DISASTER RISK REDUCTION – MAKE IT DISABILITY-INCLUSIVE!

MAINSTREAMING DISABILITY INTO DISASTER RISK REDUCTION: A TRAINING MANUAL

HANDICAP INTERNATIONAL

EUROPEAN COMMISSION
Humanitarian Aid

MAINSTREAMING DISABILITY INTO DISASTER RISK REDUCTION: A TRAINING MANUAL

Nepal 2009

HANDICAP INTERNATIONAL

EUROPEAN COMMISSION
Humanitarian Aid

Publication funded by the European Commission Directorate General for Humanitarian Aid (ECHO) under 4th DIPECHO South Asia Action Plan. The content of this publication is the sole responsibility of Handicap International and can in no way be taken to reflect the views of the European Commission

Published in:
January 2009

Published by:
Handicap International Nepal
Narayan Gopal Chowk – Sallaghari
P.O. Box : 10179, Kathmandu, Nepal
Phone : +977 (1) 4378482 / 4374609
Fax : +977 (1) 4376983
Email : hinepal@hi-nepal.org
Website : www.handicap-international.org

Content developed and provided by:
Irina Ulmasova
Nathalie Silcock
Björn Schranz

Prepared by:
Björn Schranz

CD material for training prepared by:
Michael Curtin

Illustrations:
© The Creative Hands

Design and Graphics, Print Production
© The Creative Hands

www.handicap-international.org

Contents

Contents

Acknowledgements
Acronyms
Introduction
The Training Manual – FAQs on its objective, for whom it is, and how to utilize it

SESSION 1: INTRODUCTION TO DISABILITY 1-8

1.1 Disability Terminology
1.2 Types of Impairments
1.3 Needs of Persons with Disability
1.4 Disability Models: from a Charity to a Rights Based Approach

SESSION 2: NATIONAL AND INTERNATIONAL FRAMEWORKS AND POLICIES ON DISABILITY 9-14

2.1 International and Regional Frameworks on Disability
2.2 National Legislation and Policy on Disability in Nepal
2.3 The Disability Situation in Nepal

SESSION 3: DISABILITY AND DISASTER MANAGEMENT – A SITUATION ANALYSIS 15-24

3.1 Introduction to Disaster Management
3.2 Experiences with Disability in Disaster Situations: A Snapshot
3.3 Disaster and Emergency Frameworks and their References to Disability
3.4 Disability Frameworks and their References to Disaster

SESSION 4: MAINSTREAMING DISABILITY INTO DISASTER RISK REDUCTION: PRACTICAL RECOMMENDATIONS 25-67

4.1 Mainstreaming through a Twin Track Approach
4.2 Guidelines for Identifying Persons with Disabilities
4.3 Awareness Raising and Education Activities
4.4 Vulnerability and Capacity Assessment
4.5 Early Warning Systems
4.6 Search, Rescue and Evacuation
4.7 Shelter Management
4.8 Basic Guidelines for Accessibility

SESSION 5: MAKING IEC MATERIALS DISABILITY-INCLUSIVE 69-74

SESSION 6: NETWORKING – REFERRING PERSONS WITH DISABILITIES TO SPECIALIST SERVICES 75-78

Annexures

- Annex 1 : IEC Materials - Poster "Let's prepare together"
- Annex 2 : IEC Materials - Poster "Let's respond to disaster together"

CD

Folders:

01 Training manual (full version)
- Training manual (pdf)

02 Materials + tools

With following subfolders:

01 Introduction Disablility

- Disability Terminology (pdf)
- 5 types of impairments (pdf)
- Main disability models (pdf)

02 Communication

- Tips for communicating with PWDs (pdf)

03 VCA

- Key terminology VCA (pdf)
- PWD Screening Form (blank form) (word + pdf)
- PWD Screening Form with guidelines for completion (pdf)

04 EWS

- Appropriate EWS for PWDs (pdf)

05 SRE

- Evacuation persons with physical impairment (pdf)

03 IEC Materials EWS

01 Poster - Let's prepare together (pdf)
02 Poster - Let's respond to disasters together (pdf)
03 Flip Charts (pdf)
04 EWS Brochure for Cws (pdf)

Acronyms

BMF	Biwako Millennium Framework for Action
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CWDs	Child/children with disabilities
DM	Disaster Management
DPO	Disabled Persons' Organization. Disabled People's Organization
DRR	Disaster risk reduction
EWS	Early warning systems
IEC	Information, education and communication
INGO	International Non Governmental Organization
MDGs	Millennium Development Goals
NBC	Nepali Building Code
NGO	Non Governmental Organization
PME	Planning, monitoring, evaluation
PWDs	Person/s with Disabilities. People with Disabilities
UN	United Nations
USA	United States of America
VCA	Vulnerability and capacity assessment
VDC	Village Development Committee
WATSAN	Water and sanitation
WDR	World Disaster Report
WHO	World Health Organization

Introduction

Handicap International is an international organisation specialised in the field of disability. Non-governmental, non-religious, non-political and non-profit making, it works alongside people with disabilities, whatever the context, offering them assistance and supporting them in their efforts to become self-reliant. Since its creation, the organisation has set up programmes in approximately 60 countries and intervened in many emergency situations. It has a network of eight national associations (Belgium, Canada, France, Germany, Luxembourg, Switzerland, United Kingdom, USA) which provide human and financial resources, manage projects and raise awareness of Handicap International's actions and campaigns.

In Nepal, Handicap International has been present since 2000. Handicap International works primarily through partner organisations in the development of projects and activities for the physical rehabilitation and inclusion of people with disabilities into the mainstream development process. Prevention of disabilities and combating exclusion and stigmatisation of persons with disabilities are also a major focus work.

Since December 2007, through the DIPECHO funded project "Mainstreaming disability and people with disabilities into disaster management in Nepal", Handicap International has provided technical as well as management support to the six DIPECHO-funded partners in Nepal and ten local "disability" partners on mainstreaming disability into disaster management and disaster management into disability activities across the country. The project is aimed to develop tools and guidelines, train partners and stakeholders to meet the specific needs of persons with disabilities before, during and after disasters through mainstreaming disability into Disaster Risk Reduction as a cross-cutting issue.

According to WHO estimates, 10% of the world's population are persons with disabilities. In developing countries, amongst other factors, disasters and poverty increase the impact of disability upon individuals and their families. There are strong bi-directional correlations between disability and poverty on one hand and disability and disasters on the other: 80% of persons with disabilities are estimated to live on less than one Euro a day and only about 2% have access to basic services. Persons with disabilities are therefore at particular high risk of being poor, and being poor constitutes a specific risk for disability. In situations of disasters, persons with disabilities tend to be overlooked and left out from aid. This makes them highly vulnerable to disasters. Living in poverty further increases their vulnerability, where they have limited capacity to deal with disasters. Fundamental human rights of persons with disabilities are commonly neglected, in emergencies as well as in development context. The situation in Nepal is no exception. Handicap International's DIPECHO funded project, of which this training manual is part of, aims to improve the situation of persons with disabilities in natural disasters.

Introduction

The Training Manual – FAQs on its objective, for whom it is, and how to utilize it

Question 1: What are the objectives of the training manual?

The main objective of this manual is to build actors' capacities to mainstream disability in disaster risk reduction. It is addressed to actors working in disaster management to enable them to take disability systematically into account in their planning and implementation of activities. It also targets actors working in the disability field to improve their knowledge on disability and disaster risk reduction, so they can advocate for and technically support disability-inclusive disaster risk reduction. Ultimately, it can be utilized as an advocacy and planning tool for donors and governments, as it highlights the particular problems and risks that persons with disabilities face in disasters, as well as possible solutions.

More specifically, the manual will enable stakeholders to:

- Understand the basics about disability including: main terminology, classifications and models, specific needs of persons with disability.
- Direct their action in accordance with the main legal and political frameworks related to disability, and provisions that can be utilized for disability in emergency situations.
- Understand why it is essential to include disability in disaster risk reduction.
- Effectively include persons with disabilities in disaster risk reduction activities.
- Be equipped with practical guidelines and recommendations on how to include persons with disabilities in a number of key sectors related to disaster risk reduction.
- Understand the difference between mainstream and specialist services and to refer persons with disabilities to specialist services as required.

Question 2: For whom is the manual?

The manual is designed to be utilized by professionals working at different levels, from field worker to managers. Different parts of the manual have been trialled in their draft stage through trainings provided to: INGOs (including DIPECHO partners) and NGOs working in disaster management, local NGOs specialized in disability, and Disabled People's Organizations.

Question 3: How to utilize the manual?

The manual has been designed in a logical modular sequence. Each session builds on the previous ones. Not all the chapters will be necessary for all groups. Before each training, facilitators should evaluate basic needs and existing knowledge/capacities of participants, and then select contents accordingly. The same decisions need to be made in relation to the delivery of the training: different methodologies are suggested in the manual, but facilitators can adapt or choose other methodologies, according to their preference, indications, time available, etc.

The time given in the manual for the individual sessions is relative: the timings provided are indicative and should be considered as a guide only. Timings depend on the methodologies chosen. Hence, the length of the whole training may vary significantly. However, it is recommended that participants be given time to digest the contents during the training, as terminology, concepts etc. may be completely new for certain groups. We suggest a total amount of 21 to 28 hours training, with approximately 6 hours per day. Hence, training should take 4 - 5 days, including time for an opening session (in which participants' expectations may need to be collected) and closing (in which participants may be given the opportunity to evaluate the training.

SESSION 1

INTRODUCTION TO DISABILITY
(2 hours – 2.5 hours)

1.1 DISABILITY TERMINOLOGY

Time: 30 – 45 minutes
Method: presentation, interactive discussions, small group tasks
Tools: Power Point presentation
Learning objectives: Participants will know
- Basic disability terminology and be able to utilize it properly.
- The distinction between impairment, disability and handicap.

Step 1: Appropriate language (30 min)

a) General principles

Disability language is continually evolving, as views of disability and approaches to it evolve. Terminology also differs between countries and regions. Certain expressions are inappropriate or humiliating and should be avoided, even if still widely utilized, as for instance in national frameworks. As language also influences attitudes and practices, some guidelines should be followed when talking about persons with disabilities:

- "Person first" - Refer to the person first, not the disability. For example, "the person who uses a wheelchair" or "the person with arthritis" is preferred over "the wheelchair person" or "the arthritic." Persons shouldn't be defined by their disability - rather it is one aspect of their life. This general rule may be different within some communities, such as those who are blind or deaf. Individuals in these groups often self-identify as "blind person" or "deaf person."
- Mention a disability only when it is relevant to the discussion.
- "Impairment", "disability" and "handicap" are not synonyms: A commonly used word in disability terminology is "impairment". The word impairment refers to the loss of any physiological, psychological and/or anatomical function of the body. Impairment may or may not result in a disability.

b) The difference between impairment, disability and handicap

Question: Does impairment necessarily result in a disability?

- Form small groups and distribute prints of the definitions in the box
- Brief discussion in groups to reply to the question

*Suggested terminology is based on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Impairment: impairments are problems in body function or structure such as a significant deviation or loss.
Examples of body functions: mental functions. sensory functions and pain. voice and speech functions. cardiovascular functions.
Examples of body structures: nervous system. musculoskeletal system. cardiovascular system.
Examples of impairments: amputation. club foot. paraplegia. cerebral palsy.

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

Handicap: this term is outdated. It was used in a former more linear model from the World Health Organization (WHO). This model stated that an impairment would lead to an alteration in function (then defined as disability), which would lead to a restriction in daily life activities (handicap). In WHO's new model (the International Classification of Functioning, Disability and Health)*, disability is used to describe both an alteration in function (activity limitation) and a restriction of participation in daily life activities. Environmental or attitudinal barriers (such as no ramps or elevator, information not available in Braille, discrimination) that prevent a person from participation no longer lead to a "handicap" but to a "disabling situation".

Answer

No, not necessarily. Disability results from the interaction between impairments and barriers (attitudinal and environmental). It refers to a restriction in effective participation in society on an equal basis with others.

Example: an early warning message with recommendations for preparing an evacuation is issued in TV with subtitles. Amina is deaf, but able to read the message. She can participate in preparations for evacuation. Therefore there is no disabling situation despite her impairment. Jon is also deaf and lives in the next village. He cannot read so he does not know what to do. His impairment has resulted in a disability.

Disability therefore varies according to a person's capabilities to deal with impairment. Both having the same impairment, Amina can better deal with this situation due to her capability to read. It should be remembered that disability is not a fixed state, it is a dynamic one. For example, if Jon learns to read, his impairment will not result in a disability next time in the same situation.

c) Terminology: what is "hot", what is "not"...

What is "NOT"	What is "HOT"
• Case, problem, victim • Patient • The disabled, the handicapped • Retarded, mentally defective • Cripple, lame, deformed • Wheelchair bound or 'Confined' to a wheelchair • Spastic, CP victim • The blind • 'Deaf and Dumb', dumb • Crazy, nuts	• Person, individual • Client, person • Person with an impairment/disability • Person with an intellectual impairment • Person with a physical impairment • Person who uses wheelchair • Person who has cerebral palsy • Person who is blind or has vision loss. person with visual impairment • Person who is deaf or has a hearing impairment • Person with a psychiatric disability or mental impairment/illness

International Classification of Functioning, Disability and Health, World Health Organisation, 2001.

Step 2: Common abbreviations and terms (10 min)

- PWD/s: person/s with disability/ies (sometimes also: people with disabilities).
- DPO/s:disabled persons' organisations/ disabled people's organisations (DPOs are made up of persons with disabilities, run for and by persons with disabilities).
- Inclusive: if something is inclusive it means that active participation and representation is basically possible for everybody, including amongst other:
  - People with disabilities
  - Older people
  - Children
  - Those who are unwell or injured
  - Pregnant women
- Environmental and attitudinal barriers lead to exclusion and restriction in participation and representation.
- Accessible: the characteristics of structural (such as buildings, roads, water supply systems) and non-structural items (such as information and communication systems) that enable their use by all members of a community, including those who have physical, sensory, mental or intellectual impairments and those who are older, younger, pregnant, unwell or injured.

1.2 TYPES OF IMPAIRMENTS

Time: 45 - 50 minutes
Method: presentation, interactive discussions
Tools: Power Point presentation
Learning objectives: Participants will know the
- Main elements composing disability
- 5 main types of impairments and their regrouping in 4 functional types for DRR
- Main barriers, which persons with disabilities face

Step 1: Establishing previous disability knowledge/experience. (10 minutes)

Questions to the group:

- Who has worked with PWDs before?
- What work is your organization currently doing that includes PWDs?

Step 2: Definition of disability (5 minutes)

Definitions of disability vary according to regions, countries and context. Hence, there is no overall agreed definition. However, the United Nations Convention on the Rights of Persons with Disabilities (CRPD)* states that "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".
The essential elements are:
- Long-term impairment
- One of the following categories of impairment: physical, mental, intellectual, sensory

United Nations Convention on the Rights of Persons with Disabilities (preamble, (e)), United Nations, 2006.

- (including hearing and/or speech impairment. visual impairment)
- Impairment in interaction with barriers

In combination, these elements lead to a reduced capacity to participate in society on an equal basis.

Step 3: Classifications of impairments (20 minutes)

Question to the group: What types of impairments can people have?

Answer

Each person has special needs and abilities. To be workable in Disaster Risk Reduction (DRR), different health conditions need to be regrouped in larger impairment groups, where needs are reasonably similar within the group. We will utilize the classification of five types of impairment, as outlined in the CRPD: it is simple and can be utilized and understood by non-specialists.

Five Types of Impairment: Four Functional Groups for DRR					
Type of impairment	**1. Physical**	**2. Visual**	**3. Hearing and/or Speech**	**4.a) Intellectual**	**4.b) Mental**
Description	Loss or deformity of a limb. loss of physical function	Vision loss • Partial: low vision. • Entire: no vision / blindness	Decreased ability to detect or understand sounds. • Partial: hard of hearing • Entire: deafness Often goes with decreased ability to speak.	Decreased ability of cognitive functioning and adaptive skills.	Significant behavioural or psychological pattern that is thought to cause distress or disability. It is linked to a person's mental health.
Functional Consequence	Difficulty/being unable to move different body parts.	Difficulty/being unable to see.	Difficulty/being unable to hear and/or speak	Difficulty/being unable to reason, understand, solve problems, adapt behaviour, etc.	Difficulty/being unable to reason, understand, solve problems, adapt behaviour, etc.
Examples (medical conditions falling under this group)	Spinal cord injury. amputation. club foot.	Myopia. cataract. glaucoma.	Tinnitus. Auditory nerve damage.	Cerebral palsy autism.	Depression. Schizophrenia. Anxiety disorders.

Intellectual impairment should not be confused with mental impairment. However, in DRR the needs of people with these impairments can be similar. Hence, in DRR people with intellectual impairment and mental impairment can be treated as one single group.

The term „Handicap International" is not outdated: being a French based INGO, the term is French in this context, and "Disability" means "Handicap" in French.

Additional remarks:

- Many of these disabling conditions are preventable.
- Multiple impairments: any combination of the above mentioned impairments. Especially, persons with intellectual impairment are likely to also have a physical impairment. Example: cerebral palsy.
- Once again: classifying persons with disabilities into five groups doesn't mean that they have the same needs. All people are different, but this regrouping facilitates Disability-inclusive DRR.

Step 4: What are barriers? (10 min)

Barriers can be linked to:

a) Social environment:
   - Political, economic and legal factors: e.g. disaster management frameworks and policies that don't address disability issues. poor financial situation of a household with a PWD.
   - Socio-cultural factors (attitudes of people, popular beliefs, discrimination): e.g. PWDs having not equal access to food distribution, shelter and livelihood opportunities.

b) Physical environment
   - Natural environment: e.g. hilly area, cliffs.
   - Built space: e.g. inaccessible shelters. inaccessible water and sanitation systems (WATSAN).

c) Inaccessible information and communication: e.g. early warning systems that can't be understood by PWDs.

1.3 NEEDS OF PERSONS WITH DISABILITIES

Time: 15-20 minutes
Method: Brainstorming
Tools: Power Point presentation
Learning objectives: Participants will understand that
- Persons with disabilities have the same needs as any other person, but may in addition need some specialist services depending on their impairment.

Step 1: Needs of an individual (5 min)

Brainstorm following question with the group: what are your needs as an individual?

Possible answers (list not exhaustive)

• money	• health care	• recreation
• food	• education	• society
• shelter	• transport	• Etc.
• clothes	• skills	

Step 2: Needs of persons with disabilities (15 min)

Brainstorm following question with the group: what are the needs of persons with disabilities?

Answer

Persons with disabilities have the **same needs as any individual, but need in addition some specialist services depending on their impairment.**

Examples:

- Functional rehabilitation such as physiotherapy, occupational therapy
- Medical intervention such as corrective surgery
- Assistive and mobility devices (e.g. prosthesis, wheelchair, crutches, hearing aids)
- Special schools
- Braille
- Support services such as care taker, sign language interpreters, adapted transportation services
- Etc.

Keep in mind

- PWDs have the same basic human desires and needs as people without a disability.
- PWDs may have some additional special needs that families, communities and government need to provide to ensure equal access and participation.
- PWDs also have capacities, abilities and ideas.
- Everyone can communicate in some way (it is our challenge to find out how and to adapt).
- Inclusive families and communities may not just 'happen', they require awareness and support to include and welcome people with a disability.

Illustration 1: Participatory meeting

Only in selected government hospitals.

1.4 DISABILITY MODELS: FROM A CHARITY TO A RIGHTS BASED APPROACH

Time: 30-35 minutes
Method: Interactive presentation with question-answer mechanism
Tools: Power Point presentation
Learning objectives: Participants will understand

- The main differences between the medical and the social model
- The main differences between a charity and a human rights based approach to disability

Over the years, different disability models have appeared and prevailed. The vision of disability has now become more comprehensive and holistic.

Step 1: Introduction of the main models (15 min)

Model	Charity Model	Medical Model	Social Model	Human Rights Model
Appearance	Early 20th century	Mid-20th century	Late 20th century	Late 20th-start 21st century
Description	PWDs seen as victims at the grace of society's charity. PWDs viewed as suffering people to be pitied and cared for. Whatever is done for PWDs is done out of charity.	Disability seen as problem of the individual, directly caused by disease, trauma or other health condition. Medical care of the impairment is required. Management of the disability is aimed at cure or the individual's adjustment and behaviour change.	Disability seen as the result of the limitations imposed by environmental barriers. The problem is placed on discrimination and exclusion coming from the society. The response is to remove barriers.	Model derived from the social model and based on the principle that all people must have equal opportunities to participate in society. Main goal is to empower PWDs and to guarantee their right to equal and active participation in political, economic, social, and cultural activities. Access to services and participation is seen as a right
Possible response to following problem: A farmer has lost one leg during an earthquake. He is now begging in the street.	Donate some food or money	Physical rehabilitation: fit prosthesis and train the person how to utilize and maintain it.	In addition to physical rehabilitation, adjust the environment to facilitate the person's participation: • universal design in reconstruction activities. • awareness campaigns aiming to reduce discrimination.	Empowerment, in addition to adjusting the environment: • Needs based training for inclusion in livelihood activities. • Psycho-social support to enhance self-esteem. • Train DPOs to advocate for rights of PWDs

Step 2: Question: Based on the example above, discuss potential outcomes for the farmer using each model related to (10 min):

- Dignity
- Dependency
- Sustainability of the action
- Potential for inclusion in the society

Utilize following scale: low – medium –high.

Answer:

Model	Charity	Medical	Social	Human Rights
Dignity	Low	Low-medium	Medium-high	High
Dependency	High PWD passive.	High-medium More active in terms of mobility and self-care.	Medium More active in terms of participation in daily life.	Medium-low Active and equal members of the society.
Sustainability of action	Low (perpetuation of problem / situation)	Medium	Medium-high	High
Inclusion	Low	Low-medium	Medium-high	High

Step 3: Conclusion about models (5 min)

Over time, the vision about PWDs has moved from seeing them as objects of charity to considering them subjects of law with equal rights. The following things are generally recognized:

- There has been a general move from the medical to the social model, and from a charity to a human rights based approach.
- Disability is not only an individual but as well a social issue.
- Disability is not just a health issue but a cross-cutting issue both in disaster and in development.
- Link between disability and poverty: being poor is a major risk of becoming disabled, and being disabled is a major risk of being/becoming poor.
- PWDs and DPOs need to be empowered to be able to avoid discrimination and enhance active participation of PWDs in disaster and development.

The International Federation of Red Cross and Red Crescent Societies, World Disasters Report, 2007, p. 97

SESSION 2

NATIONAL AND INTERNATIONAL LEGAL AND POLITICAL FRAMEWORKS ON DISABILITY
(70-90minutes)

2.1 INTERNATIONAL AND REGIONAL FRAMEWORKS ON DISABILITY

Time: 45 minutes
Method: Presentation
Tools: Power Point presentation
Learning objectives: Participants will

- Understand the difference between an international legal and political framework
- Know about the existence of the UN Convention on the Rights of Persons with Disabilities (CRPD) and about the most important principles and provisions enshrined in the Convention
- Know about the existence of the Biwako Millennium Framework for Action (BMF)
- Understand the value of the CRPD and the BMF

A. The United Nations Convention on the Rights of Persons with Disabilities (CRPD)

Step 1: Introduction (15 min)

Legally binding texts in international law didn't consider the specific situation of persons with disabilities who become legally invisible, and the texts specifically on disability were not legally binding.The invisibility of persons with disabilities resulted in the non-respect of their fundamental rights, in disaster as well as in development. Hence, a specific text was needed to protect PWDs: the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

It is essential to understand that the CRPD is only legally binding for a State that has ratified it. Mere signature is not sufficient to make it legally binding. However, in this case, it can still serve as an excellent tool to establish guidelines for policies and development.

The Convention has a main text and an optional protocol. States can adhere to the Convention without ratifying the optional protocol. If a State also ratifies the optional protocol, an independent international committee can under certain conditions receive and consider complaints from individuals or groups of individuals against a State Party. The committee may under certain conditions also conduct an inquiry, which may include a visit to the State's territory. The committee has no enforcement power on the States. it can only quote a State in its reports. The system effectiveness rests on this single sanction, which remains very soft. However the majority of States prize their reputation at the international level.

From: The International Federation of Red Cross and Red Crescent Societies, World Disasters Report, 2007, p. 91.

CRPD: key data

- December 13, 2006: text adopted through resolution of the General Assembly of the United Nations (UN).
- Entered into force in May 3, 2008, 30 days after the 20th ratification.
- Nepal has only signed the CRPD on January 3, 2008, but not ratified it. The CRPD is therefore not legally binding for Nepal. Nepal also signed the optional protocol on the same day.

Step 2: Important principles and provisions (15 min)

The Convention does not create any new rights for PWDs but aims to enable them to fully enjoy the same rights as everybody on the basis of equal opportunities. The CRPD brings forward other general principles (art. 3) such as dignity, autonomy, non-discrimination, inclusion in society, respect for difference, accessibility, equality between men and women, as well as respect for the evolving capacities of children with disabilities (CWDs).

Some important articles to be aware of:

- Women and children (arts. 6 and 7): the CRPD is very sensitive to the double discrimination of being a woman and being disabled and to the particular vulnerability of women and children with disabilities. Therefore, their situation is considered specifically: States shall take measures to ensure full and equal enjoyment by women of all rights and fundamental freedoms. They should ensure their full development and empowerment. Likewise, CWDs should be granted full enjoyment of human rights and freedoms on an equal basis with other children.

- Awareness-raising (art. 8): recognizes awareness-raising as a tool to remove attitudinal barriers.

- Accessibility (art. 9): environmental barriers related to physical environment as well as information and communication systems need to be removed to enable PWDs to live independently and participate fully in all aspects of life. The CRPD also promotes the concept of universal design to minimize PWDs' needs for adaptation or specialized design. However, it clearly states that this shall not exclude assistive devices where needed.

- International cooperation (art. 32): highlights the importance of international cooperation in support of national efforts. The article mentions amongst other that international development programs should be disability-inclusive. Cooperation is not merely seen as financial but also technical (e.g. exchange of expertise, scientific research and technology, information, lessons learnt). Focus is not only on "North-South" but also on "South-South" collaboration: the cooperation between States, international organizations and civil society, disabled people's organizations etc. Without this article, there would be a high risk that development efforts would leave out PWDs and therefore further disadvantage them by creating new barriers for them to participate in development.

➢ The CRPD also includes a specific provision related to emergency context. It will be discussed under section 3.4.
➢ For more information on the CRPD: http://www.un.org/disabilities/

Step 3: Conclusion (5 min)

The CRPD clearly cements disability as a cross-cutting issue to be considered in all development actions. It's a human rights instrument with explicit socioeconomic and cultural rights. Although

The International Federation of Red Cross and Red Crescent Societies, World Disasters Report, 2007, p. 92.

depending on available resources, States must progressively realize access for PWDs to these rights. It represents a universal commitment towards more inclusive societies, where people with disabilities have equal opportunities and participation.

B. The Biwako Millennium Framework for Action (BMF)

Step 1: Introduction (5 min)

The BMF is a political framework for Asia and Pacific, where States have agreed to work towards an inclusive, barrier-free and rights-based society for PWDs. It covers a time span from 2003-2012 and can be seen as the "Millennium Development Goals (MDGs) for PWDs", as the MDGs are not disability-inclusive but can't be reached without addressing disability issues.

It introduces seven priority areas for action, the targets, strategies, time frames and the supporting/monitoring mechanisms.

- The BMF now also includes an explicit strategy related to disability-inclusive DRR. It will be discussed under section 3.4.
- For more information on BMF: http://www.unescap.org/esid/psis/disability/index.asp

Step 2: Conclusion on disability frameworks (5 min)

Recommendations

Development and disability actors in South Asia should:

- Ensure that their policies, strategies, programmes and projects are disability-inclusive so that new barriers are not created that exclude PWDs from emergency aid and development.
- Ensure that their action is in conformity with the CRPD and the BMF.
- Lobby upon non-member States to ratify the CRPD including the optional protocol.
- Support States in implementing the CRPD and the BMF.

Illustration 2: Legal frameworks help breakdown physical as well as social barriers

The International Federation of Red Cross and Red Crescent Societies, World Disasters Report, 2007, pp. 99-100.

2.2 NATIONAL LEGISLATION AND POLICY ON DISABILITY IN NEPAL

Time: 20 minutes
Method: Presentation, interactive discussion
Tools: Power Point presentation
Learning objectives: Participants will know

- Which legislative and political frameworks on disability exist in Nepal and what are the main gaps
- That there is a Disabled Service National Coordination Committee and know about its main functions

A. Disabled Persons (Protection and Welfare) Act (1982) and Regulation (1994)

Step 1: Introduction (2 min)

This is the first legislation related specifically to PWDs in Nepal. But only the Regulation produced in 1994 gave clearer indications on how the Act could be implemented. Also, Government has since recognised that some of the provisions of this act are discriminatory towards PWDs and need to be reviewed.

Step 2: Some selected provisions (3 min)

Some of the provisions under the Act and the Regulation include:

- free education for students with disabilities
- free medical examination
- free medical treatment for PWDs over the age of 65 years
- 5% quota of places in government vocational training centres
- non-discrimination in employment
- employment quotas (civil service (5%) private businesses)
- tax exemption for employers of PWDs
- transport subsidies (upon agreement with the particular company, up to 50% reduction of the fee)
- disability allowance (subject to available resources)

B. National Policy and Plan of Action on Disability (2006)

Step 1: Introduction (2 min)

The government's most recent government plan/policy on disability reflects the international standards and benchmarks introduced. It is a 10-year plan with the long-term objective of establishing an inclusive, obstacle free and rights-based society for PWDs, and to include them in overall national development. At district level, implementation is facilitated through District Level Plans of Action.

Step 2: Priority intervention areas (5 min)

17 priority intervention areas are outlined. For easier understanding, we can regroup them under the following three themes:

1. Legislation, coordination, awareness and advocacy
   - Law making
   - National coordination
   - International and regional assistance
   - Awareness and advocacy
   - Information and research
   - Communication

The International Federation of Red Cross and Red Crescent Societies, World Disasters Report, 2007, p. 103.

2. Prevention, care and rehabilitation
   - Prevention of disability
   - Medical treatment
   - Rehabilitation, empowerment and poverty alleviation
   - Education
   - Training and employment
   - Sports/culture/recreation

3. Cross-cutting principles
   - Women and disability
   - Access
   - Transportation
   - Assistance materials and assistance services
   - Self-dependent organizations

Disabled Service National Coordination Committee

- Operates under the chairmanship of the departmental minister of the Nepal Government Ministry for Women, Children and Social Welfare.
- Provides advice to the government about plans related to people with disability and policy issues.
- Coordinates policy, plans and programs between related agencies and organizations related to disability.
- Monitors and evaluates programs related to persons with disabilities.

C. General legislation in Nepal

Step 1: Interim Constitution of Nepal (2007) (2 min)

A new Constitution is in the drafting stage. The interim constitution, apart from general anti-discrimination articles, includes provisions that mention PWDs specifically, amongst other people / groups:

- State may establish special provisions to the protection, empowerment and advancement of interests of PWDs (art. 13 (3)).
- Social security: PWDs have the right to social security (art. 18 (2)). The State commits to pursue a policy of making special provisions of social security for the protection and welfare of PWDs (art. 35 (9)) as well as a policy of positive discrimination (art. 35 (14)) for PWDs.
- Responsibility of the State to make arrangements for appropriate relief, recognition and rehabilitation for people that acquired disability through the armed conflict (art. 33 (p)).
- State may form necessary commissions to safeguard and promote the rights and interests of PWDs.
- "Mentally retarded" children have the right to get special privileges from the State for a secured future (art. 22 (4))

Step 2: Other legislation in Nepal (3 min)

There are also some provisions for PWDs in the following general legislation in Nepal:

- The Education Act (2000): authorises the Government to develop special rules for PWDs in education.
- The Social Welfare Act (1992): provides power to develop special programs for PWDs.
- The Child Protection Act (1992): states that CWDs cannot be discriminated against.
- The Local Self-Government Act (1999): authorises village development committees (VDCs) and VDC Ward Committees to help protect PWDs and gives them the duty of recording PWDs in the area.
- Civil Service Act: provides a 5% reservation to persons with disabilities in civil service.

Suggested terminology is based on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Step 3: Conclusion on National Legislation and Policy in Nepal (3 min)

Note

Whilst legislation regarding PWDs exists in Nepal:

- It tends to be welfare based rather than rights based.
- Authorities are not bound to implement the provisions under the legislation: they are given the power rather than the duty to implement.
- The only overall national legislative framework, the Disabled Persons (Protection and Welfare) Act (1982), needs to be updated. It is currently being reviewed by a task force guided by the National Federation of Disabled Nepal (NFDN).
- There is a lack of coordination between agencies, and disability is not seen as an area of responsibility outside the Ministry of Women, Children and Social Welfare.
- There is a lack of financial resources.

2.1 THE DISABILITY SITUATION IN NEPAL: A SNAPSHOT

Time: 10 minutes
Method: Presentation
Tools: Power Point presentation
Learning objectives: Participants have a rough idea

- About the overall situation of persons with disabilities in Nepal and the limited access they have to general services

Step 1: Disability statistics in Nepal (10 minutes)

Limited statistics are available on disability and the situation that PWDs face in Nepal.

- The national census in 1998 found a prevalence rate of PWDs of 0.45%, whereas UNICEF's situational analysis of disability in Nepal (2001) put the rate at 1.63%. Comparing these rates with other countries where comprehensive disability surveys have been done, it becomes clear that these rates don't reflect the reality. WHO estimates a rate of 5-10% PWDs in any given country, which would account for at least 1.4 million PWDs in Nepal.
- Access for PWDs to medical treatment is very low. Of those who have received treatment, many have been to faith healers.
- A majority of PWDs have not received any education. For those who do attend school there is a high drop-out rate.
- A majority of PWDs in Nepal report that they have been teased or isolated as a result of their disability.
- There are strong beliefs that disability is due to sins of the past, fate and God. More than half of the parents of PWDs surveyed answered that the disability of their child was due to fate and God's will. These beliefs, together with isolation and poverty, prevent them from accessing appropriate health care treatment for their disabled children.
- Whilst it is true that PWDs are often hidden by their family due to a combination of factors including stigma, over-protection, poverty and lack of awareness, the strong family structures in Nepal may also provide a support system that can be harnessed for PWDs.
- Women with disabilities face a "double burden" – doubly disadvantaged first by the fact that they are female and then again because they have a disability.

International Classification of Functioning, Disability and Health, World Health Organization, 2001.

SESSION 3

DISABILITY AND DISASTER MANAGEMENT- A SITUATION ANALYSIS (3 hours 15 minutes)

3.1 INTRODUCTION TO DISASTER MANAGEMENT

Time: 2 hours
Method: Brainstorming, question-answer mechanisms, group work.
Tools: Power Point presentation, flip charts
Learning objectives: Participants

- Will understand what a disaster is
- Be able to distinguish different types of disasters and their effects
- Be familiar with the disaster management cycle

Step 1: Types of disasters (30 min)

Question to the group: What is a disaster according to you and what would you call a disaster in your daily life?

- Analyse with participants the answers they give; most of them will have negative character.

Answer

A disaster is any event, natural or man-made, which threatens human lives, damages private and public property, infrastructure and environment, and disrupts social and economic life. Onset of disasters can be sudden (e.g. earthquake) or progressive (e.g. certain floods).

Question to the group: What ty pes of disastersdo you know about?

- Ask participants to list the disasters they know about on flip charts.
- Then explain the distinction between natural and man-made disasters and list the main ones.

Answer

Disasters can be classified into two categories:

Natural disasters:
Examples: earthquakes, floods, landslides, droughts, cyclones.

Man-made disasters:
Examples: wars, riots, accidents, ecological disasters (e.g. chemical leaks).
one can obviously argue that humans also influence to a certain extent of certain types of natural disasters through causing, erosions due to tree cutting, etc.

From: The Sphere Project: Standards and Indicators in Relation to Persons with Disabilities. Presented at: International Conference "Disasters are always inclusive! – Persons with Disabilities in Humanitarian Emergency Situations", Bonn, 7-8 November, 2007

Step 2: Effects of Disaster (60 min)

Task: Divide participants in groups (for instance according to geographic coverage areas) and ask them to:

1. **Brainstorm on likely disasters in their project area (15 min)**
2. **List possible impacts of the disasters identified (15 min) on**
   a) Community life
   b) Life of individuals

During presentations, identify similar impact of disasters on communities and individuals (15 min)

Possible impacts (non exhaustive list):

- Loss of human lives
- Injuries
- Loss of property (home, land) and economic assets (machines, cars, crops and seeds, livestock)
- Loss of means of livelihood (e.g. job crisis)
- Loss of infrastructure (roads, public buildings such as schools, water systems, electricity)

These lead amongst other to

- Disruption of individual life habits and community life
- Dismantling of families
- Alteration of social patterns (e.g. ethic value systems) with potential occurrence of theft, violence and abuses of different nature

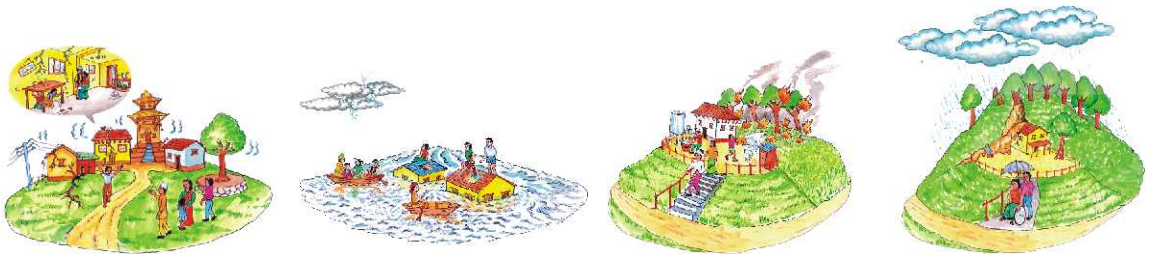
Disasters often differ in the extent of damage caused and the type of consequences, on such things as the health and physical integrity of people. For example:

- Earthquakes: may cause lots of deaths and severe, often irreversible, injuries, such as spinal cord injuries and loss of limbs.
- Floods: injuries linked to floods are things like infections (of eyes, airways, wounds etc.), snake bites and deaths due to drowning.
- Chemical leaks: cause toxic manifestations.

Brainstorming exercise: Which natural disasters have an impact on the following aspects? (15 min)

Tick the boxes of the following table with the group by using a scale between 0 and 3 crosses (no – moderate – strong – very strong impact).

Answer:
The table is indicative, and scale depends on economic activity of communities, location (rural – urban), intensity of the disaster, duration of the disaster (e.g. long or short drought), etc.



Earthquake **Flood** **Fire** **Landslide**

Illustration 3: Types of disasters in Nepal

	Earth-quake	Flood	Cyclone	Land-slide	Drought	Fire	Famine
Loss of life	XXX	X	XX	X	XX	X	XX
Damage to infrastructure	XXX	XX	XXX	X		XX	
Livelihood	XX	XXX	XXX	X	XX	XX	XX
Environmental degradation	XX	XX	XX	X	XX	XX	XX

Step 3: Disaster management – Introduction of the disaster management cycle (30 min)

Task: *Brainstorming with the group on understanding of disaster management.*

Answer

Disaster Management

Natural disasters cannot be prevented, but their impact on people's lives can be reduced to a considerable extent. Disaster management refers to the measures taken before, during and after a disaster to prevent, reduce or cope with its impact.

There are five different phases in the disaster management cycle:

1. **Disaster phase:** The phase during which the event of the disaster takes place. This phase is characterized by profound damage to the human society. This damage / loss may be that of human life, loss of property, loss of environment, loss of health, etc.

2. **Response Phase:** Period that immediately follows the occurrence of a disaster with the major objective of saving lives. All individuals respond to the disaster, but in their own ways. The needs of the population during this phase are immediate medical help, food and water, clothing and shelter. Measures are aimed at reducing immediate losses or their impact, including relief activities such as: search, rescue and evacuation, first aid, emergency food and water supply, distribution of medicines, provision of shelters and other relief materials (e.g. blankets). Measures during the first hours after a disaster are mainly taken at individual and community level until exterior aid arrives. When the immediate needs are met, the next phase begins.

3. **Recovery phase:** Measures taken to bring the conditions within the community back to normal. Measures include different types of rehabilitation such as social, economic and psychological rehabilitation. People may still live in emergency shelters and camps but are starting to return to their own homes and pursue their occupation, so that they can sustain their lives on their own, as the help from government and relief organization is going to decrease.

4. **Risk Reduction/ Mitigation phase:** The population has ideally returned to pre-disaster standards of living but they recognize the need for certain long-term measures which may be needed to reduce the extent or impact of damage during future disasters. For example, after an earthquake that caused a lot of damage to improperly built houses, the population

United Nations Department of Economic and Social Affairs Statistics Division, "Statistics on Special Population Groups Series Y No. 10 - Guidelines and Principles for the Development of Disability Statistics", New York, 2001Australian Bureau of Statistics, Survey of Disability, Ageing and Carers (Canberra, 1993).

begins to rebuild stronger houses and buildings that give way less easily to earthquakes. This process of making the impact less severe is called mitigation. Further examples include: raised grounds for flood emergency shelters. planting of drought resistant crops. building of earthquake resistant infrastructure.

5. **Preparedness Phase:** The development of awareness and knowledge among the population on the general aspects of disaster and on how to behave during a disaster (skills development). This phase includes amongst other: mapping of vulnerable households, education on early warning systems, methods of safe and successful evacuation, first aid measures, improve coordination mechanisms.

The idea of disaster risk reduction is to focus on phases 4 and 5 before the occurrence of a disaster to limit its impact and to increase people's capacity to cope with it once it occurs.

3.2 EXPERIENCES WITH DISABILITY IN DISASTER SITUATIONS: A SNAPSHOT

Time: 30 minutes
Method: Presentation
Tools: Power Point presentation
Learning objectives: Participants

- Share their experiences with disability in disaster situations
- Are exposed to some snippets of experiences with disability in disaster situations

Step 1: Practical experiences working with PWDs in disaster situations – Questions to the group (10 minutes)

- Have any of you had any (or heard of any) experiences working with PWDs in a disaster situation? Please explain.

Step 2: Presentation – Experiences working with PWDs in disaster situations (20 minutes)

What do we know?
PWDs are more vulnerable in a disaster situation due to various reasons, including:

- PWDs are often part of the poorest groups of people.
- The impairments that a PWD has.
- Tendency to be invisible during disaster and hence to be overlooked.
- Marginalisation and discrimination (World Disasters Report, 2007).
- Disaster situations create new impairments and new disabilities: Pakistan earthquake (2005) killed more than 73,000 people and seriously injured an estimated same amount of people. However, keep in mind that whereas people impaired during a disaster are visible, a significant number of people already disabled before the disaster are likely to be living in the area and be neglected.

When it comes to meeting the specific needs of PWDs before, during and after disasters, there is a growing amount of guidance and experience to draw on. Most of the documented experiences and research are from developed countries, especially the United States. but despite the vast differences in resources between low and high income countries, the principles and basic approaches are universal.

International Federation of Red Cross and Red Crescent Societies, World Disaster Report 2007, p. 101

Most examples that exist of mainstreaming disability into DRR appear to be reactive rather than proactive: the World Disasters Report 2007 (WDR) from the International Federation of Red Cross and Red Crescent Societies discusses many instances of responses after disasters becoming disability-inclusive – using DPOs, disaster organisations, etc. There are examples from Bangladesh, Sri Lanka, Iran and Pakistan of this. Other examples tend to come from developed countries, particularly the United States.

Snippets of past experiences

- **Floods - Bangladesh (2004):**
  - Handicap International estimates that in the districts of Gaibandha and Sirajganj approximately 60% of PWDs were overlooked.

- **Hurricane Katrina – United States of America (2005)**
  - Disability was largely addressed through the medical model.
  - DPOs were not referred back to.
  - Emergency information was not given in accessible formats.
  - Lack of service coordination.
  - Lack of comprehensively cross-sector trained staff.
  - Loss of equipment.
  - Resettlement issues.

- **Tsunami – Sri Lanka (2004)**
  - Residential home for PWDs: 41 out of 102 residents survived – many of the rest were unable to leave their beds or failed to comprehend in time the need to escape.

- **Cyclone-prone coastal belt - Bangladesh (recent survey)**
  - Clear differentials in the distribution of relief and rehabilitation aid between families that had members with disabilities and the rest of the community: only 3% of the sample had received any targeted support for PWDs from flood relief and rehabilitation programs.
  - Many persons with disabilities were widely excluded on the grounds of inaccessible shelters and food distribution mechanisms.

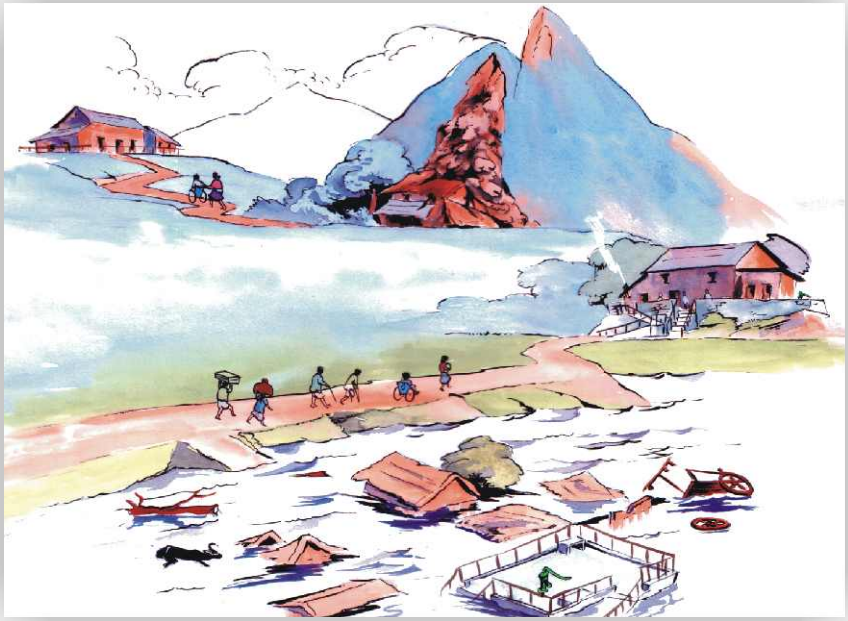


Illustration 4:Evacuation during disasters

Terminology varies according to different countries, contexts and roles and responsibilities of the community workers.

Discrimination during floods – Bangladesh (2001)

"Following an accident about eight months back, my husband, a truck driver, lost his right hand, two lower limbs and became paralysed from below his neck. We haven't yet learnt how to cope with this loss. We have never seen floods in our village before. There were no boats around when the flood waters rushed in. We sat on the roof for three days. Then our house was washed away, so we had to move here. But moving such a big man is difficult. The toilets are also too far away. Now when he defecates in bed, the other families suffer from the stench, and so they have tried to throw us out. It seems that the authorities here are also thinking along the same lines."

Setara Begum, 45, in a flood shelter at Jessore, 2001

Some positive stories

- The Associated Blind Organisation, based on the ninth floor of the World Trade Centre had developed an evacuation plan and drill for its staff, which included a number of visually impaired and blind people. This helped to save their lives during the attack on the World Trade Centre in 2001.

- A US Geological Survey study following an earthquake in California in 1989 found that persons with disabilities had a psychological advantage which made them less likely to become injured or to panic during and after the earthquake since "they negotiate with altered and sometimes difficult physical and environmental limitations on a daily basis". However, the opposite could also be true, i.e. that persons with certain types of impairments are more prone to stress and panic in altered environment unfamiliar to them.

3.3 DISASTER AND EMERGENCY FRAMEWORKS AND THEIR REFERENCE TO DISABILITY

Time: 30 minutes
Method: Presentation
Tools: Power Point presentation
Learning objectives: Participants
- Are aware of the Hyogo Framework for Action as well as the Sphere Standards, and their references and gaps related to disability

A. The Hyogo Framework for Action: Building the Resilience of Nations and Communities to Disasters, 2005-2015

Step 1: Introduction (5 minutes)

In January 2005, 168 Governments adopted a 10-year plan to make the world safer from natural hazards at the World Conference on Disaster Reduction, held in Kobe, Hyogo, Japan. The Hyogo Framework for Action is a global blueprint for disaster risk reduction. Its goal is to substantially reduce disaster losses by 2015 - in lives, and in the social, economic, and environmental assets of communities and countries.

The Framework offers guiding principles, priorities for action, and practical means for achieving disaster resilience for vulnerable communities. Priorities for action include:

1. Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation.

Introduction taken from ProVention website: http://www.proventionconsortium.org/?pageid=36

2. Identify, assess and monitor disaster risks and enhance early warning.
3. Use knowledge, innovation and education to build a culture of safety and resilience at all levels.
4. Reduce the underlying risk factors.
5. Strengthen disaster preparedness for effective response at all levels.

Step 2: Disability in the Hyogo Framework for Action (2 minutes)

The Hyogo Framework isn't disability-inclusive. It only mentions PWDs once in section III. B:

III. B – Priorities for action (4) Reduce the underlying risk factors

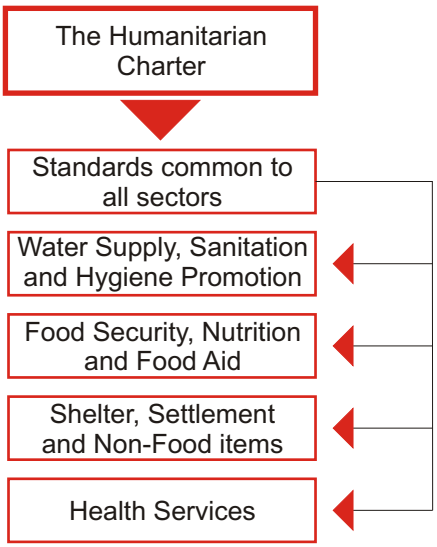
(g) Strengthen the implementation of social safety-net mechanisms to assist the poor, the elderly and the disabled, and other populations affected by disasters. Enhance recovery schemes including psycho-social training programmes in order to mitigate the psychological damage of vulnerable populations, particularly children, in the aftermath of disasters.

B. Sphere Standards:

Step 1: Introduction (8 minutes)

- The Sphere Standards were developed within the frame of a project launched in 1997 by a group of humanitarian NGOs and the Red Cross and Red Crescent movement. The aim has been to improve quality of assistance to people affected by disaster and improve the accountability of States and humanitarian agencies to beneficiaries and donors.

- The project has developed several tools, the key one being the handbook, which has been revised over the years. It provides a Humanitarian Charter and Minimum Standards for Disaster Response. It includes technical standards with key indicators and guidance notes for:
  - Water and sanitation (WATSAN)
  - Food security, nutrition and food aid
  - Shelter, settlement and non-food items
  - Health services



2004 Edition

Each Chapter includes:
- Minimum Standards
- Key Indicators
- Guidance Notes

Step 2: Disability in the Sphere Standards (10 minutes)

PWDs are included as one of the cross-cutting issues (children, disability, environment, gender HIV/AIDS, older people, and protection) and in the standards common to all technical sectors (WATSAN, health services, etc.). The standards and their specification regarding vulnerable groups are:

- Participation: representation of all groups
- Initial assessment: include all groups
- Response: meeting needs of all groups
- Targeting: include representatives of all groups
- Monitoring: all groups regularly consulted
- Evaluation: include all groups

Standards also refer to aid worker competencies and responsibilities, as well as management and support of staff: reference is made to 'paying attention to vulnerable groups' and provide workers with appropriate training and orientation, especially increasing awareness.

The handbook further provides examples of supporting vulnerable groups. These are also important for PWDs:

- Suitable toilet and washing facilities
- Water distribution points accessible
- Access to food aid/nutrition
- People with disabilities not neglected or overlooked
- Adequate shelter provided, including privacy
- Suitable roads/paths/ramps

Step 3: Sphere Standards: challenges and shortcomings related to disability (5 minutes)

The current standards don't really indicate how to practically include cross-cutting issues such as disability in disaster response. Mentioning the vulnerable groups in the standards common to all sectors is a good step, but won't be sufficient to mainstream a highly heterogeneous group such as PWDs. Practical and concrete guidelines are needed that indicate:

- How people with different types of impairments can participate.
- How PWDs are included in initial assessments (assessment forms need to be made disability-inclusive).
- How PWDs are included in a holistic way in disaster response.
- That PWDs and their representatives need to be present in monitoring and evaluation.

The question is if this is realistic within the frame of the Sphere Standards, or if their focus should remain on a more general mainstreaming, with reference to tools, manuals and guidelines developed on the specific issue of disability.

3.1 DISABILITY FRAMEWORKS AND THEIR REFERENCE TO DISASTER

Time: 20 minutes
Method: Presentation
Tools: Power Point presentation
Learning objectives: Participants

- Understand the need for references to disaster in disability frameworks
- Know the main articles and references to disaster related to the UN Convention on the Rights of Persons with Disabilities and the Biwako Millennium Framework for Action
- Understand practical guidelines provided for disability-inclusive disaster management

➢ Refer also to session 2.1 on international and regional frameworks on disability, where the CRPD and the BMF are introduced.

Step 1: The UN Convention on the Rights of Persons with Disabilities (2006) (5 minutes)

As it was noticed that PWDs were the first victims of wars and natural disasters, an article specific to emergency situations was included in the CRPD:

Article 11: Situation of risk and humanitarian emergencies

"States Parties shall take, in accordance with their obligations under international law, (…), all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters."

However, other provisions from the CRPD can be utilized within the frame of DRR for the different sectors of activity. They will be introduced in session 4 under the specific chapters.

Keep in mind

International cooperation (art. 32) is an excellent "catch all" article to advocate for inclusion of disability in DRR: it highlights the importance of international cooperation (incl. development programs) being inclusive and accessible to PWDs. This includes cooperation between States on one hand, and partnerships with international and regional organizations as well as the civil society on the other.

Step 2: The Biwako Millennium Framework for Action (5 minutes)

At the mid-term review of BMF in 2007, an explicit strategy was introduced to recognize the importance of disability-inclusive Disaster Risk Reduction:

Strategy 23:

"Disability-inclusive Disaster Risk Reduction should be promoted. Disability perspectives should be included in the implementation of policies and initiatives in this area, including the Hyogo Framework for Action 2005-2015 (…). Universal design concepts should be integrated into infrastructure development in disaster-preparedness and post-disaster reconstruction activities."

Step 3: Conclusion (10 minutes)

To support effective and sustainable inclusion of PWDs in DRR, disaster frameworks need to be disability-inclusive and disability frameworks need to be disaster-inclusive.

A recent conference with focus on PWDs in humanitarian emergency situations came out with a declaration providing useful practical guidelines for disability-inclusive disaster management, including:

1. Ensure inclusion of PWDs, their families and communities as well as DPOs at every stage of disaster response, from planning to implementation, in order to cater for basic as well as special needs of PWDs in pre, acute and post disaster situations.

2. Enable full participation of PWDs and their families as active stakeholders and advisors.

3. Guarantee full accessibility for PWDs and their families to information and services in pre, acute and post disaster situations.

4. Strive for involvement and creation of ownership of local government structures with regard to inclusive disaster response measures.

5. Lobby for government action plans for inclusion of disability in disaster response.

6. Strive for cooperation and networking between humanitarian aid agencies and organisations specialising in disability issues, both at the national and international level.

7. Define and learn from "best practices" of disability-inclusive disaster response.

8. Adapt existing disaster response guidelines to include criteria and practical indicators for inclusion of disability issues.

9. Provide easily applicable methodologies and tools for practical inclusive action in disaster response.

10. Establish (self-)evaluation mechanisms to monitor and improve the quality of inclusion measures in disaster response.

11. Allocate adequate funding for disability issues in disaster response budgets as well as in development aid budgets for disaster prone areas.

12. Special focus must be directed towards inclusive disaster preparedness planning to ensure effective inclusive disaster response when an emergency actually takes place.

13. Since the emergency affects local people in situ at the level of local communities, disaster preparedness planning must be community-based. Tailor-made community based disaster preparedness planning can then respond adequately to the special situations and needs of all, including vulnerable groups such as PWDs, in a given community.

SESSION 4

MAINSTREAMING DISABILITY INTO DISASTER RISK REDUCTION: PRACTICAL RECOMMENDATION (12 - 17 hours)

4.1 MAINSTREAMING THROUGH A TWIN-TRACK APPROACH

Time: 80 minutes
Method: Question-answer mechanism, presentations, brainstorming
Tools: Power Point presentation
Learning objectives: Participants will

- Understand the concept of mainstreaming and why it is necessary related to disability and disasters
- Understand the twin-track approach to mainstream disability in DRR, and are able to apply it
- Know a practical model on how to mainstream disability into DRR
- Have ideas what their organizations can do to make their DM activities disability-inclusive

1. Question: What is mainstreaming?

Answer:

- It can be taken as a synonym for "inclusion" / "including". "Inclusive" refers to all people living in any given community. If something is inclusive it means that access to activities and infrastructure is available for everybody including: PWDs. older people. children. pregnant women. etc..
- A process bringing the marginal into the core business (or a marginalized group into general society). After being mainstreamed, the marginalized group should be able to participate on an equal basis in the core business.
- An approach to include a specific issue (e.g. disability. gender) in the different aspects (social, legal, political, economic) of an organism (e.g. community, country, NGO).

The specific issue (here disability) can be included in a more or less holistic way in the given organism: an organization can for instance start to include disability in only one of its sectors of activity (e.g. economic inclusion: provide access for PWDs to livelihood opportunities), then extend it to other sectors (e.g. social inclusion: provide access for PWDs to mainstream schools). The focus of this training for instance is to include disability in DRR.

2. Question: Can anyone share practical experiences of mainstreaming (prior to this project and mainstreaming disability)? What were the difficulties and how were they overcome?

Listen to statements from two or three participants and discuss them briefly. The idea is to create a first link between a theoretical concept and the practice.

Possible answer

- Possible difficulties encountered: disability not seen as priority. "not planned in proposal". mainstream organization indicates lack of financial resources or thinks not being capable to do it. "no time". done but quality not satisfying. difficult to implement. mainstreaming fatigue (organization already mainstreams gender, children, HIV/AIDS...).
- How they were overcome: awareness-raising. advocacy. training and capacity building. hands on support on the field. etc.

Step 1: Questions to the group – Why mainstreaming of disability in DRR? (5 minutes)

3. Question: Why do we need to mainstream disability into Disaster Risk Reduction?

Answer:

- Link between disability and poverty: PWDs and households with PWDs often belong to the poorest. Hence, they are particularly vulnerable (e.g. living in hazardous areas in shelters of poor quality) and have less capacities to deal with disasters (e.g. less financial means to face increasing food prices).
- Link between disability and disasters: PWDs are more vulnerable in disasters due to their impairment, existing barriers and their socio-economic situation. On the other hand, disasters create impairments / disability.
- PWDs tend to be invisible in disasters. Aid often focuses on people that became impaired through the disaster, neglecting people already impaired previous to it.
- Not including PWDs in DRR means putting new barriers for them and not letting them participate in development processes.
- When the disaster strikes, time is often running: lack of time combined with lack of know how and negative attitudes might cause obstacles to mainstreaming. The right to live, the right for shelter etc. are human rights equal for everybody. It is therefore an obligation to include PWDs in disaster response. If action is taken prior to a disaster, chances for a comprehensive inclusion are clearly higher.

Step 2: How to mainstream disability in DRR? (20 minutes)

There is consensus that when it comes to mainstreaming disability and people with disabilities, a "twin-track approach" is necessary. Under this approach:

1. Disability is mainstreamed into programs and services of actors engaged in DRR.
2. Specialized services for PWDs are provided where needed to empower PWDs.

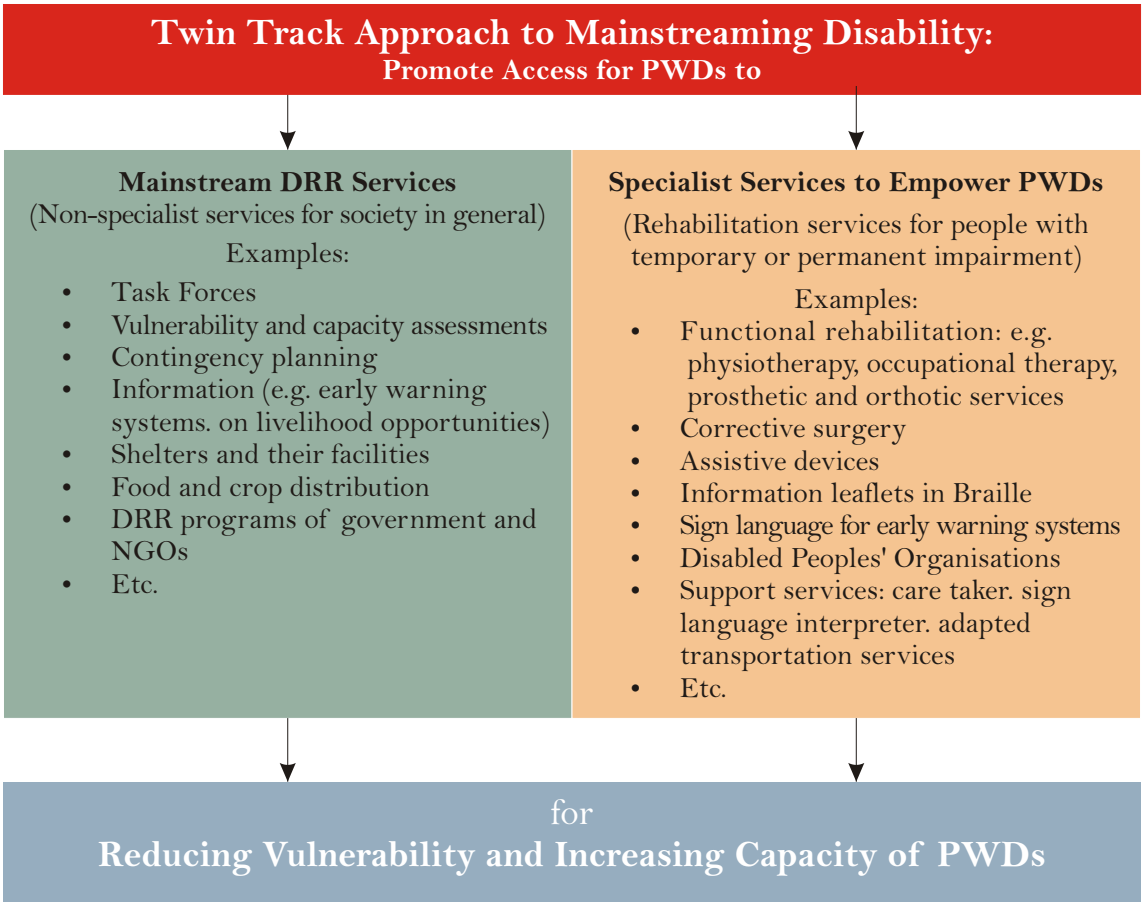


Illustration 5: Twin Track approach to mainstream disability in DRR

Guideline: as much mainstreaming as possible, specialist services only when necessary. However, there is need for further research to determine the appropriate balance for the "twin-track approach" - between mainstream and specialized services.

Keep in mind

Mainstreaming does not replace the need for targeted, disability-specific services, policies and legislation. nor does it do away with the need for disability units or focal points.

An effective and holistic mainstreaming in DRR ensures that:

- It occurs at all levels: from the community to the government level and from (I)NGO to donor level.
- Implications on PWDs of any planed DRR action are assessed and handled accordingly. This also includes legislation and policies

Step 3: A practical model for mainstreaming disability into DRR (20 minutes)

The International Federation of the Red Cross and Red Crescent Societies (the ProVention Consortium) has recently published a series of Guidance Notes for mainstreaming DRR into development activities. The model that it introduces for doing this can also serve for mainstreaming disability into DRR.

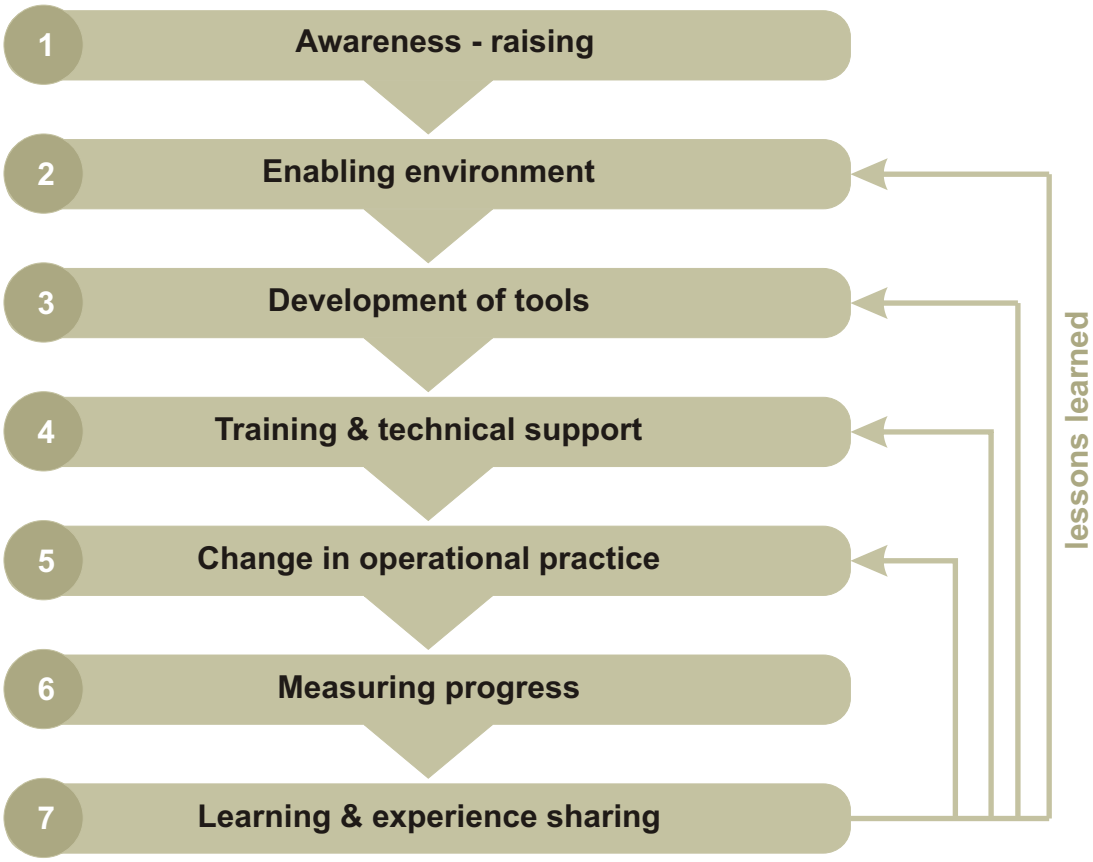


Illustration 6: Mainstreaming model from ProVention consortium

Task: Show the model and elaborate the following points through interactive discussion with the group.

1. Awareness raising:
   Raise society's general awareness on disability issues and on the importance of mainstreaming disability into DRR.
   Actors need to accept greater accountability for using resources effectively for the whole population.

2. Enabling environment:
   Appropriate development organisation policies, strategies and institutional capacities: Disability needs to be seen as a cross-cutting development issue rather than purely being the responsibility of health and social welfare departments, and specialised services. The environment (infrastructure, information system, attitudes of society, laws, policies etc.) needs to be adapted in a way to make active participation for PWDs possible. Organizations specialized in the field of disability need to technically support mainstream actors in this.

3. Development of tools
   Practical programming, monitoring and evaluation (PME) tools need to be developed to support DRR actors in effectively including disability issues in DRR.

4. Training and technical support

Actors with technical knowledge on disability (DPOs, rehabilitation professionals, (I)NGOs specialized in disability etc.) should provide appropriate training and technical support to DRR actors to plan, implement and evaluate DRR activities.

5. Change in operational practice
With increased awareness, an enabling environment, tools developed, actors trained and ad hoc technical support as required, a change in operational practice then can occur. This will be examined more concretely in the next chapters.

6. Measuring progress

As in any project or programme, progresses on inclusion in DRR need to be measured with objectively verifiable indicators to orient further action and adjustments. As discussed earlier, this could be facilitated through more effectively incorporating disability with measurable indicators in frameworks: in the Hyogo Framework for Action, the MDGs, the BMF, the Sphere Standards, and certainly in National Disaster Management plans and National Plans of Action on Disability.

7. Learning and experience sharing
DRR actors should make a concerted effort to share experience, data, tools and best practices from disability mainstreaming. This will serve as feedback on the previous steps that can then be adjusted accordingly.

Note

Different points will certainly overlap in practice. Moreover, sequencing can be different: instead of starting with awareness (A), followed by enhancing knowledge (K) and then changing the practice (P), the sequencing could as well be K-A-P or P-A-K etc. The ideal way needs to be identified for each given context.

Step 5: Brainstorm with group: What can your organization do for disability-inclusive DRR? (15 min.)

Possible answers

- Remove barriers for PWDs in the society and environment
  - Remove barriers in the physical environment (accessible water and sanitation facilities, emergency shelters, etc.)
  - Reduce attitudinal barriers (disaster task forces unwilling to accept PWDs, local actors seeing PWDs as unworthy to be included, etc.)
  - Make sure information and communication is accessible for people with different types of impairments (early warning systems, community and school education sessions on disaster, etc.)
  - Enhance knowledge on how to work with PWDs (search and rescue teams, community workers, etc.)
  - Ensure that Disaster Risk Reduction strategies in the community are inclusive of people with disabilities

- Promote the equal and active participation of people with disabilities
  - Include PWDs in vulnerability and capacity assessments, contingency planning, task forces, DRR committees, etc. They are best placed to indicate what is needed for effective inclusion.
  - Refer PWDs for specialized services.

- Lobby upon other actors to make DRR disability-inclusive

General principles for working with people with disabilities

- People with disabilities have capacities.
- Treat people with disabilities as you would treat anyone else.
- All people with disabilities are different and have different needs. However, establishing main groups of impairments provides a workable frame for mainstreaming.
- People with disabilities themselves have the best knowledge of their needs and how these can be met. Decisions on their needs, referral to other services and participation in community activities should be made by the person themselves.
- Poverty and lack of opportunities are real issues for people with disabilities: they should therefore be able to access existing empowerment and development services available in their community (education, livelihood etc.).
- Be clear on what type of work your organisation can do with people with disabilities and when you need to seek the support of specialist services or other organisations.
- Use local resources to support your work with people with disabilities – disabled peoples' organisations and other organisations working with people with disabilities.
- Persons with disabilities do not always need separate and specialised services.

4.2 GUIDELINES FOR IDENTIFYING PERSONS WITH DISABILITIES

Time: 1 hour 30 minutes – 1 hour 45 minutes
Method: Question-answer mechanism, presentations
Tools: Power Point presentation
Learning objectives: Participants will

- Understand the importance of mapping persons with disabilities
- Understand potential barriers to identifying persons with disabilities
- Understand the essential elements for identifying persons with disabilities
- Be able to utilize the screening form provided to identify persons with disabilities and to instruct others on how to utilize it

A. Barriers to identifying Persons with Disabilities in the community (30 minutes)

Step 1: Discussion with participants regarding past experiences in surveying/mapping people with disabilities (10 minutes)

Question: Who in the group has taken part in exercises to map/screen PWDs in their working area? (2-3 statements)

- How did you do this?
- Did you have any problems doing this?

Step 2: Survey methodology: an example of a barrier (10 minutes)

Surveys were conducted in three different countries to find out the prevalence of disability within each country: Questions were asked to identify disability in different ways

- **Australia**
  - Is there anyone in the household who has any loss of sight?
  - Does anyone have loss of hearing?
  - Does anyone have loss of speech?

- Is there anyone who has blackouts or fits or loses consciousness?
- Is there anyone who is slow at learning or understanding things?
- Does everyone have full use of their arms, fingers and legs?
- (A further eight questions of a similar nature were asked)

- **Bangladesh:**
  - Is there any blind/crippled/deaf and dumb/mad person in this household?

- **Sudan:**
  - Does anyone in this household, including very young children and women, have any long-term condition or health problem which prevents or limits his/her participation in activities normal for a person at his/her age?

These were the rates of disability identified in the respective countries after the surveys were completed:

- Australia: 17.6%
- Bangladesh: 0.6%
- Sudan: 1%

Questions to the group:

- Do you think that it is likely that the percentage of PWDs in these countries really were so different?
- How could the way that the questions were asked have impacted on the number of people with disabilities identified?

Disability rates were highest in Australia, where the questions referred to a variety of specific conditions. In Bangladesh and Sudan, where the question referred to a limited list or referred only to severe ones, lower percentages of PWDs were obtained. Also, where questions were asked using words that had negative meanings (Bangladesh), a lower percentage of PWDs were identified. It is also possible that people might not have well understood the questions, especially in Sudan, where the question was quite abstract and theoretical.

Key message

The questions asked during vulnerability and capacity assessments (VCAs), screening and other assessments impacts in a decisive way on the prevalence rate we receive. To identify PWDs in the best possible way, it is therefore crucial that:

- Questions are field-tested
- Survey teams are trained and ask correct questions in a correct manner
- Survey teams show a respectful behaviour
- Information from individual households is cross-checked (via focus groups, village leaders, etc.)
- Randomized checks of the survey teams information.

Step 3: Other barriers (10 minutes)

It is often difficult to identify people with disabilities in any given community for a number of reasons:

- Community and family beliefs and attitudes regarding disability: if stigma exists about disability or it is believed to be caused by past wrongs or the work of evil spirits, people are less likely to identify themselves or family members as having a disability. This is particularly the case with intellectual and mental impairments.
- The perception of the people being interviewed about the reason for asking the questions,

- what the answers will be used for and what will be the result for them personally of sharing disability information.
- Certain kinds of impairments are more hidden due to cultural factors: whether a person reports having a difficulty with an activity or not will depend on cultural expectations about whether they should be performing that activity or not. There may also be culturally based sensitivity when talking about intimate things such as having difficulty with tasks like bathing and toileting. People with intellectual impairments are highly stigmatised in many cultures, meaning that families of people with intellectual impairments, and often the person with an impairment himself, are likely to hide the person away from community and family life – both to protect the family and the individual.
- Certain kinds of impairments are more difficult to identify quickly due to the nature of the disability:
  - Children with disabilities: it is often difficult for non specialists to identify them, particularly at an early age, because of the natural variation in normal development for children.
  - People with hearing and intellectual impairments: it is often difficult to visually identify people with hearing and intellectual impairments.
- Interviewer's knowledge of the community and the level of acceptance that s/he holds within the community: if the interviewer is well known and accepted within a given community, information about PWDs is more likely to be shared than if a new person unknown to the community begins asking questions.
- Beliefs and expectations of the interviewer: as with all interviews and studies, the interviewer's beliefs and expectations may have an influence on the number of PWDs identified.

B. Identifying people with disabilities in your working areas (20 minutes)

Step 1: Group discussion – Why are we trying to identify PWDs in our DRR activities? (5 minutes)

Answers

- To gather information about the number of PWDs in a working area.
- To enable appropriate planning for inclusion of PWDs in DRR and disaster response.
- To identify their additional needs to facilitate their inclusion and active participation in DRR and disaster response.

Remember

- We are not trying to make a medical diagnosis or to provide treatment for their disability
- Specialized services exist (often even in the community) and can be used for referral if PWDs require services that are not provided by your organisation

Refer to session 6 for more information about referral and networking

Step 2: Presentation – Tips on how to identify PWDs (15 minutes)

1. Make sure that questions
   - Are not stigmatising
   - Are asked in a non-threatening and non-judgemental manner
   - Are neutral (neither positive nor negative)
   - Are established in a way that is clearly understandable and that enables to identify all PWDs

2. Ask extra questions to identify "hidden impairments"
   - To try to identify people with intellectual and mental impairments
     - o Find out about people who were slow to do things as children
       - learned to speak significantly later than other family members
       - learned to sit, walk or use their hands significantly later than other family members
     - o Find out about people whose behaviour may be different
       - Behave in a way that is not expected of someone that age
       - Difficulty / not able to express their needs
       - Difficulty / not able to be with people who are not familiar
       - Difficulty / not able to keep still/ stay in one place
       - Difficulty / not able to keep quiet. talk all the time in presence of others or alone
       - Show sudden and unpredictable behaviour towards other people
       - Get agitated or angry very easily
   - Try to identify women with disabilities
     - o Speak with male and female family members, not just the head of the household

3. Use local groups and organisations that might be aware of PWDs in the area (e.g. DPOs, (I)NGOs working with PWDs). Often, they can also provide support in identifying and working with PWDs. Community workers are a further good source of information.

4. Tell people about the potential benefits to themselves and the community if information is collected about PWDs. But don't make promises!

5. Keep in mind what the information you are collecting is being used for and why you are trying to identify PWDs.

6. Speak directly to the person with disability, whenever possible.

For communication guidelines, refer to session 4.3 about awareness raising and education activities.

Step 3: Using the PWD screening form (45 minutes)

The following form and its guidelines for completion should facilitate screening of PWDs at community level. The form is designed in a way that no disability expertise is required for this. It is therefore an ideal tool for community workers, for instance when:

- Undertaking community mapping exercises (e.g. VCA)
- Identifying vulnerable groups
- PWDs are identified in the working area

The template PWD screening form and its guidelines can be printed from the CD for field use.

Instruction for facilitator: Overview of the form and guidelines for completion (45 min): PWD screening form and guidelines for completion are distributed to participants and explained step by step. The facilitator can utilize a Power Point presentation, including pictures for further illustration: a) for section on use of communication aids: pictures on Braille, hearing aid, sign language. b) for section on use of mobility aids: walking stick, white cane, crutches, wheelchair, artificial limbs (leg, arm), callipers).

PWD screening form with guidelines for completion

Information about the person doing the screening

This section is for the organization that does the mapping official purposes only.

PWD's Personal Information			
Name:			
Sex:	M ☐ F ☐	Age	
Marital Status:	Unmarried ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐		
Parent/spouse's Name:			
Address:			

Who is the contact person or carer for the PWD?(if required)
Name and Telephone Number:
The contact person's details are required for future communication with the PWD if they are not able to communicate directly themselves. Carer details are useful for planning of DRR and essential for disaster response.

How many people live in the house and who are they?
To be used for planning purposes – for example, will this person require assistance during evacuation?

Is this person's house **located in a disaster prone area?** No ☐ Yes ☐
Flood prone area ☐ Landslide prone area ☐ Fire (near to jungle) ☐ Earthquake ☐
This is again for planning purposes – allows workers to determine needs of the PWDs regarding DRR activities.

Profile of the PwD:

This section is intended not to make a medical diagnosis or determine the extent of the person's impairment. It is intended to assist in determining if the person will have particular difficulties or needs with respect to DRR activities and during disaster response (for example - Will they be able to respond to a sound-based early warning system? Will they be able to evacuate independently in the case of a disaster?). The community worker should complete this section with the PWD, or a family member of the PWD, present.

Does the person have difficulty **seeing**?
Does the person's vision stop them from doing things or make it difficult for them to do things that they would generally do?

No ☐ **Yes** ☐ →

Are they totally blind? Yes ☐ No ☐
Comments:
Not all people who have difficulty seeing are totally blind. If someone is totally blind they cannot see anything at all. Difficulties with seeing can include having blurred vision, not being able to see things in the distance, not being able to see small things, not being able to see things at night time, only being able to see out of one eye. Indicators of difficulty seeing may include bumping into or tripping over things, falling at night, not being able to distinguish colours. It is important to find out if the person has any sort of vision that may be useable for their participation in DRR and during response.

Does the person have difficulty **hearing**?
Does the person's hearing mean that they have trouble hearing sounds that you would normally expect someone to be able to hear?

No ☐ **Yes** ☐ →	Are they totally deaf? Yes ☐ No ☐ Comments : *Not all people who have difficulty hearing are totally deaf. Difficulty hearing might include not hearing things that have a low pitch, not being able to hear conversations if there is background noise, only being able to hear out of one ear. Indicators of difficulty hearing may include turning the head to one side to hear a conversation and only being able to respond to clear, short messages. It is important to find out if the person has any sort of hearing that may be useable for their participation in DRR and during response.*
Does the person have difficulty **speaking**? *Is the person able to vocalise words and sentences?*	
No ☐ **Yes** ☐ →	a) Are they completely unable to speak? Yes ☐ No ☐ Comments: *For planning reasons, it is important to establish if a person can speak a little bit (example: some words. fully, but with unclear pronunciation) or can't speak at all.* b) Do they also have difficulty understanding? Yes ☐ No ☐ Comments : *A person can be considered to have difficulty understanding if they are not able to respond to things in the same way that other family members do. Not all people who have difficulty speaking will have difficulty understanding. For example a person might have physical characteristics that make it difficult for them to use their mouth, but these characteristics do not stop them from hearing and understanding. Also, people who cannot hear may be able to say certain words and phrases. It is important to find out if the person can understand messages and if they have difficulty speaking to determine how they can participate in DRR and during response.*
Has the person difficulty **hearing and seeing**?	
No ☐ **Yes** ☐ →	Is the person completely deaf and blind? Yes ☐ No ☐ Comments: *Due to the complexity of this impairment, it is worthy to ask this question explicitly rather than considering it sufficient to tick it both under "visual" and "hearing" difficulties. So we can make sure actors reviewing the screening form don't overlook deaf-blindness.*
Does the person use an **aid or need assistance to communicate with others**? *If a person cannot speak, or cannot see, or cannot hear, they may have learnt other ways to communicate. Or, they may have developed their own way of communicating with certain people, such as family members or friends.*	

No ☐ **Yes** ☐ →	Braille ☐ Hearing aid ☐ Sign language ☐ Lipreading ☐ Comments: *Braille is used by people who have difficulty seeing so that they can read written material. It is a series of raised dots printed on paper and is taught at schools and other institutions for people who have difficulty seeing.* *A hearing aid may be used by a person who has difficulty hearing. If they wear this on their ear they may be able to hear but if they are not wearing it or it is not working they cannot hear. Also, hearing aids can become troubled when there is strong background noise like during certain disasters.* *Sign language may be used by a person who has difficulty hearing – people who sign use their hands to make gestures and signals instead of speaking – it is a way of communicating with other people who understand this form of language.* *Some people who have difficulty hearing, or have difficulty speaking can read the lips of other people if the speaker speaks slowly, clearly and directly to the person.*
Does the person have any difficulty **walking or moving?** Does the person have difficulty moving their legs? Does this difficulty stop them from moving about their home and community?	
No ☐ **Yes** ☐ →	Can they walk a short distance? (about 10 metres) Yes ☐ No ☐ Can they sit by themselves? Yes ☐ No ☐ Comments : *If a person can walk a short distance, it will be helpful in terms of evacuation plans. If they are unable to walk even a short distance, careful planning will be required in order to make sure that they are able to evacuate in the event of a disaster. Make comments here whether the person can move even a short distance by themselves, or if they always require assistance to move. Specify in the comments if they can walk stairs (up/down), in uneven grounds, on narrow paths etc., and if yes, if they need any assistive device or assistance person.* Think also about how a person moves from a bed to a chair, and if they can sit up from the lying position or lie down from the sitting position. Difficulty using their legs will mean that evacuation and other such physical tasks will require extra attention. *If a person can sit without assistance, s/he will not require additional consideration for evacuation plans that may require boats. If s/he ise unable to sit, additional consideration will be required in evacuation and search and rescue efforts. Make a note if the person is able to sit alone or requires support (such as a chair back, another person).*
Does the person have **difficulty using their arms or hands**? If the person has difficulty moving or using their arms, this may again make their participation in some disaster management activities difficult	
No ☐ **Yes** ☐ →	Can they hold things in their hands? Yes ☐ No ☐ Comments : *Can the person grasp for example a cup or another item in one or both of their hands? It gives some rough information about the function of the upper extremities. This is important to take into consideration with contingency and evacuation planning.*
Does the person use an **aid or assistance to move around?** *If the person has a visual or physical impairment they may not be able to move around by themselves. Do they need help to move from one place to another?*	

No ☐ **Yes** ☐

→

Walking stick ☐ White cane ☐ Crutches ☐ Wheelchair ☐
person ☐ 2 people ☐ Prosthesis ☐ Callipers ☐
Other (describe):

Comments:

People with a physical impairment may use an "aid" - a walking stick, crutches or a wheelchair to move around. If a person is missing legs or arms, they may wear an artificial leg or arm in order to move around and do things. A person with weak legs may wear callipers on their legs to provide them extra support when they are walking. Sometimes, even when people use these "aids" they might still need help to move from a person. Or, sometimes people with physical impairment may not have an "aid" to move around but instead are helped by family members or other people. We need to know whether they use an aid or personal assistance to move around so that this can be considered in planning, evacuation and other community based DRR activities. A person with a physical impairment might need help to do some things but may be able to do other things alone. For example, they may be able to move within the house themselves but may need help to move outside their home.

A person who has difficulty seeing may use a "white cane" to help them move around. This may be a long stick that is made in the village or may be a specially made fold-up cane that is painted white. They walk with the cane held out in front of them to recognise if there are objects or uneven ground in front of them that they cannot see. The person may use the cane all of the time, or just when they go outside their home into environments that are not so familiar.

It is essential to record assistive devices so that they are not left back during disaster.

Does the person have difficulty **understanding, remembering or learning new things?**
Is the person able to understand and remember when they are given new information, such as being introduced to a new person? Do they recognise familiar people and objects? Are they able to learn something new, such as the name of a new person, in the time and manner that you or other community members would expect? It is also useful to find out what types of objects persons with severe intellectual and mental impairment like most and ensure they are taken with during an evacuation: it will make evacuation of the person easier.

No ☐ **Yes** ☐

→

Comments :

If a person has difficulty remembering and understanding common things, and learning new things that you would expect them to be able to learn, they may need additional assistance to do these things. For example, they may require extra practice or extra time to learn new things, or to remember important information. It is important to find out if this is the case so that it

can be taken into consideration when you are undertaking training during DRR activities (e.g. mock drills. early warning systems) and during disaster response (e.g. ability to understand and follow instructions from rescue teams).

Does the person ever have **behavioural difficulties?**

Does the way that the person acts ever cause a problem for them, their family or other community members? Is their behaviour considered unusual by their family or community members?

No ☐ **Yes** ☐ →	Comments : *Here take note of what type of behavioural difficulties the person has – eg. does not respond well to new people. becomes agitated if they do not understand what is happening or if their regular carer leaves them. Also take note of any techniques or systems that can be used to control their behaviour, or calm them down if they become agitated.* *This information is important to use in your DRR planning and activities, particularly when planning evacuation, early warning systems and search and rescue activities.*

Does the person have difficulty **doing self-care activities**?

Self care activities are the things that are necessary for every person to do regularly in order to stay healthy and clean. Is the person able to do these regular activities by themselves? Do they need extra time or extra help?

No ☐ **Yes** ☐ →	Do they need assistance to: Wash Yes ☐ No ☐ Go to the toilet Yes ☐ No ☐ Dress Yes ☐ No ☐ Eat Yes ☐ No ☐ Extra comments: *Include comments on what type of help the person needs to do these things.* *This information can be used for shelter management planning (for instance when PWDs find themselves without family or care taker).*

What is the person's **occupation**?

What work does the person do?

Student ☐ Office worker ☐ Daily Labour ☐ Farmer ☐ Housewife ☐

Self-employed ☐ Part-time employed ☐ Unemployed ☐ Other ☐

This information can be used to help make evacuation plans and also for shelter management (e.g. active participation. livelihood activities).

Where does the person **spend most of their day**?

Where would you normally expect to find this person if you are looking for them?

School/work ☐ In their home ☐ In the field ☐ Other ☐

Comments:

This information can be used to help make evacuation plans as well as to involve the person in community based DRR activities. It is also useful in search and rescue planning.

Additional comments or recommendations from the person or their family:

Does the person, or their family, have any recommendations on how to assist them in participating in disaster management activities? Do they need any additional considerations? How did they cope with previous disasters?

To be answered by the community worker:

This should be completed by the community worker in consultation with the PWD. The community worker should explain the activities their organisation does in the PWD's area and potential ways the PWD could become involved if they are not already involved. These questions can be answered by using the information gathered from the PWD in the previous section and your knowledge of what systems are in place in the local area if a disaster happens.

Does this person know anything about disasters and what to do if a disaster happens?
Yes ☐ No ☐

Comments:
If the person has some knowledge, indicate what knowledge they have – eg. has experienced a disaster before, has attended community awareness sessions, knows about the early warning systems in their local area.

Is this person **interested in receiving training** in disaster preparedness? Yes ☐ No ☐
If yes, what training would they like to receive?

This question is intended to help to identify how the PWD can participate in your organisation's disaster management trainings and activities. Are they interested to participate? What do they want to learn? Having people with different types of impairments involved in DRR activities (e.g. in task forces) ensures that issues are addressed and that solutions found are realistic, because PWDs can best provide information about their needs.

Will this person be **able to attend** this training outside his/her house? Yes☐ No☐ N/A☐
If no, can training be provided at his/her house?

If the person is interested in receiving training, can they attend the regular trainings or activities that your organisation conducts? Can anything be done to make sure that they are able to attend? If they are not able to attend, can they be given training in their own environment?

Will this person have **additional needs** during and after disaster?

This section is looking at the person's special needs that are beyond the scope of your organisation or community to provide. The community worker completes this section together with the person or a family member.

Communication systems: Yes ☐ No ☐
Details:
During and after a disaster, will the person need any additional information than would usually be provided to community members? Will information need to be provided in a different manner (eg. written rather than verbal, large print)? This question can be answered by using the information gathered from the PWD about how they communicate and your knowledge of the way information is communicated in the local area if a disaster happens.

Early warning system: Yes ☐ No ☐
Details:
Is the early warning system in the person's local area appropriate for them? Do they require priority in receiving early warning messages so that they can evacuate or take other actions in enough time? Does an alternative system of notification need to be identified for them (eg. door-knocking, individual assistance, mobile phone notification)? Can the person take place in emergency drills undertaken in the community as part of the early warning system activities?

Search/Rescue/Evacuation: Yes ☐ No ☐
Details:
Should specific provisions be made for the person within the search, rescue and evacuation plan? Will they require particular attention or assistance? Should rescue teams be informed of any particular methods for communication with this person or for helping this person to move? Does this person have aids (wheelchair etc) that they need to take with them in the event of evacuation or rescue?

Shelter: Yes ☐ No ☐
Details:
Will the person be able to use the shelter facilities available to community members? Will they be able to use their aid (wheelchair etc) in the shelter? Do they need to be given priority in placement close to water supply or sanitation areas? Will the methods used in the shelter to communicate information be appropriate for the person?

Medical support: Yes ☐ No ☐
Details:
Does the person require regular medication or other medical support that needs to be taken into consideration during or after a disaster?

Aids and assistive devices: Yes ☐ No ☐
Details:
Does the person use aids or assistive devices that need to be taken with them during or after a disaster?
If they use a simple device like a walking stick or white cane: can they have a spare one that can be used if their original one is damaged or lost during the disaster?
Additional comments or needs:

Is this person **interested to be a member** of a disaster management team? Yes ☐ No ☐
If yes, what role/s would he/she be interested in taking:

4.3 COMMUNICATION GUIDELINES FOR AWARENESS RAISING AND EDUCATION ACTIVITIES

Time: 1 hour 15 minutes – 1 hour 30 minutes
Method: Question-answer mechanism, group work, presentations
Tools: Power Point presentation
Learning objectives: Participants will

- Be aware of limitations of different communication methods for persons with disabilities
- Understand what can be done to make communication and education activities accessible to persons with disabilities

Step 1: Introduction (5 minutes)

Having access to information and communication (before, during and after a disaster) is a key to dealing effectively with disasters. The following some communication guidelines will facilitate persons with disabilities' participation in awareness raising and education activities.

Step 2: Looking at the awareness raising and education that you do in your working area answer the following questions using the format provided (25 minutes)

1. What methods do you use in your education/awareness raising? List three methods.
2. Do these activities have any limitations in terms of ensuring that persons with disabilities can take part?
3. What do you need to do so that persons with disabilities can take part in education/awareness raising?
4. How could you do this?

Existing education/ awareness activities	Limitations of these activities for PWDs	What needs to be done?	How can you do this?
Community drama	• People who cannot see may not receive full message • People who cannot hear may not receive full message	• Adapt messages for people with difficulty seeing • Adapt messages for people who have difficulty hearing	• Audio messages (microphone) • Provide written messages to explain drama

Step 3: Presentation of the groups (30 minutes)

Step 4: Guidelines for communication (20 minutes)

How can you make sure that your awareness raising and education activities include persons with disabilities?

- Work with organisations that specialize in disability (such as DPOs) and that empower individual persons with disabilities when developing and field testing awareness and education activities
- Include family members and carer of persons with disabilities in awareness raising and education activities if it is not possible for the person with a disability himself to participate
- Provide information materials in a variety of formats (visual, auditory, large print etc.)

Specific Tips for Communicating with Persons with Disabilities

General principles

- Speak directly to the person.
- Utilize support persons that know how to communicate with the individual (family member, sign language translator etc.).
- Remember that once you begin communicating with another person, the exact message may not be communicated to the person – there is the potential for error in translation or for the person relaying the message to interpret it in their own way or not view it as important to relay.

Physical Impairment

- No special adaptation of communication is necessary but ensure locations for meetings are physically accessible and that seats are provided as people with physical impairment might find it difficult or impossible to stand for an extended amount of time.

Visual Impairment

- For people with low vision:
  - Use flashy colours, big font and contrasts.
  - Combine visual with audio information.
- For people with blindness:
  - Edit information in Braille.
  - Provide audio messages.

Hearing and/or Speech Impairment	Intellectual Impairment

• Don't assume the person cannot speak
• Keep a writing pad and pencils ready to supplement verbal communication (if the person is able to read and write)
• Accompany your words with gestures, body language, picture messages
• You may need to repeat what you are saying or ask them to repeat what they said (but don't pretend you have understood if you haven't)
• If a person has difficulty hearing: stand as near as possible to the person. If the person hears better out of one ear, stand on that side.
• If a person is able to lip read:
  · Speak slowly and articulate clearly but don't overdo your lip movements – this can make lip reading more difficult.
  · Since some lip movements are difficult to lip-read, try to rephrase a question if the person does not understand it after a couple of repetitions.
  · Face person and make sure your face is well lit and not obscured (also, don't stand with the sun in your back when providing information as they will not be able to see your lips move).
• If a person is able to read sign language: try to find someone who is able to communicate in sign language.
	The way you are able to transmit information depends on the severity of the impairment:
	• Speak slowly, in clear and simple words.
	• Don't make long and complex sentences.
	• Use gestures
	• Use pictures with simple and clear messages (especially for people with severe intellectual impairment)

- Refer also to session 5 on how to make Information, education and communication (IEC) materials disability-inclusive.

4.4 VULNERABILITY AND CAPACITY ASSESSMENT

Time: 2 hours 30 minutes – 2 hours 45 minutes
Method: Presentation, case study, group work
Tools: Power Point presentation
Learning objectives: Participants will

- Know key terminology related to VCA
- Understand the concept of Disaster Risk Reduction
- Be aware of the importance of mainstreaming disability into VCA
- Be able to identify disaster related vulnerabilities and capacities specific to persons with disabilities and to carry out a disability-inclusive VCA

Step 1: Introduction (30 minutes)

Vulnerability and capacity assessments (VCA) can be seen as the entry point into DRR. Based on the VCA of a given community, DRR strategies and action plans can be established aiming at decreasing people's vulnerabilities in disasters and increasing their capacities to deal with them.

Key terminology

Hazard: Phenomena or situation, which has the potential to cause disruption or damage to people, their property, services and environment.
Examples: flood. land slide. earthquake. war.

Disaster: A*ny event, natural or man-made, which threatens human lives, damages private and public property, infrastructure and environment, and disrupts social and economic life.* Onset of disasters can be sudden (e.g. earthquake) or progressive (e.g. certain floods).
Risk: quantifiable measure of expected losses due to a hazard event of a particular magnitude occurring in a given area over a specific time period.

Vulnerability: is the extent to which a community, structure, service or geographical area is likely to be damaged or disrupted by the impact of a particular hazard. The areas and the infrastructures which are most likely to be affected by the disaster are the vulnerable places. People who are living in these areas/infrastructures are vulnerable people.
Examples: house location in hazardous areas. house poorly constructed.

Capacity: a set of positive conditions or abilities which increases a community's / individual's ability to deal with hazards. This includes all resources and skills available that help reducing the impact of a disaster.
Examples: a community trained in disaster management, for instance with: established task forces (for: early warning. search, rescue and evacuation. shelter management). community having participated in mock drills. good socio-economic condition (e.g. to face increasing food prices linked to a disaster).

This leads us to the following equation:

Disaster Risk = Hazard x Vulnerability / Capacity

In mainstreaming disability in DRR, the focus is on "vulnerability" and "capacity". Our objective is to reduce vulnerability and increase capacity of persons with disabilities in a given community, so that their disaster risk will decrease. This can easily be illustrated through the following example:

Case Study: Reena and Dul Raj: both hearing impaired, but with different disaster risks

In a village x, there are seasonal floods occurring about every second year. Floods in the past have been strong and destroyed many houses in the community. Let's assume the value of the hazard (the floods) for our village equal to 7 (on a scale between 0 and 10). Reena is deaf and lives in a house situated in the middle of the flood prone area that has no raised grounds and is of poor quality. Let's assume her vulnerability in the event of floods equal to 8. However, Reena has been well instructed about floods, their impact and what to do when a flood occurs. She has followed mock drills on early warning and evacuation. Her capacity to deal with a flood is assumed to be 5.

Dul Raj, is also deaf, lives in a poorly built house, and his vulnerability is therefore assumed to be the same (8). He moved in only 6 months back and hasn't heard anything about floods, related risks and impact. He hasn't been included in any disaster preparedness activities. Let's therefore assume his capacity to deal with the floods equal to 1. If we fill in the values in the equation, we receive two very different disaster risks for Reena (7 x 8 / 5 = 11.2) and Dul Raj (7 x 8 / 1 = 56), although they live

with the same impairment and under similar conditions in the same area. But Reena is more able to deal with the floods and hence her disaster risk is much lower. Moving out of the flood prone area would decrease their vulnerability and would be another possibility to decrease the disaster risk.

1. Question: Why is it necessary to make sure that VCA includes people with disability?

Answer:

- As the aim of the VCA is to map specifically vulnerable communities and households, as well as their capacities to deal with a disaster, persons with disabilities need to be mapped during a VCA. otherwise, the inherent objective of a VCA is actually not fulfilled.
- If persons with disabilities are not included in the VCA, there is a high risk they won't be included in all the subsequent steps. It is essential that disability issues are considered during the early stages of assessment, project design and implementation so that they can be fully and systematically taken into account and appropriately addressed where relevant BEFORE a disaster occurs.
- By including persons with disabilities in VCA and subsequent activities, they will require less assistance and attention when a disaster occurs.
- Persons with disabilities have a lot of capacities and can be at the service of a community. For instance, they often know best about the needs of other persons with disabilities and can therefore help in planning effective action.
- There is a legal obligation through Art. 11 for any country that has ratified the CRPD.

1. Group work: Conduct a general VCA for persons with disabilities, according to the format given below

- *Divide participants in groups*
- *Identify potential vulnerabilities and capacities specific to PWDs!*

1. Physical vulnerabilities and capacities: consider physical accessibility of infrastructure (houses, roads, evacuation paths, shelters etc.), lands, community services etc. physical abilities to move, evacuate etc.. capacity to assist others. income generation abilities. availability of services for people with disabilities
2. Social vulnerabilities and capacities: consider access to formal and informal information systems. DPOs. relations between people with disabilities and community and family members
3. Motivational/attitudinal vulnerabilities and capacities: consider community beliefs about disability. individual motivation/confidence of people with disabilities. previous experience of disasters

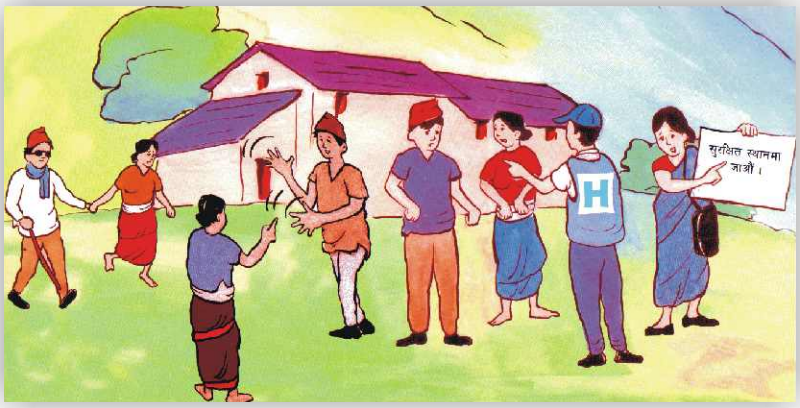


Illustration 7: Participatory VCA

Persons with Disabilities	Vulnerability	Capacity
Physical What hazards, economic vulnerabilities, productive resources and skills exist? (includes land, climate, environment, health, skills and labour, infrastructure, housing, finance and technologies)		
Social/organisational What are the relations and organisations among the people? (includes formal political structures and informal social systems)		
Motivational/attitudinal How does the community view its ability to create change? (includes ideologies, beliefs, motivations, previous experience of working together)		

Possible answers

PWDs	Vulnerability	Capacity
Physical	• Houses poorly built and located in hazardous areas (link disability – poverty) • High vulnerability related to economic impact of disasters (e.g. increasing food prices. loss of live stock) • Inaccessible infrastructure (own house, evacuation ways, shelters) • Less access to services due to physical barriers • Dependence on assistive devices for safe movement • Lack of availability of assistive devices/ technology • Higher risk for injury • Higher risk for loss of life	• Heightened complementary senses (e.g. ability to navigate in the dark. tactile sense. ability to memorize audio information) • Can take certain tasks related to DRR as any other actor if capacity of individual well assessed • Can help to better reach other PWDs, especially as they know best about the needs of their group • May be more available during the disaster as no other occupation • Arrangements for PWDs also benefit other groups (senior citizens, pregnant women etc.) All the above depend on the type of impairment as well as on the severity of it.
Social / organisational	• Less access to information risk to be left out during disaster • Higher risk of being left back (due to invisibility or other priorities) • Prone to exploitation, sexual abuse • Risk of isolation and hence for	• Contribute to social cohesion • DPOs are formal bodies that can support PWDs or community organization • Peer support

	• more mental stress • Lack of knowledge on how to handle PWDs: e.g. rescue & evacuation techniques	•
Motivational / attitudinal	• Negative attitude in the community towards PWDs resulting in discrimination, lack of inclusion and less access to services (e.g. food distribution) • Belief that PWDs will not be able to contribute • Superstition • Lack of confidence and self-esteem of the PWD • Reduced ability of PWD to understand and/or respond to warning and evacuation systems	• May advocate for themselves • Role models and motivators for others, for instance for newly injured • Resource persons for newly injured, through their knowledge on disability • Resource persons for including disability in DRR: for instance, can tell how they coped with previous disasters • Often motivated and committed to participation when given the opportunity

Keep in mind

- Don't only focus on persons with disabilities' vulnerabilities but also consider their capacities to enable them to be an active contributing actor in DRR. Particularly consider the strengths they may have as a consequence of their disability.
- Make sure that people with disabilities or their representatives participate in designing and carrying out VCAs: they know best the situation of PWDs.
- The consultative process must give a voice to people with disabilities, their families and representatives including Disabled Peoples' Organisations (DPOs) and ensure that their interests are adequately addressed and their rights protected.
- Methodology to collect data should be diverse (e.g. focus group discussions, individual household surveys) for comprehensive information and cross-checking of it.
- Focus groups should be representative: they should include people with different types of impairment (or their representatives) to ensure information is provided related to different types of impairments.

Step 3: Presentation – Including persons with disabilities in mapping exercises for VCA (30 minutes)

A) Macro level information for a given coverage area

Related to impairment/disability

- Identify the total number of persons with disabilities.
- Identify prevalent types of impairments (according to the four categories suggested in this manual).
- Map the most vulnerable households with persons with disabilities.

Related to services

- Identify schemes and benefits available (DPOs and NGOs specialized in disability can provide this information).
- Map existing rehabilitation services including: doctors. primary health centres. hospitals. prosthetics and orthotics workshops. other agents providing assistive and mobility devices (NGOs, trained carpenters etc.). mainstream and special schools. vocational training centres. placement agents. actors implementing livelihood programs.
- Map actors providing rehabilitation and disability services including: community based organizations, DPOs, NGOs, INGOs.
- Identify people with disabilities who have previous experience of disasters and who can support other persons with disabilities (peer support).
- Identify types of aids that are used by people with disabilities in the community (mobility aids, communication aids etc.).
- Identify support persons: sign language interpreters. volunteers with experience in working with persons with disabilities. etc.
- Identify how PWDs can access services.

Related to physical environment and transportation systems

- Assess the physical accessibility of existing key infrastructure: nearest safe havens, schools, colleges, temples, health centres, dams, bridges, government offices, shelters, drinking water sources etc.
- Map particular routes that people with disabilities would need to use to move to shelters or any safe places during a disaster:
  - Are they accessible?
  - Are they safe? (for instance, an unsecured path along a slope is not safe for people with visual impairment)
  - How can they be made reasonably safe and accessible?
- Map routes which are likely to be usable for people using a wheelchair, people using crutches, people with visual impairments etc. if a disaster occurs
- Identify transportation systems that may need to be used during an emergency (e.g. boat):
  - Will people with disabilities be able to use these options?

Keep in mind that mapping services and accessible infrastructure also benefit the other groups of the given community.

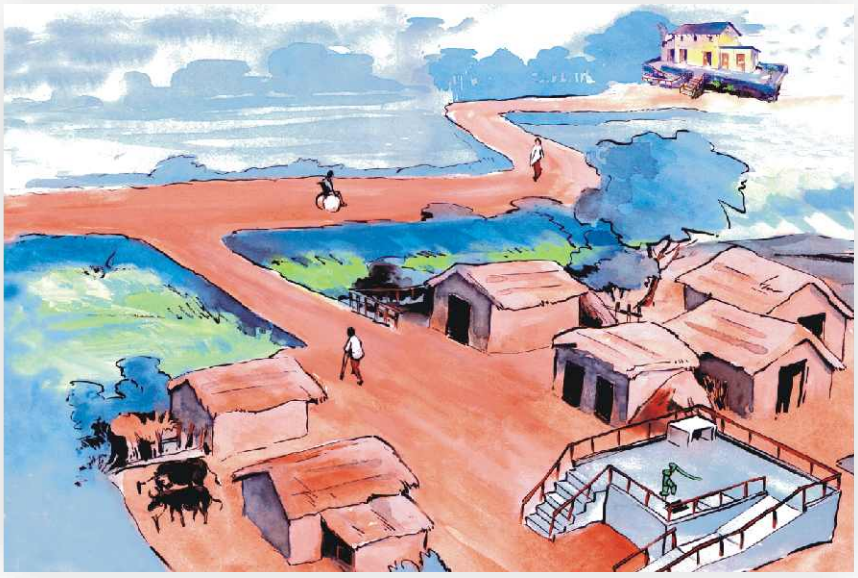


Illustration 8: Barrier free community environment and infrastructure

B) Micro level information per household

- Refer to the guidelines and template in Session 4.2. to identify persons with disabilities

At least, the following information should result from the assessment:

Are there any PWDs in a given household? If yes:

- How many?
- Age and gender?
- Which type of impairment?
- Who is the care taker?
- Does the PWD utilize any assistive or mobility devices? Which ones?
- Does the PWD need any specific medication? Which ones?
- Level of dependency: dependent / needs little help / needs lot of help / fully dependent (with specification about independency for which main type of activity such as sitting, standing, walking, etc.)
- Expected major risks for the PWD during disaster?
- Can the PWD actively participate in DRR activities and during disaster? How?
- How did the PWD and family cope with previous disasters (if any)? What were the main challenges?
- Socio-economic status of the household?

Step 4: Conclusion

Facilitator will review the main steps of the disaster management cycle (refer to session 3.1) and highlight that a disability-inclusive VCA is the key to make the DM cycle disability-inclusive.

4.5 EARLY WARNING SYSTEMS

Time: 2 hours
Method: Presentations, group work
Tools: Power Point presentation
Learning objectives: participants will

- Understand the barriers persons with disabilities face in accessing early warning systems (EWS)
- Understand the implications if persons with disabilities are not reached by EWS
- Know which EWS are appropriate for which type of impairment and are able to make EWS disability-inclusive

Step 1: Introduction and problem statement (15 minutes)

Community-based early warning systems (EWS) are often not disability-friendly. A system entirely based on audio messages (e.g. loud speakers) for instance will not reach deaf persons. As a consequence, information may reach persons with disability too late or not at all. But in fact, due to their impairment, many persons with disabilities would need to receive information on a priority basis to be able to be adequately prepared. To reduce their risk of injury, loss of life and of assets, it is

therefore required that persons with disabilities receive early warning in a:

- Timely manner that allows them enough time to take appropriate actions.
- Way that they are able to receive and understand.

A good mapping of persons with disabilities and of their needs and capacities during the preparedness phase is essential for organizing an effective EWS that includes persons with disabilities.

For details on mapping, refer to session 4.4 on vulnerability and capacity assessment.

CRPD (art. 21): Freedom of expression and opinion, and access to information

This article, which addresses, amongst other, access to information, is particularly applicable to EWS by calling upon States to:

a) Provide information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner (...).
b) Facilitate the use of sign languages, Braille, augmentative and alternative communication (...).
c) Encourage the mass media (...) to make their services accessible to persons with disabilities.

Step 2: Group work on early warning systems (45 minutes)

1. *Looking at the EWS used in your working area, answer the following questions using the format provided:*

   - *Remember to think about all types of disabilities when doing this.*

     a. What methods do you use in your early warning system?
     b. Are there any limitations in this system in terms of ensuring that people with disabilities can be reached through it?
     c. What do you need to do so that the system reaches people with disabilities?
     d. What sort of system could you use to do this?

Facilitators may utilize following format, including the example, for understanding of the task:

Existing EWS	Limitation for PWDs	Further Early Warning Needs	EWS Proposed
Bell	Doesn't reach people who have difficulty hearing	Different type of EWS not using sound to be added	• Flag • Blinking light • Mobile phone tree (text message)

Step 3: Group presentations with complementary information from facilitators (45 minutes)

Following table provides general guidelines on appropriateness of different EWS for different impairments and can be utilized to orient facilitators in their support to the groups.
It should strongly be kept in mind that these are merely guidelines, and that individual capacities vary greatly. For instance, a person with a mild mental impairment might not need any adaptation and might be reached by any EWS.

Appropriate Early Warning Systems for the Different Types of impairment		
Type of Impairment	**EWS**	**Appropriateness**
Physical Impairment	• Audio signals (e.g. bells, alarms, sirens, radio, drums, loud speaker announcements) • Visual signals (e.g. leaflets, posters, flags), spot lights repeatedly turned on-off	• Ideal • Possible (depending on mobility)
Visual Impairment	• Audio signals (see above) • Leaflets in Braille • Information issued in big font and flashy colours (leaflets, posters, pictures, flags, etc.). spot lights repeatedly turned on-off	• Ideal • Possible (if person able to read Braille) • Possible for people with low vision
Hearing and/or Speech Impairment	• Visual signals (see above) • Written documents • Gestures, body language • Clearly articulate words • Sign language • Auditory signals (see above)	• Ideal • Possible (if person knows how to read) • Possible • Possible (for people hard of hearing or able to do lip reading) • Ideal for people able to communicate through sign language • Possible for people hard of hearing
Intellectual and Mental Impairment	• Auditory signals (see above) • Gestures, body language • Visual signals: flags, spot lights etc. • Visual signals: leaflets, posters, pictures	• Ideal (but training needed to avoid panics) • Possible • Possible (depending on mobility) • Possible (especially simple symbols and pictures)

Step 4: Key messages on disability-inclusive EWS to be kept in mind (15 minutes)

- A disability inclusive early warning system would provide information in both auditory and visual forms and include mechanisms to cover the entire community. It could include:
  - Auditory signals or alarms (sirens, bells, drums, etc.).
  - Visual signal systems (flags, posters written with large characters or pictures that are colour contrasted. turning light off-on frequently).
  - Clear and brief announcements.
  - Door to door notification for persons pre-identified in VCA.

- Disability-inclusive EWS need to be developed in preparedness phase, with support of persons with disabilities or actors working with them, and be field tested.

- Early warning task forces as well as the community need to be trained using EWS (including mock drills).
- Persons with disability must whenever possible participate in trainings. Example: if a deaf-blind person knows that holding tight and pressing firmly the forearm 5 times means "floods are rising, we need to go to the shelter immediately", this can save lives through a simple measure.
- Based on VCA, inform selected PWDs on a priority basis.
- Involve people with disabilities in your early warning task force.
- Provide theoretical and practical training on disability-inclusive EWS for your organisation's staff.

- Refer also to the communication guidelines provided in session 4.3.
- Refer also to the brochure "inclusive early warning systems" introduced in session 5 on IEC materials. The brochure is also included in printer-friendly pdf format on the CD.

4.6 SEARCH, RESCUE AND EVACUATION

Time: 2 hours
Method: Presentations, illustrations, group work
Tools: Power Point presentation
Learning objectives: participants will

- Understand the problems persons with disabilities face related to search, rescue and evacuation (SRE)
- Know how to make SRE disability-inclusive

Step 1: Introduction and problem statement (15 minutes)

Persons with disabilities tend to be invisible during disasters and are therefore easily overlooked. This applies especially, if family members or care takers are lost or injured. Also, actors often focus on people newly injured through the disaster, so that those who have pre-existing impairments are easily neglected or forgotten.

Persons with disabilities are at higher risk of being injured, trapped or stuck because of their often reduced capacity to anticipate and react, so that a search action is necessary. On the other hand, search and rescue teams are often ill equipped to deal with persons with disabilities: for instance, they may bring them to already overloaded hospitals, although the person has no new injury and could simply be guided to the shelter.

Reminder about art. 11 of CRPD about Situations of Risk and Humanitarian Emergencies

Article 11 calls for State parties to undertake all necessary measures to ensure protection and safety for persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

Step 2: Group work on search, rescue and evacuation (45 minutes)

Work in groups on the following two questions:

1. What general problems do people with disabilities encounter in search, rescue, and evacuation?
2. What measures could be taken to ensure people with disabilities are effectively included in search, rescue and evacuation activities?

Depending on number of participants and groups, time can be saved, if each group only works on one or two types of impairments. Outline also general principles valid for people with all types of impairments. Following format may be utilized, including the example for understanding of the task:

Search, Rescue and Evacuation	Problems	Measures
Physical Impairment	Unable to sit independently in boat	Seat belt in boat
Visual Impairment	Unable to see rescue teams	Rescue teams signaling their presence (whistles, calls)
Hearing and/or Speech Impairment	Unable to hear rescue teams	Rescue teams signaling their presence (spot lights)
Intellectual and Mental Impairment	May not respond to people they do not know	Include family members in rescue team

Step 3: Group presentations with complementary information from facilitators (1 hour)

General principles applicable to people with all types of impairments

- A proper mapping of persons with disabilities in the preparedness phase will be of great help for SRE teams.
- Include persons with disabilities in SRE mock drills, so they know what an evacuation is, what are SRE teams, where the safe haven or the shelter is. Also include family members and care takers.
- Always try to bring someone who knows the PWD or is familiar with working with PWDs during search, rescue and evacuation. Ideally, each SRE team would include at least one person knowledgeable in disability.
- Wherever possible take the time to ask the PWD what assistance they require.
- SRE teams need to be aware that unprofessional handling may lead to irreversible conditions (e.g. the case of an unstable fracture, where the person may become irreversibly paralysed through a spinal cord injury due to improper evacuation technique). So if possible it is better to wait for a professional in case of doubt. However, the type of disaster sometimes requires immediate action to save lives, even at the risk of irreversible impairments.

For people with physical impairment

Potential Problems	Possible Measures
• Reduced capacity or inability to avoid dangerous objects (e.g. falling walls). • Reduced capacity or inability to run away and to get to a safe haven. • Reduced capacity or impossibility to free themselves from entrapments due to reduced function (can't use arms in the same way to pull and push obstacles, dig, cover their head and protect themselves. can't use legs in same way to pull and push obstacles etc.). • Might not be able to sit without help during evacuation. • People using wheel-chairs, tricycles etc. might not be able to move to the shelter due to lack of accessible pathways, destroyed roads etc.	• If the person uses mobility aids, bring them along. • Use one to three person lifting techniques to move people with physical impairments who are unable to move themselves. • Assess if a person can walk independently, with some support (one or two support persons, crutches, trolley, wheel chair) or if full support is needed (person can be moved on stretcher, chair or wheel chair). • While helping a person in or out of a stretcher or wheelchair, do not pull on the person's arms or legs or place pressure on their limbs or chest as this may cause injury, pain spasms or block breathing. • Evacuation boats may need to have security belts or special seats and floor surfaces to safely transfer people with physical impairments. • Unblock the evacuation route if possible through reasonable effort and if time allows.

It is not the objective of this module to go into the details of evacuation and transportation techniques, as search and rescue teams are usually taught about it. Training on these techniques goes beyond the scope of this training manual and is rather part of general rescue techniques linked to injured people. Following illustrations merely aim at giving some indicative ideas:

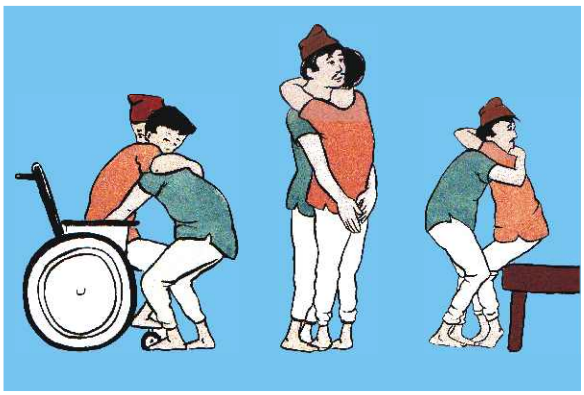


Illustration 9: Partially assisted transfer with 1 person

Illustration 10: Fully assisted transfer with 2 persons

Illustration 11: Partially assisted evacuation with 1 person and crutches

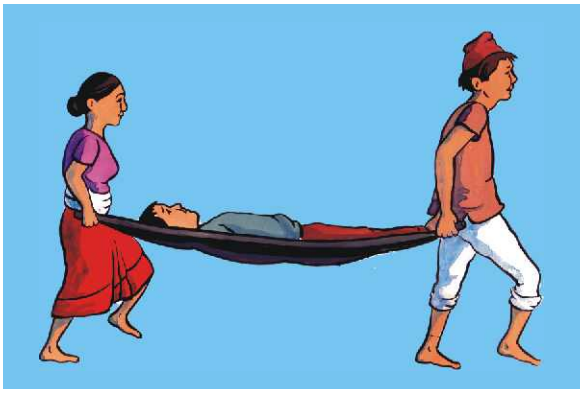


Illustration 12: Fully assisted evacuation with 2 persons and stretcher

Illustration 13: Partially assisted lifting with 2 persons

Illustration 14: Fully assisted lifting/carrying with 3 persons

For people with visual impairment

(Degree of difficulty strongly depends on degree of impairment: low vision – no vision)

Potential Problems	Possible Measures
• Difficulty seeing approaching dangers (e.g. arriving floods) and to anticipate or react accordingly. • Difficulty getting to a safe haven alone. • May panic, become disoriented or be unable to move due to changes to or loss of their known environment. • Might not see SRE staff who are coming to rescue. • May be reluctant to be rescued and evacuated by an unfamiliar person. • SRE teams may not know how to guide people with visual impairments. • Risk of sexual and emotional abuse by SRE teams.	• Physically indicate the presence of potential obstacles (stairs, narrow passages etc.) using rough mats at starting and ending points, paint major obstacles with contrasting colours, secure slopes with fences etc. (best done in preparedness phase. in slow onset disasters also possible during the disaster). • Train people with visual impairment to shout for help, or have whistles as part of their emergency preparedness kit. • Rescuers should show their presence using sound/noise (shouting, whistling etc.). • Train rescue teams on how to guide people with visual impairment. • Introduce yourself. explain briefly the situation and what you're going to do with the person. • If the person is panicked, attempt to calm them before rescuing them.

	• Include females in the rescue teams to decrease the risk of sexual abuse. • Give verbal guidance to the individual when guiding so he/she knows what obstacles are ahead (rocks, water, stairs, etc). • If there are a number of people with visual impairments in the same place, assist them to hold hands/elbows/shoulders and follow the direction of a leader. • Assist the person to sit down by placing his or her hand on the back of the chair.

Illustration 15: Evacuation of a group of blind people through one able bodied leader.

For people with hearing and/or speech impairment

Potential Problems	Possible Measures
• May not hear sounds that warn of impending dangers (e.g. thunder, cracking, arriving tides), so may be less prepared and be more at risk of getting trapped, injured etc. • Communication during disaster may be difficult. • May not be able to respond to early warnings or rescue teams as unable to hear. • May have difficulty communicating due to speech impairment. • Possible loss of hearing devices during the disaster will contribute to higher vulnerability. • Hearing aids may amplify background noise during a disaster and therefore may not be effective.	• Distribute whistles, flags, torch lights during preparedness phase so that hearing impaired people are able to indicate their location. • Train hearing impaired people to use pieces of their own clothes to make themselves visible to rescuers if no other means is available. • Search and rescue teams to indicate their presence/proximity through visual signals. • Use visual means (hand gestures, demonstrations, pictures, maps) or a sign language interpreter to communicate instructions. • Move your lips clearly when talking to those who are able to lip read and do not stand with the sunlight directly behind you. • If unable to speak the person may be able to use pen and paper to write/draw. • Picture cards may also be used to communicate immediate needs (food, water, toilet, medication, etc.).

For people with intellectual and mental impairments

Potential Problems	Possible Measures
• May not be able to understand the emergency situation and risks linked to it, or the early warning system in place. • May be panicked by changes to their environment or the events occurring around them. • Might not understand the instructions or actions of rescuers and might become panicked if unknown persons approaching them. (Reactions in this case may be adverse and hostile. This can also become a risk for rescuers.) • Rescuers may not know how to communicate and deal with them.	• Explain the situation (what has happened, is there still danger, how they can protect themselves, etc.). • Use clear and simple language. speak in a calm and reassuring voice. • Provide basic training to SRE teams on how to deal with people with intellectual and mental impairments. • Keep in mind that often an intellectual impairment comes with a physical impairment: persons with intellectual impairment may therefore need physical assistance of varying degree.

4.7 SHELTER MANAGEMENT

Time: 2 hours 45 minutes – 3 hours
Method: Group work, presentation
Tools: Power Point presentation
Learning objectives: participants will

- Understand barriers, problems and risks persons with disabilities face related to life in shelters
- Understand the principles of making shelter management disability-inclusive and are able to apply them

Step 1: Introduction and problem statement (15 minutes)

Persons with disabilities often face barriers when trying to access a shelter: most of the shelters are not physically accessible for people with different types of impairments. But there are as well barriers linked to attitudes and knowledge that sometimes have to be overcome: for instance, in the January 1994 Northridge earthquake in California (USA), a man with a hearing impairment was denied admission to an emergency shelter because the staff could not understand sign language, and people with cerebral palsy were ignored because shelter volunteers thought they were on drugs.

Once in the shelter, barriers of all types hinder access of persons with disabilities to services such as water and sanitation, food distribution, and information about security and safety. If a shelter is not accessible for people with disabilities, extra human resources are required to provide them with assistance to use the shelter's facilities. The disaster situation often leading to disrupted family and society patterns, unstructured environment and changed ethical value systems, may cause an insecure environment where persons with disability are particularly at risk of all forms of abuse. The changed environment may also considerably decrease their level of autonomy and their usual protection mechanisms. Women and children with disabilities are particularly vulnerable, with people with visual, intellectual and mental impairments possibly amongst the most vulnerable ones.

Selected articles from the CRPD applicable to shelter management

Accessibility (art. 9)

1. (...) States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, (...), and to other facilities and services open or provided to the public, (...). These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:
(a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces.
(b) Information, communications and other services, including electronic services and emergency services.

Freedom from exploitation, violence and abuse (art. 16)

1. States Parties shall take (…) measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse (…).
4. States Parties shall take all appropriate measures to promote the physical (…) and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse (…).

Adequate standard of living and social protection (art. 28)

This includes adequate food, clothing and housing, without discrimination on the basis of disability.
Related to water and sanitation: measures to ensure equal access by persons with disabilities to clean water services (al. 2.a.)
Rehabilitation of houses: measures to ensure access by persons with disabilities to public housing programmes (al. 2.d)

Refer also to art. 21 about freedom of expression and opinion, and access to information in session 4.5.

Refer also to art. 32 about international cooperation in session 3.4.

Step 2: Group work on shelter management (1 hour)

Work in groups on the two following questions

1. What general problems do people with disabilities encounter in shelters? Analyse related to:
   - Physical environment
   - Information and communication
   - Food security
   - Water and sanitation
   - General security

2. What measures could be taken to facilitate people with disabilities' life and access related to mentioned components in shelters?

Depending on number of participants and groups, time can be saved, if each group only works on one or two components. Outline also general principles. Following format may be utilized, including the example for understanding of the task:

	Problems	Solutions
Physical Environment	• Unable to get in to shelter because of steps. • Unfamiliar environment difficult for people with visual impairment to use. • Crowded environment may cause difficulty for those with intellectual impairments.	• Ramp at entrance to shelter. • Provide orientation to shelter as part of emergency preparedness. • Provide quiet spaces.
Information and communication		
Food security		
Water and sanitation		
General security		

Step 3: Group presentations with complementary information from facilitators (1 hour 30 minutes)

a) General principles

- Design shelters so that people with disabilities can move to them from their homes/communities AND move within them once inside the shelter (according to principles of universal design, see box below). This also includes design of features such as latrines, bathrooms, water points, wells etc. Trial it through mock drills!
- Make sure that people with disabilities (or representatives from disabled people's organisations) participate in shelter design.
- Include people with disabilities in shelter management committees.
- Raise awareness about disability in the community and among disaster management teams – greater awareness will mean less discrimination during the emergency.
- Facilitate peer support mechanisms: for instance, a woman with hearing impairment can easily help a girl with cerebral palsy in water and sanitation activities.
- Identify capacities of individual PWDs to deal with life in shelters and camps and ensure someone is assisting them as required (if no family is there: volunteers, shelter task forces, peer support, etc.)

Universal Design

Defined by the CRPD as "the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design." Universal design implies little or no extra production costs if included in the planning phase.

Related to shelters, this means they should be made accessible for everybody: for persons with disabilities, pregnant women, senior citizens, children etc.

Universal design is also explicitly promoted through strategy 23 of the Biwako Millennium Framework for Action which states that "universal design concepts should be integrated into infrastructure development in disaster-preparedness and post-disaster reconstruction activities."

b) Physical Environment of the Shelter

Potential Problems	Possible Measures
• Difficulty getting to shelters due to steps, hills, inaccessible roads, etc. • Difficulty inside shelters due to steps, narrow doors, etc. • Difficulty to access water and sanitation facilities (stairs, door too narrow, no hand rails). • Problems getting to and using water supply facilities. • May have lost assistive devices during evacuation. • Greater risk of injuring themselves due to difficulty seeing, moving or hearing • Some individuals with severe intellectual or mental impairment might not understand the significance of "Keep Out" signs and barricade tapes. people with a visual impairment will not see such signs, etc. • Previous carer may be unable to assist them after emergency. • Difficulty orienting themselves in new and unfamiliar environment (e.g. visual impairment). • May be uncomfortable living with large number of people.	• Make sure that shelters (including toilets, water supply etc.) are accessible to everybody through using universal design (e.g. ramps, handrails. adapt water and sanitation sources. visual signage, etc.). • Distribute assistive and mobility devices to increase persons with disabilities' capacities and autonomy. • Make persons with disabilities familiar with shelter environment in preparedness phase. • Mark potential obstacles that can't be removed with bright paint, slightly raised surfaces, etc. • Fence the shelter grounds or areas that are unsafe (open holes, piles of rubble, slopes, etc.). • Make sure that lighting is good so obstacles can be easily seen. • Provide quiet spaces. • Certain people may require additional assistance – either for a short time after first moving to shelter or for the whole time whilst staying in the shelter (peer support: other people with disabilities may be able to provide this assistance)

c) Information and Communication

Access to information and communication is a key condition to:

- Benefit from relief services.
- Be an actively contributing actor.

Potential Problems	Possible Measures
• May not receive information and communication messages due to · difficulty moving around the shelter (physical, visual & intellectual impairments). · difficulty getting information and communication messages due to hearing or visual impairments. · difficulty understanding information and communication messages due to intellectual impairment. • Not included in decision making processes within shelter. • May not be able to follow shelter rules or formalities due to lack of information.	• Information in different formats · Braille and auditory information for people with visual impairment (especially blindness). · Large print, colour contrast, strong colours for people with low vision. · Written information, pictures, gestures, sign language for people with hearing impairment. · Pictures, symbols, gestures for people with intellectual difficulties. • Providing assistive and mobility devices or personal assistants to enable people to access information. • Make sure that information is provided to family members if it is not possible to provide information directly to the person.

Disability Focal Points (DFP)

Create DFPs in shelters and camps where persons with disabilities, family members and care takers can get information about services available linked to: shelter management. food and crop distribution. general evolvement of the disaster situation. employment opportunities. specialist services (e.g. physical rehabilitation).

DFPs provide information, networking and referral services and may as well consider offering a number of specialist services according to human and material resources available: home to home services. assistive and mobility devices. psycho-social support. counselling (e.g. on accessibility issues). They can facilitate creation of peer support networks and self-help groups .

d) Food Security

Potential Problems	Possible Measures
More susceptible to malnutrition in emergency situations due to a number of factors: • May already be malnourished. • Physical environment of the shelter may limit their access to food distribution points. • May experience discrimination related to food distribution if food supply is limited. • May have difficulty eating food provided due to their impairment (e.g. difficulty chewing, swallowing). • Reduced food intake due to anxiety, stress etc. linked to unfamiliar environment and situation.	• Make sure that staff in charge of shelter management, volunteers etc. are aware of persons with disabilities' vulnerability towards malnutrition, so that they can act accordingly. • Make sure that people with disabilities are included in registers. • Make food distribution points accessible. • May need specific distribution spots for people with disabilities. • Arrange sitting facilities for those that can't stand for a long time in a queue. • Monitor access to equal rations. • May need to consult with health worker or doctor if person is having difficulty eating food provided (may require soft food that is easy to swallow etc.). • Consider house to house service for those who can't move to distribution spots.

Note

Ensure that provision of medicine doesn't get disrupted for persons that are under medication (e.g. persons with diabetes, epilepsy, mental impairment). Disability Focal Points could for instance keep a stock of main medications.

e) Water and Sanitation

Potential Problems	Possible Measures
• Difficulty accessing water and sanitation due to difficulty moving (people with physical, visual and intellectual impairments). • May not know where facilities are available due to lack of information. • May be at more risk of water and sanitation-related diseases if they do not receive these messages in the shelter. • May face discrimination in allowing access to water sources if supplies are limited. • People with physical, intellectual and visual impairments (but also senior citizens and pregnant women) may be at increased risk of slipping/injuring themselves around water and sanitation facilities. • Fear to access water and sanitation places in darkness due to insufficient lighting.	• Make water and sanitation facilities physically accessible. • Provide volunteers/staff to assist people who are unable to use the facilities by themselves. • Make sure that people with disabilities are informed about when and where water sources and sanitation facilities are available. • Make sure information on prevention of water and sanitation related diseases is available to people with disabilities. • Monitor access to water sources. • May be necessary to provide allocated time or form separate queue for people with disabilities to access water and sanitation facilities (requires community awareness and acceptance). • Regularly clean the ground around the water source. • Make sure there is good drainage around the water source. • Make sure that water and sanitation places are sufficiently lighted.

f) General Security

Potential Problems	Possible Measures
At greater risk of all types of abuse (physical, sexual, emotional) in shelter/camp environments due to: • Difficulty protecting themselves. • Inability to move around. • Difficulty understanding what is occurring around them. • Unfamiliar environment. • Potential loss of usual carer or family members who would usually provide support and protection. • Potential difficulty to identify abusers (e.g. due to visual impairment). • Abusers considering themselves at low risk being detected as "nobody would believe a person with intellectual or mental impairment". • Difficult access for persons with disabilities to justice.	• Orient relief staff and volunteers about this risk and on ways to minimise risk. • Have female volunteers / female task force members provide assistance to females with disabilities. • Try to place or reunite people with disabilities with their carers or family. • If carers or family are not available, try to ensure there are volunteers or staff to provide extra security. • Make sure there are mechanisms to check on security of people with disabilities, as well as other vulnerable groups. • Promote effective access to justice for persons with disabilities.

4.8 BASIC GUIDELINES FOR ACCESSIBILITY

Time: 60 minutes
Method: Presentations, illustrations, question-answer mechanisms
Tools: Power Point presentation
Learning objectives: Participants will be

- Aware of general guidelines for accessibility features relevant for DRR activities
- Able to promote accessibility in DRR within their DRR activities

Step 1: Questions to the group – Previous experience of accessibility (10 minutes)

- Does anyone have any experience of modifying an environment to improve accessibility?
- If so, what did you do? How successful was it? Did you have any problems?

Step 2: Presentation - General guidelines for accessibility relevant to Disaster Risk Reduction activities (50 minutes)

Background information – Nepali Building Code (NBC)

- "Principal focus is on the safety of occupants in a building during Earthquakes, Fires and Natural Disasters."
- NBC206 – Architectural Design Requirements (Article 5.0) – makes brief reference to people with (physical) disabilities and design considerations.

Basic standards for architectural design and accessibility

- Vary across the world according to resources (technical and other) and technology available.
- We will discuss basic design elements that you can take into consideration in any constructions that your organisations undertake.
- Remember when thinking about designing for accessibility, think not only about those with physical impairments – facilities should also be designed with people with visual, hearing and intellectual impairments in mind.
- An average wheelchair dimension is 1200 mm (length) by 750 mm (width), although there is great variation in wheelchair dimensions, particularly in rural areas where they may be bigger.

1. **Accessible public spaces**

- Public spaces – footpaths, corridors, bridges, doorways and roads – should have enough circulation space (space for free movement of people and objects).
- Public spaces, buildings & facilities must have adequate lighting.
- Controls & switches must be able to be reached by all users.
- Generally, for wheelchairs to turn around in a corridor or on a footpath, a turning circle of 1500 mm minimum is required (*see illustration 11 below*).
- Ground and floor surfaces should be stable, firm and slip-resistant.
- There should not be any obstacles or hazards in the path of travel that either prevent mobility or create danger:

- Protruding objects, such as tree branches, wires and ropes, should be contained if they pose a risk to the bodies of people walking past who may not see them.
- Footpaths, corridors, roads and other circulation spaces should have clear head space to minimise the risk of accidents.
- Obstacles or potentially dangerous areas should be clearly marked in bright, clear colours with slightly raised edges and/or be fenced.
- Edges of paths should be clearly defined by using different colours and textures and/or be fenced.
- Stair edges should be in bright contrasting colours (*see illustration 12 below*).
- Stairs should be adequately illuminated and have hand rails on both sides.

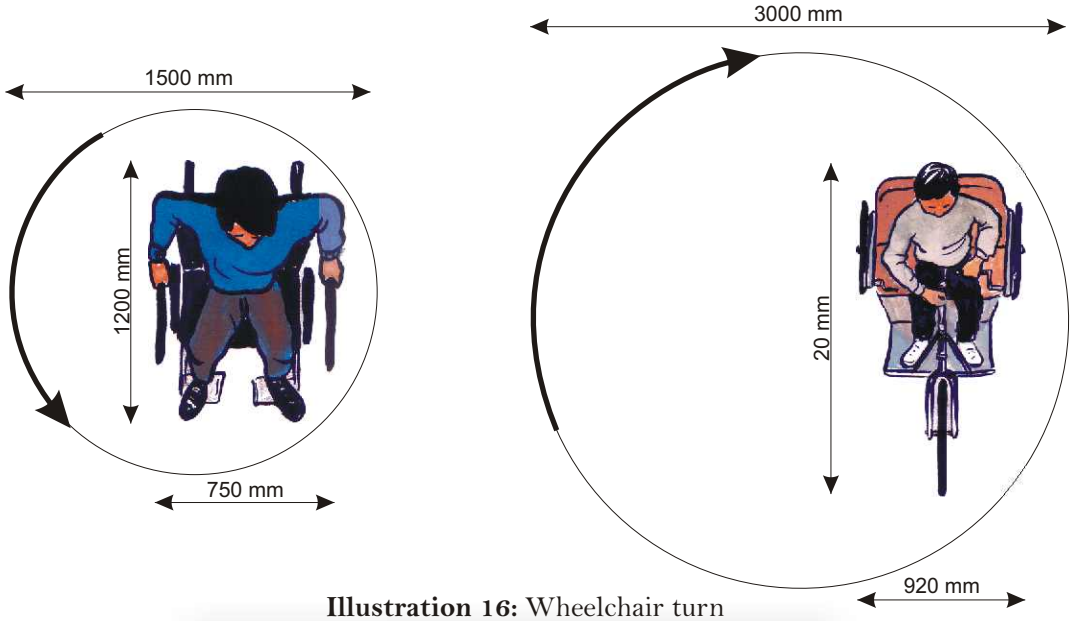


Illustration 16: Wheelchair turn

Illustration 17: Accessible Routes

2. Accessible Routes

- Minimum clear width of 900 mm.
- Accessible routes of less than 1500 mm clear width need passing spaces of 1500 x 1500 mm every 60 metres.

3. Doorways

- According to the NBC206, doorways should have a minimum clear width (that is free space not obstructed by the door itself or any other fixture) of 775 mm.
  - It is more generally recommended that doorways be 900 mm wide to allow unrestricted access for wheelchair users and those using an assistant (the same applies to double-leaf doors, where at least one door should have a minimum opening clearance of 900 mm). *See illustration 13 below for a bad example.*
- The floor at the doorway should be the same level as the floor at either side of it. If there is a level difference of more than 6 mm it should be levelled off with a slope of no more than 1:12 (for every 1 unit of height, the slope should be 12 units long).
- Thresholds should be less than 12 mm.
- There should be a clear floor space of 1500 mm x 1500 mm on the pull side and 1200 mm x 1200 mm on the push side

Illustration 18: Doorway

- Handles, pulls and other opening devices are to have a shape and height that is easy for a person with reduced strength and hand use to control: lever handles and push type mechanisms are recommended rather than circular knobs or latches.
- Handles should be installed at 900 mm – 1200 mm from floor level (the same applies for emergency buttons, for instance in toilets).
- The use of colour to distinguish doors from surrounding walls is very useful for people with visual impairments.

4. Building entrances

- Stairs should not be the only means of access to a building – ramp access should also be present.
  - According to the NBC206 - At least one primary entrance to a building shall be usable by people with physical impairments.

5. Ramps

- Any level changes in public spaces should be accompanied by a ramp or be levelled off with a slope of not more than 1 in 12.
- Visual and tactile indicators should also be in place to indicate this level change to people with visual impairments.
- General recommendation for ramp width is 1200 mm, with a gradient of 1:15 ideal to allow wheelchairs to move up the ramp (gradient should not be steeper than 1:12).

- Level landings should be provided at the bottom and the top of each ramp and each ramp run, and at every 10 m of run.
- The landing should be at least as wide as the ramp run leading to it. Landing length should be a minimum of 1500 mm.
- If ramps change directions at landings, a minimum landing size of 1500 mm x 1500 mm is required.
- Ramps should have raised edges, handrails and a slip resistant surface
  - According to the NBC206 - Access ramps shall not have gradients in excess of 1:12 (for every 1 unit of height the slope should be at least 12 units long). Level platforms shall be provided after reaching a maximum height of 1800 mm and also at the top of and any changes of direction of the ramp. The minimum widths of wheelchair accessible ramps shall be 900 mm for apartments and residential uses, and 1000 mm for all other building types. Handrails are required when the total rise exceeds 600 mm.

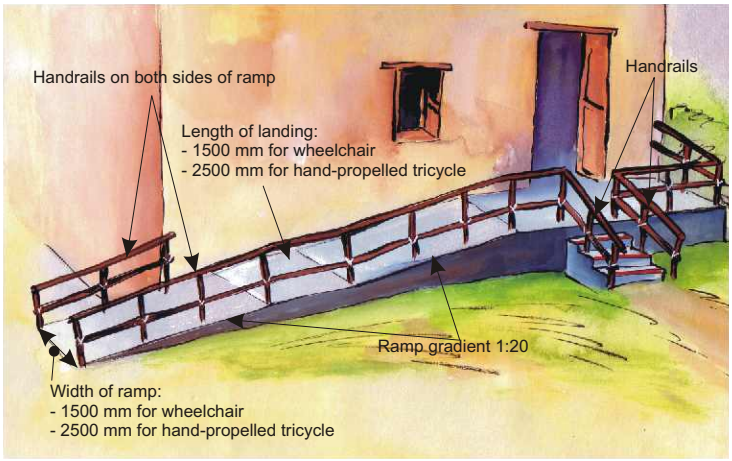


Illustration 19: Ramp

6. Handrails
   - Should be installed on stairs and ramps and should be firmly secured to the wall or ground.
     - According to the NBC206 - Handrails shall be provided in all open staircases (Shall not be lower than 900 mm above the centre of the tread.)
     - Optionally, a second rail can be provided at 700-750 mm and a third one at 100-150 mm.
   - Handrails should be extended at least 300 mm beyond the last step or the end of the ramp.

7. Water and sanitation facilities (*see illustrations 20 and 21 below*)
   - A minimum number of toilets accessible for persons with disabilities should be provided, with western water closet or an adapted form of it.
   - Ground and floor surfaces should be stable, firm and slip resistant.
   - Should have adequate drainage to allow water to drain away.
   - Doors to sanitation facilities should be wide enough to allow a wheelchair to enter.
   - Latrines or toilets should have enough space for a wheelchair to turn around inside (minimal internal dimensions required: 1750 mm x 1500 mm).
   - Handrails should be fixed to the walls of latrines or toilets to provide people with support when sitting/standing at a level of 900 mm (additional vertical grab support can be installed at the same level)

Illustration 20: Toilet accessible for person with physical impairment

- Seats should be a height of 450 to 500 mm above the floor.
- Temporary seats can be made from local materials if an Asian-style latrine is present, as showed in the following illustration:

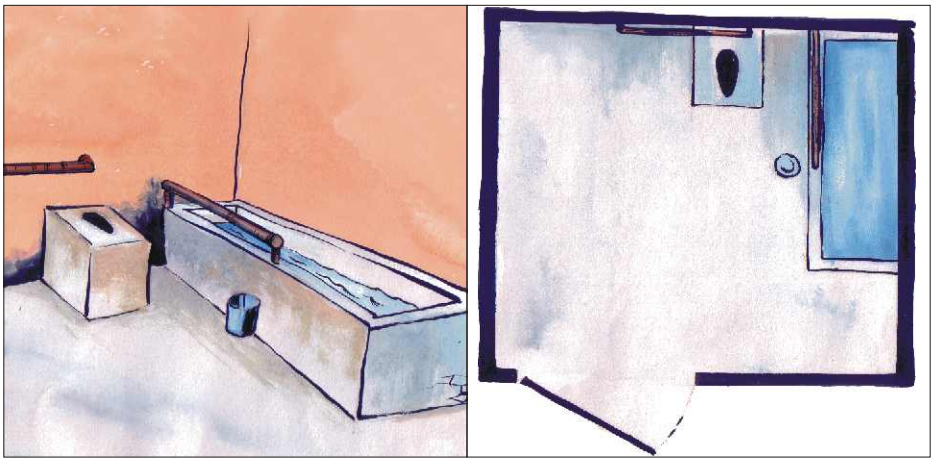


Illustration 21: This inside is preferable to illustration 22, as a seat is provided

8. Signage

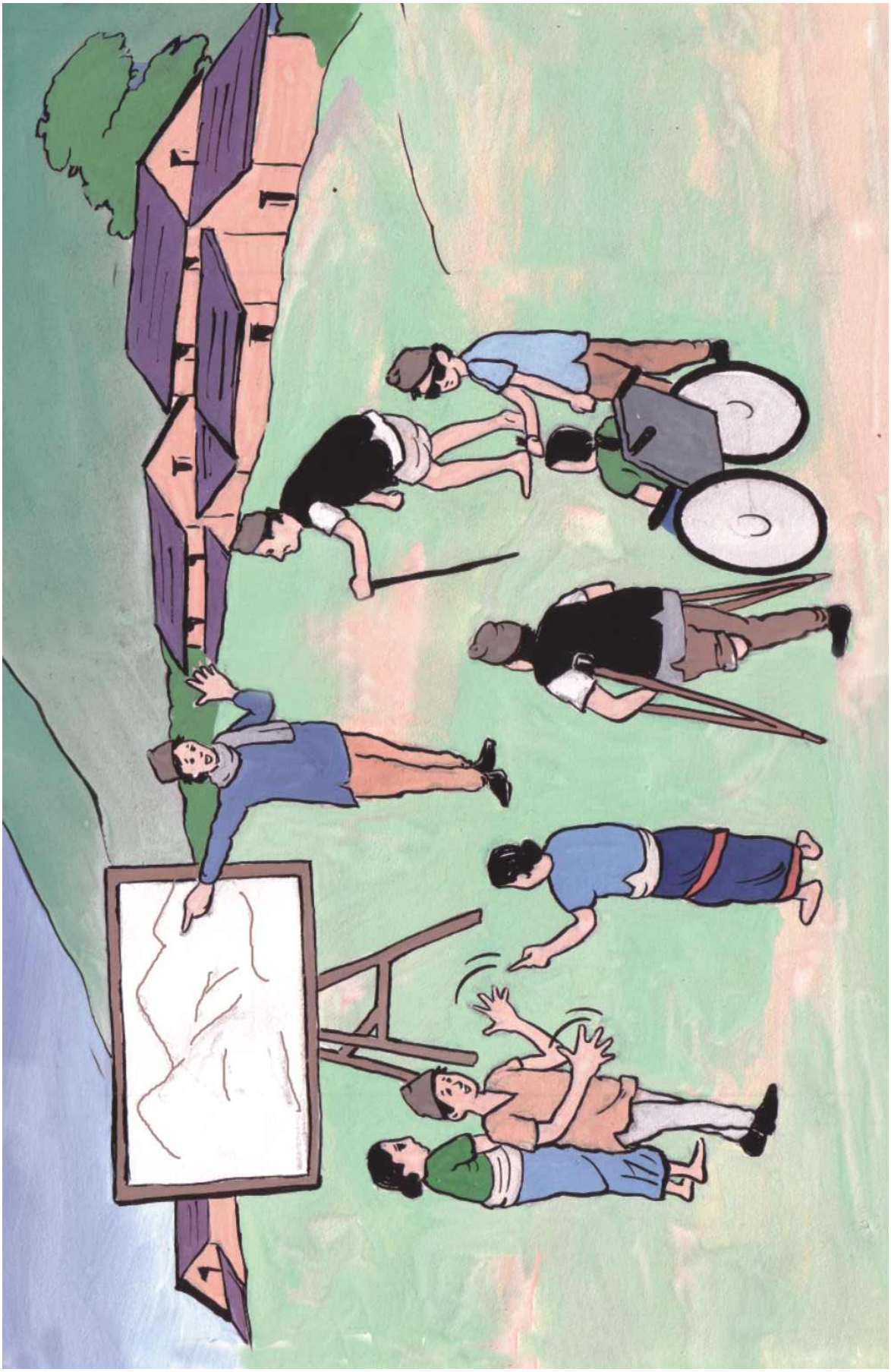
Several types of signboards should be distinguished

- Information signboards (e.g. location signs. sign directions, maps): rectangular shape
- Warning signboards (fire exit signs. safety signs. etc.): triangular shape (normally specified by ISO convention in terms of colour, size and graphic
- Interdiction signboards: circular shape

- Universal standard colour contrast code of white and blue should be followed in all signage, numeric and alphabetic information sources.

- Signage should
  - Be placed openly, prominently and well visible.
  - Be well lit in low light conditions in.
  - Not be placed behind glass panels due to possible reflection.
  - Not be placed on pedestrian paths as they can make obstruction.

- Signage should be placed to indicate fire exits, accessible routes, accessible facilities like toilets, telephone etc.



SESSION 5

MAKING INFORMATION, EDUCATION AND COMMUNICATION MATERIAL DISABILITY INCLUSIVE (1.5 - 2 hours)

Time: 1.5 – 2 hours
Method: Presentation of IEC materials, illustrations, question-answer mechanisms
Tools: Power Point presentation
Learning objectives: Participants will

- Know examples of disability-inclusive IEC materials for DRR
- Be able to promote disability-inclusive IEC materials for DRR within their activities

Step 1: Question to group (10 minutes)

What information, education and communication (IEC) materials is your organisation currently using?

Collect statements

Step 2: Introduction of IEC materials developed by Handicap International Nepal (1 hour)

1. **Awareness raising posters**

Poster 1: "Let's prepare together" (see annex 1 and CD *for printable forms*)
Poster 2: "Let's respond to disaster together" (see annex 2 and CD *for printable forms*)

- **Topic**: Disability-inclusive preparations for disasters in Nepal.
- **Use**: Actors working in disaster and/or disability field.
- **Target audience**: General public and government.
- **Objective**: Give simple and practical ideas of what disaster preparedness and response are and how to include PWDs/disability issues in it.
- **Message**: If we prepare for disasters together we can respond together.
- **Content**: 4 basic situations of disasters are outlined in pictures: earthquake (top left). floods (bottom left). landslide (top right). fire (bottom right).

2. Flip charts

For a print version of the flip charts, refer to the CD.

- **Topic**: What to do in a disaster
- **Use:** Actors working in disaster and/or disability field.
- **Target audience:** General public.
- **Objective:** Provide simple guidelines on how to respond to disaster, including additional tips for PWDs.
- **Message:** What to do in the case of:
  1. Earthquakes
  2. Floods
  3. Landslides
  4. Fires

With tips to ensure PWDs can respond appropriately.

- **Content**: pictures with text messages on the verso

Earthquake

- Stay where you are – don't move too far. Drop, cover and hold.
- When you're inside, move under a table.
- If you are outside, stay in an open space away from power lines, trees, buildings etc.
- Stay away from book shelves, windows, trees, etc – things that can fall on you and trap/injure you.

Flood

- Move to higher ground immediately as soon as there is sign or warning that a flood may occur.
- If you have difficulty moving you will need to evacuate early – even if you are not 100% sure that a flood is going to happen.
- Wherever possible, avoid crossing the flood waters. even if you have to travel further to do so.
- If you do need to cross flood waters, even if they are shallow, if you have difficulty moving, use a floating device or the assistance of others wherever possible.

Landslide

- After long periods of heavy rain, be aware of the steep areas around your home and if there is any sign of danger, evacuate to a stable area as soon as possible.
- If it is not possible to escape a coming landslide or if a landslide is happening right now, curl yourself into a ball and protect your head.
- After a landslide has passed, wait for notice that it is safe before moving from a safe area.

Fire

- Get down low and get out fast.
- If you are trapped inside: close windows and doors. cover yourself with wet woollen or cloth material and stay low.
- If a part of you or your clothing catches fire, cover your face with your hands, drop to the floor and roll. DO NOT RUN.
- If you cannot drop because of your impairment, put the flames out with natural fibres (wool or cotton).

- Make sure that the exits from your home and other relevant buildings are accessible for everyone.

Common charts for each topic

- Make an emergency plan for what to do if an earthquake/fire/landslide/flood happens.
- If you have a disability and stay alone during the day, try to spend most of your time on the ground floor of your home.
- If you are talking to or helping those who have difficulty understanding, keep your instructions short and clear.
- If you have difficulty communicating with people, you may need to work out and practise ways to express your needs.
- If you are helping to move someone with an impairment, ask them the best way to help them.
- If you can not hear the weather outside or information about what is happening, make sure that you have identified a group of people who will inform you if you need to evacuate.
- If you have to evacuate, wherever possible bring your assistive device with you.

3. EWS brochure for community workers

For a print version of the booklet, refer to the CD.

Topic: Inclusive early warning systems.

Use: Actors working in disaster and/or disability field.

Target audience: Community workers.

Objective: To provide practical tips on how to make sure that PWDs are included in and can respond to early warning systems.

Message:
What is an inclusive early warning system?
Why do we need a disability-inclusive early warning system?
How can early warning systems be made disability-inclusive?
For people involved in setting up early warning systems
For people working with PWDs

Content: text with pictures

What does inclusive mean?

"Inclusive" refers to all people living in any given community. If something is inclusive it means that access to activities and infrastructure is available for everybody including:

- People with disabilities
- Older people
- Children
- Those who are unwell or injured
- Pregnant women

What is an inclusive early warning system?

An inclusive early warning system is a comprehensive communication system that is able to notify all members of a community about impending natural disasters. It helps people living in an area where natural disasters happen to know as early as possible that a disaster may be coming, so that they can take appropriate actions.

How does an early warning system work?

- Collects information that will help to tell if a natural disaster may occur (eg. river levels, rain fall).
- Develops community information networks so that information can be spread quickly through the community.
- Provides information to the community about any potential upcoming disaster.
- Triggers any necessary emergency response for the disaster.

Why do we need early warning systems and why should they be inclusive?

- Early warning systems have been shown to save lives, reduce injuries and provide more efficient and controlled evacuations.
- They allow people who may have restrictions to take appropriate actions in a timely fashion.
- The information collected when preparing early warning systems helps rescue workers to identify and search for people who may need more help (such as people with disabilities, senior citizens, children, pregnant women).

Things to consider:

- Not all early warning systems are inclusive to everybody and all locations in the community. For example, a siren that is in place in the town centre will not be heard by somebody who is deaf or who lives a long way away from the town centre. Communication networks would help to solve this problem (such as individual notification or door-knocking for deaf people or those living far away).
- People need to be aware of the purpose of the early warning system and what they need to do if a warning signal is circulated among the community. If they do not know that the warning signal is in fact a warning, or they do not know what the correct action to take is when the signal comes, they may be slow to react or may not react appropriately.
- Early warning messages need to be clear, simple and easy for everybody to understand. Messages should also be presented in different ways so that they reach people with a variety of impairments.

How can early warning systems be made inclusive?

a) If your work includes setting up early warning systems

- Identify people with disabilities in your working area.
- Make sure that the early warning systems that you are using include people with disabilities.
- Make sure that PWDs and the organisations that represent them (DPOs) participate in developing the early warning system.
- Involve PWDs in your early warning task force.
- Remember that people with disabilities, like all community members, should be included in awareness activities and emergency drills to make sure that they are able to understand the warning systems and can respond appropriately to them.

b) If you work with people with disabilities

- Find out if there is a community disaster team in the PWD's area – talk with them or put the PWD in contact with them so that they understand the PWD's needs.
- Find out what early warning systems exist in the community where the PWD is living and inform the PWD and their family about these.
- Help the PWD and their family to develop an emergency plan that they can use in the event of a disaster – the PWD may be able to work with the community disaster team to do this.
- Give the community disaster team, NGOs or government offices responsible for the area's early warning system information about how to make sure that PWDs are included in the early warning system and other disaster preparedness activities.

An inclusive early warning system

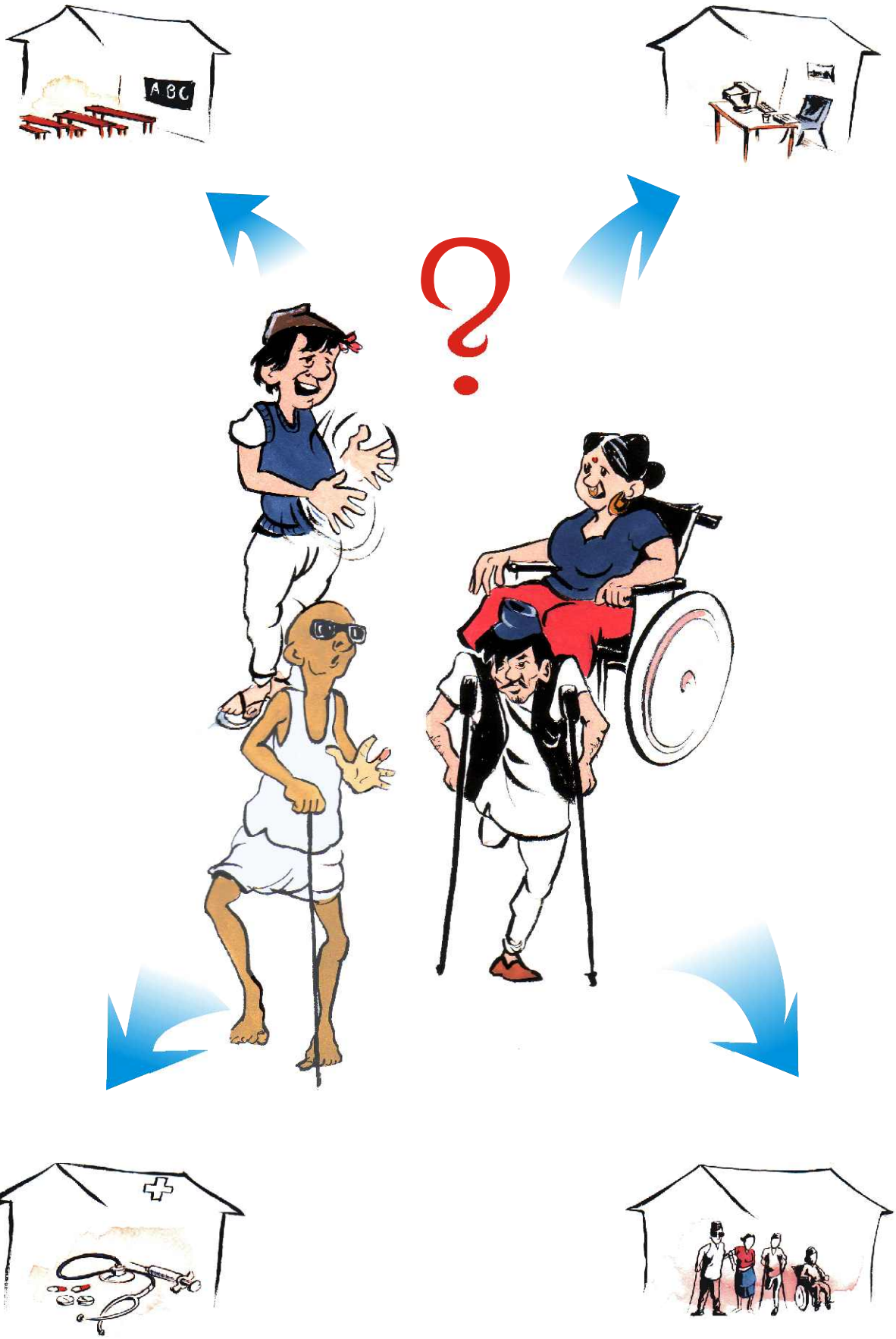
An inclusive early warning system would provide information in both auditory and visual forms and include mechanisms to cover the entire community. It could include:

- auditory signals or alarms (sirens, bells, drums)
- visual signal systems (flags, posters written with large characters or pictures that are colour contrasted)
- turning light off-on frequently
- clear and brief announcements
- door to door notification and assistance for identified vulnerable people

Type of impairment	Examples of early warning systems that are appropriate
Hearing impairment (People who have some hearing or who are deaf)	• Visual signals – flashlight, red flag, warnings that are written and include pictures, gestures • Loud, clear and simple auditory signals and messages (for people hard of hearing) • Individual and priority notification where necessary
Visual impairment (People who have low vision or who are blind)	• Auditory signals – loudspeakers, sirens, radio, drums • Large, clear and simple written messages (for people with low vision) • Individual and priority notification where necessary, including assistance to evacuate
Intellectual and mental impairment (people who have difficulty understanding and/or behavioural or psychological difficulties)	• Clear, simple and calm warning information • Simple and short messages • Advice to family and carers of people with intellectual and mental impairments • Individual and priority notification where necessary, including assistance to evacuate
Physical impairment (People who have difficulty moving)	• Individual and priority notification where necessary, including assistance to evacuate if required

Step 3: Questions to the group (20 minutes)

- What uses do you see for these materials within your organisation?
- How many copies would you like?
- Any other feedback?


A B C

SESSION 6

NETWORKING - REFERRING PERSONS WITH DISABILITIES TO SPECIALIST SERVICES (1 hour 15 min - 1 hour 30 min)

Time: 1 hour 15 min – 1 hour 30 min
Method: Presentations, question-answer mechanisms
Tools: Power Point presentation
Learning objectives: participants will

- Understand the importance of networking and their own role in referring persons with disabilities to specialized services
- Be aware of the different steps to take for effective referrals

Step 1: Introduction (5 min)

We have seen that ensuring inclusion of persons with disabilities in DRR needs a twin-track approach of providing them access to mainstream and to specialist services. Specialist services are hereby not an end in themselves but a means to empower persons with disabilities, so their vulnerability in disasters is decreased and their capacity to cope with them increased.

We have so far focused on mainstream services because this is the field of work of DRR actors. The idea of this session is not to bring DRR actors to provide specialist disability services but to give a general overview of them. This will enable DRR actors to refer persons with disabilities to specialist service providers for individual empowerment. To network mainstream with specialist service providers is at the centre of this session.

Step 2: Question to the group: what is a "referral" and when do we do it? (10 min)

Answer

It basically means referring a person to another service provider so s/he can receive a service one doesn't provide. Related to disability and DRR this may mean that:

- A mainstream DRR service provider refers a PWD to specialist disability services.
- A specialist disability service provider refers a PWD to organizations covering other sectors of activity (e.g. a specialist service provider offers physical rehabilitation but no economic empowerment services, and will therefore refer the person to the relevant organization) or

- different types of impairment (e.g. an organization is specialized in physical impairments but not in visual impairments and will therefore refer a visually impaired person to an organization specialized in that field).

Referral is indicated if:

- a person has difficulty doing things that they need or want to be able to do (and what others would be able to do).
- a person has additional needs that the family and your organisation are not able to meet.
- a person's impairment is becoming worse over time.

Step 3: Specialist services available to persons with disabilities in Nepal – Presentation (30 minutes)

1. Rehabilitation

The process of assisting people with disabilities to reach and maintain the highest level of physical, sensory, intellectual, mental and socio-economic functioning. The type of rehabilitation indicated depends on the person's impairment, functional limitations, needs and life habits. This includes health, as well as social, educational, economic and other rehabilitation. Specialist rehabilitation and support may be provided by community based organizations, DPOs, (I)NGOs, hospitals, rehabilitation centres, special schools, vocational rehabilitation institutes, sheltered workshops, etc. through:

- **Medical specialists:**
  - Orthopaedic and neurological surgeons providing surgery related to: head injury. fractures. corrective surgery of club feet, after a burn, etc..
  - Psychologists and psychiatrists providing psycho-social support and counselling for people with mental impairment.
  - Generalist physicians for general medical treatment (e.g. medication for people with diabetes, epilepsy, mental impairment etc.).
  - Audiologists to identify hearing impairments.

- **Health rehabilitation professionals that provide :**
  - Physiotherapy: to release/eliminate pain, and maximize movement and independence for people with a physical impairment (and the physical component of people with intellectual impairments).
  - Occupational therapy: to provide different strategies to support people with different impairments to achieve their maximum functional outcomes through modifying equipment (like a spoon) or the person's environment (to make sure the person can access their house).

- Prosthetic and orthotic services: to provide prostheses (artificial limbs), orthoses (such as splint or brace) and mobility devices (such as crutches) to facilitate movement and independence for people with physical and intellectual impairments.

- **Special educators that teach:**

  - Sign Language: for communication and literacy for people with hearing impairment.
  - Braille: for communication and literacy for people with severe visual impairment.
  - Mobility training: to support people with severe visual impairment to move as independently as possible around their local area.
  - Speech therapy to assist people with difficulties to speak to develop speech or alternative communication methods.

- **Specialist staff for vocational rehabilitation and placement to promote employment in:**

  - Sheltered environment.
  - Supported environment.
  - Etc.

It must be noted that not all DPOs, NGOs, rehabilitation centres, hospitals etc. are able to provide the full scale of services. Therefore, coordination between different specialists and cross-referrals are often necessary.

Community workers (social workers, health workers, community disability workers etc.) take a key role in this environment as all-rounders with good knowledge of available services as well as of the community. This enables them to counsel persons with disabilities and their families, link actors and coordinate access to and follow up of specialist services.

2. Prevention

Taking steps to prevent impairments or prevent/reduce their aggravation. The need for prevention services can be simply determined by asking the person if their impairment is staying the same or becoming worse. If it is becoming worse over time, they should get a medical check-up at the local hospital or health centre. Routine checks of different nature of the general population (e.g. school checks) or early identification of disabling diseases (e.g. through eye tests, blood tests) help to prevent a range of impairments. Vaccinations against different diseases (e.g. polio) are parts of preventive measures, as well. Preventive measures are mostly of medical nature carried out by medical staff.

Step 4: Question to the group: what is needed for an effective referral system? (30 min)

Answer

1) Knowledge about needs and demands of the person.

2) Knowledge about roles of the different specialist service providers in the disability field (i.e. what is the role of a physiotherapist, speech therapist, etc.?).
3) Knowledge of the specialist disability service provider landscape in the coverage area (who are the actors. what type of services available. quality of the services):
   - Ask organizations working in the disability field about it.
   - Ideally, resource directories would exist for the coverage area.
   - If available, prefer local services: financial and logistic implications will be less and follow up easier.
4) Being networked with the specialist service providers (having contact details of focal persons etc.).
5) Discuss the referral with the person with disability, the family and the care taker, and ensure they consent to the suggested action.
6) Contact the specialist service provider.
7) Assess financial support options as in most cases, persons with disabilities and their families can't afford costs related to specialist services:
   - Transportation costs: from home to the specialist service provider and back home (for the person with disability and often for one carer).
   - Food and accommodation during the intervention (for the person with disability and often for one carer).
   - Indirect costs for the person with disability and carer who will not be working during this period.

   Specialist service providers sometimes have special provisions for people of poor economic background, and often, there are also provisions available from the State.
8) Provision of Specialist Services: the person will then receive specialist services. Specialists/ professionals may require him/her to visit frequently, or to stay at the service longer than expected. Counselling is crucial to support people with disabilities and their families in this process to encourage them to understand the long term benefits.
9) Coordinate with the specialist service provider and NGOs/DPOs in the area to ensure that the follow up is well coordinated, for instance through community workers (also between potentially different specialist service providers).

Ideally, mainstream DRR actors should contact (I)NGOs or DPOs working in the disability field in the coverage area as soon as they have identified persons with disabilities in their community mapping so they can take charge of the overall management of the referral process. Sometimes, also community based organizations providing generalist services may be able to take charge of the process. Financial support from the DRR actor will however be welcome.

Disaster Preparedness
According to the results from the VCA, persons with disabilities can be referred to different rehabilitation services for individual empowerment (medical, economic, psycho-social, etc.).

Disaster Response
If a disaster occurs, focus in a first phase will rather be on referring people (newly injured and previously impaired) to specialist medical services. Educational, economic and other rehabilitation would apply to later phases.

These training manual have been developed as part of the DIPECHO-funded project for "Mainistreaming Disability-people with disabilities into disaster management in Nepal."

Humanitarian values and goal

The "Disaster Preparedness and Disability" project's central goal is that the prepareness and response to natural disasters are designed, developed and implemented for and with people with disabilities, while Mainstreaming Disability into Disaster Risk Reduction as a cross-cutting issue. Therefore, the project ensures that partners and stakeholders recognize and meet the particular needs and value the specific assets before, during and after disasters.

Ultimately, considering people living with disabilities as human beings with the same rights and needs and with specific capacities and assets will create an environment conducive to disability-inclusive Disaster Risk Reduction, without discrimination and with full dignity for all.