



Mainstreaming Disability Inclusive Disaster Risk Reduction in Community Development

Guidance for Planning and Practice

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Akuuta, a mother of a child with disability, affected by the drought in Turkana, Kenya. ©CBM

Preface

Disasters, including climate related ones, are on the rise. They are a major source of injuries as well as impairments which may result in disabilities. Persons with disabilities are said to be two to four times more likely to be injured or to perish in a disaster than other people¹. They encounter multiple and complex barriers in receiving timely and accessible warning signs and struggle during evacuation, for example because of inaccessible routes and shelters. They also battle with accessing adequate health care, medication and food, during and after evacuation. In a natural disaster, assistive devices (such as spectacles, hearing aids or wheelchairs) are frequently lost or damaged. As a result, impairments often worsen while making the escape to safety even more perilous and traumatic. In many instances, persons with disabilities are left behind. The horrifying story of Benilda Caixeta fondly known as “Benny” in New Orleans still resonates. A wheelchair user with quadriplegia, she had been trying to evacuate for days before Hurricane Katrina hit. Despite her multiple desperate pleas and those of her friends, she was later found dead in her home, effectively abandoned. This is only one story we know of, while most others, especially those in contexts of poverty in the Global South remain untold and unheard, silenced by isolation and neglect.

Persons with disabilities confront extraordinary obstacles in disaster response but also in mainstream disaster risk reduction (DRR), too often excluded or marginalised, leaving them exposed and vulnerable. This vulnerability is accentuated by the fact that they face greater levels of poverty and inequality in the first place, which means that they are weakly positioned when it comes to stresses and shocks.

Disproportionately disadvantaged, protecting persons with disabilities in the face of hazards and ensuring they become more resilient is a necessity and should be prioritised across the board as a question of rights. CBM therefore calls for a disability inclusive approach to Disaster Risk Reduction- Disability Inclusive Disaster Risk Reduction (DIDRR).

Community development has a major role to play in DIDRR and Community Based Inclusive Development (CBID) is pivotal in this process. CBID initiatives, for example, work regularly with and through persons with disabilities, their families, organisations and communities in a range of areas such as livelihoods, health and education. CBID supports and promotes grounded efforts using local means so that persons with disabilities and their communities can define and own the development process on their own terms. In more practical terms, CBID has a critical role in mainstreaming Disability Inclusive Disaster Risk Reduction across all programmes, because this can prevent the collapse of systems and projects, protect persons with disabilities, and even save lives. At the most basic level, it can help inculcate the mentality that climate change and disasters are a concern for all in an increasingly globalised world.

CBM has taken active measures to not only prioritise DIDRR in its own right. It is also leading on commitments to mainstream Disability Inclusive Disaster Risk Reduction (DIDRR) in its Community Based Inclusive Development (CBID) portfolio. Through our CBID Initiative Plan, we prioritise working towards resilient, disaster prepared communities. This has led to the integration of DIDRR into CBM’s CBID and humanitarian efforts as a cross-cutting theme.

¹ Villeneuve, M. (2022) [Disability-Inclusive Emergency Planning: Person-Centered Emergency Preparedness](#). Oxford Research Encyclopedia of Global Public Health.

This guidance document forms part of our commitment. It brings together reflections and learnings from a broader [study on good practices in DIDRR](#) and [a situation analysis of DIDRR mainstreaming in CBID](#). Targeted at community development practitioners, this document seeks to provide a practical resource that can support the process of mainstreaming DIDRR. The objective is to see programmes and projects designed with DIDRR in mind, as part and parcel of the community development agenda. In addition, we hope that this document will also provide much needed input into the work of broader community development organisations, to serve as impetus to actively take disability on board and prioritise the needs and demands of persons with disabilities.



Dr Rainer Brockhaus
Chief Executive Officer CBM



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NOTE: USING THIS GUIDANCE DOCUMENT

It is important to note that the action points presented in this document are not carved in stone, and this resource is not meant as a one size fits all approach. On the contrary, it has been put together in ways that are sensitive to the multiple challenges on the ground at different level faced by a range of stakeholders. It is also extremely aware of the heterogeneity of different contexts as well as disability. Importantly, different community-based programmes working across different sectors may have differing priorities and agendas.

This guidance document provides pointers on how community-based initiatives can become more informed about disasters and oriented towards mainstreaming DIDRR. The overall objective is to ensure that community development becomes more 'disaster-ready' and responsive. In this regard, it endeavours to stimulate reflection at multiple stages, from project planning through to implementation and monitoring on how DIDRR can be mainstreamed effectively, sensitively and responsively.

The terrain of DIDRR has some complex terminology. While it is not necessary to get too technical, it is important to familiarise yourself with basic key terms to be able to use them effectively in practice, not least in communicating and advocating with critical stakeholders. Here are some key terms to get you started:

- **Disability:** is a complex term and there is no single universal definition. In this guidance document, disability is understood as the outcome of the interaction between barriers and a person with impairment that hinders full and effective participation in society on an equal basis with others. Barriers combine impairment-related, physical, social, economic, attitudinal, cultural, ideological and other dimensions. A person with a disability is therefore also disabled by a society that excludes and marginalises and that does not confer the same rights as those conferred to others².
- **Disaster:** refers to a critical disruption in the functioning of systems and communities, which results in human, material, economic or environmental losses and impacts. These impacts are beyond the capacities of a community to handle them using its own resources, which means that it needs assistance.
- **Hazard:** a process, phenomenon, or human activity that may cause loss of life, injury, or other health impacts, property damage, social and economic disruption, or environmental degradation³. A hazard can be: **1. Natural:** associated with natural processes e.g. volcanic eruptions, earthquakes, floods, wildfires; **2. Human:** induced partially or entirely by action or inaction by humans (e.g. desertification or drought); or **3. Socio-natural:** a combination of natural and human factors, including environmental degradation and climate change. There are 3 characteristics of hazards to be on the lookout for: **1. intensity** (the physical strength of a hazard); **2. frequency** (the probability that it occurs); **3. location** (where this may occur, because some areas are more vulnerable to stress or collapse).
- **Vulnerability:** relates to the physical, social, economic, and environmental conditions of a community, livelihood, or a particular asset and the propensity of any of these to be adversely affected by a hazard event. For example, homes built from adobe in areas of high seismic activity can result in increased levels of disaster risk, which makes them vulnerable. Poverty, including low access to services and information, financial assets, poor housing etc. are all preconditions for vulnerability. The higher the levels of these factors among persons with disabilities and their families, the more vulnerable they are.
- **Exposure:** the level of possible contact between a community, livelihood, infrastructure or an asset and a potentially damaging hazard. Checking for exposure means for example counting how many homes are located in floodplains. To be clear, a person or system can be exposed, but not necessarily vulnerable, for example when housing is earthquake-resistant.
- **Disaster risk:** the potential loss of life, injury, destruction or damage of assets for a system or community over a specific period of time⁴. The focus here is therefore on the likelihood that there can be a serious disruption in how a society functions because those impacted cannot manage using existing resources at their disposal. Disaster risk is often presented as the following equation: **Disaster risk=Hazard x Exposure x Vulnerability**. However, it is important to note that it is not only the intensity of a hazard that needs to be factored in and understood.

² See [Article 1 of the UN Convention on the Rights of Persons with Disabilities](#).

³ IFRC (2021) [Hazard Definitions](#).

⁴ UNDRR (n.d.) [Terminology: Disaster Risk](#).

In this regard, a community that is inadequately prepared - which is exposed, susceptible, and lacks coping and adaptive capacity - will be more vulnerable⁵.

Resilience: Disaster resilience is the ability of a system, community, or society exposed to hazards to withstand stresses and shocks and recover from the effects of a hazard in a timely and efficient manner. For example, a resilient livelihood is one that is not destroyed by a flood or drought and that can be resumed once the crisis is over. In contrast, a system that is vulnerable is weak and lacking in resilience. Resilience is therefore a key element and orientation to infuse in programmes.

- **Disaster Risk Reduction (DRR):** involves strategies and practices targeted at preventing new disasters and reducing the risk of existing disasters by decreasing the exposure and vulnerability of people to disasters. Together, such efforts contribute to strengthening resilience.
- **Disability Inclusive Disaster Risk Reduction (DIDRR):** is understood as the process of reducing barriers and strengthening enabling actions (enablers) to ensure meaningful engagement of persons with disabilities in community-based disaster risk reduction (CBDRR) programmes, making them more visible and prioritised in disaster mitigation, preparedness, response and recovery initiatives and to ensure all these levels are inclusive of persons with disabilities⁶.
- **Community Based Disaster Risk Reduction (CBDRR)** is the practice of DRR grounded in communities as key actors in the identification, analysis and assessment of disaster risks and the design and implementation of DRR strategies and measures as a community endeavour. CBDRR foregrounds communities as the key players at the centre of DRR providing their own vision and 'solutions' as opposed to an approach prioritising professionals and other powerful stakeholders.
- **Community Based Inclusive Development (CBID):** evolved from Community Based Rehabilitation (CBR)⁷ and refers to a process whereby communities, including persons with disabilities define, plan, manage and implement development activities in ways that ensure ownership and sustainability as well as empowerment. Overall, CBID is an approach to ensure persons with disabilities are respected and included in their communities on an equal basis in all areas of life⁸. In some contexts, CBR remains the dominant term and practice used.
- **Community Support System:** is understood in this guidance document as support organised and provided through community means at a community level informally via family (immediate and extended), community members, friends and acquaintances, organisations (e.g. local religious ones), associations, cultural groupings, self-help and other support groups among others and/or through professional services at a community level in areas such as social work, counselling, care and other fields of health and social development.

⁵ Aleksandrova, M. et al. (2021) [World Risk Report 2021](#). Germany: Bündnis Entwicklung Hilft Ruhr University Bochum – Institute for International Law of Peace and Armed Conflict (IFHV).

⁶ CBM (2020) [Inclusive Cash Transfers: A Case Study from the Earthquake and Tsunami Recovery in Central Sulawesi](#). Germany: CBM

⁷ WHO (2010) [Community-Based Rehabilitation: CBR Guidelines](#). Geneva: WHO.

⁸ See CBM (2021) [CBM's CBID Initiative Plan: Summary](#). Germany: CBM

2. Identify the main hazards and the potential for disasters in your area



People who saw their homes flooded in Niamey, Niger trying to save the little they have left (September 2020). ©CBM/Galadima

Different places are exposed to different hazards, levels of vulnerability and capacity to withstand shocks. This means varying probabilities and scale of potential disasters. Some places are therefore more disaster-prone than others.

The first step is to know the territory you operate in, to assess what is in place and what can potentially happen and set out to ask a few questions as part of your routine community development work.

Remember that contexts change over space and time, and so do hazards, especially with climate change and volatile political contexts, so these questions need to be re-evaluated and asked over and over. This table may help with organising some of this information.

COLLECT DISASTER INFORMATION ON YOUR AREA
What are the main hazards in your programme locations?
What are the main hazards in the region and in the country?
Are they natural, human-induced or a combination of both?
How are they interlinked? (for example, drought in one area can trigger human displacement and lead to conflict in another)
What is their frequency?
Where are they concentrated?
Are they slow (e.g. drought) or quick onset (e.g. flash floods)?
What is the level of poverty and vulnerability of areas hit by these hazards?
How many communities, persons with disabilities and families in your programme radius live close to or in the epicentres of such hazard locations?
How are they being impacted (e.g. by drought)? Consider: material, social, economic, cultural and other factors here.
How are they coping?
What community mechanisms are in place to prevent and/or build resilience to a disaster (e.g. indigenous knowledge and methods, community volunteers for rescue etc.)?
What formal DRR measures (if any) are in place in project locations to avert a disaster and where are the gaps? (e.g. early warning systems)
Who is doing what and where? Are these efforts coordinated? (see next page)
Do existing actors in DRR have policies, concepts and practices for disability inclusion in place? How accessible are these? (see next page)

These questions are far from comprehensive. Hazard identification is a critical and ongoing task that needs to be performed at multiple points, starting from project design stage, through to implementation and also evaluation.

The box below lays out some easy ways to start gathering this information. Many of these can be done as part of your routine CBID work.

HOW TO GATHER DISASTER INFORMATION IN CBID: SOME POINTERS

Speak to families and communities and ask them, including about changes they have observed e.g. in crop output, rainfall etc.

Listen to radio, follow updates on TV (e.g. weather changes), join and scan local and regional groups on social media (e.g. community groups on Facebook) regularly and systematically for alerts.

Check basic things like infrastructure, housing (e.g. materials and location relative to hazard epicentres), transportation, evacuation routes (if any) and early warning systems. Do they function as they should and are they accessible for all?

Investigate previous reports and gather data, for example on accidents in the area as a result of natural hazards. Note: mainstream media may have well reported these.

Observe: for example, increasing numbers of internally displaced people (IDPs) in one place may pose a strain on natural and other resources in another. Some common signs of imminent problems include tension building in project areas.

A young man with short dark hair and a mustache, wearing a maroon button-down shirt, is smiling broadly and gesturing with his right hand. He is holding a silver pen in his right hand. The background is a blurred crowd of people, suggesting a public event or panel discussion. A red banner is overlaid at the bottom of the image.

3. Educate yourself and others about disasters, climate change and DIDRR

Students taking part in a panel discussion about inclusion at the Protestant Institute of Arts and Social Sciences (PIASS) in Huye, Rwanda, in November 2022. ©CBM/ Hayduk

Knowledge building and potentially training on DIDRR and climate action is critical at all levels, starting from CBID programme management all the way to organisations of persons with disabilities (OPDs), partner organisations and communities.

Here are some themes of relevance, which can provide the basis for a systematic approach to learning. We hope that by partnering with others, you yourselves will eventually be able to contribute to or lead on such training!

POTENTIAL TOPICS FOR DIDRR TRAINING
Conceptual basics of disasters and disaster risk reduction and climate change, for example hazards, risks, exposure, vulnerability etc (see terminology section above).
Who does and is responsible for what in the DRR and humanitarian chain to be able to map these (government authorities, humanitarian organisations, voluntary emergency personnel etc.).
How disasters impact communities and persons with disabilities: emphasis needs to be placed on areas that may not be so disaster prone, but where climate change is affecting everyone. An example is when drought leads to reductions in production of maize, lack of water and health problems.
The disaster cycle: mitigation, preparedness, response, and recovery.
The effects of disasters on community development programmes and how these interrupt or reverse development gains, and why DIDRR therefore needs to be infused within CBID.
Communities and their roles in DIDRR (because they are the first ones to actually respond).
How to conduct a rapid risk assessment using local resources (see below).
How to generate basic disability data (see below).
How to track and communicate disaster information in accessible ways to others (e.g. radio, television, social media etc.) especially those in more remote areas.
What disability is and why it is a priority in DRR.
How to identify and map persons with disabilities in vulnerable situations, how to keep an up-to-date list, and how to communicate this with first responders.
Methods of assessing early warning systems and evacuation routes for accessibility and how to advise authorities responsible for these on themes such as universal design.
How to integrate DIDRR in all CBID programmes, for example by combining a focus on inclusive early warning systems and coordination with authorities responsible for evacuation within a programme on inclusive education; or how to prepare for the possibility of drought across livelihood activities you are working on.
How to communicate with and lobby those engaged in DRR and humanitarian sectors.

Many of these topics will be fleshed out in the other action points.



4. Why the need to mainstream DIDRR: some arguments for reflection with your team

Mainstreaming DIDRR goes beyond mere token inclusion. Indeed, it means that DIDRR is infused in and crosscuts community development at all levels. But let's take a step back: what do we mean by 'mainstreaming'?

UNESCAP defines mainstreaming of DRR in development as the process of:

“...looking critically at each programme, activity and project that is being planned from the perspective of reducing risks and minimizing the potential contribution of development towards creating new risks. Mainstreaming thus has the dual purpose of ensuring that (1) development is protected from existing and future disaster risks and (2) development does not create any new risks of disasters or exacerbates the existing risks.”⁹

CBID means a cross-sectoral approach to community development and includes providing or ensuring access to a range of structures and services from informal grassroots to more formal and professional levels. Hence, by mainstreaming DIDRR, we adopt a comprehensive approach to multiple hazards while strengthening our ability to provide a multi-sectoral, comprehensive and inclusive response.

The need to mainstream DIDRR is a question of necessity. Here are a few arguments that can help you in your advocacy, including that within your organisation.

MAINSTREAMING DIDRR AS PRIORITY
Disasters disrupt multiple community development activities, be they livelihoods, education, health, rehabilitation or advocacy.
Disasters can lead to losses of gains made through regular development work over many years, often to never be recovered again.
Disasters, including climate change, impact community support systems.
Disasters create a new set of demands, stresses as well as costs on programmes, for example as happened with COVID-19. This is especially the case when programmes are not resilient enough or are caught off-guard.
Disasters pose an additional strain on partners, including OPDs, and which in turn impact their ability to sustain their community development work. This may compromise implementation at all levels.
Most importantly, disasters impact persons with disabilities and their families disproportionately, including through injuries or interruptions in services (e.g. healthcare) and may even lead to loss of life. This means it is better to anticipate and avert a crisis! These impacts are discussed further below.

⁹ UNESCAP (2017) [Mainstreaming Disaster Risk Reduction for Sustainable Development: A Guidebook for the Asia-Pacific](#). UNESCAP



5. Why the focus on persons with disabilities in disasters?



Onel runs an organisation in his community that advocates for the rights of persons with disabilities. He is pictured at home in Camp Perrin, Haiti, after the earthquake of August 2021. © CBM/Nadia Todres

It is not hard to envisage why persons with disabilities deserve special attention when it comes to disasters. Indeed, many of the factors and processes that put them in a situation of vulnerability in the first place, be they extreme poverty, inequality or fragmented access to health care, mean they are weakly positioned in a crisis. For example, the fact that they tend to be poorer, means they are more likely to live in poorer housing in areas exposed to natural hazards, for example those prone to landslides.

Some points to remember here:

- Persons with disabilities are two to four times more likely to be injured or to die in an emergency situation.
- They are at greater risk of seeing their impairments worsen or developing secondary ones.
- They struggle to flee in a crisis situation, are often among the last to be evacuated, and may even be left behind.
- Early warning systems meant to inform people are often inaccessible to persons with disabilities, some more than others, for example persons with visual disabilities.
- Evacuation routes are often not designed with persons with disabilities in mind and are inaccessible.
- Discrimination and stigma, even within families and communities, dramatically enhance vulnerability.
- Those working in disaster risk management often lack disability knowledge, including where persons with disabilities are located and how to address their needs in a crisis. As a result, they are often excluded right from disaster risk planning, resulting in systems that are not responsive to their needs.
- Overall, hazards seriously affect persons with disabilities in a range of areas, including food, access to water and sanitation, health care and rehabilitation, medication, housing and livelihoods among others.
- Persons with disabilities are among those who struggle most to recover from a disaster event, meaning a greater need for effective disaster risk reduction so they are not impacted in the first place.
- Even when disaster risk management is aware of the needs of persons with disabilities, response often falls short of providing adequate assistance especially in the initial 'chaotic' phase when a disaster strikes.
- Overall, community support systems often collapse or are fragmented in times of crises.

The table below provides some examples of how and why persons with disabilities are increasingly exposed and vulnerable to disasters, and the dramatic impacts on them. A disability focus is therefore inevitable within community development.

THE DISABILITY/DISASTER NEXUS IN FOCUS		
Problem area	Impacts on persons with disabilities (examples)	Include your own observations in your context
<p>Climate change and slow onset disasters e.g. drought, deforestation, rising sea levels</p>	<p>Less food output meets higher food prices, but persons with disabilities are generally poorer and face higher costs (e.g. healthcare) and cannot afford the increased prices.</p> <p>Increased time and strain, walking long distances in search of food and water. This is a serious constraint for persons with physical disabilities, some more than others. It also means dependence on family.</p> <p>Reduced food consumption exacerbates health problems and secondary impairments. This is a particularly serious concern among poorer persons with disabilities already struggling to cover food costs as well as those of medication and health care.</p> <p>Less access to livelihood opportunities impacts assets, including financial ones. This is an added strain for persons with disabilities whose livelihoods are often fragmented, characterised by unemployment and underemployment. This enhances the spiral of poverty, ill-health and inequality.</p>	



THE DISABILITY/DISASTER NEXUS IN FOCUS

Problem area	Impacts on persons with disabilities (examples)	Include your own observations in your context
<p>Climate change and slow onset disasters e.g. drought, deforestation, rising sea levels</p>	<p>Greater amounts of household income spent on food, reduces assets available to access health care, with serious health repercussions.</p> <p>Loss of arable land means movement of people in search of more fertile places and opportunities. Persons with disabilities are likely to be among those left behind or who struggle in displacement.</p> <p>Food scarcity and migration may often lead to conflict. Persons with disabilities are among those trapped in volatile areas, unable to flee.</p> <p>Food scarcity is often associated with malnutrition which in turn increases the risk of aggravating health conditions. These can lead to new impairments or worsen existing ones.</p>	
<p>Inaccessible early warning systems</p>	<p>Early warning systems are often not designed with persons with disabilities in mind and are frequently inaccessible to people with visual impairments and deaf people among others. This means that they are less likely to receive warnings on time, meaning they may become trapped or struggle to evacuate on time.</p> <p>There may also be few to no arrangements to ensure that warnings reach those in more isolated and remote areas. This may be bound to an absence of mapping of persons with disabilities in their respective communities.</p>	



THE DISABILITY/DISASTER NEXUS IN FOCUS		
Problem area	Impacts on persons with disabilities (examples)	Include your own observations in your context
Inaccessible early warning systems	Even if warnings reach persons with disabilities, they may not know how to react because they may be excluded from community-based awareness raising and capacity building activities (for example those provided by disaster management authorities). If these activities are available, they may also not be in accessible formats.	
Evacuation and response barriers	<p>Persons with disabilities may be forgotten or abandoned during a crisis or may be evacuated late.</p> <p>Evacuation routes are often inaccessible.</p> <p>People with physical impairments may be limited in mobility without assistance, including in shelters or transport for evacuation.</p> <p>Evacuation personnel may not know to support persons with disabilities.</p> <p>Shelters too may be inaccessible, lack health care, assistive devices and specialised medication required by persons with disabilities.</p>	
Poverty	Low levels of financial assets and savings, fragmented livelihoods, poor housing in exposed areas and no social protection mean that persons with disabilities are disproportionately vulnerable in the face of shocks, be they crop failure or floods.	



THE DISABILITY/DISASTER NEXUS IN FOCUS		
Problem area	Impacts on persons with disabilities (examples)	Include your own observations in your context
Poverty	<p>Women, those from racial and ethnic minorities and indigenous peoples suffer the brunt of inequitable access to markets, information and services as these barriers meet social and cultural dimensions.</p> <p>Poverty reduces individual opportunities to overcome a hazard-prone situation (e.g. individual adaptations to houses, storage of food etc.), intensifying further the level of vulnerability of individuals, families and communities.</p>	
Negative attitudes and exclusion from decision making and participation	<p>Persons with disabilities may be among the most marginalised and excluded. They encounter negative attitudes and responses that disable and oppress.</p> <p>They are rarely included in discussions and measures on disaster risk reduction and underrepresented with decision makers.</p> <p>Their voices and concerns are excluded, reinforcing the marginalisation from strategies, plans and measures designed to save lives in crises.</p>	



6. Conduct a disability inclusive disaster risk assessment

CBID staff from CBM partner CODAS CARITAS speak to Bouba (centre), leader of a local association of persons with disabilities, during a home visit. ©CBM

It is not only necessary to identify a hazard, but also to assess the extent of risk of a disaster happening.

A disaster risk assessment (DRA) is an effective tool to identify and evaluate the types, intensities, and probabilities of natural hazard events happening and how they will impact different people, communities and assets. More simply, a DRA provides the means to analyse potential hazards and evaluate different levels of vulnerabilities that could pose a potential threat to people, property, livelihoods and the environment on which they depend.

While DRAs can be focused on single and multiple types of hazards, it has become increasingly common to perform multi-hazard risk assessments as countries increasingly face a range of natural hazards in combination. These often combine both quantitative and qualitative information on risk, including the physical, social, economic and environmental factors.

So why is a DRA beneficial?

- It can help contribute to risk-informed planning and decision making where reducing disaster risk becomes solidly mainstreamed in planning and operations.
- In this regard, a DRA can help inform and direct community development to areas that need greater investment and reorientation in project design to better manage disaster risk.
- It also provides community development practitioners with key information that can be used for advocacy with communities and governments to work towards prioritising DRR, to build up resilience, and to inform the design of disaster risk management (DRM) strategies and actions.

Elements, which when combined, increase or decrease disaster risk

+ **Exposure:** to earthquakes, cyclones, floods, drought, and rising sea levels

+ **Susceptibility:** depending on infrastructure, food supply, and economic framework conditions

+ **Coping capacities:** depending on governance, health care, social and material security

+ **Adaptive capacities:** related to upcoming natural events, climate change, and other challenges.

Source: Aleksandrova et al. (2021)¹⁰

¹⁰ Aleksandrova et al. (2021) WorldRiskReport 2021.

So, as an example, a potential earthquake can pose a greater disaster risk when it is intense and meets systems and communities that are highly exposed, susceptible and that have low capacities to adapt, cope and respond.

The figure below illustrates the WorldRiskIndex adopted in the WorldRiskReport to calculate disaster risk. This is one of various approaches to the calculation of risk.

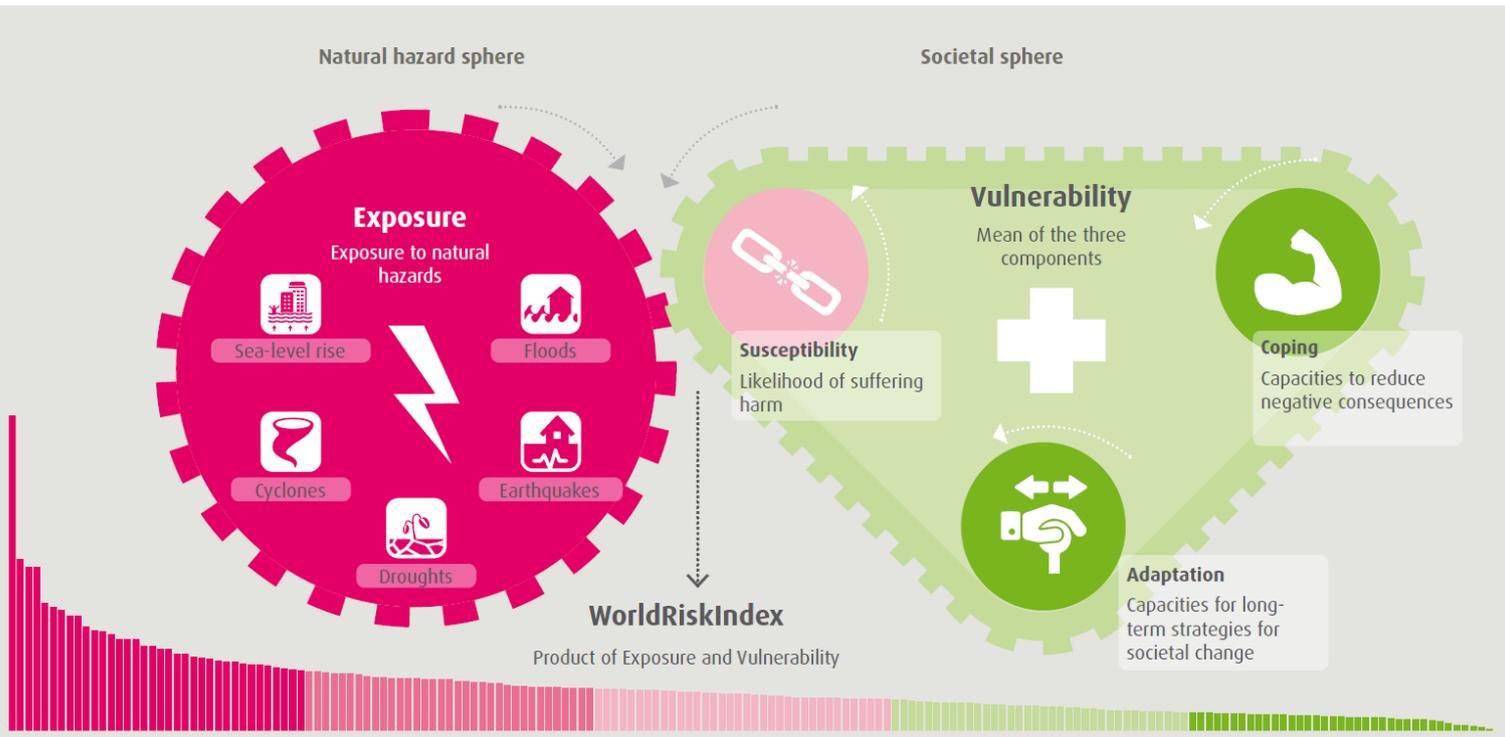


Figure 1: Components of the WorldRiskIndex. Source: Aleksandrova et al. (2021)¹¹

In simplified form, the process of conducting a DRA can be broken down into:

1. Identify the hazard(s) and level of exposure
2. See who or what might be harmed or damaged and how
3. Evaluate the risks of this happening and decide on precautions
4. Record your findings and implement them
5. Check your assessment and account for any changes and updates necessary

¹¹ ibid. (2021)

There are different methods and tools that can be used for a DRA, and this depends on the various factors including the amount of data and resources available, notably time, expertise and funds. However, it is important to note that in most cases, DRAs do not have to be complex or time consuming and can be conducted as part of regular work.

One thing to remember is that a DRA is not a one-off activity. Instead, it is a continuous process, because risks change, meaning that one needs to continuously generate information. This allows for a better understanding of risks and to take corresponding action in programmes and to work with others to build resilience.

So, let's get thinking on some questions to get the process moving:

- Where, geographically, are the hazards likely to be a threat?
- What populations are there in these locations, including persons with disabilities?
- How serious is their exposure to hazards?
- What are the specific vulnerabilities of different people?
- In what areas do these vulnerabilities manifest themselves? (e.g. livelihoods, education, the economy, society, infrastructure, the natural environment etc.).
- What capacities and resources are available to address the effects of hazards and minimise the risks?

Making this assessment disability inclusive! How can persons with disabilities be impacted?

It is important to conduct a disability inclusive disaster risk assessment because the situations confronted by persons with disabilities (e.g. poverty, inequality and discrimination) dramatically impact their vulnerability and their capacity to cope when exposed to a hazard. This means that the equation can be adapted to account for disability:

Disability Inclusive Disaster Risk= Hazard x Vulnerability / Coping capacity of different persons with disabilities

Now is the time to reflect back on some of the points above on the situation of persons with disabilities and that make them vulnerable. It is also important to be alert to intersectional areas, for example race, ethnicity, indigeneity, class, and gender to understand how different persons with disabilities are differently at risk.



7. How disaster-ready is your programme?

Sanitation kits and household essentials being given out in Assam, India as part of an inclusive flood response from CBM India and partner DIYA Foundation. ©CBM/Asapalli

Disasters often happen because contexts, systems and also programmes are not adequately prepared and resilient. And community development programmes are no exception!

Gauging disaster-readiness involves posing a number of questions that are pertinent from the planning stage all the way through to evaluation. The key overarching question is: how disasterready is your programme?

The checklist below can help get you started.

Disaster-readiness: a fluid checklist for reflection
Are your organisational strategies, policies, processes and practices disaster-inclusive?
Do your programmes and projects account for disasters, including disaster resilience right from design and planning? (For example, has a project on livelihoods infused disaster resilience in design? Or has an inclusive education project considered disaster education in schools or the building of earthquake resistant schools?)
Are your programmes and those of your partners likely to collapse as a result of a hazard?
Are other programmes (e.g. by government or other civil society organisations that are relevant to yours, likely to collapse?
Have you conducted consultations that are wide enough and representative around disasters as part of your programme planning?
Do you have a budget in place for DIDRR-related activities as part of your regular development activities?
Are contingency funds in place to cope with a hazard and prevent a collapse in your programmes?
Do you have the required human resources and technical knowledge on disasters and disaster risk reduction? Where are the gaps?
Is a percentage of DIDRR work included in regular programmes? How much?
Have you actively considered persons with disabilities who are disproportionately exposed and vulnerable to disasters?
Do you know where they live, and have you taken steps to include them in your programs?
Is information on disasters a part of your regular work? Are you generating data of your own? Is this data disaggregated by gender, age, location, race etc.?
Do local partners, OPDs and communities understand the importance of mainstreaming DIDRR in community development? Have you communicated this with everyone?
Are official duty-bearers prepared to adopt a disability inclusive approach to DRR?



Disaster-readiness: a fluid checklist for reflection

Are you and your partners familiar with DIDRR, methodologies and approaches? And where are the knowledge gaps?

Are you familiar with the monitoring of hazards in your area and beyond? What are your sources of information?

Are you informed about early warning systems and how they work?

Do you know where evacuation routes are, if these are accessible and how evacuation systems operate in your project areas?

Have you consulted with persons with disabilities, families and communities? Are they aware of hazards and potential disasters? Are they prepared? Are they also prepared to lead DIDRR interventions? Where are the gaps?

Do you have a plan in place to communicate and plan for disasters with persons with disabilities, their families and communities?

Are you familiar with the risks faced by persons with disabilities and what their needs are?

Have you started working with and strengthening OPDs to lead on the process?

Have you tracked, mapped and consulted with DRR specialists and stakeholders who can assist with educating about disasters and infusing DIDRR in community development?

Are there disaster management plans in place (e.g. by governments or emergency services)?

Do you know who the key stakeholders are in DRR, i.e government ministries, departments etc.? Do you know who does what and where these are located? Do you have a means of establishing contact with them and resources to do so?

Have you considered a system of educating third parties about disasters as part of your work e.g. schools, places of employment and so on?

Have you started an active plan to target and also educate mainstream DRR stakeholders on disability and why persons with disabilities need to be actively included in DRR?

Have you reflected on your own projects and whether these can also contribute to increased disaster risk? And have you introduced measures to minimise these risks?

Is DIDRR mainstreamed across all your advocacy work? (e.g. inclusion in education).

If you have answered no to most of these questions, then it might be a good time to take a hard look at your community development work with a fresh 'disaster-inclusive' lens and start making some changes where it matters, that is in design and planning. It is at this point that action planning based on identified areas can be a good start through a consultative process with your team.

Equipped with this information, you can then embark on developing inclusive disaster risk reduction strategies and seeing that these are implemented, monitored and evaluated for disasterinclusiveness, effectiveness and sustainability. Asking these questions is not a one-off!

8. Familiarise yourself with some policies and frameworks that back up the call for DIDRR



Colin Allen, then Vice Chair of the International Disability Alliance and President, World Federation of the Deaf, speaking at the World Humanitarian Summit 2016. ©Oktay Cilesiz

Over the past years, considerable (though far from sufficient) attention has been devoted to the need for DIDRR. Policies and frameworks have provided some impetus as to the requirement for this. Internationally, two are of particular importance. While these are not legally binding, they can be effectively used in your lobbying to remind governments of their obligations.

- **The United Nations Convention on the Rights of Persons with Disabilities (CRPD)¹²:** signed and likely ratified by your country, the CRPD makes ample reference to the need to build inclusive responses to disasters and climate change. Article 11 specifically calls on States Parties to ensure the protection and safety of persons with disabilities in situations of risk, including humanitarian emergencies and natural disasters. This article is essential in ensuring that policies are inclusive from preparedness right through to response. The CRPD also calls for States to actively consult with persons with disabilities on any matters affecting their lives, which would also include DRR and climate action.
- **The Sendai Framework for Disaster Risk Reduction (2015-30)¹³:** endorsed by the UN General Assembly, it includes seven targets and four priority areas which together are aimed at substantial reduction of disaster risk and losses from natural and man-made disasters, while pushing for more concerted efforts directed at the management of disaster risks. The Sendai Framework is significant in that it is one of the first frameworks that considers persons with disabilities and firmly establishes that they and their own organisations should be included in all stages of DRR. It importantly acknowledges that DRR requires ‘an all-of-society engagement and partnership, which promotes the empowerment and inclusive, accessible and non-discriminatory participation of all people disproportionately affected by disasters, especially the poorest’. It goes on to express how ‘effective DRR thus requires a gender, age, disability and cultural perspective in all policies and practices’, which means that with this obligation to leave no one behind, it is now the responsibility of all actors in DRR to commit to inclusion and translate their commitment into action.
- **National laws:** nationally, it might be worthwhile checking if any laws provide for the inclusion of persons with disabilities or vulnerable people in mainstream DRR or DRM efforts or for measures that prevent any discrimination, for example in crisis responses. You may want to also check whether national disability legislation itself makes provisions for these - it most likely does, even if indirectly.

¹² UN (2006) [UN Convention on the Rights of Persons with Disabilities](#).

¹³ UN (2015) [The Sendai Framework for Disaster Risk Reduction \(2015-30\)](#).



9. Collect data

Tariku, who has bilateral clubfoot, and his family during a visit from CBM partner Cheshire Services Ethiopia. ©CBM

Data and information are key, because what is documented and measured is ultimately what is devoted attention. Data generation is a core component of community development as part of needs assessments or monitoring, to understand what is needed on the ground and/or to evaluate whether interventions are working and having impact to then make the necessary adjustments. As community development practitioners, you are likely to already be generating information, for example on customs and culture, livelihoods, poverty levels and inequality and how all of these interact with and impact persons with disabilities and their families. Much of this information is instrumental in the design of contextually relevant and resilient projects. We will speak about resilience in depth in action point 11.

Data may already be in place, and in other circumstances, it may still need to be collected and analysed. The need for more (and better quality) data on disability cannot be emphasised enough. This is because it means stronger advocacy, it provides a more solid basis for planning and ensuring actions are in place, and is an effective tool in holding actors and governments to account.

The issue of data and information is particularly important in the case of disability and DIDRR, because data that is formally collected (e.g. in risk assessments or capacity assessments) is often not disaggregated by disability, while that which is collected (e.g. in censuses or social protection or departmental registers) is often insufficient in quantity and quality. Data is also frequently collected in dominant languages, which excludes information on multiple populations such as indigenous peoples. The result is that persons with disabilities are underestimated and consequently excluded from or marginalised in DRR, not least because lack of information weakens advocacy. It also feeds into the exclusions in community development work, by rendering invisible how disasters interact with and impact persons with disabilities and development efforts. Disasters and DIDRR are therefore relegated to the back with no provisions made in these times when sudden stresses and shocks are becoming more frequent, hard to ignore, and which can destroy development efforts quickly.

Governments and organisations, including those working in community development, need reliable data to account for persons with disabilities before, during and after disasters, which is therefore a core component of mainstreaming. The need for country relevant data, in particular, is extremely important, because politicians can try and discredit global statistics as irrelevant to the national context.

Data and information that is related to disasters is broad ranging and it may be helpful to include this as a critical component in community development whenever possible. Obviously, it is difficult if not impossible to generate data on everything, not least because information on a number of dimensions may well be unavailable, too costly and/or time-consuming to obtain. It is also not within your capacity or responsibility to try and collect most of it! What we are after here is data that can help not only with the mainstreaming of disability in DRR, but that can also alert stakeholders working in social and community development, including disability-specific sectors, to seriously mainstream DRR in their portfolio as a matter of urgency.

So, what information and data are needed? It is hard to have a comprehensive list, not least because every context is different, and hazards have different repercussions. But here are some pointers (see the box below).

WHAT DATA AND INFORMATION ARE NEEDED?

The number of persons with disabilities living in the area of intervention.

The numbers that develop secondary impairments through injuries or who perish.

The number of persons with disabilities left out of DRR programming.

Gather and impart key information, for example the proportion of national or regional DRR budget allocated to disability.

Proportion of social development and other budgets devoted to those living in precarious conditions.

Data from damage impact assessments, and where possible the multiple barriers confronted by persons with disabilities in disasters (social, environmental, economic, political, infrastructural etc.) and how these are interconnected.

Information on financial protection schemes, distribution mechanisms in emergencies, how accessible these are, and if and how they are taking disability into account.

The economic costs of excluding persons with disabilities from DRR.

Number of evacuation routes that are accessible.

Transportation and other infrastructure critical in evacuation.

DRR systems in place and where responsibilities for management lie.

Early warning systems, whether they are accessible, and the areas they reach or exclude.

Different communication strategies for warning of impending hazards and their accessibility and effectiveness.

Data on rescue intervention procedures, resources, technologies and tools, and contact information of key providers.

Environmental changes and possible hazards.

But how do we go about collecting such data and what can you do?

Step 1: **Advocate** for inclusion of disability in formal demographic, social, economic, technical and other data generating exercises such as:

- censuses and household surveys, including those on environmental issues and disasters, and to call for a budget for this
- rapid needs assessments conducted immediately after a disaster to provide quick information on access and act on gaps in intervention and planning.

Step 2: **Collect your own information** by meeting and talking with people, whether through informal discussions or focus groups, inferring from existing data and/or equipping others to generate information.

Here are some good practices blending these two steps. Remember that data generation does not always need to be complex or technical, and both formal and informal means are legitimate. Much information can in fact be gathered during your regular field trips. The box below provides some useful tips:

LET'S GATHER SOME INFORMATION

Take notes on your field trips e.g. on reduction in crop output, access to water etc.

Include any risk and crisis information as part of your regular monitoring and data gathering.

Provide technical support to government, for example by promoting the Washington Group Set on Functioning questions¹⁴ which can be used in censuses to gather information about limitations in basic activity and functioning.

Strengthen and train OPDs in basic research methods and how to use indicators to monitor and document the inclusion of persons with disabilities in DRR.

Work with OPDs and community members to scan the context to see what exists, for example what early warning systems and preparedness measures are in place and how they work.

Gather information about who has power and who takes key decisions as part of a mapping exercise.

Extract data from censuses or information gathered by ministries, departments and other entities, in particular statistical information looking at different areas, for example disasters, health, education etc. and then collate, infer and/or use indicators to produce your own statistics. Though not precise, these can be used with politicians to make a case for disability inclusion in DRR.



¹⁴ Washington Group on Disability Statistics. [The Washington Group Short Set on Functioning \(WG-SS\)](#).

LET'S GATHER SOME INFORMATION

Infer from existing data what the costs are when persons with disabilities are left out, for example from health care, or in this case, disaster risk reduction.

Physically visit and count: to provide for example an average of how many evacuation routes and shelters are accessible, how many have adapted facilities and assistive devices, medication and so on.

Look for information when it is urgently needed, for example specific health services or providers of parts for assistive devices that may be damaged during a disaster.

Use information from mapping exercises (see below), including who is responsible for what (e.g. ministries, NGOs, INGOs), where, how these are interconnected (if at all) and what the gaps are. These can also be quantified.

Develop your own indicators to measure inclusion in humanitarian and DRR interventions and also the extent to which laws, including international frameworks that the country signed up to (e.g. the CRPD) are being adhered to and fulfilled, and which can provide a strong argument in lobbying for inclusion.

Collect data and conduct assessments that are disaggregated by age, gender, type of disability, location and ethnicity among others to build a working database that does not exclude anyone.

Develop your own systems: for example, a project in Bangladesh developed a scoring system to see who really needs a cash top up, then used this data to lobby the cash assessment group at a national level.¹⁵

Overall, information needs to be usable and accessible by all, notably persons with disabilities and their respective organisations. Learning should also be shared, whether through meetings or material such as guidelines, which can then be taken on and developed further by others. Keep in mind that during a disaster, data stored electronically or online might not be accessible, so think of a back-up plan!

Tip! When is it best to collect data?

Immediately after a disaster event, when memory is still fresh, including that of politicians. However, remember that data generation is a continuous process.

¹⁵ See CDD, DRR and CBM (2020) [Disability Inclusive Cash Transfer: Lessons from the humanitarian response to Cyclone Amphan](#).



10. Mainstreaming starts from planning and budgeting

The accountant at a CBM-supported Village Savings and Loans Association (VSLA) in Torbeck, Haiti, puts a contribution into the books. © CBM/Nadia Todres

The process of mainstreaming DIDRR starts early, right from planning. It is not a costless exercise, and while much can be done with simple adaptation, there are other activities that may need intense resources, especially financial ones.

But, taking a step back, the key message here is simple: if disasters and DIDRR are not adequately accounted for at the planning phase, they are likely to be excluded at all subsequent levels in community development work.

The first step is perhaps to get planning staff to ask a few questions together with others. Here are some to get you started. (Note: Information you have already generated can be usefully drawn into here):

- How do disasters cross-cut your projects?
- What are the current barriers to mainstreaming at all levels, especially among implementing partners and OPDs on the ground?
- What needs to be built into these projects to make them more disaster-resilient?
- What is it about your own organisational policies and practices that may actually be working against or hindering the process of mainstreaming?

So, how do we move forward?

Here are some suggestions on how to go about this. As you will see, creating the demand for community development to include and mainstream DIDRR is part of the job, and this includes convincing and bringing multiple stakeholders, including donors, on board.

However, there is a requirement for deliberate efforts at mainstreaming DIDRR, and this needs to be clearly communicated across the organisation and any partners you work with. The box below can help get you started:

PLANNING FOR THE MAINSTREAMING OF DIDRR IN COMMUNITY DEVELOPMENT
Find relevant, intelligible and contextualised ways of communicating that DIDRR is part and parcel of community development and not an afterthought or a separate area of practice. You can start with the head offices of your own organisation!
The process of mainstreaming starts from strategic development, planning and design, and any project proposal needs to reflect this: a possibility is to include a DIDRR component as a prerequisite across all projects.
Include DIDRR alongside climate resilience as conditions for funding: this will hopefully impact project design.
Encourage joint projects and collaborative proposal writing in ways that integrate community development and DIDRR approaches, objectives and projects so that these do not operate in silos.
Proportion of national or regional DRR budget allocated to disability.
Explore the possibility of 'model programmes' that include DIDRR and implement them as a pilot and use them as platforms for learning and adaptation.
Ensure buy-in by communities: involve community leaders, get them to participate, listen and learn from their ideas, and importantly get their legitimisation so that they own the DIDRR process. Activities such as simulations run by OPDs can be a start.
Experience and work in DIDRR can be harnessed as an entry point onto inter-agency platforms, especially those operating in DRR and related areas. Participation in such platforms can also be a useful part of learning.



PLANNING FOR THE MAINSTREAMING OF DIDRR IN COMMUNITY DEVELOPMENT

Infuse 'Build Back Better' principles in community development backed by adequate resources: for example, to work on disaster resilient housing in a project on safe shelter¹⁶.

Open channels to communicate and work with the national DRR systems: this will not merely happen by training OPDs on advocacy.

Educate stakeholders (for example those working in emergency) on disability and how to effectively assist and work with persons with disabilities.

Identify main hazards and reflect together with other stakeholders what these could mean for each component of your program (e.g. rehabilitation services having to reorient towards emergency and trauma care; supply chains becoming overstretched; schools being transformed in community hubs or shelters; the need to access long-term food or grain storage at short notice; project vehicles being used for evacuation instead of their regular use in community development).

However, as highlighted earlier, mainstreaming needs its own resources, including financial resources. Without adequate funding, little can be achieved. DIDRR will also not happen by default or by banking solely on advocacy by already weakened, overstretched and often impoverished local OPDs. Here are some ideas on how to raise funds and where these can be directed:

RESOURCES FOR MAINSTREAMING: GETTING FUNDS IN PLACE

Lobby donors for a budget to help make your community development programmes and projects disaster-inclusive.

Budget for DIDRR initiatives as part of community development e.g. disaster-resilient livelihoods projects as regular ones rather than one-off. This will help with reinforcing the mentality that DIDRR is part and parcel of community development.

Contingency funding or crisis modifiers need to be actively built into all programmes and therefore must be an integral consideration in budgeting: typically, this may be a reserve fund budgeted for and that can be tapped into with speed to protect development gains made through years of community development work and prevent systems from collapsing. Crisis modifiers are inevitable in volatile contexts in globally unstable times¹⁷.

Ensure that funds are in place for the logistics of mainstreaming: including working with local partners and communities, equipping them with knowledge, training and resources, and importantly a wage so that any DIDRR work is not seen as an added burden that strains them even further. Funds are also needed to attend meetings especially with DRR stakeholders and to help get OPDs together.

Invest in partnerships with stakeholders and organisations that have actual expertise in disasters and emergencies to collaborate with and support your work. This itself will be necessary to create a demand for and legitimise CBID in DRR efforts.

¹⁶ See section 15 for more on 'build back better'.

¹⁷ Crisis modifiers are discussed in section 20 in this guidance document.



11. Infuse resilience in all programming and projects

In response to Cyclone Idai in March 2019, CBM and partner Jairos Jiri Association worked to address food security and rehabilitation for the affected population, including persons with disabilities and other marginalised groups. ©CBM/ Hayduk

Investing in building and strengthening resilience has garnered much attention in both the development and humanitarian sectors, including in community development and DIDRR.

The objective here is to build and sustain projects that have stronger ability to weather stresses and shocks and to recover¹⁸. This process starts right from planning, and resilience needs to be reflected in all dimensions of community development. From projects on education, to housing, to rehabilitation and also advocacy, the key questions to ask as you go about planning what to do and how to do it are the following: (note: disaster information, including that from risk assessments may come in handy at this point):

- Can the planned programme or projects be impacted by hazards and to what extent?
- How strong and prepared are they to withstand shocks?
- Do they run the risk of collapsing?
- What will the losses be?
- What measures and/or adaptations need to be in place to ensure resilience?

When discussing resilience, the protection and strengthening of livelihoods is an important theme, but is not the only one. Resilience needs to be built into all programmes, for example those working on education, to ensure that this is not interrupted with a crisis event. It needs to be infused in health care and rehabilitation programs, and importantly in orienting families towards structures and systems that do not collapse.

Stronger livelihoods are not only a means of addressing immediate consumption, but also a critical safety net when it comes to disasters, for example by preventing a system from collapsing or by facilitating the ability to recover. Maintaining an adequate income generation, for example, means the ability to purchase adequate materials and strengthen homes so they can withstand shocks. Livelihoods need to be resilient enough to withstand hazards, and substantial enough to generate sufficient income to cover disaster losses. Livelihoods are also one of the main areas, if not the main one affected by disasters, especially for those engaged in agriculture and/or in close proximity to natural resources or who are dependent on these.

The box below lays out some points for reflection on resilient livelihoods and how to get planning for these. You will see that much will also depend on making use of contacts in other specialised areas and bringing them in:

BUILDING RESILIENT LIVELIHOODS: SOME POINTS FOR PRACTICE

Ask persons with disabilities what they would like to do and how and what they need, including accommodations, to ensure any activity is contextually and personally relevant and wanted, and not imposed from the outside. This is where [Income Generating Activity \(IGA\) Assessments](#) are useful, especially when these genuinely listen and learn.

With a changing climate, it is possible that traditional livelihoods such as cropping may suffer decreasing output and profits. Conducting a market analysis can lead towards the identification of new potential areas and promising value chains.



¹⁸ For more, see [PreventionWeb: Key Concepts](#).

BUILDING RESILIENT LIVELIHOODS: SOME POINTS FOR PRACTICE

Work on supporting the adaptation of activities to be more accessible to persons with disabilities using new options and with input from a range of experts without forcing persons with disabilities into them. If you work in CBID, you will have much knowledge to impart in this process and to bring OPDs in. Remember that persons with disabilities are the real experts that can advise on 'solutions' to their own needs and should steer the process.

In most cases, persons with disabilities and their families may not only have one source of income as in a traditional job that can cover all costs. Instead, they are often engaged in multiple informal activities, frequently erratically and seasonally, in the bid to survive (e.g. casual agricultural labouring during harvesting). So, when introducing new livelihood activities, it is important to leave space for and to not interrupt existing ones.

Work to minimise barriers to livelihoods before and after a disaster e.g. infrastructural, physical, and attitudinal ones. This involves technical knowledge and advocacy with local and regional politicians.

Educate communities to show how even persons with disabilities contribute, and how their participation in the labour market ultimately benefits the whole community, including in building resilience to and recovering from disasters.

Provide training on livelihoods that are less strenuous and that can be performed by different people with different disabilities e.g. small-scale gardening, poultry farming or retailing.

Explore climate resilient livelihoods using modern and also high yield seeds.

Ensure there is a market for what is proposed: this implies the need to conduct a market analysis alongside an environmental analysis.

Where possible help provide or facilitate access to start-up capital and inputs, for example seed and fertiliser.

Look at higher value crops that are more resistant and explore multi-cropping possibilities.

Consider livelihoods that can be 'moved' during a disaster e.g. certain livestock which can ensure some or other productive as well as consumption potential.

Extend the portfolio of possible livelihoods beyond agriculture into areas that may be less volatile and exposed, for example the service industry and explore combinations of activities and earnings.

Consider group-based income generating activities: these offer the potential for collective knowledge and skills as well as risk reduction strategies and measures. For example, people with no disabilities can take on more physically arduous tasks, while persons with disabilities can be engaged in less strenuous administrative work.

Focus on people who are already working, and then include those who are not.

Lobby government extension workers and other specialists: open channels as well as contact so that these can offer specialised training to persons with disabilities.

Source: Adapted from Grech (2022)¹⁹

¹⁹ Grech, S. (2022) [Disability Inclusive Disaster Risk Reduction: Critical Insights and Good Practices from the Field](#). Cape Town: CBM & University of Cape Town.



12. Support OPDs in leading on DIDRR



Members of Quang Ngai OPD at the opening of a new cultural centre and emergency shelter, as part of a project from CBM and Action to the Community Development Institute (ACDC). The OPD was involved in all stages of the project cycle. ©CBM/ACDC

The role of Organisations of Persons with Disabilities (OPDs) or a variation of these (e.g. self-help groups or informal associations) is critical at all levels in the inclusive community development/DIDRR nexus. They are important repositories of expertise and the platforms for persons with disabilities to become leaders of change. OPDs also have a multiplier effect in influencing other partners to become inclusive of persons with disabilities²⁰.

Strengthening OPDs is key. However, mainstreaming DIDRR means the need to provide measures that can orient and strengthen the capacities of these organisations to incorporate DIDRR within their remit and practices not as a mere add-on. This necessitates multiple supportive actions. The box below can spark some ideas on how to provide this support.

BACKING OPDs FOR DIDRR
Support people to get organised in the first place: do not assume that OPDs exist, are registered and can run projects.
Provide spaces to discuss and learn from their own concerns, including disasters and their impacts on their community development programs, their families and communities.
Discuss their own solutions, for example on how to make community development projects more disaster resilient.
Take measures so there is an adequate gender balance within these as well as consideration of intersectional issues (e.g. migration, childhood, age etc.).
Support organisations so they are present in official talks and platforms with the authorities and other stakeholders in regard to DRR. Frequently this requires financial backing.
Provide avenues for organisations to participate in developing contingency plans to ensure these are disability inclusive, while contributing to regional and local action plans.
Ensure there is synergy between OPDs and try to minimise fragmentation and/or competition.
Help in strengthening networks of OPDs and umbrella organisations and federations to have a stronger unified voice.
Harness their ability to influence governments and other key stakeholders to move away from charity and other disabling approaches and shift towards more rights-based ones.
Support capacity building of OPDs so they understand and are able to cope with disasters, building on existing experience and knowledge.
Support with establishing a clear role for OPDs in government DRR activities.
Facilitate increased visibility of these OPDs in crises-related and response activities, for example in food distribution, as well as regular community development activity to work on changing community attitudes towards persons with disabilities and perceptions regarding their contributions to the whole community.

²⁰ For more on the potential of OPDs in community development see USAID (2020). [Partnering with Organizations of Persons with Disabilities for Inclusive Local Development. Implementation Tips for USAID Partners](#). Inclusive Development, 7.

It is important to stress, though, that OPDs often need training to do much of this, and this training can be provided directly or indirectly by supporting access to learning opportunities offered by others too.

But even more basically, work is needed to back up these OPDs and also local partners in engaging with powerful stakeholders, including government authorities, DRR departments etc. It may be unrealistic to expect that in contexts of scarcity and low social and cultural capital that these organisations may be able to navigate these corridors of power on their own and without support²¹.

²¹ For more on the problems faced by these OPDs on the ground, see ASB et al. (2021) [Including Persons with Disabilities in Disaster Risk Reduction: A Research Study from Eight Countries of Africa, Asia and South/Central America](#).



13. Include DIDRR in your lobbying for disability rights

Tetyana Barantsova, Representative to the Prime Minister of Ukraine in disability matters, speaking at the conference, "How today's experience will help build Ukraine's future". ©CBM/SUSTENTO

A core component of community development work is advocacy. Mainstreaming DIDRR means expanding the remit and directions of existing advocacy to account for disasters²². For example, it means expanding lobbying for equitable livelihoods opportunities to include livelihoods that are disaster resilient. It also implies lobbying for inclusive education that is disaster-informed and ready, and that can protect children with disabilities.

Mainstreaming DIDRR needs action on two fronts:

1. Targeted advocacy with those responsible for DRR and DRM to include persons with disabilities as a question of rights: advocacy is required at all levels, starting off from national government and any bodies or departments working on DRR, through to regional and local government, INGOs, local and national NGOs and any other stakeholders who may be engaged directly or indirectly.
2. Advocacy with disability stakeholders, including those working in CBID to include and ideally mainstream DIDRR in their work: the more organisations, donors and key actors consider DRR as pivotal in community development, the greater the alliances and the arguments to mainstream it within your own organisation!

REMEMBER!

The more disability inclusion there is in mainstream DRR, the greater the need for disability expertise that you as a community development expert can provide, to make this possible.

The key message here is that one needs to effectively understand where the power centres are, to then be able to bring them on board right from the beginning.

TIP! TIMING YOUR ADVOCACY

Timing is of the essence, and introducing DIDRR is best done straight after a disaster, when the memories are still fresh among everyone and there is still a sense of urgency. This is the time to pull in information from your data generation exercises above! Your own organisation will be doing some reflection too, so synthesise some key points that you can communicate easily and quickly. Remember to use language that can be understood by everyone.

²² For more on the power of advocacy see CBM (2018) [Saving Lives and Leaving No One Behind: The Gaibandha Model for disability-inclusive disaster risk reduction](#). CBM

The objectives of DIDRR advocacy are multiple:

- Convince the disability sector, including those working in CBID that DIDRR is not only relevant, but needs to be prioritised and mainstreamed.
- Impart why excluding or marginalising persons with disabilities will compromise DRR efforts and even enhance costs²³.
- Join efforts with those working in other areas (e.g. gender) to lobby for better and more inclusive disaster management efforts. This can strengthen the cause and help place disability in other advocacy efforts.
- Invite government officials and journalists to witness realities on the ground while supporting OPDs in articulating their demands.
- Sensitise and educate national and international staff and local authorities on the rights, protection, safety and requirements of persons with disabilities in disasters: this can be an extension of your routine advocacy work.
- Harness willingness and commitment by powerful stakeholders to support over the long term by including disability in the core policies, priorities, practices, and critically, the budget. This can facilitate the mainstreaming of DIDRR in your own programmes.
- Promote an inclusive legislative framework and a recognition that the exclusion of persons with disabilities constitutes a violation of rights, including commitments made nationally and internationally (for example the UNCRPD).

To accommodate all of these objectives, work must go into changing the attitudes of your own organisations, your donors, government departments and organisations working in DRR, because *real change happens when there is willingness to change structures and systems.*

²³ For some incisive points on these, see Uzair, Balog-Way and Koistinen (2021) [Integrating disability inclusion in disaster risk management: the whys and hows](#). World Bank Blogs.



14. Find out who is doing what in the mainstream and train them

A CBID training session in Mombasa. ©CBM

Mainstreaming DIDRR involves a measure of mapping to see who is doing what, in which area and how. This provides an opportunity to scan the DRR landscape and foster collaboration (e.g. with mainstream organisations working in humanitarian issues or theme-specific ones, such as those working with women) and to identify gaps.

The need for capacity building for those working in DRR or related areas (for example infrastructure or health) is critical in ensuring they are sensitised, informed and trained on disability. While this may be part of your regular work portfolio (e.g. education), it may need some reorientation, depending on resources.

Training needs to cover multiple areas, and where possible should be designed and executed by OPDs. The box below can get you going with some thinking points.

LET'S GET TRAINING
Provide basic training on disability, for example different types of disabilities, how different people are positioned in disasters (and the barriers they face), alongside practical guidance, for example handling of people with particular disabilities in evacuation and response.
Work on infusing disability within training modules on disaster risk reduction and disaster risk management. A contact with an academic institution in your country can prove to be worthwhile.
Raise awareness on the need to integrate and target those who are more vulnerable and marginalised, including persons with disabilities.
Share learning with and educate government departments.
Educate organisations and others about the difference between emergency response and DIDRR to illustrate how the latter is about preparing the community to be resilient.
Help break with the idea that disability requires some extraordinary knowledge or that it is a specialist area. Instead, provide a space to look at adjustments that can be made and that benefit everyone.
Provide basic training on principles and methods of universal design ²⁴ .
Train on how to ensure inclusion in the design of any new structures, for example that sanitation facilities need to take physical accessibility into account and so on.
Solutions to climate change must address the root causes of social injustice, discrimination and inequality affecting persons with disabilities. The Convention on the Rights of Persons with Disabilities, including its article 11 ²⁵ on situations of risk and humanitarian emergencies, offers guidance in this regard.
Build in practical training activities encouraging participants from mainstream organisations to reflect on how disability inclusive their current practices are, and how to make their individual processes more disability responsive and inclusive ²⁶ .

It is also important to ensure that your own organisation and your partners working in CBID or other areas of community development, too, are disaster-prepared and educated! This means that this training is two-way and is a process, rather than a one-time activity. You can pull in some of the points above, as to why and how DIDRR is relevant to and needs to be mainstreamed in community development.

²⁴ For more on universal design in action see CBM (2015) [Inclusive post-disaster reconstruction: Building back safe and accessible for all 16 minimum requirements for building accessible shelters](#). CBM

²⁵ See [CRPD- Article 11 – Situations of risk and humanitarian emergencies](#).

²⁶ The following resource provides more information on approaches to promoting disability-inclusive disaster risk management. See GFDRR (2018) [Five Actions for Disability-Inclusive Disaster Risk Management](#). GFDRR



15. Monitor for accessibility and infuse build back better principles

Members of the community using a disability-inclusive natural disaster shelter in Ninh Binh Province, Vietnam, as part of a DfDR project from CBM and the Aid for Social Protection Foundation. ©CBM

Community development and its close contact with communities, has a critical role in monitoring and also reporting, and in particular in ensuring vigilance so that past mistakes are not repeated. Notions and practices such as those of ‘build back better’ are important also as a philosophy, where mistakes of the past are learnt from, and where DIDRR is constantly kept in focus so that new systems and practices will not collapse again.

But what does this mean in practice? It means monitoring to ensure that old infrastructure is adapted and that there are accommodations in place to account for accessibility. When it comes to new infrastructure such as evacuation centres and shelters, new schools or hospitals, vigilance is needed to make sure that this infrastructure and anything included within is entirely accessible to persons with a range of disabilities, with no exceptions. Build back better is grounded in universal design²⁷ as the regulatory framework where comprehensive accessibility cross-cuts everything. This therefore necessitates key input by OPDs to monitor, assess and assist in design, alongside architects, engineers and others. CBID can provide an effective bridge for these contacts and collaborations²⁸.

There is ample information to be gathered, but much of this can be included alongside your regular community development work. Sometimes it is a question of starting to observe and document things that have always been there, but to which you may have not devoted much attention. Here are some areas to be on the lookout for. As you will see, much of this cannot be observed from a distance, so you will likely need someone to personally visit. So, get your diplomatic hat on and first ensure you get access by those controlling these facilities. If you do not manage, speak to people, especially persons with disabilities and their families who may have already seen or used them. They are, as always, excellent repositories of knowledge.

MONITORING ACCESS: ACTIVE OBSERVATION

Check if systems and resources are in place to be able to locate and quickly reach those who are most vulnerable and need assistance in a crisis, ideally when there is an indication that a disaster is going to happen. Some questions you may want to ask, include:

- Have persons with disabilities been mapped? (where they live, proximity to evacuation routes etc.- see below) Who stores this information? Is it updated? (see below for more on mapping)
- Is there a system in place to ensure that persons with disabilities are evacuated first?
- Do evacuation staff know where to locate them?
- Do they know how to handle them and have they been trained?

²⁷ For more, see [The Principles of Universal Design](#).

²⁸ For more on ‘build back better’, see GFDRR (n.d.) [Building Back Better in Post-Disaster Recovery](#). GFDRR.

MONITORING ACCESS: ACTIVE OBSERVATION

Monitor and ensure that mechanisms are inclusive and fully accessible when it comes to evacuation:

- Can any person enter a shelter, irrespective of dis/ability?
- Does everyone know where the closest evacuation routes are?
- Do shelters include safe access to water and toilets, ramps and rails to move around?
- Are plans and budgets in place to have assistive devices as well as medication (that may be lost or left behind in a disaster event) available in shelters?
- Are shelters fully accessible e.g. wider openings, doors that can easily be opened, clear signing (in all languages), a WASH section that is disability accessible?
- Do evacuation facilities as well as shelters allow for service animals (e.g. guide dogs)?
- Visit the roads and infrastructure used for evacuation: are they cleared, maintained and accessible so that people can reach shelters with minimal stress and obstacles in the eventuality of a disaster?
- Are there any obstacles to early warning systems and preparedness plans and measures, so that these do not exclude anyone?
- Are dietary requirements noted, and will measures be taken to provide adequate food?
- Are livestock, personal belongings as well as business assets such as tools and productive materials accounted for in evacuation plans, as part of a strategy to protect livelihoods? Are the means to do so (e.g. accessible boats that can carry animals) in place?

Check that plans for relief and water distribution are fully accessible to and usable by all persons with disabilities.

Revise whether reasonable adjustments are made to older structures that cannot be rebuilt, and that a minimum level of universal design criteria are met e.g. for clinics and hospitals in towns and regionally.

Are measures and also budgets in place to have medication (including specialised ones) readily available in shelters and elsewhere during and immediately after evacuation? Are these plans informed by consultation with persons with disabilities and their organisations?

Have needs assessments been conducted at community and household levels?

Assess whether there are plans for assistive devices to be in place in order to be able to reach meeting and distribution points and to reduce stress and risk of injury.

Investigate whether effective and quick access to health services, including specialised health care following a disaster has been prioritised. Have these services been clearly marked and are they known by persons with disabilities and their families?

Assess whether information has been developed that is accessible, timely, cost-effective and usable by everyone, including deaf people and those with visual impairments.



16. Pay attention to intersectional areas

Monsoon floods ravaged large parts of Pakistan in September 2022. CBM met affected communities in Matiari district, Sindh and was part of the emergency response in collaboration with Sindh Institute of Ophthalmology and Visual Sciences, Hyderabad and the health department, Government of Sindh. ©CBM/Jamsyd Masud

As you will have likely learnt from your community development work, the population of persons with disabilities is highly heterogeneous. This means that we should neither simplify nor generalise them or their experiences. The process of mainstreaming DIDRR itself must attend to these different situations, needs and demands.

Persons with disabilities experience different intensities of discrimination and exclusions (including from DRR) on the basis of multiple intersecting factors, which often combine and translate into greater and more intense barriers. These include (not exclusively):

- Gender
- Age
- Race
- Ethnicity
- Caste
- Class
- Migratory status (e.g. refugee status)
- Type of disability
- Religious or ideological beliefs or grouping

Every context is different, so we are sure you will have others to add or subtract from this list. The message is simple: some have it harder than others! So, consequently they need informed and targeted attention. Let's take the example of gender. Women and girls with disabilities often face double discrimination bound to their disability and their gender, especially within male dominated cultures characterised by misogyny and machismo. They may be devalued as human beings, and even ill-treated and be exposed to violence. In disaster situations and contexts, women and girls need additional attention:

- They are at greater risk of injury and death on account of gender-based discrimination as well as gender roles that limit their ability to evacuate on time and seek safety, or for them to be included in disaster preparedness measures. Remember that women and girls are well overrepresented in mortality rates when disasters strike.
- Restrictions in certain cultures mean that women may not know how to swim because they are discouraged or prohibited from doing so, with the consequence that in a flooding situation or a tsunami they cannot save themselves. In some cultures, they cannot leave the house without a male companion, meaning they cannot respond to early warning signs and evacuate on time.
- Women, the world over, carry the bulk of the workload when factoring in market activities alongside household tasks and caregiving (of children as well as other family members).

Disasters augment this load as women have to assume greater responsibility for clearing rubble or queuing for relief²⁹.

²⁹ For more on gender impacts see GFDRR (2021) [Gender Dimensions of Disaster Risk and Resilience](#). GFDRR

Accounting for these, means adjustments in your own work:

- Be mindful of the additional workload that your own projects may pose on women and make provisions for support that can help alleviate the load.
- Work on cultural dimensions that oppress women and limit their freedoms (for example in evacuation) as part of your regular projects.
- Inform, alert and educate first responders in locating and prioritising women with disabilities and how to work with them in culturally and gender sensitive ways.
- Establish measures that guarantee the protection of women and girls with disabilities in disaster situations as a core part of your work.
- Learn from women and their own 'solutions' and provide active support for them to play an active role and to lead in disaster risk reduction.
- Ensure data generated is disaggregated by gender.

Things are complicated not only for women, but also those from racial and ethnic minorities and indigenous people who may suffer the brunt of racism and xenophobia. Internally displaced persons as well as refugees and asylum seekers, confront multiple other barriers which can lead to conflict, violence and even death³⁰.

The message is clear here: focus on the aspects that tie us together as human beings while accounting for the factors that may be perceived to separate us. In the box below, we provide some tips on how to address displacement and the linkages with DIDRR.

³⁰ For more on intersectionality see Chaplin et al. (2019) [Intersectional approaches to vulnerability reduction and resilience-building](#). Braced.

INFUSING DISPLACEMENT IN CBID VIA DIDRR

Make displacement a core consideration of CBID at a par with gender and other priority areas. Displacement is defined as ‘The movement of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters’³¹.

Educate yourself, including your CBID staff and partners about displacement, including that happening in other parts of the country you operate in. This includes also some basic legal knowledge regarding legal status, claiming rights etc³².

Understand the connection between natural and human disasters e.g. how a natural disaster may lead to displacement, which in turn can trigger situations of conflict.

Seek out and speak to displaced people e.g. Internally Displaced People (IDPs) or refugees in your area because they might not always be visible: try to understand and learn about their cultures, their customs, their needs and demands and reflect on your own practice. Where are the gaps?

Adopt a dynamic approach to be able to address the needs of displaced people: crises, including mass human movement can happen without warning and at very short notice. This calls for a DRR that is adaptive and responsive also to factors such as conflict.

Generate data on the situation of different displaced people such as IDPs and refugees, including their level of exposure to crises as part of your CBID work.

Use your knowledge of local communities to anticipate tension and sensitise communities you work in about the vulnerability and difficulties faced by displaced people, to address issues such as racism and xenophobia.

Help act as a buffer to diffuse tension between displaced people and local communities together with village leaders.

Ensure that any DRR information reaches migrant communities too and is accessible to them (e.g. language, terminology, cultural factors etc.). Consider simplifying this information by getting migrants themselves to consult and lead on this.

Understand and build on the knowledge and resilience of these displaced people: there is much to build on here! And involve them in your DRR and CBID activities, including any drills. This will help render them more visible and also humanise them in the communities you work in.

Engage with organisations supporting displaced people and migrants and inform them and educate them on disability.

Build connections between organisations working with displaced people, persons with disabilities (including OPDs), and those engaged in DRM, and ensure there is coordination between them.

Support the formation of organisations of displaced people who can represent themselves and their own interests and demands³³.

³¹ IOM (n.d.) [Key Migration Terms](#). IOM

³² See IOM (2019) [Glossary on Migration](#). IOM

³³ For more on displacement in the context of disasters see UNDRR. [Disaster displacement: How to reduce risk, address impacts and strengthen resilience](#).



17. Disability inclusive community mapping

A community mapping exercise as part of CBID training in Cameroon. ©CBM

The need for timely, effective and inclusive community mapping is critical, especially in communities that are dispersed and in remote areas, and where persons with disabilities may be spread out. The implication is that information often needs to be intentionally sought out.

With your programmes and your closeness to communities, including that of your local partners, you may well have access to information that others including formal institutions do not have. This puts you in a very advantageous position to inform others. It also helps infuse DIDRR within your own work.

As the word ‘mapping’ suggests, it serves a very important basic and simple function - to record where things, people and services are, to update this list constantly, and to make this available to whomever can affect a difference using this information. In this case, these would be stakeholders responsible for DRM. So, for example, if we know where every person with a disability is in a community (including coordinates) and if this information is shared with first responders, this means that they can be evacuated on time. But mapping can include multiple pieces of information that can facilitate effective DIDRR. As you will see, collecting and collating this information can become a staple of your activities, and will be critical in mainstreaming DIDRR.

So what information is needed and what should we be mapping? Here is a list (not exhaustive) that can help you with this task:

GET MAPPING!
The location of potential risk areas (e.g. coasts or steep mountain sides).
The number and also specific location of households residing in high-risk areas who are hard to reach, and the best routes to reach them quickly.
Resources (natural, social, infrastructural etc.), where they are, who and what determines and/or conditions access to these.
Organisations, including authorities in the area who can support and collaborate.
Key landmarks, facilities and services in different areas, including hospitals, schools and health centres.
Evacuation routes and centres and transportation links to these.
Water points, sanitation, telecommunications and distances to these.
Functioning shelters, how equipped they are (e.g. medication and assistive devices) and ease of access.
Numbers of persons with disabilities in the community, where they reside, distance from main thoroughfares and distribution points in the eventuality of a disaster.
Persons with different types of disabilities, what medication they require, assistive devices they use, what restrictions they face in evacuation, accessing shelters and so on.
Poverty, livelihoods and levels of vulnerability, including access to assets by persons with disabilities, families and communities.
Availability of support to persons with disabilities, be they family or community members who can assist before or during a disaster.

But what happens once you have collected the information? Then, the actual mapping starts. You can lay out a large map of the area and attach it to a wall and you can use coloured pins to represent evacuation routes, houses of vulnerable people, including persons with disabilities, services (e.g. emergency health outposts, food supplies etc.) and other critical information in the box above.

Note: Mapping is a learning exercise and is dynamic and constantly changing in response to evolving demands for information as well as circumstances e.g. natural hazards shifting in areas. This means that it is not a one-off exercise.

So you have collected and mapped all this useful information. The next step is to ensure that whoever can make effective use of it gets it, understands it, and has constant access to it. These stakeholders include:

- Persons with disabilities and their families
- Communities
- Disaster management authorities
- Local and regional governments
- Humanitarian organisations working in emergency
- Organisations working in recovery
- Development organisations (so they can work with those who are most vulnerable and exposed by strengthening resilience)

So once you have identified all the relevant stakeholders who need to have access to this mapped information, it is then pivotal to share it with them and to ensure it is taken on board and learnt. It can and does save lives! Here are some tips as to how to go about doing this:

- Set up community meetings in a town hall or any other central space and explain the contents of the map and provide training to ensure it is understood.
- Consider using drills that make use of mapping information.
- Ensure persons with disabilities and their families are able to attend. Ideally, have OPDs run these meetings to support disability leadership and also infuse the idea that persons with disabilities may need extra assistance in an emergency situation.
- Outreach: this may be more effective with families that are living in more dispersed areas.
- Meet with authorities and organisations responsible for DRM. These are often operative regionally or nationally - incorporate synthesised disability information into these meetings so they understand the urgency of DIDRR.
- Meet with organisations operating in the same region or area.

SOME POINTS TO REMEMBER

Make sure that any information sharing is done in all languages, so that it is understood by everyone, including indigenous people.

Use locally recognisable symbols, colours, terminology and tools to map and explain.

Go the extra mile to reach those who are normally excluded from community activities, be it because of distance or discrimination.

Ensure these sessions do not interfere with people's livelihood activities or religious and cultural practices and that they do not incur any costs to attend, be it loss of time or transportation expenses. This calls for you to work effectively and in agreement with their time availability.

Establish a stable and consistent communication with authorities and other stakeholders working in DRM to ensure effective two-way communication.

Ensure authorities have access to mapping information.



18. Understand early warning systems and inform others

Rafiqul is a member of a local self-help group of persons with disabilities in Gaibandha, Bangladesh who is also involved in developing community based early warning systems and preparedness. ©CBM/Kaizer

Inclusive and accessible early warning systems are perhaps one of the most important factors in alerting people of an impending hazard and its severity. They are also critical in ensuring that all people know when and how to react in order to prevent a disaster situation, for example loss of lives and livelihoods.

You cannot possibly mainstream DIDRR in community development without carefully understanding these early warning systems, because they are the fulcrum around which safety and preparedness revolve³⁴.

Accessible early warning systems are pivotal in ensuring that everyone in a community is informed and kept safe. They are also a critical means of safeguarding development gains made through your community development work, so it is in your interest to get serious about this.

If you reside in an area that is prone to hazards, you are likely to be familiar with these. They can come in different modalities and colours and their task is simple: alert people that danger is approaching so they can take measures to protect themselves and their assets:

- Differently coloured flags
- Flood markers indicating rising water levels
- Community loudspeakers
- Warnings on radio and television
- Social media alerts
- Alerts via text message

Unfortunately, though:

- Messages are not always accessible, especially for persons with disabilities, such as those with visual disabilities or deaf people.
- People do not always know how to read early warning signs and what to do.
- Persons with disabilities and those who are most vulnerable (including those in more isolated and remote areas), more often than not, do not receive these messages or only receive them when it is too late.
- Even when communities know how to read these early warning signs, there isn't always a plan on how to react and how to include persons with disabilities as a priority.

³⁴ To learn more about the basics of early warning systems, see Trogrlić et al. (2022) [Early Warning Systems and Their Role in Disaster Risk Reduction](#). In: Golding, B. (eds) Towards the "Perfect" Weather Warning. Springer, Cham.

So, what can you do as part of your community development work?

While you may not always have direct influence on how these early warning systems work, as a community development practitioner with in-depth contextualised knowledge in close physical proximity to these families and communities, you can do multiple things. In the box below, we lay out a number of action points for you.

BE ACTIVE IN EARLY WARNING

Use participatory consultations to understand what families and communities need, the barriers they confront as well as the resources that can be capitalised on in relation to early warnings. This process cannot be done from a distance.

Learn about and become proficient in these early warning systems, what they mean, how they work and how to respond to each one, so that you can then explain them to others.

Be alert to and monitor weather forecasts and other information and know the implications as a regular activity in your working week.

Establish contact with government authorities and others imparting such information, and open a direct line of communication so that you are constantly up to date.

Whenever possible, inform and educate these stakeholders about the situation and needs of persons with disabilities, for example the barriers they face when confronting sightdependent warning systems.

Lobby for the design of more inclusive early warning systems using multiple formats and modalities, including messages that are both sight and sound dependent and that reach persons with disabilities as well as those who are close to them, notably families.

Push for early warning systems that are available in all indigenous languages and using culturally intelligible, contextualised and responsive modes of communication and representations.

Ensure that early warning systems are tied to an updated process of mapping.

Make sure that alerts, warnings and messages in the communication are clear, adapted, and unlikely to fail (e.g. that they are battery or solar powered).

Help inform the design of systems that allow sufficient time, accounting for delay between provision of message and evacuation, as well as the fact that some persons may be slower than others. In the absence of this, leverage communities to accelerate communication where it is most needed.

Establish contact with non-DRM-specific stakeholders, such as extension workers. While they may be entering isolated communities periodically to advise on agricultural practices, they may also impart other information related to hazards. You may play a critical role in educating about disability too.

Provide support for persons with disabilities and families to attend any training on early warning systems. Special attention needs to be given to those who live in more remote and isolated areas and who tend to be left out.



BE ACTIVE IN EARLY WARNING

Support a space for persons with disabilities and OPDs to coordinate the whole process of working with families and communities, as well as interfacing with government authorities and other stakeholders responsible for early warning systems.

Critically, as a community development practitioner you are an effective and critical interface between these formal messages and persons with disabilities, families and communities, especially those in more dispersed areas who are more likely to not be reached. So you can actively communicate information as part of your project activities.

Impart this information on hazards and also early warning systems and how these work in contextually and culturally relevant and intelligible ways, and how to prepare.

Do some background research on how communication reaches communities, what the preferred modes are, and their effectiveness in different places you work in. For example, in some rural communities there may be a high use of social media such as Facebook. But this excludes older people, for example those who do not own a smartphone and older adults. In other mountainous and more remote areas with scarce to no connectivity, information may be imparted via family, friends and acquaintances going to town and bringing back news. This includes for example local minibus drivers ferrying passengers in and out of very isolated places, that may become even more cut off during the rainy season when roads are inaccessible.

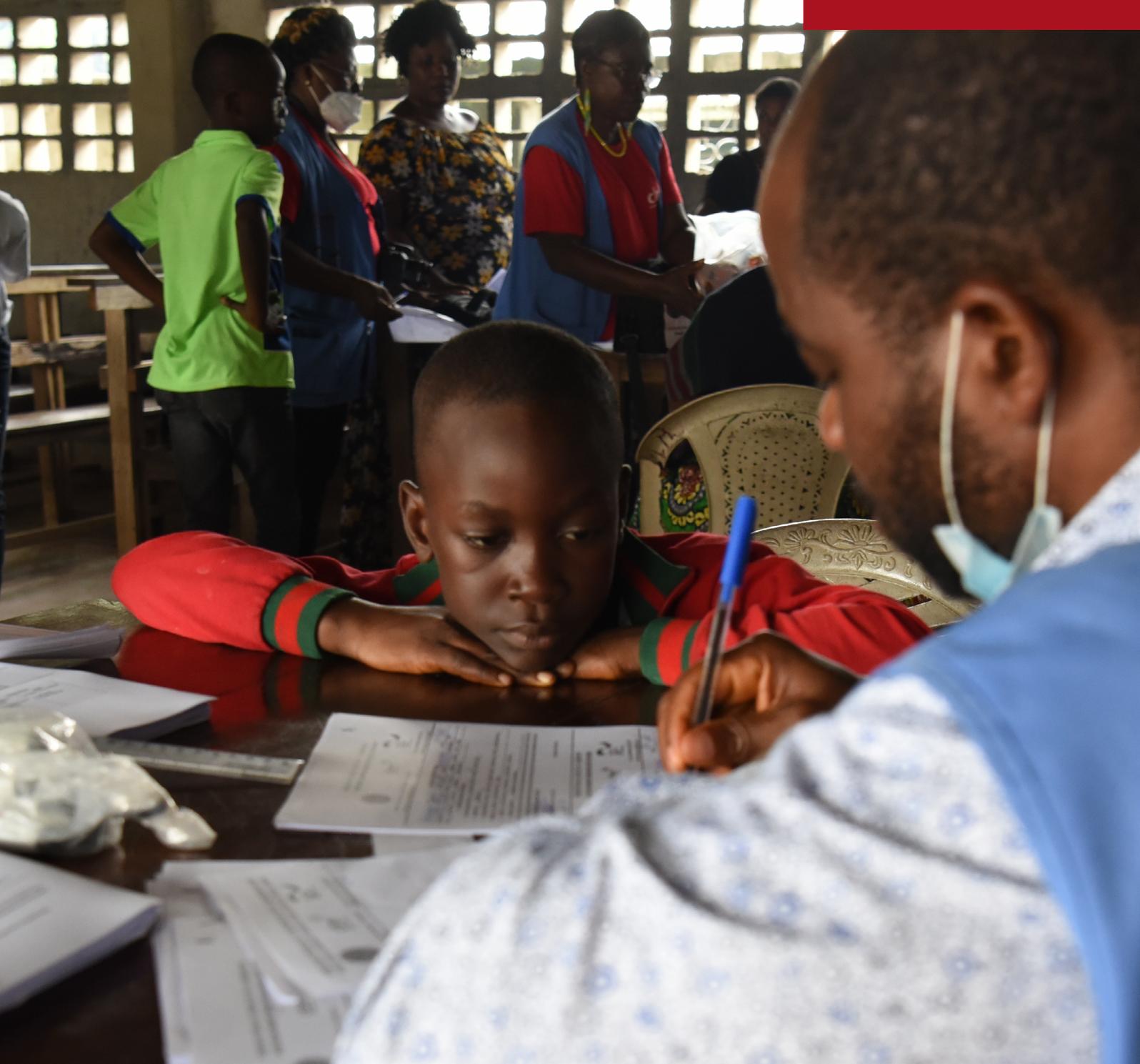
Help design contextually appropriate alerts for example through phone text messages that account for lack of connectivity. Combine different channels of communication, formal and also informal - for example one where a neighbour tracks official warnings, through radio or TV and personally alerts a family with a person with a disability.

Support or activate disability mapping that can kick into action following early warning signs of impending hazards that can inform evacuation.

Support with setting up community groups that can assist persons with disabilities and other vulnerable people during evacuation. These groups may already exist as part of other projects you are working on.

Teach about and use other (non-formal) early warning systems, such as changes in animal behaviour that can alert to an impending hazard³⁵.

³⁵ For more on issues and concerns in disability inclusive early warning systems, see Batchelor et al. (2021) [Towards Disability Transformative Early Warning Systems: Barriers, Challenges and Opportunities](#). Practical Action Consulting



19. Work with communities and strengthen their disaster-readiness

Staff of CBM Partner Inclusive Emergency Response Project in Cameroon, speaking to members of the community during an outreach campaign. ©CBM

Communities are the most powerful local force apart from families, and have a direct influence on persons with disabilities. Communities are the central point of focus and intervention in community development because they are a strong repository of grounded resources. They are also critical in DIDRR as a site and partner for key strategies and practices.

Strengthening communities in disaster-awareness and readiness not only helps provide them with the means to protect themselves in the face of disasters. It also intensifies the demand for DRR and consequently the call for its mainstreaming in your work. To put it simply, the more families and communities feel safe as a result of your DIDRR work, the stronger will be the requirement to ensure that your community development work and that of your local partners is planned and executed with DIDRR at its core.

Work with families and communities is critical in ensuring preparedness as well as ability to react after a disaster, and hence no one must be left out. There is ample support that can be provided via your regular activities or an expansion of these. You can also act as a connector between formal DRR and communities as you seek to reorient towards Community Based Inclusive Disaster Risk Reduction. So what work can you do with communities? Here are a few pointers on the process.

WORKING WITH COMMUNITIES

Inform yourself about any upcoming information sharing or training on DRR provided by authorities. If there isn't anything planned, try and understand why it isn't reaching communities you work in and act as a connector.

Work with communities, using practical examples to understand how disasters affect whole communities and not only persons with disabilities, and how we are collectively responsible for climate change - so make advocacy a community endeavour! It is important to engage village leaders and other respected figures to obtain legitimacy for DRR.

Use community discussions to include and discuss the situations and vulnerabilities of persons with disabilities while you collectively assess risk. Assessments are crucial in understanding how different parts of the community are exposed to disasters but also how resilient people are.

Explain the role communities can play in DRR and also disaster response, for example by collaborating with local authorities to distribute relief items and operating accessible warning systems such as flags. And try to work out a system together.

Invite OPDs to join meetings and contribute to risk mapping and action plans with the local government and community representatives.

Use public events as platforms to reach large groups.

Use mock drills, for example in schools, to allow for evacuation planning using simulated disasters. It is very important to include persons with disabilities in these drills so as to teach both about disasters and disability.



WORKING WITH COMMUNITIES

Use culturally relevant approaches such as song and highly visible posters to raise awareness.

Engage in discussion with communities on how to prepare for a disaster, for example by putting aside non-perishable foods, some items of clothing, medication, water purifying tablets and emergency contacts among other items.

Train on contingency plans at the household level, for example the need to stockpile food early when there are early signs of drought.

Set up community records that map those who are most vulnerable and need help, to allow for easy tracking and evacuation (see above). Designate leaders to kick into action.

Use schools as an effective platform to educate about DRR and disability from a young age. Also train schools to monitor information and signals, while teachers can then impart key information on how to react during and after crises.

Work to ensure schools become disaster resilient too and protect children with disabilities.

Teach how to monitor news and other alerts before and after disasters and how to do this consistently and systematically.

Educate on the signals used in early warning systems, what each signal means, and how to react.

Share key information from mapping, for example where vulnerable households, including persons with disabilities are located and which evacuation routes are accessible and which are not.

Devise a plan with community officials for early evacuation of persons with disabilities and persons who may be vulnerable, and who need immediate attention and help with getting out.

Where possible, conduct drills with authorities to check how efficient the early warning system is, and importantly to identify gaps, including in universal design.

Train and encourage communities to assess the accessibility of key structures and services and how to ensure this accessibility can be maintained throughout the disaster cycle.



20. Build flexible response into your community development: contingency funding

A mother of a child with a hearing impairment receives a cash contribution as part of COVID-19 response fund activities in Guatemala. ©CBM

Flexibility and timeliness are key in responding to disasters. Systems and structures often collapse because they are not strong enough, but also because they do not have the ability to respond quickly enough to make adjustments when there are warnings of an impending crisis.

Community development programmes such as CBID are often designed with a fixed budget in place, with plans for defined projects to be executed over four or five years, with little to no space for deviations from this plan, even when there is an unanticipated event. This has serious consequences because projects can easily collapse and all the development gains made over years may be lost in an instant. This is especially the case when there are no contingency plans or measures (notably a budget) in place to kick into action that could save the collapse of much work done.

Mainstreaming DIDRR in your planning and practice means adopting a strategy and approach of resourced flexibility to allow you to react according to needs and demands as they emerge, as opposed to following a strict blueprint, because situations change very quickly, calling for quick responses. But this is not possible without a contingency plan, and more importantly with contingency funding.

At CBM, we have been working hard to understand and infuse what are called *crisis modifiers*³⁶. Put simply, a crisis modifier is a resource in place, part of a programme budget, that can be tapped into with speed to intervene and support urgent small-scale humanitarian needs in communities where projects operate. This serves two functions: it helps prevent system and programme collapse; and it protects the development gains made during years of community development work. The idea here is to quickly respond while being able to still invest in and sustain programmes by seeking to reduce people's vulnerability to stresses and shocks.

Crisis modifiers can come in different shapes and forms, but in particular, as funds that can be tapped into to readjust or realign the system, whether through budget modifications, access to a central response fund, or ring-fenced budgets.

Crisis modifiers serve a number of functions:

- They bridge development and humanitarian responses and are targeted at specific communities.
- They involve the injection of funds that can be tapped into in the eventuality of a crisis.
- They provide for quick responses and according to emerging and urgent needs, for example food or medical care, without too many delays between applying for and receiving the funds.
- They protect gains made.
- They can be trimmed back quickly once the situation changes so that resources can be pumped back into normal development activities³⁷.

³⁶ See for example CBM (2022) [Lessons Learned: The CBM Crisis Modifier Activation in Bangladesh Floods, 2022](#). CBM.

³⁷ For more on crisis modifiers in action, see Lung (2020) [How donors can use crisis modifiers to fund response activities after health shocks](#). Oxford Policy Management

Overall, when utilised effectively, crisis modifiers hold the potential to avert or reduce the impact of a crisis, offering a practical means to better support at-risk populations, including persons with disabilities. It is important to note that crisis modifiers are better suited to smaller and medium sized crises rather than large scale ones, or when acting as a temporary bridge to fill the gap after a major crisis but only until additional/more adequate support is obtained.

So how can you go about infusing crisis modifiers? The box below can provide some help with this:

INCLUDING CRISIS MODIFIERS IN COMMUNITY DEVELOPMENT
Lobby head offices of your own organisation as well as donors.
Use project records to infer the costs of collapsed projects as a result of disasters.
Use project documentation to remind key stakeholders of losses and what could have been saved with contingency funding in place and adequate adjustments.
Where possible, work on agreeing on a set of criteria with thresholds, which when reached can act as triggers for funding (for example when crop output or food consumption drop below a certain level).
Decide on and plan a fast and dependable communication and decision-making process on how to access funding together with your organisation.
Include contingency plans in your project planning and budgeting and prepare to back up your arguments.
Make sure that specific actions to be financed through contingency funding are clearly defined and stated, and where possible link these activities to particular triggers to indicate when they need to kick into action.
Define roles, including who will be responsible for what, the items that can be covered by expenses and timeframes.
Consider action required after immediate response.
Plan for responses that make use of existing programmes, activities, and partners so that there are few to no additional costs involved in setting up separate projects and lines of delivery.
Provide capacity building for OPDs and local partners on contingency funding and how it works.

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