a major shift from relief to resilience. The groups, six in total with a membership of at least 30 mothers, received seeds for drought resistant crops, breeding goats, bulls, donkeys, and chickens to build their asset base, which was lost during the drought. They have also received trainings related to both crop and livestock farming.

The groups are optimistic about their future and that of their children. They are no longer idle due to the various activities within the group to sustain themselves and diversify their income base. In instances where their group members have been taken advantage of, they have advocated for their rights. For example, one of the members almost lost her land to people who took advantage of her vulnerability, however the group addressed the issue, lobbied through the local chief and the lady retained her land. Persons with disabilities are no longer viewed as a burden. They have had the opportunity to interact with the authorities whom they say are now beginning to notice their presence in the community.

New groups are beginning to form and have been supported with seed, chickens and goats by the ‘Mwigiki’ group who has taken up the responsibility as a ‘Mother Mentor’ group. The greatest challenge now for the enthusiastic mothers is for their children with disabilities to have access to education. This is a great example that shows the transformation of these clusters into empowered women’s groups, able to provide food for their families and now looking at how to make sure their children become even better prepared in the future.



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## Voices from the field

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### SURVIVAL YARDS – EMPOWERING RURAL WOMEN WITH DISABILITIES

Oumou, a young woman with a disability, is helping to feed her community with the produce from a garden that she started with the help of CBM.

Listen to her story on [www.cbm.org/video](http://www.cbm.org/video).

CBM and PRAHN developed the concept of survival yards in response to the food crisis experienced in Niger in 2005. It aims at providing food security, access to health, and access to livelihood for persons with disabilities and their extended family by growing a variety of plants that then makes it possible to harvest all year long. During the 2011 crisis, more of these successful yards were established in partnership with Karkara. It also introduced environmentally friendly practices like energy efficient cooking stoves, which reduce the amount of fuel needed.

**VALÉRIE SCHERRER**

Senior Manager CBM

Emergency Response Unit

[www.cbm.org](http://www.cbm.org)

✉ [emergencyunit@cbm.org](mailto:emergencyunit@cbm.org)

# V. ORGANISATIONS WORKING FOR DISABILITY INCLUSIVE DRR

Persons with disabilities were rarely thought of as possible contributors to the communities and therefore seldom included in either disaster planning or recovery projects. Through the work of organisations and networks such as the DiDRR, some national and international organisations providing emergency relief and working on DRR have decided to join the journey of becoming disability inclusive. They are finding ways to commit to the articles 11 and 32 of the Convention on the Rights of Persons with Disabilities to make sure that all people have the same chance to benefit and participate in their activities, including persons with disabilities.

These organisations have in different ways introduced disability inclusive strategies in their work.

## **INTERMON OXFAM** ETHIOPIA

During the 2012 drought and food crisis in Ethiopia, which severely affected part of the Somali region, CBM proposed to Intermon Oxfam to support technically and financially the inclusion of disability within their food security and early recovery projects. The collaboration aimed at enhancing the resilience capacity of the targeted population and specifically to improve the awareness of the local communities and authorities to answer to the needs of persons with disabilities. Throughout the implementation of this project, Intermon Oxfam in Ethiopia decided to bring disability inclusion further in their organisation. From their office in Ethiopia they decided to start thinking on how to introduce disability as a crosscutting theme, using the already available gender mainstreaming as an example. What's more, with the support of CBM, a workshop was organised with a number of humanitarian

actors in Ethiopia on the topic of promoting inclusion of disability in emergency and recovery response. One major result of the workshop was the establishment of learning and sharing platform between the disabilities specialised and non-specialised organisations as well as governmental entities.

## **MERLIN** KENYA

Merlin is another international humanitarian organisation that partnered with CBM during the food crisis in Kenya. The project aimed at ensuring support and empowerment of persons with disabilities within on-going emergency and recovery related interventions in Turkana County. This made necessary an overall increase of knowledge and understanding on disability among Merlin staff, in order to be able to promote and build capacity on disability when working with local health workers, local authorities, and

distribution of medical supplies and technical aids. These are just a few of the changes Merlin has realized thanks to this cooperation:

- Inclusion of disability messages on some of the IEC materials developed for example on importance of immunization and micronutrient supplementation in preventing disabilities in children. DPOs and theatre groups were guides on the kind of messages to deliver during awareness campaigns.
- Inclusion of disability as part of the package of the Ministry of Health's reporting tools delivered to health workers at health facility and outreach sites.
- Merlin mainstreamed disability in its community strategy: Community Health Extension Workers, Community Health Workers and Community Health Committees were sensitised on disability, reporting and referral.
- Merlin started to work with DPOs in identification, community mobilization and advocacy-health promotion. This has improved community linkage and networking.
- Community outreach venues are made more accessible to persons with disabilities, which means that health services are now possible to access closer to their homes.

## **EMMANUEL HOSPITAL ASSOCIATION INDIA**

With the technical and financial support of CBM, Emmanuel Hospital Association (EHA) started its journey in making their Emergency Response Framework disability inclusive through the experiences acquired from implementing the pilot project on

disaster preparedness in northeast India in 2010. Learning from this successful project, EHA has now launched a new program with special focus on disability inclusive DRR. This new program would attempt to pro-actively engage with different disability groups and elderly associations as well as individuals in the region's disaster response network, initially in the two crucial areas of disaster management: Disaster Management Plans and Emergency Response. Following this, EHA has developed an Emergency Response Framework, which ensures that persons with disabilities are taken into consideration right from the formation of disaster relief teams/committees to needs assessment and distribution planning.

## **GAYO PASTORALIST DEVELOPMENT INITIATIVE (GPDI) ETHIOPIA**

GPDI is a local indigenous organisation set-up by pastoralists in the Oromia region, Borana zone. They are working together with the communities in finding sustainable and culturally acceptable mechanisms to development and also finding ways to build more resilient communities towards the negative effects of the climate change. They are well respected and integrated among the population and have been awarded several times as a model organisation in development and humanitarian work among the pastoralist rural communities. While initiating disability specific projects, mainly with a CBR approach, they had not mainstreamed disability throughout all its programs until the implementation of the CBM supported project of mainstreaming disability in early recovery and resilience in 2011.

During the implementation of this project, GPDI realised that it had to revise its procedures and protocols to accommodate the participation and inclusion of disability. As the project provided for building the capacity of their staff on disability and development as well as disability and disasters, staff are now aware about the need to include persons with disabilities in assessments, discussions, distribution and trainings at all levels. They are also modifying their monitoring and evaluation system to make sure that data is reflecting the situation of persons with disabilities.

The resource website Inclusive Wash<sup>7</sup> is an online initiative of the Australian WASH Reference Group supported by AusAID. This project shares practical skills and evidence to support practitioners' implementation of WASH projects that address the needs of all in the community. More than 60 papers, manuals, case studies, guidelines and general resources on disability inclusive development and WASH are available.

## **WATERAID**

WaterAid's vision is of a world where everyone has access to safe water and sanitation. WaterAid is committed to issues of equity and has, since its establishment in 1981, chosen to work in some of the world's poorest countries in Africa and Asia and the Pacific and with the world's most marginalised people.

WaterAid has adopted equity and inclusion as core principles, intrinsic to a rights based approach, to ensure they address issues of marginalisation and exclusion. In 2009 WaterAid launched its equity and inclusion framework<sup>6</sup> to guide this work and to ensure that their programs meet the water, sanitation and hygiene (WASH) needs of marginalised people including persons with disabilities, those living with HIV and AIDS and other groups typically excluded due to their gender, religion, caste, employment or age. WaterAid's approach is to ensure marginalised people are included in decision-making and leadership processes and that new WASH infrastructure meets the needs of a variety of people.

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<sup>6</sup> <http://www.wateraid.org/what-we-do/our-approach/research-and-publications/view-publication?id=d98d98ad-b605-4894-97cf-0c7682e62b04>

<sup>7</sup> <http://www.inclusivewash.org.au>

# Focus on

## I AM IN CHARGE OF FOOD LOGISTICS IN CASE OF A DISASTER

Waluyo is 24 years old and usually helps his family working the fields. He is one of the members of the Ngangkruk Hamlet Disaster Preparedness Team that was formed through the inclusive disaster risk management project implemented by Yakkum Rehabilitation Centre. Waluyo has a hearing impairment and is representing persons with disabilities in the preparedness team in case of a disaster.

Ngangkruk hamlet is part of Gunungkidul District in Yogyakarta Province. This area is located in hilly terrain, which makes them susceptible to landslides during extreme storms and rain. Through training on inclusive disaster risk management, people in the village are now aware of how to react in case of a disaster. They have defined evacuation routes and, for example, the neighbours of households where persons with disabilities live have been trained to communicate with and support people for evacuation.

Waluyo says he benefitted a lot from participating in the DRR program, "I am so happy because I feel appreciated," he said. Having taken part in creating a village evacuation route map (including the location of persons with disabilities' houses and other vulnerable people such as elderly), and disseminating the program to the hamlet's members, he has gained an important role in the village. In the Hamlet Disaster Preparedness Team, Waluyo is now in charge of food logistics. His duties would be preparing food supplies with five others, if there were refugees in a disaster situation.

Today Waluyo and other persons with disabilities living in Ngangkruk feel less worried about possible emergencies in the village. They are now equipped with skills and knowledge that help them to know what to do when emergency situations happen.

Yogyakarta Indonesia © GBM / Yakkum Rehabilitation Center

### **DR. MARIA WIDAGO**

Director

Yakkum Rehabilitation  
Centre, Yogyakarta,  
Indonesia

**[www.yakkum-  
rehabilitation.org](http://www.yakkum-rehabilitation.org)**

✉ [support@yakkum-  
rehabilitation.org](mailto:support@yakkum-rehabilitation.org)



## VI. FROM NOW ONWARD

The good practices and individual stories presented here are only a handful. It is not an exhaustive account, but they show us that inclusion of disability in disaster risk management is possible and does not need expensive, complicated or very specialised interventions. From flood prone Bangladesh and Vietnam to droughts in East and West Africa, and from countries with risks of earthquake, we have heard the voices of persons with disabilities. What is frequently told in these experiences is the enormous impact that their inclusion and participation in the projects and programs have, not only on themselves and their families but also on the entire communities.

A quote from Kazol Rekha, the young woman in Bangladesh, conveys the outcomes of disability inclusive disaster risk management:

“Previously I was afraid of the prospect of flooding, but now that we are prepared I know what to do and can face it. Now I am no longer a burden to my family and I am proud that I am a valuable and contributing member of my community”.

It is time to act. It is time to join the increasing network of organisations that are proactively making sure that disaster risk management programs are inclusive of, and accessible to persons with disabilities. This publication gives ideas of how to move forward and where to get more information about successful experiences.

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Director of Publication: Valerie Scherrer, CBM ERU Senior Manager / Author: Charlotte Axelsson, ETEO / Coordination: Aurélien Daydé, CBM ERU Communication Coordinator / Graphic design: Aurore de Boncourt / Proof reading: Gordon Rattray, CBM International Website Manager / Contributors: ASB – Arbeiter-Samariter-Bund Indonesia; Center for Disability and Development Bangladesh; Emmanuel Hospital Association, India; Karkara Niger; Malteser International; SPARK Kenya; STEP – Special Talent Exchange Program Pakistan; Yakkum Rehabilitation Centre, Indonesia. / CBM programs in Kenya, Ethiopia, Indonesia, Thailand, and Niger.



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