

Disability, disasters and empowerment



**Evidence from qualitative research
in a disability inclusive disaster
preparedness programme**

November 2015

Front cover image: Raised houses in Padmapukar Union, Shyamnagar, show how much the surrounding water is expected to rise during floods and periods of waterlogging.

Inside front cover image: The concrete Union Parishad building is now isolated amongst a sea of saline water left behind from tidal surges during cyclone Aila.

This evidence is based on research with participants in a DFID funded Sightsavers and Disabled Rehabilitation and Research Association (DRRA) programme. The research was originally conducted for a postgraduate course at King's College London.

DRRA's mission is to promote equitable rights and inclusion of person with disabilities and the destitute in Bangladesh.

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Introduction

This report presents evidence from research with participants in a Sightsavers and Disabled Rehabilitation and Research Association (DRRA) disability inclusive disaster preparedness programme in Satkhira, Bangladesh.

The aim of this research was to identify the causes of vulnerability to disasters for people with disabilities in Satkhira and to assess the forms of empowerment produced and accessed by people with disabilities participating in the programme.

The research findings provide evidence of the need for disability inclusive disaster preparedness measures, and inclusive development more broadly. The development challenges of poverty-reduction, climate change and vulnerability to disasters are interconnected. Initiatives that do not address these challenges in an integrated way will not be effective¹. These findings demonstrate that inclusive integrated approaches are required and should be used to support the development of inclusive integrated approaches to poverty-reduction, climate change adaptation and increasing resilience to disasters.

Context

Disability inclusive disaster preparedness

Poverty and disability are inextricably linked due to the multitude of barriers people with disabilities face accessing education, health care, employment and in broader society². This relationship holds particular relevance to the social construction of vulnerability to disasters: the poorest and most excluded people in a community are often the most vulnerable to the impacts of environmental hazards which expose existing inequalities; those with strong livelihoods and access to resources are inherently less vulnerable, whilst the impacts of environmental hazards quickly become disasters for the poorest and most excluded groups³.

There is however a lack of evidence on the causes of vulnerability to disasters for people with disabilities, and how to ensure disaster preparedness, climate change adaptation and development programmes are disability inclusive⁴. The majority of implementing organisations rely on community based approaches, but there remains a lack of evidence for how these tools ensure the inclusion of people with disabilities and other excluded groups. Community-based approaches that are not disability inclusive risk contributing to further exclusion when used to inform programme design⁵.

This is a critical issue as the lack of information, data and knowledge of disability contributes to the absence and exclusion of people with disabilities in all stages of disaster management. The result is inaccessible disaster preparedness measures, warnings and facilities. Stigma, discrimination

and violence are also prevalent and heightened at times of disaster⁶. There is therefore an urgency to develop evidence and practice of disability inclusive disaster preparedness measures that can be scaled-up and used to inform future programmes, and of how development programmes can empower people with disabilities to access and represent their rights on the bodies responsible for decision-making in their communities, nationally and internationally.

Disability in Bangladesh

These issues are of particular relevance to Bangladesh due to the frequent and increasing occurrence of environmental hazards⁷, and context for people with disabilities. Despite increasingly inclusive legislation at the national level people with disabilities can face a multitude of barriers, including: negative family and community attitudes; stigma and discrimination; inaccessibility and challenges accessing employment, health care and education. Existing gender inequalities heighten these barriers for girls and women with disabilities.

Satkhira reflects this national context but – as one of the poorest and most conservative areas of the country – living with a disability in this region can be extremely challenging compared to other districts of Bangladesh. Barriers are again heightened for women with disabilities, who face additional constraints on their movement due to conservative belief systems.



The Union Parishad building in Padmapukur Union withstood cyclone Aila in 2009. All surrounding buildings and trees were destroyed, dramatically transforming the landscape.



Environmental hazards, poverty and livelihoods

Satkhira is a rural, coastal region in the south-western corner of Bangladesh, bordering India and the Sunderbans mangrove forest. It is at high risk of a number of environmental hazards. Storms formed in the Bay of Bengal regularly strike coastal areas; cyclones Sidr (2007) and Aila (2009) and their associated tidal surges wreaked widespread destruction and transformed much of the local landscape⁸. Flooding and waterlogging are frequent, with water from tidal surges and floods often trapped for months at a time. Waterlogging is also exacerbated by shrimp farmers blocking dams and creating sluices to trap saline water. Other hazards identified to a lesser extent in this research included, sea-level rise, arsenic pollution, groundwater salinity and risk of earthquakes. Satkhira is also impacted by heavy rainfall, and changing physical environments as a result of river erosion and siltation. One Union Chairman explained that over ten years the riverbed in their Union has risen by nine feet putting a number of households at risk.



The **X** highlights a watermark on a participant's house left behind by months of waterlogging in Tala.



Residents frequently evacuate their homes, but a perceived shortage of official shelters leaves many using community facilities during hazards, most often schools. At all shelters people often face overcrowding; shortages of water and food; and unhygienic conditions as a result of poor sanitation and sharing facilities with livestock, prized assets for some community members.

Despite the conditions at shelters people are often reluctant to leave. After cyclone Aila many people stayed in makeshift shelters for two months, whilst following previous disasters people lived in open facilities for over three years. This is often

because there is nothing left to return to. Due to widespread poverty the majority of houses are made of clay and bamboo or tin. Following disasters most of the population do not have the resources to rebuild their homes with anything other than the same vulnerable materials, leaving them exposed to the next hazard.

Whether it is waterlogging making it impossible to access essential goods and services; schools indefinitely being used as shelters preventing education and impacting literacy rates; or drinking-water sources becoming contaminated; there are a myriad of ways that hazards disrupt daily lives and become disasters.

The concrete Union Parishad building is now isolated amongst a sea of saline water left behind from tidal surges during cyclone Aila.





A house constructed of mud and wood in Asasuni sits on the edge of a pond.

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“Everything gets disrupted... everything, every livelihood because everything is empty... they have to start to rebuild from scratch”

(Quote from a Union Chairman).

This context limits the range of livelihoods in Satkhira. Many people work as day labourers with land owners cultivating crops, owning poultry and livestock. However, increasing salinity was named as the one biggest risk to the region by a government official. The high salinity of the earth severely limits production; crop and paddy yields are visibly low compared to other regions of Bangladesh. Fishing, shrimp and crab cultivation are therefore vital to the region, but increasingly hazards undermine these livelihoods, washing away assets and rendering fertile land unproductive.

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A shrimp farm next to the main road in Asasuni.

Disability inclusive disaster preparedness project

The Sightsavers and DRRRA project sought to address the vulnerability of people with disabilities and their livelihoods to disasters by forming self-help groups (SHGs) of people with disabilities and parents of children with disabilities. 24 SHGs consisting of 15 members were established across three Upazilas in Satkhira and Koira Upazila in the neighbouring district of Khulna. The partners aimed to support participants to increase their knowledge of disaster preparedness; access livelihood opportunities and welfare systems; build capacity for engagement with local disaster management structures; and advocate for their rights. This research took place in the final year of the project and aimed to identify areas of learning and evidence to take forward.

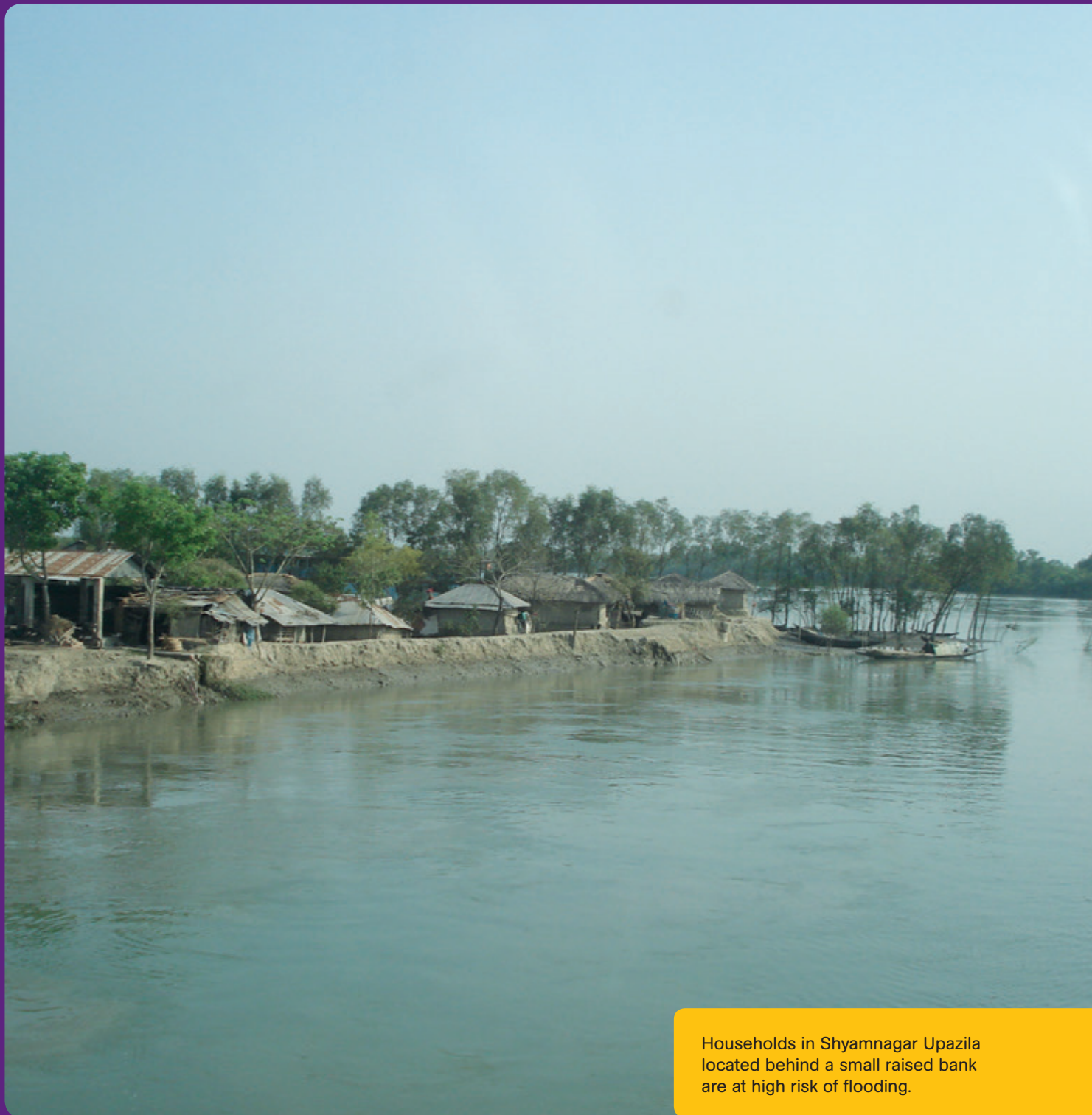
Methodology

The research explored the causes of vulnerability to disasters for people with disabilities in Satkhira and the forms of empowerment accessed by people with disabilities through participation in the programme. It assessed whether these forms of empowerment had led to increased knowledge of environmental hazards associated with climate change; disaster preparedness measures; and the capacity to advocate for the rights of people with disabilities in the wider community.

The findings presented throughout are based on group discussions and semi-structured interviews with members of SHGs. Supporting evidence was gathered through semi-structured interviews with local leaders; government representatives; non-governmental organisations; Disabled People's Organisations; and the implementing partners.

All sessions were recorded and transcribed with the consent of all participants. Data was then analysed thematically, with priority given to the data from self-help group members and the most appropriate themes for analysis determined by the most common findings raised by participants.

Research findings



Households in Shyamnagar Upazila located behind a small raised bank are at high risk of flooding.

Vulnerability to disasters

This section presents the five main causes of vulnerability to disasters for people with disabilities identified by participants in this research.

1 Poverty and barriers accessing livelihoods

The wider context of poverty in Satkhira is a major challenge for people with disabilities. Participants emphasised gaining adequate incomes is their major challenge, whilst disasters are only occasional. Sustaining livelihoods during hazards is difficult; waterlogging renders land useless and prized assets of shrimp, crab, fish and equipment are regularly washed away. The vulnerability of people with disabilities is heightened as participants explained they have fewer opportunities to gain employment due to discriminatory attitudes.

When seeking work as day labourers people with disabilities feel overlooked, and know that when they are employed they are not paid the same rates as other workers. There are also specific impacts on households. A sister of a woman with multiple disabilities explained that she has to seek work as a day-labourer, but has no choice but to lock her sister inside their home each day.

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2 Increased risk factors for women

The context faced by women in Satkhira makes them more vulnerable to disasters than men. Attitudes around gender represent huge barriers to accessing rights, education and employment. Mothers of children with disabilities also emphasised how challenging it is supporting their children without support from their husbands. Daily responsibilities make women directly more vulnerable to hazards; participants agreed that washing clothes, collecting food and supplies in waterlogged areas increases their chances of contracting diseases.

Women also have reduced social mobility in comparison to men. During disasters men are able to move freely. However, conservative beliefs mean women cannot move within the community in the same way. A male self-help group president explained that he can evacuate and stay at a neighbour's house in emergencies, whilst it is not acceptable for women to do so. Men with disabilities can also be physically carried by anyone in an evacuation. This was not considered possible for women with disabilities. This reduced mobility also impacts women's capacity to access information on disaster preparedness – and other forms of support or training – as their families may not consider it acceptable for them to travel, whilst young men with disabilities are often allowed to move freely.

The lack of separate spaces for women at shelters was also raised as a major cause of vulnerability, particularly for pregnant women and adolescent girls. This was due

to security concerns and fears of sexual violence, which is common at shelters. Fears of abuse in their homes were also raised as men from flooded neighbouring areas take shelter in their villages.

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Men with disabilities can also be physically carried by anyone in an evacuation. This was not considered possible for women with disabilities.

3 Reduced mobility

People with disabilities experience challenges accessing all forms of transport and crossing busy, inaccessible roads on an everyday basis. That hazards dramatically change local environments is particularly relevant. Participants described how fallen trees and buildings make moving around their communities difficult. Others have been trapped in their homes, unable to board boats used during months of waterlogging. One participant with visual impairments explained how a dam he had learnt to use as a river-crossing had been eroded away, but that he only realised this when he felt water at his feet.

Changing environments are particularly relevant for evacuations. Participants explained that it is often difficult for them to evacuate quickly. The perceived shortage of shelters and long distances required to access them, combined with already inaccessible environments being made harder to navigate by new obstacles, further increase the challenges for people with disabilities.

Many participants stated they are not able to access shelters without the assistance of others, but stressed they did not think there are specific evacuation plans and that there is a lack of knowledge of how to help people with disabilities evacuate. Respondents agreed that it is usually other people with disabilities and their families that try to help each other, as most people are only thinking about their own life. Others even suggested people deliberately do not assist people with disabilities:

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“There is a tendency that you leave the disabled persons behind and go...because still some people think that to assist them is shameful”

(Respondent at a group discussion).

4 Inaccessible shelters and relief distribution

If people with disabilities do try to evacuate mobility challenges mean they often reach shelters after others. Inaccessibility and a shortage of space at shelters is a significant factor; a lack of ramps, rails, accessible toilets and allocated space were consistently raised by respondents. Accessible shelters were frequently identified as the main change participants would like to be made in their communities.

Inaccessibility is often compounded by discrimination and abuse experienced at shelters. Local leaders confirmed people often complain about the presence of people with disabilities at shelters for not “accurately using” what are non-existent or inaccessible toilets.

Many people with disabilities avoid shelters and prefer to take their chances at home, only leaving when they have to. This is not uncommon in disaster contexts⁹ but the delay increases the risk to people with disabilities who may need additional assistance and time to evacuate.

People with disabilities are also often excluded from accessing relief distributed through shelters:

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“Within the shelter they have to compete...to get the aid supplied by government...there is no consolation for ill or weak person, especially for them to go and fight with another person”
(Respondent at a group discussion).

Without specific measures to ensure relief distribution is accessible people with disabilities often go without. It is difficult to access relief as it is often distributed on different floors or people with disabilities have to wait for long periods and compete in queues. This is not a challenge specific to shelters; people with disabilities face the same issues in their communities or arrive at trucks distributing relief too late to access supplies.

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Without specific measures to ensure relief distribution is accessible people with disabilities often go without.

5 Inaccessible warning systems

Another cause of vulnerability to disasters for people with disabilities is the inaccessibility of warning systems vital for pre-disaster communication. The majority of respondents explained that people with sensory impairments are unlikely to notice the flag system and mic-ing announcements used by the Cyclone Preparedness Programme (CPP) units, and this leaves them at great risk and their fate down to chance.

Inaccessible warning systems were seen as a low priority by some respondents, who suggested people with visual impairments hear the mic-ing, and those with hearing impairments see the flags. Some respondents also emphasised that family bonds ensure people with disabilities are told information by family members. Others even suggested people with disabilities get preferential treatment during hazards. However, these views do not account for those with multiple and complex disabilities, and are in contrast to the broader context of discrimination and heightened vulnerability identified by the majority of respondents.

Empowerment

The forms of empowerment produced through participation in the programme can be broadly split into two areas: forms of empowerment **within** SHGs and those **reaching outwards** to external actors.

Empowerment within self-help groups

Trust and collaboration

Participating in the programme resulted in trust forming between participants. This was evident in the way participants agreed they had felt before participation, with many respondents expressing feelings of exclusion.


Disability inclusive initiatives in Satkhira are rare and many people had to be convinced to participate. Others explained that the process of meeting the implementing NGOs, or the president of a national Disabled People's Organisation (DPO) had helped to convince them. Being invited to participate and accessing information was a common motivating factor, which was strengthened by meeting others in the same position.

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“They think I am not effective, I am not useful for them, I am a burden, I have no income, I cannot help...so we cannot give him respect”

(Interview respondent).

Trust and collaboration is also evident in the way SHGs identify priorities to address. One participant explained his group has discussed services available in the community and the effect of childhood marriage. Identifying contextual priorities also allows SHGs to support each other when required. Another example is of a participant who has borrowed and repaid money from others to purchase a net used to protect fish from leaving his pond during floods.



A fishing pond used by members of a self-help group in Tala.

Access to information and knowledge

Empowerment is also evident as a result of increased access to information and knowledge. Respondents identified learning about different types of impairment as a significant benefit, as they feel better able to assist others in evacuations and everyday life. Learning about disability rights has empowered many participants, who expressed confidence that they can now take and demand their rights in their families and community and explain they are not cursed but can achieve anything if given the opportunity. One respondent even suggested by understanding his rights he has become less 'self-centred' and realised that people with disabilities themselves must demand their rights:

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“We have to be able to participate, we have to take a step ahead... if we don't take a step ourselves then we will not be able to do many things”

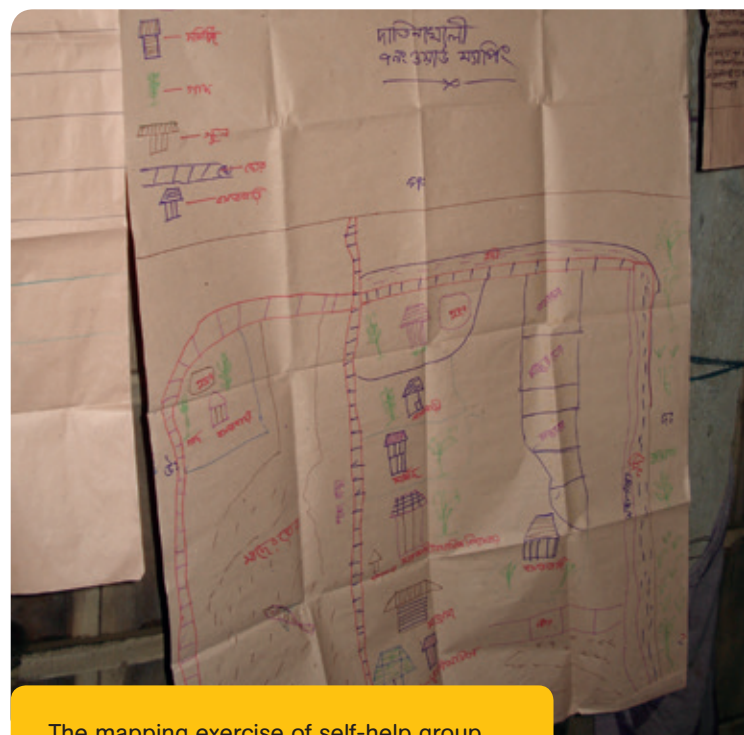
(Respondent at a group discussion).

Increased access to information and knowledge is having a tangible impact on disaster preparedness for participants. The process of working collaboratively is significantly increasing knowledge of disaster preparedness amongst members. SHGs use meetings with programme staff to learn about different types of hazards and how they are formed. They discuss what measures to take, the signals to look out for and where to go. SHGs also use this opportunity to identify carers or

family members who they might need to discuss specific measures with. Mapping exercises – conducted by the groups after receiving participatory rural appraisal training – were undertaken to identify key locations in the community, including member's homes and shelters.

Changing behaviour

Accessing knowledge of disaster preparedness has led to increased familiarity with existing norms and the creation of new ones. SHGs demonstrated clear knowledge of the flag signalling and micing processes used by the CPP, and respondents explained the process they would go through in the event of a cyclone; locate important documents and valuables, conceal them in a wrap, polythene or tins and secure them in the earth; grab dry foods and additional clothes; and travel to the shelter.



The mapping exercise of self-help group members in Burigoalini Union, Shyamnagar.

Some groups have identified plans for helping each other and agreed actions for particularly at-risk members; they are to wait at a set location for assistance from designated members of the group. This is a three-storey concrete building identified as the safest local structure.

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Self-help groups use their meetings to learn about different types of hazards and how they are formed. They discuss what measures to take, the signals and where to go.

The groups have already had to put their plans into action. Cyclone Mahasen was expected to hit Satkhira in May 2013, however it weakened after striking the south-east of Bangladesh and did not cause the expected widespread devastation to Satkhira District¹⁰. The SHGs felt well prepared to identify signals and evacuate. Members agreed this was due to the knowledge gained from participation.

Separate to disaster preparedness SHGs are forming broader norms and actions. One SHG agreed that they want to assist other people with disabilities not included in their group, and were considering how they can achieve this. Two other groups have taken a step further by conducting surveys and using government data to locate the addresses of people with disabilities in their communities.

SHGs have also independently started organisational activities with mutual rewards, including shared bank accounts,

savings groups and plans to start income generating exercises – such as crab cultivation and cow fattening – and share profits amongst members. The high levels of activity and organisation notable in some SHGs are emphasised by their annual organisational plans. Several groups also expressed a desire and plan to register as DPOs so that they can become stronger and more vocal in their community.

Confidence to challenge attitudes

An important research finding is that participants feel attitudes in their communities have improved. Participation in SHGs has empowered members to identify and challenge discrimination and become more visible in their communities, demonstrating their ability to participate in society and dispelling stigma. This has raised awareness amongst their communities and attitudes have changed as a result.

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“Social attitude previously was very harsh and rude, but recently there is a change. Sometimes they are welcome, sometimes they are respected because they are developing their status”

(Respondent at a group discussion).

This has also resulted in changing attitudes within families. One member explained that before she joined her SHG her family did not allow her to leave her home. DRR staff had to convince her parents to let her participate. Through participation she has

demonstrated that she can learn new skills, has received handicraft training and now bears the main responsibility for securing an income for her household. This was a recurring theme amongst SHGs; families now understand people with disabilities can contribute and the wider community is recognising their potential.

Changing attitudes are also reflected in the formation of new norms. One SHG emphasised the significance of a local man – who does not have an impairment – marrying a member with a speech impairment, without demanding a dowry. In rural areas of Satkhira both of these factors represent significant shifts. The togetherness of the SHG was also demonstrated by how they had informed the man that if they were to marry he must respect his wife's rights. Changing attitudes have also led to other actions including; children getting better treatment at school, community buildings constructing ramps, and more attention being paid among pregnant mothers on the importance of accessing health-care during labour.

Empowerment reaching outwards

Accessing support systems

Participation in SHGs has led to increased awareness amongst people with disabilities of support mechanisms they did not previously have access to or knowledge of. Participants have begun to access training, services and support they are eligible to apply for but did not previously know about. SHGs use their meetings to discuss which participants should apply and how to find out the process for accessing available support.

The main way participants have utilised this development is garnering support and training for livelihoods. Several of the younger participants have attended Youth Development Centres for training on sewing, tailoring and handicrafts with all reporting increased incomes. Others have received training on fishing, shrimp and crab cultivation or accessed financial services and loans to develop their livelihoods. One member has gained employment through participation; after impressing DRRRA staff in her role as SHG secretary they recommended she apply for a role at an advocacy organisation. Representatives then contacted DRRRA staff and she was offered a full time role after impressing at interview.

Participants have also utilised information to access other forms of support including assistive devices; government safety-net programmes such as the Vulnerable Group Development and Vulnerable Group Feeding cards designed to assist the poorest people access food, health and nutrition services; and bus association transport cards.

Advocating and holding leaders to account

Information has also been garnered by SHGs around how to lobby and advocate for their rights. Learning about disability rights in Bangladesh and in other countries has empowered SHGs to access the services that they are eligible for but also to advocate on broader issues. SHG members have learnt the relevant implementing local governance structures and national government ministries, who their representatives are and where they are located.

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One self-help group attended a hospital to hold staff members to account after a pregnant woman with disabilities was ignored by doctors – she has received proper treatment as a result.

Information and knowledge accessed through participation has led to a collective confidence to advocate. SHGs decide as a group who they think they need to meet with and go together to advocate. SHG members have accessed important stakeholders for disaster management and wider issues, ranging from the Union Council, local government departments and national ministries. In each case SHGs try to address discrimination and the barriers they face under existing policies.

An interesting finding is that participants expressed confidence to attend meetings as a united group but felt less confident to represent their group alone. Most respondents said they were not ready – with three male SHG presidents notable exceptions – and that their message is stronger coming from the entire group. This underlines the strength of trust fostered through participation.

SHGs have used these meetings to hold service providers and local leaders to account. One SHG attended a hospital to hold staff members to account after a pregnant female member was ignored by doctors, who has since been treated properly. Others have attended schools

to demand that children with visual impairments are admitted to schools that previously rejected them, and to request children with disabilities are allowed to sit exams and are allocated additional time. The same SHG also reported government officials who were asking people with disabilities for bribes to be listed on a government survey of disability.

Representation on decision-making bodies

Norms resulting from this advocacy are again most evident in disaster preparedness. By building relationships with Union representatives some SHG members have now been invited to join Union Disaster Management Committees (UDMCs). A Union Chairman informed that previously he had to use his imagination to consider the requirements of people with disabilities but now they are represented “they can talk and it becomes easier...to understand the issues”. Several SHGs explained they had members who have joined their UDMC, and are taking responsibility for feeding disability-issues into all planning. A similar relationship has been created with CPP teams; members of SHGs have joined the CPP and are tasked with representing the rights of people with disabilities.

One SHG member explained that she had been invited by her local CPP team to a meeting so she could learn about disaster preparedness and feedback to her group. She was later invited to join the CPP and impressed the Union Chairman at a meeting so was invited to join the UDMC. Sitting on both

organisations she advocates for the inclusion of more people with disabilities on the UDMC and is prepared at times of disaster to target other people with disabilities. In preparation for cyclone Mahasen she visited other people with disabilities in their homes to warn them to look for signals, listen out for micing announcements and prepare to evacuate.

The significance of having representatives on the UDMC and CPP teams should not be underestimated. As the local organisations responsible for co-ordinating disaster preparedness, evacuations and response the inclusion of people with disabilities will help to ensure that all stages of the disaster management cycle incorporate inclusive perspectives.

New social norms and attitudes to disability

Participants already identified several ways norms have changed. UDMCs have started to include people with disabilities in all new initiatives and a Union Parishad – used as a shelter during disasters – has had a ramp installed. Crucially, some CPP teams now use lists of people with disabilities and make announcements calling for people with disabilities, pregnant women and older people to evacuate ahead of others. Participants confirmed they were not targeted in this way before cyclone Aila, but noticed this change in preparation for Mahasen.

This new level of representation has helped change attitudes amongst local leaders. One respondent explained that he had previously been ignored by his Union Council after reporting discrimination. Another felt when he first joined his UDMC the Chairman and

members didn't think people with disabilities could help so questioned what he could contribute. The same committee members no longer view people with disabilities as a burden. By participating and representing the rights of people with disabilities on the UDMC SHG members have demonstrated their value, and their input is now sought at UDMC meetings. This relationship is mutually beneficial; some Union members have expressed gratitude for making them aware of disability issues, whilst a SHG member explained that he never would have thought it possible to participate at a UDMC or talk to a minister.

Participants expressed confidence that changing the attitudes of leaders will lead to more inclusive policies, but agreed it is difficult to identify large-scale policy changes. They emphasised the construction of ramps at hospitals and schools in their Unions and hope more will be done to ensure shelters and other facilities become more accessible. Concerns remain over attitudes of important figures such as health workers but participants feel by building on relationships with the Union Council changes can be made. One participating Union Chairman explained he hoped he can set an example:

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“If you can do something about persons with disabilities, it can be an example to other Chairmen in other Union Councils to follow.”

(Quote from a Union Chairman).

Conclusion

The findings of this research have identified the increased vulnerability of people with disabilities to disasters in Satkhira through poverty and barriers accessing livelihoods; reduced physical and social mobility; inaccessible shelters, relief distribution and warning systems. It has also reported the heightened vulnerability of girls and women to disasters as a result of existing gender inequalities.

Participation in self-help groups formed as part of the Sightsavers and DRRA programme has fostered various forms of empowerment amongst participants, including increased knowledge of disaster preparedness and disability rights. Participation has created connections to existing systems – including livelihood and welfare support – and local governance structures, and has had a positive impact on community attitudes around disability.

Critically, the programme has fostered the increased representation of people with disabilities on the bodies responsible for disaster preparedness at the local level: the Union Disaster Management Committees and Cyclone Preparedness Programme units. This will have a huge impact on the consideration given to disability-inclusion in local disaster preparedness. The learning for how this has been achieved should be replicated so that people with disabilities are represented adequately in other hazard-affected areas and at the national level.

The findings of this research demonstrate the importance of engaging people with disabilities and the bodies responsible for decision-making at local, national and international levels. The causes of vulnerability to disasters for people with disabilities – and the wider context of poverty and discrimination – show further disability inclusive disaster risk reduction, climate change adaptation and empowerment initiatives are required.

Raised tin housing in Padmapukar Union, Shyamnagar.



Recommendations

Inclusive integrated approaches to the development challenges of poverty-reduction, vulnerability to disasters and impacts associated with climate change should:

Target and engage people with disabilities – giving particular focus to the inclusion of girls and women with disabilities – agree minimum standards for disability inclusive programmes; provide training to workers; and include disability audits in evaluations

People with disabilities often face heightened vulnerability to disasters. Governments and NGOs should therefore ensure their inclusion. Existing guidelines and participatory tools should be adapted to include specific standards for ensuring disability inclusive measures. This includes allocating adequate resources for people with disabilities; constructing or redesigning accessible shelters, camps and sanitation facilities; ensuring accessible relief distribution; and the ordering and replacement of vital assistive devices. Disability awareness training is also required for all relief workers, to ensure people with disabilities are not excluded. DPOs should be targeted by major relief organisations to help train their field workers and all relevant assessments and evaluations should include audits dedicated to people with disabilities, and how the impact of relief can be monitored.

Strengthen national information systems, data collection and use participatory – and disability inclusive – vulnerability and capacity assessments to collate information on people with disabilities to identify existing risks

It is vital to develop a greater understanding of the number of persons with disabilities within each community. By collating information on persons with disabilities, their locations, and requirements, community registers can be developed to ensure that DPOs and officials understand where people with disabilities live, and how they may need to be assisted in a disaster. Such methods can also be used to collect information to help design accessible preparedness measures and address other changes within the community, as well as highlighting ways people with disabilities and their families can take precautions and prepare in their own homes, for example by storing assistive devices, medicines and preparedness information sheets.

Strengthen the capacity and resources of people with disabilities; representative organisations and actively involve them in all stages of disaster management, climate change adaptation and poverty reduction processes

People with disabilities and other excluded groups must act as partners in development programmes to ensure all stages of a programme cycle address the barriers faced by the most excluded groups. DPOs should participate in disaster management and help shape preparedness measures, distribute relief and plan accessible and inclusive reconstruction. DPOs can then represent persons with disabilities, and work for a more inclusive approach in communities, amongst NGOs and in government. People with disabilities do not just have a significant role to play in disasters, but the wider development context. DPOs have the potential to promote inclusive and development policies, work within communities to raise awareness of disability-issues and work alongside governments to address existing inequalities. DPOs should also develop networks with other community organisations to work together to identify and address wider forms of discrimination.

Design and implement accessible and inclusive warning systems, information and physical support systems

Participatory methods should be used to work with people with disabilities to design key warnings, training materials and evacuation plans, which must be easy to understand under stress, and available in several accessible formats, including audio and visual. Rebuilding the physical environment – from homes, public buildings, sanitation facilities and shelters – must be done accessibly, to remove previous physical barriers and ensure new ones are not established. The input of persons with disabilities and DPOs should again be sought, to ensure their rights and expertise is incorporated in design, with specific consideration given to people with sensory, multiple and complex disabilities.

Raise awareness of disability issues within communities and identify local champions; target families and community networks

In order to address existing levels of discrimination community awareness raising measures are required to mobilise communities to be receptive to the rights of people with disabilities, both during disasters and within society. Identifying local champion policymakers, officials or well respected figures is an effective way of raising awareness across wider communities. Many people with disabilities rely on the support provided by their families, neighbours and community members, so to increase the resilience of people with disabilities their primary caregivers, families and support networks should be targeted by DPOs with awareness raising and training measures.

Advocate for and promote the rights and representation of people with disabilities at all levels of society

In order to achieve these rights DPOs – and the wider international community – must advocate governments, local, national and international policymakers to introduce inclusive development measures, and to respect, promote and protect the rights of persons with disabilities. Engaging and advocating decision making bodies at the local level to ensure people with disabilities are represented on the bodies responsible for implementing disaster preparedness is one pathway to increasing resilience at the local level. DPOs should challenge negative attitudes and misconceptions through engagement, by presenting evidence and advocating for the representation of people with disabilities on all decision-making bodies. At national level, states should ratify the UNCRPD and fully resource, implement and monitor all of the Articles of the Convention, including Article 11 on Situations of risk and humanitarian emergencies, remove discriminatory legislation and practice and ensure inclusive-approaches are built into national training programmes for government officials.

Ensure a co-ordinated, sustainable and disability inclusive approach to the development challenges posed by poverty, environmental hazards and the impacts of climate change

People with disabilities, DPOs, NGOs and local and national governments should work collaboratively to address these development challenges. Actors must work together to bridge gaps in implementation, share learning and identify opportunities to ‘mainstream’ disability-inclusion into new and existing practices. All actors should work together to address cross-cutting issues, for example ensuring the use of sustainable and resilient materials in all NGO and government reconstruction programmes to strengthen the prospect of long term development; and working to ensure the rights of all people are respected during disasters and at all times, starting by urgently addressing the heightened vulnerability and high rates of sexual violence experienced by girls and women with disabilities during disasters.

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Construction taking place next to the water's edge in Shyamnagar.



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