MODULE 2

CBDRR: A FRAMEWORK FOR REDUCING RISK

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A. Learning Objectives

After completing this module, the participants will be able to explain the basic concepts related to CBDRR, its link to development and roles being played by Red Cross / Red Crescent and other groups in CBDRR. The specific objectives are to:

1. Define basic disaster and disaster risk reduction terms and concepts.

2. Define the conceptual relationship between disasters and development

3. Examine different measures that can be taken to make at risk communities safer and more resilient

4. Explain the role of RC/RC movement in CBDRR

5. Discuss the introduction to the processof CBDRR .

6. Examine how to address the needs and utilize the skills and knowledge of all vulnerable groups.

B. Learning Sessions

Below are the following topics which will be covered in Module 2:

1. Terms and Concepts in DRR

2. Linking CBDRR with Development

3. Characteristics of a Safer, More Resilient Community

4. The Role of Red Cross/Red Crescent in CBDRR

5. Introducing the CBDRR Process

6. Addressing Special Needs; Utilizing Special Capacities of all Vulnerable Groups

Session 1
Basic Terms and Concepts on DRR

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Activity : Brainstorming

Understanding Basic Terms and Concepts
on DRR

Groups will be given a set of cards.
Each group will match the terms with the definition on
the card

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There are many definitions of disaster and disaster risk management terms depending on the scientific, professional, organizational background and needs of the authors or practitioners involved. In achieving common ground, it is best to look into common elements in the definitions as well as how definitions are incorporated into practice.

Disaster - A serious disruption of the functioning of a community or society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resource.

Hazard - A potentially damaging physical event, phenomenon or human activity that may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation. Hazards can include latent conditions that may represent future threats and can have different origins: natural (geological, hydro-meteorological and biological) or induced by human processes (environmental degradation and technological hazards). Each hazard is characterized by its location, intensity, frequency and probability.

Examples of natural hazards are typhoons, tsunamis, earthquake and volcanic eruption, which are exclusively of natural origin. Landslides, floods, drought, fires are socio-natural hazards since their causes are both natural and human-made (or human-induced).

Human-induced hazards are associated with industries or energy generation facilities and include explosions, leakage of toxic waste, pollution, dam failures. War or civil strife is included in this category.

Hazards can be single, sequential or combined in their origin and effects. For example, an earthquake causes landslides, which dams a river and then causes flooding. A community may be exposed to multiple hazards when there is simultaneous occurrence of different hazards.

Vulnerability -The conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards; Is a set of prevailing or consequential conditions which adversely affect people's ability to prevent, mitigate, prepare for and respond to hazardous events.

Capacity -A combination of all the strengths and resources available within a community, society or organization that can reduce the level of risk, or the effects of a disaster; may include physical, institutional, social or economic means as well as skilled personal or collective attributes such as leadership and management. Capacity may also be described as capability.

Disaster Risk - The probability of harmful consequences, or expected losses (deaths, injuries, property, livelihoods, economic activity disrupted or environment damaged) resulting from interactions between natural or human-induced hazards and vulnerable conditions;

$$Disaster\ Risk = \frac{Hazard \times Vulnerability}{Capacity}$$

Elements at Risk - this includes who and what can be damaged
- a. People (their lives and health)
- b. Household and community structures (houses, community center, school, public buildings…)
- c. Community facilities and services (access roads, bridges, hospital, electricity, water supply…)
- d. Livelihood and economic activities (jobs, production facilities and equipment, equipment, crops,…)
- e. The natural environment (natural resources base)

Disaster Management - is the collective term for all activities that contribute to increasing capacities and will lead to reducing immediate and long-term vulnerabilities. It covers activities before, during and after a disaster.

Disaster risk management - is the systematic process of using administrative decisions, organization, operational skills and capacities to implement policies, strategies and coping capacities of the society and communities to lessen the impacts of natural hazards and related environmental and technological disasters; this comprises all forms of activities, including structural and non-structural measures to avoid (prevention) or to limit (mitigation and preparedness) adverse effects of hazards

Disaster risk reduction – is the conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.

Prevention - activities to provide outright avoidance of the adverse impact of hazards and means to minimize related environmental, technological and biological disasters.

Mitigation - structural and non-structural measures undertaken to limit the adverse impact of natural hazards, environmental degradation and technological hazards.

Preparedness - activities and measures taken in advance to ensure effective response to the impact of hazards, including the issuance of timely and effective early warnings and the temporary evacuation of people and property from threatened locations.

Relief / response - the provision of assistance or intervention during or immediately after a disaster to meet the life preservation and basic subsistence needs of those people affected. It can be of an immediate, short-term, or protracted duration.

Recovery - Decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community, while encouraging and facilitating necessary adjustments to reduce disaster risk.

Community Based Disaster Risk Reduction

A process of disaster risk management in which at-risk communities are actively engaged in the identification, analysis, treatment, monitoring and evaluation of disaster risks in order to reduce their vulnerabilities and enhance their capacities. This means that people are at the heart of decision making and implementation of disaster risk reduction activities.

CBDRR Involves activities, measures, projects and programs to reduce disaster risks which are designed and implemented by people living in at-risk communities with the goal of building safe, livable, disaster resilient and developed communities.

The involvement of the most vulnerable is paramount and the support of the less vulnerable is necessary. Since the community cannot reduce disaster risks and address vulnerable conditions on its on, the support of local and national government, NGOs, the academe, scientists, technology experts, the private sector, etc. are important.

Community

The term community can have different meanings to different people. Communities can be defined based on the following:

a) Geographically such as cluster of houses, neighborhood, ward, Village

b) Shared experience such as particular interest groups – local NGOs; professional groups – teachers, health professionals; age groupings – youth, children, elderly

c) Sector such as industry sector, workers in rubber products, garments or transport workers

In CBDRR, community is taken as a group of people in a locality who by virtue of sharing the same environment (living in the locality, working in the locality or sector….) are exposed to the same threats, though the degree of exposure may differ. Common problems, interests, hopes and behaviors may be shared and are basis for common objectives in disaster risk management.

Examples of these communities or villages are the Ward in Nepal, the Ban in Laos, the Commune in Vietnam, and the Barangay in the Philippines.

Contrary to usual notions, the community is not a homogenous group but can be socially differentiated and diverse with gender, class, caste, educational background, wealth, age, religion, ethnicity, language factoring for differences in perceptions, interests, values and attitudes.

Urban communities, especially in big cities, generally lack social cohesion and stability when compared to rural communities. Aside from original inhabitants, cities have permanent migrants who still maintain close ties with their places of origin and a "floating population" or temporary migrants who have no sense whatsoever of belonging to the city.

In community based earthquake mitigation project in Dhaka City the working definition of community was set as "A group of people with common interest residing within proximity". In line with this definition, residential areas, high rise apartments, supermarkets, dormitories, schools and hospitals, garment factories, staff quarters and office buildings were considered as community.

Session 2
**Linking DRR with Development**

Sustainable Development

This means meeting the needs of the present without compromising the ability of future generations to meet their own needs; contains within it two key concepts: the concept of "needs", in particular the essential needs of the world's poor, to which overriding priority should be given; and the idea of limitations imposed by the state of technology and social organization on the environment's ability to meet present and the future needs

Key Requirements for Sustainable Development:

- Political system – securing people's participation in decision making
- Economic system- able to generate surpluses and technical knowledge on a self reliant basis
- Social system – to ensure equitable development and provide solutions for tensions arising from people who disagree

Linking Disasters with Development

Consider the following graphs below. What is the relationship of Disaster with Development?

Development program with DRR Mainstreaming

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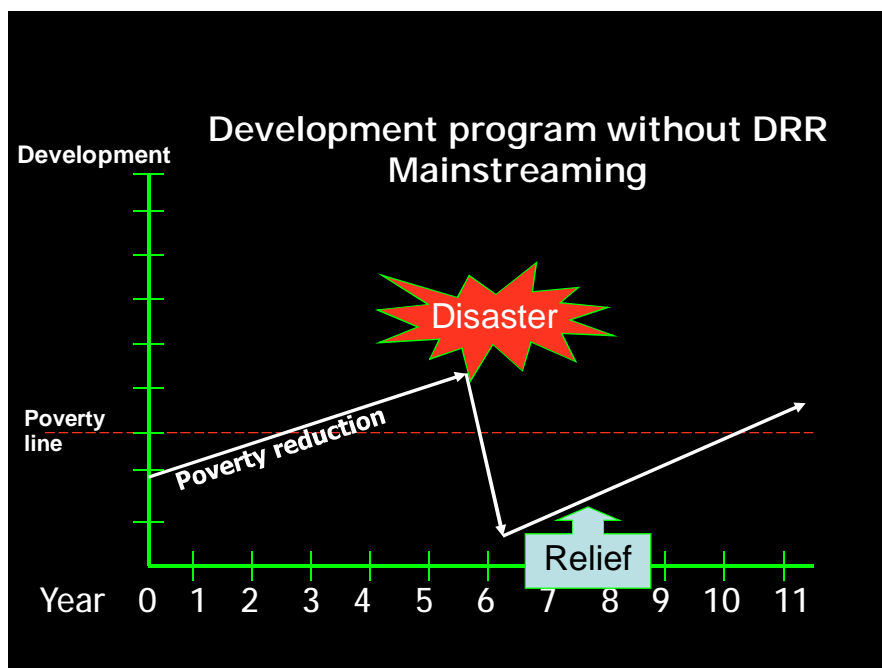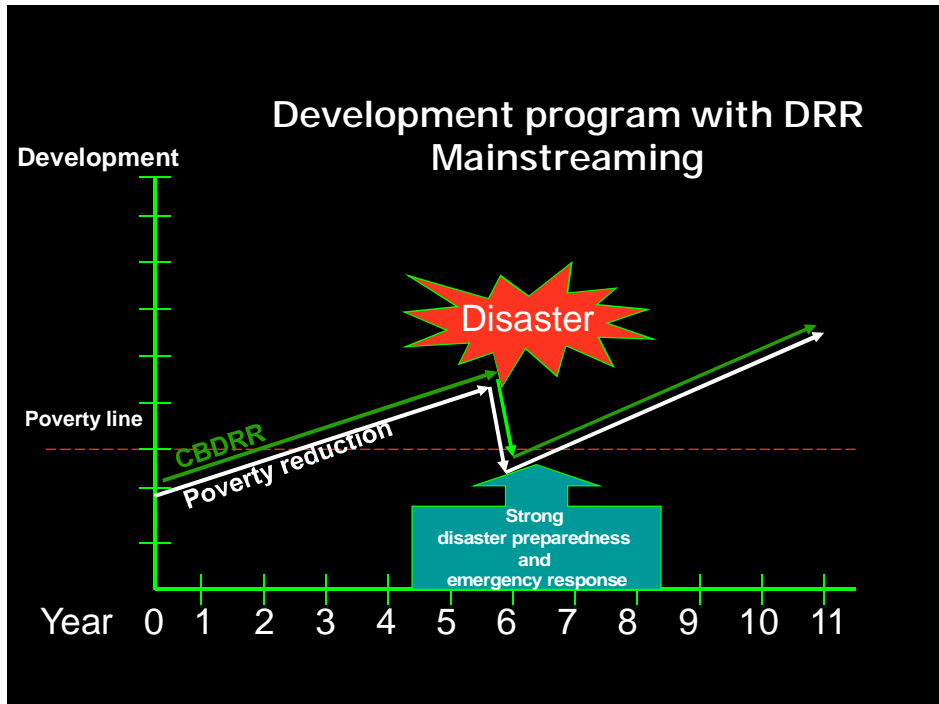
Activity:
Realms of Disaster and Development

Each group will receive a set of cards.
Classify the cards according to the 4 quadrants of Disaster
and Development Realms

Since development is human centered and reducing disaster impacts involves regulating human actions that create the conditions in which disasters happen, disasters risk reduction should be seen as a development issue. Disaster reduction makes development sense for the many reasons:

> * The underlying causes of poverty, unsustainable development and disasters are related and all originate from factors that cause or increase the vulnerability of people;

> * Disasters can put development at risk and make it unsustainable, thereby reducing the already low development potential of the continent. Hence, effective disaster risk reduction contributes to sustainable development;

> * Development can cause or reduce disaster risks. Failed development contributes to poverty because development objectives are not realized and disaster reduction interventions also fail. In contrast, sustainable development strengthens the security of populations so that disaster reduction interventions can effectively help them to alleviate or avoid disaster risks to themselves and the supporting physical, economic, and social bases of their livelihoods.

.Global Conferences on DRR

Global conferences on DRR which have been organized. Some of these are as follows:

- International Decade for Natural Disaster Reduction (IDNDR) conference at Yokohama, Japan in May 1994, the international community reached a broad consensus to put more emphasis on CBDRR programs that involved vulnerable people themselves in planning and implementation.

- The guiding principle of the IDNDR states, *"Preventive measures are most effective when they involve participation at all levels, from the local community through the national government to the regional and international level."*

Hyogo Framework for Action (HFA) 2005-2015

- The UNISDR replaced and continued the IDNDR Strategies. World Conference in Kobe, Japan in January 2004, the global community now implements the Hyogo Framework for Action (HFA) as a guide in DRR.

  . The main priorities of the HFA are:

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

- Identify, assess and monitor disaster risks and enhance early warning.

- Use knowledge, innovation and education to build a culture of safety and resilience at all levels.

- Reduce underlying risk factors.

- Strengthen disaster preparedness for effective response at all levels.

Linking HFA with the Millennium Development Goal

The eight Millennium Development Goals (MDGs) for a blue print agreed by 189 member of states of the UN and major international development agencies at the Millennium Summit in 2000. They define a series of concrete, well defined quantitative targets across key development sectors which are to be met by the year 2015.

While there have been concerted efforts by the Governments to achieve the Goals, which have made definite progress, much more needs to be done in the remaining eight years to completely these objectives.

Therefore countries cannot afford to face set back development initiatives from either natural disasters or other events.

Why disaster risk reduction is a must to achieve the MDGs?

- The cost of disasters is just far too high. In 2004 alone, the World Bank estimated annual costs from the world's natural disasters were around US $ 55 billion.

- Disasters do not discriminate between rich and poor, but their impacts do. 11 percent of people exposed to natural disasters live in developing countries, but account for more than 53 percent of the total recorded deaths resulting from natural disasters.

- Investing in disaster preparedness can save huge economic losses in the long run. In Vietnam, 12,000 hectares of mangroves planned by the Red Cross protect 110 km of sea dykes. Planting and protection cost US $ 1.1. million but have reduced the cost of dyke maintenance by US $ 7.3 million per year.

Mainstreaming DRR into Development Programming

Mainstreaming. This word obviously derives from the metaphor of a small, isolated flow of water being drawn into the mainstream of a river where it will

expand to flow smoothly without loss or diversion. Therefore 'mainstreaming risk reduction' describes a process to fully incorporate disaster risk reduction into relief and development policy and practice. It means radically expanding and enhancing disaster risk reduction so that it becomes normal practice, fully institutionalised within an agency's relief and development agenda.

Mainstreaming has three purposes:

- To make certain that all the development programmes and projects that originate from or are funded by an agency are designed with evident consideration for potential disaster risks and to resist hazard impact.

- To make certain that all the development programmes and projects that originate from or are funded by an agency do not inadvertently increase vulnerability to disaster in all sectors: social, physical, economic and environment.

- To make certain that all the disaster relief and rehabilitation programmes and projects that originate from or are funded by an agency are designed to contribute to developmental aims and to reduce future disaster risk.

In mainstreaming DRR into Development Programming, below are some questions which could be asked while doing correlation work on DDR integration in the different phases of project/program cycle.

- Does your project has a positive impact on disasters or vice versa?
- What are some of the causes which are disaster relatedHow do the causes be addressed?
- Can your organization do this alone or do does your organization need to partner with others? identify partners also.
- Does the project/program include an evaluation in terms reaching the most vulnerable, with key indicators of success?
- Can this present project lead to the development of some other projects or programs which could have more DRR focus?

VULNERABLE GROUPS

The most vulnerable groups in disasters are women, children, older people and people with disabilities (PwDs).

These groups often suffer specific disadvantages in coping with a disaster and may face physical, cultural and social barriers in accessing the services and support to which they are entitled**.**

Activity
Skills Building on Integrating DRR into Development

Each group will receive the form on How to Mainstream DRR into Development
Specific instructions will be provided on how to use the form.

Session 3
CHARACTERISTICS OF A SAFER, MORE RESILIENT COMMUNTIY

a. Aim of Resilience

The aim of CBDRR is to create resilient people living within safer and resilient communities within safer and resilient environments within safer and resilient countries. This is achieved by reducing the:

1. Probability of failure through risk reduction measures;
2. Consequences of failure, in terms of fewer lives lost, fewer injuries and reduced direct and indirect damage;
3. Time needed for recovery; and the
4. Patterns of vulnerability that can develop during the process of reconstruction.

b. The Nature of Safer and Resilient Communities

A resilient community is one that has certain capacities in three phases:

- Phase 1. The ability to absorb the shocks of hazard impact, so that they do not become disasters (thus to reduce the probability of failure);

- Phase 2. The capacity to bounce back during and after disaster (thus to reduce the consequences of failure);

- Phase 3. The opportunity for change and adaptation following a disaster (thus to reduce the time needed for recovery as well as patterns of vulnerability).

c. Characteristics of resilience before a disaster

Societies anticipate and reduce disaster impact by adopting many approaches:

- using traditional experience and knowledge (coping mechanisms);
- preparing for any possible hazard by having emergency kits or supplies, (buffer stocks) ready for the event;
- having family or community disaster plans as well as adaptive behavior, (strengthening houses, providing emergency protection of doors and windows from high winds, etc.);
- organizing training courses in fi rst aid, etc.;
- temporary evacuation before an impending fl ood or cyclone of volcanic eruption;
- permanent relocation of the community away from unsafe sites

d. Characteristics of resilience during and after a disaster

Themes need to be addressed such as integrating recovery plans to link social, physical and economic recovery; following a disaster recovery plan; recognizing the importance of securing a prepared community who know what to do to recover; and taking actions to reduce future vulnerability. Societies cope during and after a disaster by:

• drawing on the support of their community;
• taking stock to determine what they have and what or who is missing;
• restoring communications to facilitate aid distribution;
• mitigating future risks (both psychological as well as material threats);
• recognizing that physical recovery work can combine bereavement therapy with a possible income source; and
• regarding the entire experience as a learning process.

e. Characteristics of resilience after a disaster

The following concerns need to be addressed during the recovery process, together they will build far more resilient communities:

• devise a community recovery plan that links social, physical, economic and environmental recovery;
• regard physical recovery work as bereavement therapy and a possible income source and the entire reconstruction experience as a learning process;
• draw on support of their community by being adaptable, flexible and patient;
• where possible ensure that there is local purchase or reconstruction goods using local labor to re-vitalize the damaged local economy;
• recognize the value of a prepared community who know what to do to recover;
• take actions to reduce future vulnerability as the recovery proceeds.

f. Elements of Community Level DRR System

Resilience is a moving target, and realistically it may not be possible for communities to achieve absolute resilience against hazards or other risk factors. However, communities can still achieve certain level of development, and they can establish institutional arrangements that would enhance their resilience. In order to assess whether a community has achieved a certain level of resilience, we will need to establish some indicators, which if existed would mean that the community had achieved a minimum level of resiliency.

Though by no means comprehensive, a set of elements is given below:

- A Community organization;
- A DRR and DP plan;
- A Community Early Warning System;
- Trained manpower: risk assessment, search and rescue, medical first aid, - relief distribution, masons for safer house construction, fire fighting
- Physical Connectivity: roads, electricity, telephone, clinics
- Relational connectivity with local authorities, NGOs, etc
- Knowledge of risks and risk reduction actions
- A Community Disaster Reduction Fund to implement risk reduction activities
- Safer House to withstand local hazards
- Safe source/s of livelihoods

Achieving absolute resilience however is probably impossible. Like vulnerability, resilience is complex and multifaceted. Different features or layers of resilience are needed to deal with different kinds and severity of stress. The aim of disaster risk reduction therefore is to make the community as resilient as possible. In order for this to happen many different areas need to be addressed. It is unlikely that one organization could address all of them by itself. Therefore just as it is important to encourage participation within the community it is important to promote partnerships with other communities and organizations so that all areas can be addressed appropriately. In this way, all the necessary resources can be made available and used appropriately.

Session 4

The Role of RC/RC in CBDRR

As earlier mentioned, the Hyogo Framework for Action (HFA) 2005-2015 was adopted in January 2005 by the World Conference on Disaster Reduction in Kobe, Japan.

Success of the HFA is critically dependent on implementation among communities that are repeatedly affected by disasters and it is here that National Red Cross and Red Crescent Societies have a strong role to play. The International Federation states that it is fully committed to supporting the priorities of the HFA. The International Federation works through its 185 member National Societies and in partnership with the UN, governments, donors and civil society to meet the objectives of the HFA.

Thus, consistent with the HFA, the IFRC/RC is committed to scale up its efforts in reducing disaster risks among the most vulnerable communities where National Red Cross and Red Crescent Societies operate.

The Agenda or Humanitarian Action was adopted at the 28th International Conference of the Red Cross and Red Crescent which took place in Geneva in December 2003. At this conference, the Red Cross Red Crescent Movement and the states party to the Geneva Conventions committed to a plan of action that aims to reduce vulnerability in relation to the risk and impact of natural disasters.

Final Goal 3.1 of the Agenda for Humanitarian Action is concerned with Disaster Risk Reduction. It states:

"Acknowledge the importance of disaster risk reduction and undertake measures to minimize the impact of disasters on vulnerable populations.

Chronology of Red Cross Red Crescent commitment to disaster risk reduction

- **1984**: Groundbreaking publication of Swedish Red Cross study "Prevention better than cure" stressing the importance of disaster prevention.
- **1980s**: New directions with development-focused activities in Africa, Asia and Latin America, including community-based disaster preparedness.
- **1999**: New disaster preparedness policy recognizes disaster preparedness as a link between emergency response, recovery and development.
- **2003**: The Agenda for Humanitarian Action adopted at the 28th International Conference affirms a plan of action that aims to reduce vulnerability to disaster impacts and risks.
- **2005**: The International Federation supports the Hyogo Framework for Action and adopts its own Global Agenda that includes an emphasis on reducing disaster risk.
- **2007**: Disaster management and recovery policies drafted, plus a disaster management strategy that places a major emphasis on disaster risk reduction.

Comprehensive disaster risk reduction, including disaster management, prevention and mitigation can be achieved through education and awareness-raising activities. Other measures to minimize the impact of disasters include: effective management of natural resources and protection of the environment; the implementation of early warning systems; ensuring that building codes, particularly in disaster prone countries, are implemented and enforced to limit suffering caused by structural damage; supporting sustainable recovery; and optimizing capacity building opportunities for vulnerable populations. Of particular importance is directing such efforts towards populations that are most at risk, including those marginalized because of poverty, discrimination or social exclusion, or those that do not have access to disaster preparedness and response services as a consequence of their circumstances or legal status."

This commitment has since been reiterated in the International Federation's Global Agenda (2006-2010) adopted in 2005, which explicitly calls for a "scaling up of actions with vulnerable communities in disaster risk reduction".

For the period 2006 to 2010 the Global Agenda sets out the following goals and priorities to be achieved:

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Priorities:

- Improving IFRC/RC local, regional and international capacity to respond to disasters and public health emergencies.

- Scaling-up IFRC/RC actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

- Increasing significantly IFRC/RC HIV/AIDS programming and advocacy.

- Renewing IFRC/RC advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

How to achieve the goals of the Global Agenda?

The aim of the IFRC/RC is to achieve its goals and meet its priorities by 2010 through mobilizing the International Federation's global, regional, national, and local capacities and mechanisms, especially for disaster preparedness and response. In meeting these goals the IFRC/RC hopes to progress the following *three programmatic outputs*:

- To increase community orientation in global and national disaster risk reduction policies and strengthen national and local institutions for disaster risk reduction.

- To encourage and support expanded community-based programming to identify and tackle disaster risks.

- To integrate enhanced community-centered disaster risk reduction measures as part of comprehensive disaster response management whenever this is applied.

These objectives will be bolstered by a *fourth enabling output*:

- Strengthening of National Society capacities to deliver and sustain scaled up programmes in disaster risk reduction.

The Role of the RC/RC

Disaster risk reduction is addressed by the International Federation through three main strategies:

- Building capacity in disaster preparedness to better respond to disasters,

- promoting mitigation activities to reduce the impact of hazards

- ensuring development projects, such as health facilities, are protected from disaster impact.

Particular strengths of the IFRC/RC

The IFRC/RC is the world's largest voluntary network. Its 186 National Red Cross and Red Crescent Societies, guided by the Global Agenda, can reach millions o people around the world.

The IFRC/RC considers its comparative advantage to be two fold:

- Firstly that National Red Cross and Red Crescent Societies have recognized obligations and responsibilities to assist in, advise on, and advocate for disaster impact reduction, deriving from their privileged position as auxiliaries to their own governments.

- Secondly, they have millions of members and volunteers living in communities in every corner of the globe. Mobilizing the power of humanity to make the difference is at the heart of the International Federation's strategy on disaster risk reduction.

The IFRC/RC is committed to scaling-up its work in DRR. Through its global network of National Societies the IFRC/RC can have a positive impact on millions of lives through good DRR practices.

Session 5
Introducing the CBDRR Process

CBDRR is a necessary undertaking to create resilient people living within resilient environments within resilient countries. This is achieved by reducing the:

1. probability of failure through risk reduction measures
2. consequences of failure, in terms of fewer lives lost, fewer injuries and reduced direct and indirect damage;
3. time needed for recovery; and the
4. patterns of vulnerability that can develop during the process of reconstruction

Essential Features of CBDRR

The following features and which also serve as overall targets to work for and parameters/indicators to keep track of in CBDRR.

Participatory process and content:
- All community members, including all vulnerable groups should be involved at all stages of the CBDRR process

- It is the community who benefits directly from risk reduction and development

Responsive:
- Measures taken should be based on the needs of the community (what they feel they need and what they need urgently)

- Priorities should be based on the requirements specified by the community (the community has ownership of the process

Integrated:
- Pre-, during-, and post-disaster measures are planned and implemented by the community.

- The community has linkages with other communities, organisations and government units/agencies at all levels (especially for vulnerabilities that the community needs assistance to address)

Proactive:
- The emphasis should be on pre-disaster measures i.e. prevention, mitigation and preparedness.

Comprehensive:

- CBDRR should include structural and non-structural preparedness and mitigation measures.

- Structural measures are 'hard', physical e.g. construction.

- Non-structural measures are 'soft' e.g. health, literacy, public awareness, education and training, livelihoods, community organising, advocacy, reforestation and environmental protection.

- CBDRR measures should address short, medium and long term vulnerabilities.

Multi-sectoral and multi-disciplinary:
- All stakeholders in the community should be able to participate.

- Both local/indigineous knowledge, science and technology and support from outsiders should be made use of.

- The concerns of all stakeholders including the most vulnerable should be addressed

Empowering:
- Through applying CBDRR measures peoples' capacity and options should be increased.

- Examples of how the above can be realised include: more access to and control of resources and basic social services, more meaningful participation in decision-making that directly affects them, more control over their natural and physical environment, improved confidence

Developmental:
- Contributes to addressing and reducing the complex relation of conditions, factors and processes of vulnerabilities present in society, including poverty, social inequity and environmental resources depletion and degradation

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The CBDRR Process: An Introduction

The goal of CBDRR is to transform vulnerable or at-risk communities to be safe, disaster resilient and developed communities. Although steps may vary from community contexts and organizational mandates, the process for community based disaster risk reduction can be generalized as follows:

<u>Initiating the Process of Working with the community for CBDRR through identification of community and building rapport and understanding the community</u>

How does a community start with disaster risk management?

Presently, NGOs, disaster management agencies, the government and other intermediary organizations such as national or regional level people's organizations play a key role in initiating the process of Community Based Disaster Risk Reduction. They either respond to requests coming from vulnerable communities or select at-risk communities where disaster risk reduction programs should be prioritized. Criteria for their selection of at-risk communities may include the following: most disaster prone area; most vulnerable to a particular hazard; least served by the government and/or NGOs; additional considerations such as possibility of replication or spread effects of the program to neighboring communities, presence of existing development projects or community partners.

In some cases, several community members or an organization in the community approaches an intermediary organization for assistance after experiencing a disaster or in preparing for an impending disaster threat.

In many instances, an impending disaster threat can be turned into an opportunity to start a community-based disaster risk management program. When the knowledge, skills and experiences in disaster risk reduction which are in communities are systematized and disseminated, surely there will be more community-to-community sharing on how to get started and implement Community Based Disaster Risk Reduction.

Outsiders who support the community in disaster risk management need to build a picture of the nature, needs and resources of the community. This step usually involves building rapport/ trust with the community through integration with them and gathering basic information to have a general description and understanding of the community. An understanding of the community's development position and the context upon which disasters will impact includes the following basic elements:

- social groups
- cultural arrangements
- economic activities
- spatial characteristics
- vulnerable households and groups

The initial step is building rapport is identifying and following protocols for community access/ engagement. Since there is a need to work through the

village leader, setting a meeting with them and explaining the program will initiate the process in engaging communities for CBDRR. Usually, this will be followed by a community meeting where the village leaders usually takes the lead in terms of organizing and facilitating the activity . The community meeting will serve as the venue for orientating the people about the program and discuss their possible engagement in the various phases of the project cycle. Ensure that vulnerable groups are represented. Explain to the village leaders what they need to do to make sure that vulnerable groups can attend and participate.

VULNERABLE HOUSEHOLDS AND GROUPS

Getting to know the community requires that you become familiar with all its members and make an effort to interact with its various groups, including those most vulnerable or at risk in disasters (e.g. women, children, people with disabilities and the elderly). Some of these groups, for example, people with disabilities, may not be visible because they do not attend community events or aren't spoken about. Do not assume they don't exist. There may be a range of social, cultural and physical barriers that prevent them from participating in community activities and being visible. Once you have begun to establish some rapport with the community, make an effort to find these groups. Ask community leaders, elders or go door to door.

Conduct of Participatory Vulnerability Capacity Assessment

Community Vulnerability Assessment is a participatory process to identify the risks that the community faces and how people overcome those risks using local knowledge and resources. This is also called Participatory Community Risk Assessment. This CBDRR stage unites the community in common understanding of its disaster risks. The size of its problem as well as the resources and opportunities involved are identified and analyzed.

Participatory Community Vulnerability Capacity Assessment has four components as follows:

- hazard assessment
- vulnerability assessment
- capacity assessment
- people's perception of the risks

Participatory VCA tools are adapted for community risk assessment.

<u>Participatory Disaster Risk Reduction Planning (Action Planning)</u>

Preparedness and mitigation measures to reduce disaster risks are identified. These risk reduction measures are not necessarily big projects. The important point is to start off the risk reduction process through community mobilization based on existing capacities and resources within the community's immediate reach.

Overall objectives, strategies are translated to operational plans and activities. The people, timetable, resources within and outside the community needed to turn the intent of the plan into reality are identified. Community targets in undertaking preparedness and mitigation measures in terms of particular capacities increased and vulnerabilities decreased are also identified.

At the planning stage, agreements with intermediary organizations are formalized regarding their supports in the risk reduction plan implementation and their expectations/requirements for resources, which they commit to mobilize. Outsiders are usually expected to assist the community in the following areas:

- community capability building through training and education activities and materials
- resource mobilization to supplement the community's efforts to generate resources to realize the risk reduction plan
- facilitate linkages with concerned government agencies and NGOs for access to information, resources, etc.

<u>Community Managed Implementation</u>

The formation and/or strengthening of a community disaster management machinery is usually helpful in the implementation of the risk reduction plan. A wide range of organizational arrangements which can be the core in the implementation of the plan include the following -- a committee of an existing community organization, a disaster volunteers team, a community organization, a project management committee, a network of community organizations for disaster management, etc.

The groups listed above will form the basis of the Community Based Disaster Risk Management Organization. Aside from monitoring the progress of plan implementation, this core group usually motivates the community through the translation of plan objectives and targets into disaster reduction activities. This group also leads in necessary adjustment of targets and plans, when necessary to keep on course with set objectives to reduce vulnerabilities and increase capacities in the immediate- and long-term.

Training would be provided to those in this core group in order to strengthen capacity to successfully implement the risk reduction plan. The main areas where

this training would be concentrated are in Community Based disaster Risk Reduction itself (focusing on preparedness, response and capacity building in DRR) and also organizational management and development (in order to better equip the members of the group for their roles in implementing the plan).

Participatory Monitoring and Evaluation

Monitoring is about checking how our plans and activities are proceeding – if we are on track or if we need to amend our approach.

Evaluation is concerned with reviewing the effects of the risk reduction measures in terms of reducing the vulnerability situation of the community. If vulnerability has not been significantly reduced, the reasons for this are analyzed. The significance of building on existing capacities and those which have been actually increased are also analyzed.

It is concerned with the difference the results of the risk reduction measures have made to the community situation and its overall quality of life.   Lessons are drawn and best practices are shared with other groups and communities to promote the CBDM framework and strategy.

Outcomes of the CBDRR Process

The CBDRR process should lead to progressive improvements in public safety, community disaster resilience or resistance, and equitable and sustainable community development.

Related key outcomes of the CBDRR process are as follows:

1. *Community Based Organization* - To establish, strengthen and sustain an organizational mechanism at the community level to implement CBDRR activities. This CBO will be comprised of local residents in the community.

2. *Community Disaster Risk Reduction Fund* – To ensure availability of resources for the implementation of community disaster risk reduction and preparedness measures.

3. *Community Hazard, Vulnerability Capacity Map (HVCM)* – To form the basis for community based disaster risk reduction and community learning

4. *Community Disaster Management Plan* - To ensure collective action by community for disaster risk reduction through mobilization of local resources.

5. *CBO Training System -* To enhance the technical and organizational capability of the community based organization and its committees on CBDRR first aid, search and rescue, evacuation, management, relief operations management, and emergency shelter management, damage and needs assessment, and safer construction

6. *Community Drills System -* To ensure the readiness of communities for disaster response

7. *Community Learning System -* To enhance the understanding of individuals, families and communities about hazards, disasters, vulnerabilities, risk reduction and preparedness

8. *Community Early Warning System -* To contribute to the safety of the community through facilitating precautionary measures

Session 6
Addressing Special Needs and utilizing Special Capacities of Vulnerable Groups

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Activity: Group Exercise on Disasters and the Needs of Vulnerable Groups

Given a flood scenario, what are the needs of the particular group such as men, women, children and people with disabilities before, during and after the floods

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Disasters and Vulnerable Groups

Disasters affect all parts of the community, minorities and majorities, the able-bodied and persons with disabilities, young and old, men and women. However, some people are especially vulnerable in disaster. Specific factors, such as gender, age, disability and health status, affect vulnerability and shape people's ability to cope and survive in a disaster context. In particular, women, children, older people, people living with disabilities, and people living with HIV/AIDS (PLWH/A) may suffer specific disadvantages in coping with a disaster. These groups are at increased risk due to the physical, cultural and social barriers that prevent their access to services and supports to which they are entitled and their inclusion in DRR, recovery and development activities.

Recognizing Different Needs & Abilities

Prejudice, discrimination, and exclusion can multiply the devestating impact of disaster upon people's lives. Discrimination isn't always the result of prejudice but can arise from incorrect assumptions about particular groups. For example 'women and children' are often considered as one group but children have their own needs (indeed boys and girls will have differing needs). Also the contribution that children can make, as with many other groups, is often underestimated. Risk reduction measures to assist children are often delivered in a top-down way without considering their inputs. The same is often true for older people and people with disabilities. People with disabilities are too often treated as if they are one homogeneous group, when there are many different types and experiences of disability.

The contribution that vulnerable groups can make is also often under-estimated. These groups can be remarkably resourceful and resilient in the face of disaster, and initial assessments should take account of the capacities and skills as much as of the needs and deficiencies of the affected population.

In order to maximise the coping strategies of those affected by disasters, it is important to acknowledge the differing vulnerabilities, needs and capacities of affected groups. Failure to recognise their diverse needs and the barriers they face in gaining equal access to appropriate services and support can result in them being further marginalised, and denied vital assistance

Representation and Inclusion

Responsibility for engaging with vulnerable groups does not just sit with NGOs, but with governments themselves, who shape national policy. NGOs however can advocate for governments to make society more inclusive for the vulnerable. Inclusion means that vulnerable groups have the same opportunities as the rest of the population and are able to participate as equal members of the community in all aspects of community life . They have equal access to the information, services and support that facilitate their participation (social welfare, education, health, employment and income generation, accessibility issues relating to transport, infrastructure and the built environment and access to water and sanitation).

In disaster contexts inclusion means that vulnerable groups are represented and included in Disaster Risk Reduction, recovery and development activities Their participation in the planning of disaster management and risk reduction activities throughout the decision-making process helps to ensure and equitable and effective program that is responsive to their needs and maximizes their capacities.

CBDRR is a process that should benefit the whole community. In order for this to happen the whole community, including vulnerable groups need to be able to participate and contribute to the development, implementation and monitoring of CBDRR programs.

The IFRC/RC makes a number of recommendations in the World Disasters Report 2007 of how involvement of vulnerable groups can be facilitated:

- Individual countries need to be encouraged, enabled and supported to conduct an accurate and reliable census of their population in order to identify all those who, through vulnerability or marginalization, could or might be at risk of discrimination in an emergency.

- The international community needs to agree on clear definitions of all potential minority groups to prevent opposing interpretations and to ensure a common understanding of the vulnerability of minorities.

- Aid agencies need to improve initial needs assessments by sharing information, learning from experience and developing common indicators on the impact of discrimination.

- Community-based organizations for minority groups need to be encouraged and enabled in times of stability in order to build capacity, empower the groups involved and reduce potential vulnerability in an emergency.

- Minority and vulnerable groups need to be supported and enabled to participate in the planning, design and implementation of all emergency and non-emergency programs.

- Agencies need to advocate within communities to change existing negative attitudes towards minority and vulnerable groups.

- Government and nongovernmental agencies must also identify and address obvious and hidden discrimination within their own organizations.

Vulnerable groups have special needs that must be addressed, in addition to the usual needs of all individuals. They also have capacities that are often over-looked which should be identified and strengthened.

Children

Children are especially at risk in disaster situations. Although vulnerability in certain areas (e.g. malnutrition, exploitation, abduction and recruitment into fighting forces, sexual violence and lack of opportunity to participate in decision-making) can also apply to the wider population, the most harmful impact is felt by

children and young people. Special measures must be taken to ensure the protection from harm of all children and their equitable access to basic services. As children often form the larger part of an affected population, it is crucial that their views and experiences are not only elicited during emergency assessments and planning but that they also influence humanitarian service delivery and its monitoring and evaluation.

According to the Convention on the Rights of the Child, a child is considered to be an individual below the age of 18. Depending on cultural and social contexts, however, a child may be defined differently amongst some population groups. It is essential that a thorough analysis of how a client community defines children be undertaken, to ensure that no child or young person is excluded from humanitarian services (Sphere, 2004)

Status of participation of children and young people in Asia, Plan 2005

Children in disasters often are the most affected segment of the population but also the most overlooked. Findings of Plan's work in Asia are as follows:

- Children often form more than one-third of the death toll and even more of the surviving population

- Children and young people often are not involved in the disaster response and rehabilitation. Their voices are not heard and reflected in the way many organizations and governments react to disasters.

- In the initial phase of a disaster, the typical societal patters/ groupings that protect children may be challenged or broken. Children can be further harmed, abused and exploited by those who take advantage of dysfunctional law and order systems after disasters and by government and aid agencies' negligence to address these potential damages.

- After disasters, children can fee grief, anger, fear, guilt, and helplessness. However, more attention is usually paid to their physical needs than their cognitive and emotional needs

- Children's needs to have safe physical and mental space after a disaster to help them deal with these feelings are often not considered

- The education system often becomes dysfunctional after a disaster. The need to quickly re-establish education and return children's sense of normalcy is often overlooked.

- Children in need of special protection often are the last to receive attention

- The coping mechanisms that exist in both affected and unaffected communities within the disaster-hit communities are often overlooked and underestimated by aid agencies, creating unnecessary dependency on foreign aid

- There are few examples of well-integrated disaster interventions that consider children from many directions, who have special needs but who also have special capacities to be independent, strong survivors capable of sharing knowledge and contributing to disaster relief and recovery efforts.

Children's Participation in CBDRR

Disaster management and guidelines and manuals usually start from the position that interventions to help children are best made through the 'primary care-givers'- i.e. parents to guardians. In the literature generally, women and children are usually discussed together as one combined category of people.

However, much of the material written on 'women and children' overlooks any distinctiveness that there may be in the child's position. Other than in the area of nutrition, child-focused initiatives before disasters are rare. Preparedness and mitigation activities have tended either to be aimed at the whole community, or to concentrate on supporting mothers and carers.

Women & Gender
The equal rights of women and men are explicit in the human rights documents that form the basis of the Humanitarian Charter. Women and men and girls and boys have the same entitlement to humanitarian assistance including: respect for their human dignity; acknowledgement of their equal human capacities, including the capacity to make choices; same opportunities to act on those choices; and the same level of power to shape the outcome of their actions.

Humanitarian responses are more effective when they are based on an understanding of the different needs, vulnerabilities, interests, capacities and coping strategies of men and women and the differing impacts of disaster upon them. The understanding of these differences, as well as of inequalities in women's and men's roles and workloads, access to and control of resources, decision-making power and opportunities for skills development, is achieved through gender analysis. Gender cuts across all the other cross-cutting issues (Sphere, 2004).

Women and Gender Mainstreaming in DRR
Men and women often have differing roles in society; women tend to be the primary support for children and often do land-based work whereas men will travel for work. As a result disaster can also have differing impacts on men and

women. In many societies women have fewer rights than men which make them more vulnerable to disaster and during the post-disaster phase. Disaster Risk Reduction measures do not always feature specific measures targeted at women.

A gender approach in disaster risk reduction is built of the understanding that both women and men are part of the same society which as we know, does not mean we have the same rights, education and options to manage - in "normal" times, or when disaster strikes. Examples from recent tsunami-stricken South Asia, Central America, India and the Pacific, show that women can act as agents for change. Several studies do confirm, however, that women are the most of the time much worse affected than men when a disaster strikes and less benefited when recovery begins. We therefore need to address the specific concerns of women already when designing disaster reduction policies and measures. Women need to be actively engaged in CBDRR processes and activities.

The Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters represents a solid commitment and basis benchmark and indicates the way forward to substantially reduce disaster losses through its principles, including 3 strategic goals and 5 priority areas for action in reducing risk to disasters. It states as part of the cross-cutting principles, that:

- A gender perspective should be integrated into all disaster risk management policies, plans and decision-making processes, including those related to risk assessment, early warning, information management and education and training.

- Both communities and local authorities should be empowered to manage and reduce disaster risk by having access to the necessary information. Resources and authority to implement actions for disaster risk reduction

The following example outlines a number of areas where women can be involved in DRR measures:

The Livelihood Security Project for Earthquake Affected Rural Households in Guijarat, known as Jeevika, is a 7-year collaborative effort between the Self Employed Women's Association (SEWA), the Government of India, World Food Programme (WFP) and the International Fund for Agricultural Development (IFAD). Jeevika's primary objective is to develop sustainable livelihoods and reduce vulnerabilities against multiple disasters, specifically targeting women and the poorest of the poor, in the areas hardest hit by the January 2001 earthquake. It covers 400 villages and 40,000 women members of SEWA in Gujarat to achieve gender equality in recovery.

The following good practice in working with the poor, women and government can be derived from the Jeevika Project:

1. *Targeting the Poorest of the Poor: The poorest of the poor were prioritized in the Jeevika Projecdt because the effects of disasters on them are disproportionately high and debilitating, and can lead to debt dependency, loss of meager resources, and ultimately migration. Targeting was based on pre-existing poverty and livelihood analysis. Village Development Committees is formed by the villagers themselves and consists of the poor and women members.*

2. *Risk Management: The risk management approach taken by the Jeevika Project integrates risk reduction in developmental activities. It makes mitigation central, directly in the villages, across local institutions and in livelihoods of women.*

3. *Capacity Building: In the Jeevika Project, capacity building is an ongoing, dynamic and endless process of realization where both the women and practitioners learned and shared lessons. Training covered a broad range of subjects such as midwife training, agriculture and animal husbandry, women health and child care training, functional literacy, micro-finance, disaster mitigation, etc.*

4. *Convergence with Government: While SEWA acts as the main facilitating agency for implementation, the overall management responsibility is lodged with the Rural Development Department of the Government of Gujarat. The Jeevika Project is helping the government to improve its performance in providing basic services through strengthening local governance capacities.*

5. *Micro Planning: Participatory Micro Planning serves as an effective local governance tool for planning, implementing, budgeting and monitoring the Project activities together with the Village Development Committees.*

Older People

Older women and men are those aged over 60, according to the United Nations. However, cultural and social factors mean that this definition varies from one context to another.

Older people make up a large proportion of the most vulnerable in disaster-affected populations, but they also have key contributions to make in survival and recovery. Isolation is the most significant factor creating vulnerability for older people in disaster situations. Along with the disruption to livelihood strategies and family and community support structures, isolation exacerbates existing vulnerabilities derived from chronic health and mobility problems and potential mental deficiencies.

However, experience shows that older people are more likely to be aid givers than receivers. If supported, they can play important roles as care-givers, resource managers and income generators, while using their knowledge and experience of community coping strategies to help preserve the community's cultural and social identities and encourage conflict resolution. (Sphere, 2005)

Few non-governmental organisations (NGOs) include older people among their target group, because of the common misconception that older people are difficult to train, not open to new ideas, and unable to participate effectively in community and economic activities (HelpAge International, 2004).

Older Peoples' Participation in CBDRR

Key principles of good practice:

- Be aware of the presence of older people and take active steps to locate and identify them.
- Include older people in needs/capacity assessments.
- Consult directly with older people at all stages of the process (HelpAge International, 2005)

HIV/AIDS- Another kind of vulnerability

HIV/AIDS can affect women, children and people with disabilities. The coping mechanisms and resilience of communities are reduced when there is a high prevalence of HIV/AIDS and consequently the threshold for external stressors to cause a disaster may be lowered, while the amount of time a community needs to recover may be prolonged. People living with HIV/AIDS (PLWH/A) often suffer from discrimination, and therefore confidentiality must be strictly adhered to and protection made available when needed. This debilitating disease not only affects individuals but also their families and communities, as young people in their most productive years, especially women, are disproportionately affected – physically, psychologically and financially. As the pandemic matures and more people die, the demographic characteristics of communities change to leave a disproportionate number of children, including orphans, and older people. These vulnerable groups require special attention and relief programmes may need to be modified accordingly (Sphere, 2004)

People with Disabilities
The WHO states that there are over 600 million persons with disabilities around the world and 80% of them live in developing countries. Disability is found in children, adults and elders, both male and female, and in all sections of society.

This highlights the need for people with disabilities' inclusion in community activities and by extension CBDRR activities.

What is Disability?
A person with a disability is someone who experiences physical (movement), sensory (seeing or hearing) mental (emotional/behaviour) or intellectual impairments (learning/understanding) due to diseases, genetic factors, trauma, malnutrition or accident.

The Disability Process
The World Health Organisation (WHO)'s international classification of impairment, disability and handicap was developed in 1980 and revised in 2001, to become the International Classification of Function (ICF). The ICF explains the disability process from the point of view of participation in activities and society.

Impairment
Loss of physiological, psychological and an anatomical part of the body and/or its function.

Disability (Activity Limitation)
Due to an impairment a person is unable to do his/her functional activities like sitting, standing, walking, feeding, toileting, hearing, seeing etc. Disability can be reduced by equipment and/or specific techniques that allow a PWD to function.
Handicap (Restricted Participation)
Handicap is caused by barriers in the built environment, negative societal attitudes and poverty – things that restrict a person's ability to undertake activities of daily living and to perform his/her life roles in society, including participation in community planning.

For example, a person who was a clerk has lost his vision because of diabetes. This anatomical loss of a body organ is an IMPAIRMENT. He is unable to see because of this. This impairment leads to a DISABILITY (ACTIVITY LIMITATION) as he is unable to do some of his usual activities, such as reading and writing, or moving around easily. Because of this disability, he cannot continue his previous occupation as a clerk and cannot earn for the family; people begin to treat him differently and he is excluded from some other work and social activities.These envrionental and societal barriers cause him to be HANDICAPPED (RESTRICTED PARTICIPATION).

Disability & Vulnerability
People with Disabilities are among the most vulnerable groups in disaster. This can be due to their disability itself and any special requirements that they may have that can be interrupted in times of disaster, but also due to pre-existing social constraints. People with Disability tend to encounter significant barriers, discrimination and exclusion from opportunities in day-to-day life. Marginalized by laws, customs, practices and attitudes, in addition to having a difficult physical

environment, they are excluded from educational and livelihood opportunities. They are also the poorest of the poor and have limited access to health care, shelter, food, education and employment. They are more likely to work in hazardous conditions – all factors that increase the risk of illness, injury and impairment. Discrimination and exclusion also make it much harder for people with disabilities to break out of poverty.

Disability & Disaster
Persons with disabilities are especially vulnerable to disasters, both on account of impairments and poverty; yet they are often ignored or excluded at all levels of disaster preparedness, mitigation and intervention. They are particularly at risk of marginalization and discrimination in such situations due to exclusionary policies and practices by communities and the agencies involved in providing humanitarian aid and intervention.

Anecdotal evidence from acute emergencies suggests that people with disabilities suffer particularly high rates of mortality and morbidity (ie. death, and illness and injury). In addition to those who had a disability before the onset of disaster, many more become disabled as a result of disaster and a range of factors such as poor medical care, breakdown of support structures, interruption of preventative health care programs, invisibility to emergency registration systems. (Oosters, 2005).

The following list highlights some factors which may make a PWD more vulnerable during an emergency situation:

PWDs **tend to be invisible** in emergency preparedness & registration systems.

PWDs are often **excluded** from disaster preparedness & response efforts.

PWD may lack **awareness and understanding** about disaster and its consequences.

PWD are particularly affected by changes in **terrain** resulting from disaster.

Because of **inadequate physical accessibility**, loss of mobility aids or lack of appropriate assistance, PWDs are often deprived from rescue and evacuation services, relief access, safe location/ adequate shelter, water and sanitation and other services.

Emotional distress and trauma caused by a crisis situation often has long-term consequences on people with disability.

Misinterpretation of the situation and **communication difficulties** (What happened? What do I do? Where is my family? etc.) make PWDs more vulnerable in disaster situations.

Women with disabilities are doubly vulnerable in emergencies, including to sexual abuse.

ACTIVITY: 'PERSONALIZING EXPERIENCE

Participants are asked to role play Disaster affected people in an emergency shelter / distribution of relief scenario. Some participants are able bodied while others are given a disability. Participants are instructed to take their relief packages in a large group setting.

Special Needs

People with Disabilities have many of the same needs and perform the same activities as other members of the community (eating, dressing, working, etc.). However, they will also have differing needs and may require specific support related to their disability and their living environment. Apart from specific needs determined by the nature of disability, people with disabilities will have differing social needs. Disabled men's and disabled women's needs will differ as will the needs of the elderly and the young disabled.

Specific additional assistance that a person with disability may require includes:

- Assistive devices, such as walking frames, wheelchairs etc.
- Carers
- Modified physical environment, such as specially designed housing, ramps etc. (this infrastructure is also vulnerable to disaster)

In a disaster a person with disability may also require:
- Extra clothing, blankets etc (due to lack of mobility or poor circulation)
- Specific dietary requirements
- Alternative care arrangements if usual care cannot reach them

It is easier to make these kinds of provisions if the people concerned are fully involved in community processes including CBDRR. The individuals who are best equipped with knowledge of the requirements of people with disabilities are the people with disabilities themselves. "Nothing for us without us."

SOME SUGGESTIONS FOR ADDRESSING SPECIFIC NEEDS		
Disability / Impairment	**Risk/Problem**	**What to do**
Physical Impairment (difficulty moving)	Decrease in body temperature Bedsores[3] Difficulty escaping unsafe situation Difficulty accessing relief	• Blanket/warm clothing • Mattress, cotton sheet, dry place, hygienic kit. • Personnel support • Assistive devices • Adapted physical environment (ramps, handrails, etc) • Separate queues for rations/latrines/water
Visual Impairment	Difficulty escaping unsafe situation Difficulty accessing relief	• Use landmarks • Install hand rails • Personnel support • Good lighting • Separate queues for rations/latrines/water
Hearing Impairment	Difficulty in expressing themselves/understanding Difficulty hearing instructions	• Visual aids • Picture exchange communication • Separate queues for rations/latrines/water
Intellectual Impairment	Difficulty understanding/following instructions or seriousness of situation	• Speak slowly • Use simple language • Personnel support • Separate queues for rations/latrines/water

DISABILITY AS A CROSS CUTTING ISSUE

Disability is not simply a health concern; it is a cross-sectoral issue including social welfare, education, health, employment and income generation, accessibility issues relating to transport, infrastructure and built environment, and access to water and sanitation. The needs of PWDs have to be considered before, during, and after disaster and interventions for PWDs should be comprehensive, including prevention of further injury or disability, rehabilitation and inclusion (integration into mainstream services and programs).

Some people think that it requires special skills to deal with PwDs. However many things are common sense and can be addressed by anybody. This misconception contributes to the exclusion of PWDs from mainstream services and supports.

Mainstreaming People with Disabilities in CBDRR

There is still much work to be done to fully integrate the rights and needs of people with disabilities into CBDRR. This is due to a number of factors including a lack of understanding of the needs of people with disabilities, what disabilities are, and pre-existing social factors within communities themselves.

Ben Wisner found in his study "Disability and Disaster: Victimhood and Agency in Earthquake Risk Reduction" that there were three main ways that people with disabilities needs were met in relation to disaster. Firstly their needs were ignored and the people themselves were ignored. Secondly, what assistance was available was delivered in a Top-down way. This has been shown to be less effective than community-based bottom-up schemes. Thirdly, schemes that invited the participation and input of people with disabilities. Of the three the third was by far the least common.

There are a number of practical recommendations that will not only do much to overcome the challenges relating to disability in all kinds of disaster contexts, but will also stimulate the kinds of attitudinal and institutional shifts that are ultimately needed to ensure their full inclusion in society and development. Persons with disabilities need to be actively engaged at all levels (national and international) of disaster and emergency planning, disaster risk reduction, and recovery and reconstruction projects. DPO capacity in disaster-prone countries needs to be strengthened, and included at all levels of planning, prevention and disaster risk reduction.

Inclusion of people with disabilities and their needs and concerns can be improved through:

- Actively engaging people with disabilities: (a) through mainstreaming the needs of people with disability into policy development and (b)inviting input from people with disability at local, regional and national levels

- Training of NGO and other staff in order to improve "disability confidence". This will improve attitudes to people with disabilities and ensure that wherever possible their people with disabilities are included in mainstream, rather than specialist, programs.

- Dissemination of information regarding the needs of people with disabilities and also that people with disabilities are not one homogenous group who all need the same treatment.

- Recruitment of professional staff specialized in disability (e.g. physiotherapist, occupational therapist, Braille teacher, psychologist, etc.).

- Using the particular skills that make PWD assets, for example, inclusion of people with disabilities in Community Based Organizations (CBOs) will make the CBOs more representative of the community.

Those best equipped to understand the needs and concerns of people with disabilities are people with disabilities themselves.

SOME TIPS TO REMEMBER

- Always **respect the dignity and wishes of PWDs** as you would for anyone else, whatever kind of disability it is.

- **Be patient with people with mental and intellectual impairments** and do not treat them as if they will not understand, as this is often what creates violent behaviour.

- Consider a disabled person as the best expert about his/her disability; always **ask the person with disability for advice** on how best to meet his/her needs (e.g. for a PWD with a physical disability, always ask her/him how best to lift or move him/her).

- Try to **find the regular caregiver or family members** of a person with disability as next to the PWD him/herself, they know best how to manage that person's special needs.

- A PWD is used to using his/her assistive device, therefore **do not separate a person with disability from his or her assistive aids/devices** (wheelchairs, canes, crutches, hearing aids, medications, etc).

- **Follow up other specific needs of a PWD** and try to bring along the essential equipment/material during evacuation (urinary bag for spinal cord injured person, special medicine for epilepsy, diabetes, etc.) or organise provision of these items at the shelter location.

INCLUSIVE CBDRR: A CHECKLIST

CBDRR STEPS	KEY QUESIONS
1. Selecting the Community	• Have you considered vulnerable groups as one of your criteria?
2. Building Rapport & Understanding the Community	• Are vulnerable people adequately engaged in rapport building and community profiling? Ø Have you made an active effort to locate and approach vulnerable groups? Ø Have you made any necessary accommodations to ensure vulnerable groups can participate in activities/assessments? (Physical Accessibility, Proximity of the Service/activities and your ways of communicating and conducting activities)
3. Participatory Community Risk Assessment	• Is the VCA inclusive of vulnerable groups? Ø Have you included representatives from all vulnerable groups in your assessment exercises? (e.g. mapping exercises, baseline data, interviews etc) Ø Have you spoken directly t o representatives from all vulnerable groups? Ø Have you prepared to conduct assessments/ activities with alternative communication means if need be? (using drawings, symbols, body language or simple language, using support persons if necessary)
4. Participatory Risk Reduction Planning	• How are vulnerable groups involved in planning and how are their needs addressed in the plan? Ø EWS Ø Search & Rescue Ø Shelter Management Ø Livelihood
5. Community Managed Implementation	• Are the needs of vulnerable groups being met? • How are vulnerable groups involved in the

management and implementation of plans and shelters?

Ø Are they appropriately represented on management committees?
Ø Can they get to meetings, implementation activities? Are they listened to?

6. Participatory Monitoring and Evaluation

- Does monitoring and evaluation address the needs and capacities of vulnerable groups?

Ø Are representatives from each vulnerable group included in monitoring and evaluation activities?
Ø How is the community learning about how to make DRR inclusive of vulnerable groups?
Ø How will you know if your program/project meets the needs of vulnerable groups?

KNOWLEDGE LOG: NEW LEARNINGS AND REFLECTIONS
Module 2: CBDRR: A Framework for Reducing Risk

Name: _____

Instructions:

    (1) Please accomplish this form by listing some of your new learnings and
        reflections on the blanks below.
    (2) Submit the accomplished form to the facilitator

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