

Including Persons with Disabilities in Disaster Risk Reduction: A Research Study from Eight Countries of Africa, Asia and South/Central America



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Acronyms

ASB	Arbeiter-Samariter-Bund Deutschland e.V.
BNPB	National Disaster Management Agency of Indonesia
CBM	Christoffel-Blindenmission – Christian Blind Mission e.V.
CDD	Centre for Disability in Development
CPPD	Presidential Council for the Participation of Persons with Disabilities of Colombia
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
DDMC	District Disaster Management Committee
DiDRR	Disability-inclusive Disaster Risk Reduction
DiDRRN	Disability-inclusive Disaster Risk Reduction Network
OPDs	Organizations of Persons with Disabilities
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
FECONORI	Federation of Associations of Persons with Disabilities of Nicaragua
FNPB	National Federation of Organizations of Persons with Disabilities of Niger
GUK	Gana Unnayan Kendra
HI	Humanity and Inclusion
IDA	International Disability Alliance
IEC	Information, Education, and Communication
IASC	Inter-Agency Standing Committee
I/NGOs	International Non-governmental Organizations
LAC DiDRRN	Latin American and Caribbean Network for Disability-inclusive Disaster Risk Reduction
MI	Malteser International – Malteser Hilfsdienst e.V.
MoDMR	Ministry of Disaster Management and Relief of Bangladesh
NDMC	National Disaster Management Council of Bangladesh
NUDIPU	National Union of Disabled Persons of Uganda
NUWODU	National Union of Women with Disabilities of Uganda
OPDs	Organizations of Persons with Disabilities
OPM	Office of the Prime Minister
PoA	Programme of Action
SADDD	Sex, Age, and Disability Disaggregated Data
SDGs	Sustainable Development Goals
SHGs	Self-Help Groups
SINAPRED	National System for Disaster Prevention, Mitigation, and Attention of Nicaragua
UK	The United Kingdom of Great Britain and Northern Ireland
ULD	Disability Service Unit (Indonesia)
UNAPD	Uganda National Action on Physical Disability
UNGRD	National Unit for Disaster Risk Management of Colombia
WASH	Water, Sanitation, and Hygiene
YEU	Yakkum Emergency Unit
ZAVH	Zimbabwe Association of the Visually Handicapped

Executive summary

Persons with disabilities are among those **most impacted by natural hazards and climate-induced disasters**, yet **more likely to be excluded from** disaster risk reduction (DRR) related **decision-making and practice**.¹

In 2021, a consortia of Arbeiter-Samariter-Bund Deutschland e.V. (ASB), Centre for Disability in Development (CDD), Christian Blind Mission (CBM), International Disability Alliance (IDA), and Malteser International (MI), funded by the German Federal Foreign Office commissioned a study on **disability-inclusive disaster risk reduction (DiDRR) policy and practice** across eight countries of **Africa** (Niger, Uganda, Zimbabwe), **Asia** (Bangladesh, Indonesia, Myanmar) and **South/Central America** (Nicaragua, Colombia).

This report, “Including Persons with Disabilities in Disaster Risk Reduction,” describes progress, gaps, and good practices identified in relation to disability-inclusive DRR policy and practice across the eight countries, as well as provides a brief regional analysis. The report concludes with recommendations to support improved disability-inclusive DRR.

This study aimed to generate solid evidence on the current state of implementation of the [Sendai Framework for Disaster Risk Reduction 2015-2030](#) to **inform advocacy at national, regional, and global levels**. The Sendai Framework distinguishes itself from its predecessors, the [Yokohama Strategy](#) and the [Hyogo Framework for Action 2005-2015](#), by **recognizing persons with disabilities as contributing actors to DRR**. The findings and recommendations from this study are expected to contribute to the implementation and monitoring of the Sendai Framework, including the [mid-term review of the Sendai Framework](#) taking place in 2022.

Sendai Framework for Disaster Risk Reduction Priorities:

1. Understanding disaster risk
2. Strengthening disaster risk governance to manage risk
3. Investing in disaster reduction for resilience
4. Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction.

The DiDRR study identified the following **key findings**:

- ❖ **Implementation remains slow on the ground**, despite the increase in supportive policies and legislations related to disability-inclusive DRR.
- ❖ **Rights-based approaches** are largely **missing** from policy and practice, with prevailing reference to persons with disabilities as “**vulnerable**” groups in need of assistance and protection, rather than as key stakeholders and contributing actors to DRR.
- ❖ **No unified national registry** or **systematic data disaggregation** is in place to leverage national information systems related to DRR.
- ❖ Staff lack **practical knowledge for implementation** of disability-inclusive DRR and lack capacity to access available technical resources provided by the members of the Disability-inclusive Disaster Risk Reduction Network (DiDRRN) and other key actors.
- ❖ **Lack of funding** is a **common challenge** and is seen as contributing to the limited progress in disability-inclusive DRR across most of the countries.

¹ Twigg, J. Kett, M. Lovell, E. [Disability inclusion and disaster risk reduction: Overcoming barriers to progress](#) (2018)

The study revealed that **most** disability-inclusive disaster risk reduction **initiatives come from non-governmental stakeholders**, rather than government agendas aimed at prioritizing and institutionalizing disability inclusion. These initiatives are **often reactive** (following disaster responses by governments and I/NGOs) **or project-based** (externally funded instead of being included in the annual budget planning), which raises **concerns about the sustainability** of these actions and the DiDRR itself.

The study found that involvement of **Organizations of Persons with Disabilities (OPDs)** varies due to the layered challenges and is contingent upon at least the following two factors: (i) the **readiness and capacities** of persons with disabilities to take on new roles as contributing DRR actors, and (ii) the **existing challenges within the sociocultural ecosystems²** in which OPDs operate. These challenges are linked to context and social structures, availability of resources to act, and support of mainstream stakeholders.

There is a clear **need for making DiDRR a shared agenda and developing strategies aimed at institutionalizing disability-inclusive DRR**. Stakeholders must rethink approaches to collaboration and begin applying a **twin-track approach to disability inclusion**, to the extent possible.

The DiDRR study findings point to the need for an **urgent and collective action** to reduce disaster and climate change related risks and their disproportionate impact on persons with disabilities considering the full diversity of disability. The findings were used to formulate the following key **recommendations**:

- ❖ Raise awareness and improve the understanding of disability inclusion and disaster risk reduction among all relevant stakeholders.
- ❖ Establish effective governance mechanisms and institutionalize cross-sectoral coordination between all stakeholders for disability-inclusive disaster risk reduction and risk management.
- ❖ Ensure systematic resource allocation to build capacities, institutions, and mechanisms for mainstreaming disability inclusion in DRR.
- ❖ Institutionalize disability-inclusive DRR commitments by supporting meaningful participation and leadership of persons with disabilities and investing in inclusive partnerships.

Twin-Track Approach to Disability Inclusion in DRR:

- **Mainstreaming disability inclusion** as part of existing DRR programmes (e.g. by removing barriers to participation and facilitating access)
- **Supporting targeted initiatives** (e.g. by capacity development and individualized support to ensure meaningful participation and leadership of persons with disabilities in DRR).

Inclusive DRR efforts require making DiDRR a **shared agenda** and increased **multi-stakeholder collaborations and partnerships** among governments, I/NGOs, UN agencies, OPDs, and civil society actors, which can encourage further resource and capacity sharing. Extended collaborations are needed with donors as the main trend-setting actors under which I/NGOs and government align. Assistance in **transfer of capacities** should be provided by the members of the DiDRR Network to other DRR actors in collaboration with national and local authorities and OPDs (e.g., through training curriculums and formulation of strategies for nationwide roll-out).

² In this context the 'sociocultural ecosystems' refers to the enabling environment required for ensuring active involvement and leadership of OPDs (e.g., inclusive policy and governance systems, support from different organizations, awareness on disability, availability of funding, etc.)

Introduction

Background

Persons with disabilities are estimated to make up about 15% of the world's population – over a billion people³ – yet continue to be among those **most impacted by disasters**⁴ and **more likely to be excluded from** disaster risk reduction (DRR) related **policy-making and practice**.⁵

Research on the impact of different types of disasters on persons with disabilities regularly illustrates how persons with disabilities are affected by disasters. For example, during the Great East Japan Earthquake (2011), **mortality rates** among persons with disabilities were **two to four times higher** than those without disabilities⁶.

The situation is **further exacerbated for persons with diverse, intersecting identities** who often experience increased risks and barriers based on one's gender, age, race, ethnicity, sexual orientation, gender identity, disability, and other identity factors. For example, **women and girls with disabilities** are particularly **at risk of exploitation and violence**, including gender-based violence during disasters, and they also tend to experience more barriers accessing support and services. During Hurricane Katrina in the US (2005), **75% of persons who died were aged 60+**⁷.

Similar trends are observed not only during natural hazard and climate change induced disasters, but in global health emergencies and other humanitarian crises, as evidenced by the recent COVID-19 pandemic. For instance, the UK statistics from early 2021 show that **persons with disabilities accounted for six in 10 COVID-19 related deaths**.⁸ This fact is strongly supported by evidence of discrimination from across different parts of the world.

In 2019, the Global Network of Civil Society Organizations for Disaster Reduction reported that those most at risk of being affected by disasters, are not involved in decisions about how to reduce their own risk; **only 16%** of people at risk felt **included in assessing threats, preparing policies and plans, and taking action** to reduce threats, whereas 31% of community members reported being included in monitoring the effectiveness of disaster risk reduction interventions.⁹

According to a recent study by Arbeiter-Samariter-Bund Deutschland (ASB) and the University of Sydney, **63%** of persons with disabilities reported **needing assistance in evacuating**, and **57%** **faced barriers accessing DRR information**.¹⁰

However, despite these trends and statistics, persons with disabilities – especially those who are most at risk – and their representative organizations are **often not consulted and included** in disaster risk reduction.

³ [World Report on Disability](#). WHO (2011)

⁴ [IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#) (2019)

⁵ Twigg, J. Kett, M. Lovell, E. [Disability inclusion and disaster risk reduction: Overcoming barriers to progress](#) (2018)

⁶ Japan Disability Forum (2011)

⁷ HelpAge (2017)

⁸ European Disability Forum. [Human Rights Report: Impact of COVID-19 on persons with disabilities](#). (2021)

⁹ Global Network of Civil Society Organizations for Disaster Reduction. [Views from the Frontline Report](#) (2019)

¹⁰ ASB & University of Sydney (2014)

The [Sendai Framework for Disaster Risk Reduction](#) 2015-2030 (**Sendai Framework**) was the first major agreement of the post-2015 development agenda which clearly emphasizes the **importance of disability-inclusive DRR** (DiDRR), specifically highlighting the need for **empowerment, leadership, and meaningful participation** of persons with disabilities in disaster risk reduction related policy-making and practice. The countries that have signed the Sendai Framework have also formally agreed on the steps required for the Sendai Framework to be effective. This commitment is reflected in the strategic documents and implementation plans at various levels of governance across different regions.

Alongside the Sendai Framework, the [Sustainable Development Goals](#) (SDGs) are underpinned by the concept of 'leave no one behind.' The majority of the countries across the globe have **ratified** the [UN Convention on the Rights of Persons with Disabilities](#) (CRPD). This represents a **commitment to ensure** that all persons with disabilities are **fully included** and **meaningfully participate** through their representative organizations, **in all activities** that impact their lives – including climate action and disaster risk reduction.

Despite these developments, the research study of has found **slow** and **uneven progress** in the **implementation of the Sendai Framework** from the disability inclusion lens, which is further on expanded and explained in the following sections of this report.

Study scope, objectives, and methodology

1. Scope and objectives of the study

The overall **scope** of the research study was to analyze the state of implementation of the Sendai Framework through a disability inclusion lens across the eight countries of **Africa** (Niger, Uganda, Zimbabwe), **Asia** (Bangladesh, Indonesia, Myanmar) and **South/Central America** (Nicaragua and Colombia).

The study focused on the following **objectives**:

- I. Draw conclusions from the **progress made** since the adoption of the Sendai Framework with regards to disability-inclusive DRR in the selected countries for enabling evidence-based advocacy on the global level
- II. Provide **comparative regional analysis** of differences between Africa, Asia, and South/Central America in the progress made **at policy and implementation levels**
- III. Identify **good practices** and **lessons learnt** that could be scaled up or replicated by similar countries / regions.

2. Methodological approach

The methodology of this study employed an overarching structure based on the Sendai Framework priorities for action, which can be applied to local, national, regional, and global levels. In addition, the research study team utilized a **multiple case study approach**¹¹ with **various data collection tools** for document analysis, interviews, and focus groups – tailored to each country context.

The Sendai Framework priorities and 10 key inclusion criteria defined by the study team for this project informed all data collection activities, research questions, and analysis:

¹¹ Following Yin, R. (2014). *Case study research: Design and methods*. USA: Sage Publication, Inc.

Table 1. The Sendai Framework priorities and key inclusion criteria for measuring progress in DiDRR

Sendai Framework Priority Areas	Key Inclusion Criteria
1: Understanding disaster risk	1) Disaggregated data 2) Inclusive risk assessment and planning 3) Inclusive risk communication
2: Strengthening disaster risk governance to manage disaster risk	4) Supportive governance/policies 5) Direct representation
3: Investing in disaster risk reduction for resilience	6) Investments in disability-inclusive DRR 7) Accessibility
4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction	8) Meaningful participation of persons with disabilities and their representative organizations in DRR 9) Leadership of persons with disabilities in DRR 10) Inclusive partnerships

The study was carried out through the following:

- **Desk review and analysis** of relevant policies, reports, documentation, and best practices aiming to enhance inclusion and accessibility of disaster preparedness, response, risk reduction and risk management over the past six years (taking the adoption of the Sendai Framework as the ending timeframe).
- **Remote Key Informant Interviews** with representatives of Organizations of Persons with Disabilities (OPDs), government, UN agencies, and local and international NGOs (INGOs).
- **Virtual Focus Group Discussions** were conducted where relevant and applicable to understand the intersubjectivity or shared learnings across stakeholders on thematic focus areas.

Based on the **screening of over 300** country specific and regional **documents**, and an **in-depth review over 150 documents** carried out in five languages (English, French, Spanish, Indonesian, and Bangla), the detailed research methodology was developed aligning with the following guiding research questions:

- If and to what extent disability is mainstreamed in national laws, policies, plans and programmes on disaster risk reduction and disaster risk management?
- What understanding of disability and which capacity of disability inclusion do the relevant national governmental and non-governmental stakeholders have?
- To what extent are OPDs systematically involved and closely consulted in relevant policy processes? What is the perspective of OPDs on the progress at policy and implementation level?
- To what extent are policies transformed into concrete guidelines, tools, etc.?
- Is there evidence that relevant policies and guidelines are put into concrete practice?
- Where do relevant actors see the most progress in terms of disability-inclusive disaster risk reduction since the adoption of the Sendai Framework?
- What are good practices that could be used for scaling up or replication?

A total of 38 key informant interviews and 15 focus group discussions were conducted with 37 women and 56 men across the eight countries. Approximately 30% of participants represented persons with disabilities (27 individuals). The study team was comprised of 11 local consultants, which included two persons with disabilities. Data collection captured **multiple perspectives of stakeholders**, including the government, I/NGOs, UN agencies, and OPDs.

Limitations

The study team encountered the following issues and limitations that should be kept in mind when considering the findings and recommendations.

A key factor was the **difficulty engaging with some stakeholder groups**, which limited the extent of capturing multiple perspectives and triangulation.

Namely:

- a) In-country political dynamic that limited engagement with the governmental (Myanmar) and non-governmental (Nicaragua) stakeholders that might have resulted in potential bias in responses
- b) Limited availability of OPDs in a few countries that hampered capturing the perspectives of persons with disabilities
- c) Limited prior engagement of OPDs in DiDRR (e.g., in African countries) may have affected the quality of responses to the study questions
- d) Frequent rotation of government officials due to which, some stakeholders interviewed were newly appointed and not well familiar with disability-inclusive DRR (e.g., Bangladesh, Indonesia), leading to the generic responses or skipping some of the questions.

To address these limitations, the team collected and reviewed in-depth supplementary documentation to triangulate and verify information received from respondents.

As the scope of the study did not entail face-to-face meetings and field visits in the countries targeted by the study, **network connectivity issues** (specifically in Bangladesh, Myanmar, Niger and Zimbabwe), made it at times difficult to carry out KIIs and/FGDs remotely. Some interviews were cut short, and respondents were asked to provide remaining responses in written. The study team had to be flexible in switching between Skype, Zoom and WhatsApp as different platforms functioned better at different times.

While commitment of stakeholders to the study was generally good, there were some cases of slow responses or 'no show.' As a result, the study team had to identify and coordinate with new respondents, which contributed to delays in data collection.

As the study was only conducted for eight countries, it should be noted that the **findings of regional comparison** between Africa, Asia and South/Central America **cannot be fully extendable** to the entire regions and are only of an illustrative nature.

Findings

Summary of key findings

The findings from the DiDRR research study revealed that, despite an increase in supportive policies and legislations related to disability-inclusive DRR, **on the ground implementation remains slow and uneven**. DiDRR practices are largely initiated or led by I/NGOs and **not systematically institutionalized** as part of the disaster risk governance system.

Box 1. Key findings from the DiDRR research study across the eight countries

Priority 1: Understanding disaster risk

Disaggregated data

The study found **no unified national registry** or **examples of systematic data disaggregation** in the national information systems related to disaster risk reduction and risk management, despite a notable increase in acknowledging the importance of collecting sex, age, and disability disaggregated data (SADDD). Where **disaggregated data is collected**, this happens only **on a limited scale (primarily for disaster response)** and the **data is rarely used to understand and reduce disaster risks** for at-risk groups.

Inclusive risk assessment and planning

There is some **evidence of engagement of persons with disabilities** in **inclusive risk assessment and planning**. These practices are usually at grassroots levels, supported by the international community as part of specific projects, and are **not institutionalized** or replicated at national levels. Such types of initiatives **lack sustainability**. **Lack of coordination and resource limitations** are among the major issues **preventing progress** in inclusive risk planning in addition to the **limited knowledge and skills** among the key DRR stakeholders related to the practical implementation of disability-inclusive DRR.

Inclusive risk communication

A clear **need to improve the accessibility** of risk information for the full diversity of persons with disabilities and most at-risk communities remains. This is due to the combination of multiple factors including the **lack of risk communication strategies, inadequate funding, lack of awareness, and low prioritization**.

Priority 2: Strengthening disaster risk governance to manage disaster risk

Supportive governance

Following the adoption of the Sendai Framework, **all eight countries** have developed **national policies and strategic documents** on disaster risk reduction and risk management (in line with Target E) where **references to disability inclusion** have been included **to a certain extent**. However, while the **level of inclusion in policy documents varies, reference** to persons with disabilities as **“vulnerable” groups** instead of key actors and contributors to DRR prevails across all countries included in the study.

Direct representation of persons with disabilities in DRR mechanisms

Progress towards increasing direct representation of persons with disabilities in DRR mechanisms remains **uneven**. **Barriers** preventing the direct representation include: **lack of OPD capacities** to be involved and lead on DiDRR; **socio-economic and cultural factors** that challenge the readiness of OPDs to be involved; **lack of awareness and commitment from key DRR stakeholders** to disability inclusion; and **lack of accessibility**.

Priority 3: Investing in disaster risk reduction for resilience

Investments in disability-inclusive DRR

DRR stakeholders have **varied capacities** and **engagement levels** in DiDRR. In Bangladesh, Indonesia and Nicaragua, DiDRR is more widely implemented. In Myanmar, Niger, Zimbabwe, Uganda, and Colombia, **DiDRR is implemented in a few local areas only** and is usually led by the members of the DiDRR network.

Despite available resources and guidelines provided by members of the DiDRR Network and other key actors, all respondents reported **lacking the practical knowledge** and **technical capacities** for implementation of disability-inclusive DRR.

Lack of funding is reported to be **the most common challenge** influencing the limited progress in DiDRR. This is particularly true for the three African countries (Niger, Uganda and Zimbabwe) which face multiple competing sectoral priorities that require funding. Inclusion is **seen as a project-specific initiative** rather than being internalized in organizational policies and mainstreamed in annual planning and budgeting of both governmental and non-governmental agencies, including institutional donors funding DRR.

Accessibility

The study revealed **provision of accessibility** for persons with disabilities for both general and disaster response purposes improving gradually. Positive examples, such as infrastructure development and innovative collaborative partnerships for accessibility, were seen at various levels in different regions.

Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation, and reconstruction

Meaningful participation of persons with disabilities and representative organizations in DRR

Active participation of persons with disabilities is being increasingly acknowledged in most of the countries. However, **only** Indonesia, Bangladesh and Nicaragua **detail strategies to achieve meaningful participation** and promote leadership of persons with disabilities in DRR (e.g., disaggregated data collection, providing accessibility, capacity development, direct representation, and multi-stakeholder partnerships).

Barriers to participation of persons with disabilities often relate to **societal attitudes**, especially **towards women with disabilities, which** prevent their active participation in DRR. The perception of persons with disabilities as **passive recipients** of aid **instead of contributors to DRR** limits engagement. **Participation** of persons with disabilities and their representative organizations as DRR stakeholders **seems to be a new concept**. It is **challenging** for a number of actors **to work** with persons with disabilities and OPDs **due to the lack of awareness** on how to **identify or engage** with them, particularly at local level.

Leadership of persons with disabilities in DRR

Despite references to the leadership of persons with disabilities in strategic documents on DRR, the study found **only a few examples** of **leadership** in practice in the eight countries.

Inclusive partnerships

Several countries demonstrated examples of collaborative partnerships between the key DRR stakeholders, including the governments, I/NGOs, OPDs, and academia for disability-inclusive disaster risk reduction. These good practice examples tend to be mostly ad-hoc, rather than a common practice, and are often the result of a dedicated action of individuals or specific organizations, instead of being institutionalized as part of the official systems and multi-stakeholder coordination mechanisms for disaster risk reduction.

Cross-regional analysis

The Sendai Framework calls for the development of regional action plans and strategies. Each of the three regions have made **considerable progress** in **mainstreaming disability inclusion** in DRR-related **policies and strategic documents**. Trends show an increase in the number of new DRR policies, strategies, and plans with reference to disability, however, in practice, **inclusion** of persons with disabilities **remains slow** and **uneven** across regions. Findings indicate that currently the **Asia** region is implementing the **most advanced** disability inclusion-oriented responses.

1. Assessing the state of inclusive DRR in Africa

Progress has been made in adopting the Guiding Principles of the [Sendai Framework](#) for Disaster Risk Reduction 2015-2030 within Africa regional policy documents. Three key documents¹² refer to disability and inclusion, however, classify persons with disabilities as belonging to “**vulnerable**” groups entitled to **protection** and **participation** in decision-making related to disaster preparedness and response.

The importance of **improving data disaggregation** by gender, age, and disability has been recognised, as data is considered as the basis for risk informed planning and decision-making. This was highlighted in the [Programme of Action](#) (PoA) for the implementation of the Sendai Framework in Africa, which was adopted in 2017 as one of the essential elements for policymaking and practice. The document emphasizes gender and leadership of young people, however, persons with disabilities are only prioritised in terms of evacuation.

During the 8th Africa [Regional Platform](#) for Disaster Risk Reduction, progress on disability inclusion was also made through the adoption of the [Nairobi Declaration](#) and [Programme of Action](#) (Phase II: 2021-2025). The Nairobi Declaration further reiterates the importance of **disability informed risk assessments** and encourages the states to apply “**a whole-of-society**” approach. A positive outlook is also observed in Phase II of the PoA, which underlines the importance of **inclusion** and **active involvement** of persons with disabilities **in the design of** disaster risk reduction **policies, accessible communication, and awareness raising**. Inclusive risk assessment and more specifically disability disaggregated data are seen as a priority in the region for 2021-2025.

The **need to develop capacities, train, and directly involve** persons with disabilities in DRR remains **insufficiently considered** at the regional level. For example, while the PoA Phase I planned on capacity building of persons with disabilities in DRR, this approach was not expanded further in Phase II. While issues of gender inequality and exclusion from DRR initiatives have been addressed by developing Gender Strategies and Action Plans on the regional level, disability inclusion often remains overlooked.¹³

Several reports indicate the **slow progress** made in Africa **in terms of implementation** of disability-inclusive DRR. Notably, **participation** of persons with disabilities **and their leadership remains limited**. The [Africa Report](#) on Disaster Risk Reduction 2015-2018, previews the implementation of “Building Back Better” principles, however, does not address disability inclusion as part of this approach.

¹² [Declaration](#) of the 7th high-level meeting on Disaster Risk Reduction in Nairobi, Kenya 2021; Matrix of the [Programme of Action](#) (Phase II: 2021-2025); and [Programme of Action](#) for the Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 in Africa

¹³ The Economic Commission of West African States (ECOWAS), the Economic Commission of Central African States (ECCAS), the Southern African Development Community (SADC) and the Intergovernmental Authority on Development (IGAD). [Highlights: Africa Regional Assessment Report](#), UNDRR (2020)

2. Assessing the state of inclusive DRR in Asia

Progress in disability-inclusive disaster risk reduction on policy level has been **most apparent** in the Asia-Pacific region as evidenced by **well-crafted policy documents** and recent reports **highlighting the importance of disability inclusion** in DRR in the region.

Launched in 2012, the [Incheon Strategy](#) to “Make the Right Real” represents one of the first milestones for persons with disabilities in Asia and the Pacific region. Goal 7 of the strategy is specifically targeted at ensuring disability-inclusive disaster risk reduction and management. Together with the [Beijing Declaration and the Action Plan](#) to Accelerate the Implementation of the Incheon Strategy (2017), they constitute a unique set of strategic documents for DiDRR, which contain **multiple references to various aspects of disability inclusion**. The strategy and plan address key elements of disability inclusive DRR, such as collection of disaggregated data, disability-inclusive policy development and planning, accessible infrastructure, information and communication, establishment of partnerships with OPDs, and direct representation of persons with disabilities in decision-making bodies.

The [Asia Regional Plan](#) for Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 highlights the **need for action** for **collection and use of disability-disaggregated data** in disaster risk reduction and **involvement of women and persons with disabilities** in DRR-related policymaking and practice. The Asia Regional Plan also emphasizes **capacity building** of persons with disabilities, as well as the **establishment of multi-stakeholder platforms** to enable **active involvement** and **leadership** of persons with disabilities in DRR through their representative organizations. The [Action Plan 2018-2020](#) further accentuates the requirement for **accessible risk communication** and **information** considering the full diversity of disability.

The current Asia-Pacific [Action Plan 2021-2024](#) re-emphasizes the importance of **disability informed disaster risk assessment** and **planning** based on disability **disaggregated data**. Moreover, it underscores the need for **capacity building** and **direct representation** of persons with disabilities in line with the 2018 [Dhaka Declaration](#) on Disability and Disaster Risk Management. It also calls for promotion and incorporation of lessons learnt from the COVID-19 pandemic into inclusive, community-based DRR. Several references across the document underscore the importance of operationalizing **accessible early warning systems** and **disaster risk information systems**. The importance of establishing stronger linkages between DRR policies and disability inclusion, while **enhancing community-based approaches**, is also underlined and reiterated in the [Ulaanbaatar Declaration](#) of 2018.

In **country specific** DRR policies, **gender equality** considerations seem to receive **higher attention** when compared to disability inclusion. Persons with disabilities tend to be treated as a distinct group, with countries developing gender inclusive DRR policies that give little attention to intersectional factors, such as disability or age.

In terms of DiDRR practices across the region, the [Disability-inclusive Disaster Risk Reduction Network](#) (DiDRRN) promotes meaningful contribution of all-of-society in developing resilience towards disasters working closely with governments, OPDs, and other key stakeholders from the region.

Although many countries in the region have been undertaking disability-inclusive DRR efforts, including collection of **disability disaggregated data**, overall **progress remains uneven**. Despite reference to the importance of Sex, Age, and Disability Disaggregated Data (SADD) in disability-inclusive DRR strategies, this level of disaggregation often remains

an **optional**, and therefore, **largely absent** component of **national and local DRR strategies**.¹⁴ Additionally, the **importance of qualitative analysis** of social dynamics and the root causes of vulnerability, as well as the unequal distribution of risks are not given adequate attention. Another challenge is that **official data collection systems** often **exclude** the most vulnerable and **at-risk groups** who are hardest to reach and engage.

Reports from the region draw attention to the lack of appropriate facilities and evacuation centres adapted to the requirements of persons with disabilities. The **provisions to invest in DRR** for resilience **remain largely non-gender responsive** or **disability-inclusive**.¹⁵

3. Assessing the state of inclusive DRR in South/Central America

To support the implementation of the Sendai Framework in the region, the [Andean Strategy](#) for Disaster Prevention and Response was adopted in 2017. The strategy underlines the importance of **active involvement** and **leadership** of **women and persons with disabilities** in inclusive **risk planning, assessment, and communication**. It also asserts that **decision-making** for DRR should be **inclusive** and based on knowledge about the risks, with a multi-hazard approach.

The [Latin American and Caribbean Network](#) for Disability-inclusive Disaster Risk Management (**LAC DiDRR Network**) was established to support implementation of DiDRR in the region. This network enables inclusive partnerships and cooperation between OPDs and DRR actors, as well as active involvement of persons with disabilities in disaster risk reduction policy and practice.

Regional reports highlighted several gaps with regards to disability-inclusive DRR. Although risk assessment in the region was reported to capture socio-economic vulnerability, there is a considerable **gap in** efforts to gather **gender and disability disaggregated data**. Provisions and **investments for accessible infrastructure, early warning systems, and communication systems**, which represent key enablers for effective participation of persons with disabilities, **remain unaddressed**. The underlying perception of persons with disabilities as “**vulnerable**” implies a **charity approach** still dominates the narrative.

Reports suggest that the international community in the region should cultivate a better understanding of data-informed risk, take bolder actions to reduce it, and move towards empowering “all of society” – especially those most at-risk – to exercise their right to live in a healthy and safe environment.

¹⁴ [Review of gender-responsiveness and disability-inclusion](#) in disaster risk reduction in Asia and the Pacific, UN Women (2021)

¹⁵ [Gender Responsive Disaster Risk Management Status Review and Recommendations](#) for Implementing the Sendai Framework for DRR in the Asia Pacific, ADPC (2021)

Overview of key findings as per the Sendai Framework priority areas

Priority 1: Understanding disaster risk

Disaggregated data

In recent years, there has been a notable increase in acknowledging the importance of collecting sex, age, and disability disaggregated data (SADDD) as a foundational principle for understanding and reducing disaster risk. Despite attempts made across the eight countries included in this review, the study found **no unified national registry** or **examples of systematic data disaggregation** in national information systems related to disaster risk reduction and risk management.

In some countries the available disability **data is outdated, fragmented and inconsistent** (e.g., **Niger, Zimbabwe**), or there is **no reliable data** on most at-risk groups, including persons with disabilities affected by disasters that could be used for formulation of disaster risk management plans. Disaggregated data on functioning (e.g., obtained by using tested tools such as the [Washington Group Questions](#)) is largely unavailable, except for some project-based initiatives. Where it exists, disaggregated **data is usually used** to identify vulnerable groups **for prioritizing humanitarian response** and is **less likely** to be used **for disaster risk reduction**. Data is also often **not shared** among the key stakeholders, which hampers data-informed risk planning and leads to consistent gaps in inclusive programming.

While the need for sectoral data collection on disability, including vulnerability analysis considering intersection of different identities, (i.e., gender, age, and ethnicity) is acknowledged and referenced in the [National Disability Planning Guidelines](#) for **Uganda**, there is limited evidence of this happening in practice.

Approaches to data collection **rarely consider intersectionality** (i.e., diverse, intersecting identity factors including one's gender, age, race, ethnicity, sexual orientation, gender identity, disability, etc.). The quality of collected data also varies. The majority of data is quantitative and there is **limited qualitative information** on the **barriers** faced by persons with disabilities. There is an identified need to complement existing tools (e.g., the Washington Group Questions, which are generally applied for data disaggregation on functioning limitations), with qualitative information on barriers and intersectionality.

In **Indonesia**, there is no unified national database on disability that could be used by the National Disaster Management Agency (BNPB, acronym in Indonesian). National authorities collect disability data using **different indicators and methodology**. On its [website](#), BNPB refers to disability data from the 2010 population census. However, it remains unclear if the data is used for risk assessment, planning, and strategy development by BNPB. The **nationwide database on disaster risk (InaRISK)** **does not include data** on persons with disabilities. There have been some recent efforts aimed at improving Indonesia's disaster data platform from inclusion perspective (e.g., through the InaRISK Hackathon Fest 2021 organized with the support from UNDP, an innovative project was funded to develop digital solutions for easy access to risk information for persons with disabilities).

Bangladesh uses a **post-disaster assessment form (D-Form)**, which **includes SADDD** that can be **used for inclusive recovery efforts**. Data is collected by Disaster Management

Committees that are established at local levels. These committees include I/NGOs members, which may provide additional resources to supplement or contribute to these assessments. Persons with disabilities are involved in some cases in data collection. The country is currently developing an Emergency Operational Dashboard to gather data from the D-Form, as well as incorporate additional inputs from various sectoral ministries. However, since the primary inputs and data sources will come from a separate post-disaster damage assessment database, it is not clear to what extent the available information could be used for DRR purposes.

In **Colombia**, the **Registry of Location and Characterization of Persons with Disabilities** contains **data on people who self-identify** as persons with disabilities and register themselves on the platform. However, many are **not aware** of this platform and are unable to register due to a number of barriers. There are **Population Bulletins** developed based on assessments. These assessments are primarily carried out mostly in urban areas, which excludes persons with disabilities who live in suburban or rural areas. The result of this is that the **most at-risk groups are left behind**, as rural areas are often the most affected by climate change, in addition to being the recipients of migrant population, being exposed to armed conflict, and other threats of socioeconomic nature.

Nicaragua has a **disaster data registry** in place, within which disability data is somewhat integrated. The registry **includes all risk sites**, as well as **locations of persons with disabilities** in hazard-prone areas, so that they are provided greater protection in case of a disaster. In municipal data registries, persons with disabilities are included as “vulnerable” groups along with pregnant women and children under the age of five. Persons with disabilities are accounted for in each municipality and community, but existing systems do **not collect qualitative** information **on barriers** and specific **requirements of all persons with disabilities** for ensuring inclusive disaster preparedness planning and response.

One of the challenges to collecting data on disability relates to the fact that many people are **sensitive to the term “disability”** and do not want to self-identify as a person with disability or disclose having family members with disabilities. For example, while the concept of “Karma” or the consequences of previous actions could be the primary driver of **stigma** in the context of **Myanmar**, there are many **negative beliefs and stereotyping** which influence how persons with disabilities are perceived that vary across country and region.

Additional challenges relate to the **lack of resources, standardized tools, and technical capacities** on disaggregated data collection among the key DRR actors as well as **limited awareness** on the importance of **cross-sectoral coordination** for **collecting, using, and sharing data**. The **unavailability of disaggregated** data remains a **major obstacle** to effective consideration of the specific requirements of persons with disabilities in disaster risk reduction, response and recovery. There are **positive examples of partnerships** between the national authorities, I/NGOs, and/or OPDs supported mainly by the international community, **that could be further expanded or replicated** for a systematic data collection on persons with disabilities for disaster risk reduction and response.

Box 2. Initiatives supporting inclusive data collection in Bangladesh, Indonesia, and Zimbabwe

The study found several **good models of involving persons with disabilities in data collection**. In **Bangladesh**, the Centre for Disability in Development (CDD) collected disaggregated data using the [Washington Group Questions](#), while **working closely with Self-Help Groups (SHGs)** of persons with disabilities. The SHGs collected detailed information on persons with disabilities at the ward level, including sex, age, type of disability / functioning limitation, contact details, and information on the need for assistive devices or any other specific support requirements. This data was then used **to develop accessible risk information, early warning systems, and infrastructure** in the communities.

In Indonesia, the study found examples of **I/NGOs working with OPDs and community volunteers for household-level data collection**, particularly during disaster response. These partnerships utilized a **snowball method** to identify persons with disabilities that are hidden due to stigma and other attitudinal barriers in the communities.

In **Indonesia and Zimbabwe**, there are positive examples where OPDs and local authorities have been capacitated in disaggregated data collection and mainstreaming disability inclusion in DRR by I/NGOs and/or national-level OPDs themselves.

Inclusive risk assessment and planning

The study found **some evidence of engagement of persons with disabilities in inclusive risk assessment and planning**. These practices tend to be taking place at the grassroots levels and are generally supported primarily by the international community as part of a specific project. These practices have not been institutionalized or replicated at national levels and **lack mechanisms for long-term sustainability**. **Lack of coordination and resource limitations** are some of the major issues **preventing progress** in inclusive risk planning. In addition, the **limited knowledge and skills** among key DRR stakeholders related to the practical implementation of disability-inclusive DRR is a critical factor.

In **Bangladesh**, initiatives are usually carried out by CDD and a few other I/NGOs. CDD has recently completed a **pilot DiDRR project** in four unions of two sub-districts of Northern Bangladesh with **funding from the Department of Disaster Management** under the Ministry of Disaster Management and Relief (**MoDMR**). Under this project, CDD **conducted an inclusive risk assessment** and developed a risk reduction action plan. Currently, there is a **working group** of government and I/NGO representatives **revising the community risk assessment and urban risk assessment tools** from a disability inclusion lens.

In **Colombia**, disability-inclusive disaster risk reduction is a **relatively new topic**. **Available data** on disability is **rarely used to inform risk assessments or planning**, particularly at local level. The **lack of technical capacities** and **prioritization** of DiDRR were quoted as key barriers limiting the implementation of disability-inclusive DRR in the country.

In **Indonesia**, data on disability is used to **understand the vulnerability** of the community and as a **basis for providing humanitarian aid** where available. **Only a few I/NGOs**, such as ASB, CBM, and HI, **use disaggregated data for DRR purposes**. **OPDs** have started to **actively engage in post-disaster assessments** following recent disasters in Indonesia, including the COVID-19 pandemic. This was enabled by improved knowledge and capacity on data collection and disaster assessment as supported by the international community.

In **Nicaragua**, persons with disabilities continue to be perceived from a charity approach, and **data** is generally **used to provide post-disaster welfare services**. Each municipality has a municipal response plan that identifies all risk sites, including the exposed population. This information is disaggregated by group and specifies the number of persons with disabilities in each municipality. **Qualitative data** on specific barriers faced by persons with disabilities, which are important for developing inclusive disaster preparedness and response plans, seem to be unavailable. There are **reports of household surveys** carried out in 20 communities **to identify persons with disabilities**. This information has been **used for various DRR-related actions**, such as calls to participate in workshops and trainings, as well as to inform general DRR planning.

In **Niger**, underlying **discrimination** and **other attitudinal and socio-economic barriers** perpetuate the slow progress in risk assessment and planning. There is a **low level of understanding** of disability inclusion principles and practices by decision-makers, communities, and even persons with disabilities themselves.

In **Uganda**, the national development strategy acknowledges the need to include disability as a cross cutting issue, however, **disability-specific interventions** and specific **indicators** under sectorial plans and budgets **are lacking**. There is a **gap in awareness** regarding the specific **requirements** of persons with disabilities **considering the full diversity** of disability in planning and design phase of DRR interventions, and while there are some **guidelines developed**, their **implementation** is still **lagging** behind. There is a positive **emerging practice** on the **use of disaggregated data** to support risk reduction and preparedness planning. District Disaster Management Committees are collecting local level data, which happens in collaboration with OPDs in some areas.

There is also an **information gap at the community level**, partly because DiDRR is a new topic, and it is difficult to access hard-to-reach areas to conduct DiDRR awareness campaigns. **Persons with disabilities**, particularly at local level, often **do not have the capacities to advocate for their rights**, and there are only a very few leaders in this area.

In **Zimbabwe**, there are a number of organizations working on DRR, however, many of them **lack knowledge on how to mainstream** disability in their programming. There are **limited funding** and **human resources** available to support disability-inclusive DRR, **and most programmes include** persons with disabilities **at a later stage**, instead of considering disability inclusion from the very onset.

Inclusive risk communication

The study revealed that major progress is made in provision of accessible risk information and infrastructure across many of the countries, though gaps still remain with a clear **need to improve the accessibility** of risk information, particularly to most at-risk communities considering the full diversity of persons with disabilities. This is due to the combination of multiple factors including the **lack of risk communication strategies, inadequate funding, lack of awareness, and low prioritization**.

There is evidence of OPD involvement in building awareness about inclusive DRR in some local areas of **Indonesia**. This was enabled by capacity development and technical assistance from I/NGOs. The **engagement of OPDs** has evidently **improved community perception** on disability inclusion in disaster situations. However, **generally speaking, DRR**

information is not tailored to persons with disabilities and if any exist, **accessible materials are usually produced by I/NGOs**. The Information, Education, and Communication (**IEC**) materials developed by national authorities and agencies at local level often **are not designed to accommodate the specific requirements** of persons with seeing and hearing difficulties. **Media** is generally **not accessible** either. During the COVID-19 pandemic, there was a significant **increase in advocacy** for accessibility of communication materials promoted I/NGOs in collaboration with OPDs, which has **led to some positive results** (e.g., in **Indonesia** and **Zimbabwe**).

Government-led community-level risk communication in **Bangladesh** focuses mainly on early warning. Disaster preparedness work and community awareness-raising is primarily done in collaboration with CDD and other I/NGOs. For example, **community empowerment** on inclusive DRR has been **promoted by CDD**, including **through the Gaibandha model**, in partnership with CBM and Gana Unnayan Kendra (GUK). In this model, CDD works with the whole-of-community including Self-Help Groups of persons with disabilities, women's groups, and farmers' groups to promote disability-inclusive DRR at the community level.

In **Myanmar**, there is **no systematic risk information dissemination mechanism** at national level that is accessible to persons with disabilities. **Early warning systems** are reportedly not **understandable** or **accessible** for general communities, and these issues are exacerbated for persons with disabilities. Often DRR trainings provided by UN agencies and the government targeting community groups use technical language and **complex messages**. However, there are a few available resources for raising awareness of persons with disabilities on DRR developed by I/NGOs (e.g., Plan International Myanmar produced a DRR awareness booklet for persons with disabilities with eight types of hazard information accessible for persons with seeing difficulties).

In **Nicaragua**, guiding **instruments for risk management** are **developed in audio or Braille format** and basic information aimed at children and young people with autism spectrum disorders is currently provided through **pictograms**. Messages from government authorities in emergency situations are **broadcasted in sign language** by the state media.

In **Uganda**, there are examples of hazard-prone sub-counties that **collect data** on persons with disabilities **to adapt communications** to specific requirements of persons with disabilities in the area, for example **while establishing accessible early warning systems**. However, this approach is **not systematic** and only **prevails** in districts **where** the National Union of Disabled persons of Uganda (**NUDIPU**) **is most active**. There are reports of **OPD leadership in raising awareness** and **disseminating risk information** to the community. For example, OPDs in Kasese district are working with MI to deliver training and awareness raising campaigns on DiDRR (e.g., district leaders were trained as part of this initiative). Humanity and Inclusion (HI) also implements a messaging and communication campaign called "boda boda talk talk" as part of which loudspeakers are carried on motor bikes and placed in strategic locations to disseminate information. HI also engaged sign language interpreters who conduct door-to-door household visits along with the "boda boda talk talk" campaign team. They target pre-identified people with hearing difficulties in Yumbe, Soroti, Arua, and Mbale districts.

In **Zimbabwe**, the DRR-related policy and strategic planning documents highlight the importance of providing access to information and communication, including early warning. In practice, most **early warning systems** established in various communities from national to local levels are **not accessible** to persons with disabilities, nor **do they consider the full**

diversity of persons with disabilities and the needs of marginalized communities, who are often left behind during crises. While indigenous Early Warning Systems are also in place, such information has not been adequately shared with persons with disabilities, as they continue to be **excluded due to the prevailing attitudinal barriers**, especially at local level.

IEC materials are generally not accessible and are **developed without consultation with persons with disabilities**. CBM is advocating for disability inclusion and has supported translation of some of the IEC materials for early warning signs in accessible formats. The Department of Civil Protection allocated resources to print several Braille IEC materials through the Midlands State University, however, this was of a **one-off action**. Many persons with disabilities in Zimbabwe are **unable to read materials** produced in Braille. Reports indicate that alternative audio formats that could be played via memory cards or phones in vernacular languages would be helpful.

Priority 2: Strengthening disaster risk governance to manage disaster risk

Supportive governance

Since adoption of the Sendai Framework, there has been significant progress in developing disability-inclusive policies and strategic documents related to disaster risk reduction, and governance systems have become more supportive. However, there is still **a need to shift approaches from** viewing persons with disabilities as “**vulnerable**” groups to acknowledging persons with disabilities and their representative organizations as **key stakeholders** and **contributing actors in DRR**.

In **Bangladesh**, following the adoption of the [Dhaka Declaration](#), the first ever **National Task Force** on Disability-inclusive Disaster Risk Management was **established**. The National Disaster Management Council (NDMC) monitors overall activities related to disability-inclusive disaster risk reduction at national level. Disaster Management Committees at District, Upazila (sub-district), and Union/Ward level are responsible for inclusion of persons with disabilities in these committees and for implementing disability-inclusive DRR initiatives, as regulated by the [Standing Orders on Disaster](#). However, active **participation** of persons with disabilities usually **remains limited** due to the **lack of relevant skills** and **capacities among the disability community**. Despite supportive policies, **implementation at the grassroots level** continues to be **problematic**.

In **Colombia**, disaster risk governance, disability, and gender inclusion remain a point of concern within the Disaster Risk Management system. Persons with disabilities continue to be seen as belonging to “vulnerable” groups rather than as contributors to DRR. Recently, the **National Unit for Disaster Risk Management** (UNGRD, acronym in Spanish) has signed an **agreement with the National Disability System** for the development of **concrete actions** towards **disability-inclusive DRR**. HI has also signed an agreement with the **Presidential Council** for the Participation of Persons with Disabilities (CPPD, acronym in Spanish) for developing an **action plan for inclusive risk management** and implementing joint activities with this regard. A **National Training and Education Plan** has been introduced based on which all the departmental and municipal coordinators are expected to be trained in inclusive risk management. Generally, these training processes are carried out jointly with other organizations specializing in the subject, most of which are part of the National Board for Community Strengthening. At the community level, the situation is more complex due to the **lack of accessibility** which hampers inclusion and participation of

persons with disabilities. DiDRR development **needs to consider local levels**, as there is **limited participation** of persons with disabilities, including in community spaces.

While DiDRR was practiced in **Indonesia** before the adoption of the Sendai Framework, through collaborative projects between the government and I/NGOs, inclusion has become more prominent post-Sendai. Efforts have been strengthened by **supporting policies and regulations** at national level (i.e., [Head of BNPB Regulation 14 of 2014](#); the newest [Disability Law 8 of 2016](#) and its delegated regulation [PP 42 of 2020](#)). There are supportive regulations at some Provincial or District levels as well, for example in Yogyakarta and Central Java. Not all authorities understand what is mandated by the regulations, and many **lack capacity to implement**. The decentralized governance system makes it difficult for the national level to mandate DiDRR implementation at the local level. There is a separate planning and budgeting process, which requires awareness and commitment from the local government. While awareness on inclusion is present, **disability is seen as a sectoral mandate** of the Ministry of Social Affairs. This hampers annual budget planning of other national authorities (e.g., the National Disaster Management Agency) for DiDRR. As such, **inter-ministerial cooperation** remains **an obstacle**. There has been no coordinating mechanism in place at national or local level, except for the National Humanitarian Cluster, which is usually led by the UN or I/NGOs.

Persons with disabilities are generally **not included in DRR related committees** at any level in **Myanmar**. It is only compulsorily to include persons with disabilities in the village Disaster Management Committee in MI project areas where this is an expected outcome. Generally, persons with disabilities are **prevented from participating in decision-making** at national and regional levels, e.g., in Rakhine State, persons with disabilities cannot participate at ward or village level **due to institutional and socio-cultural barriers**, including stigma. Reported barriers to DiDRR implementation and meaningful participation of persons with disabilities include **lack of confidence** among persons with disabilities to engage in community meetings and with authorities, and a **lack of genuine motives and commitment** to include persons with disabilities in DiDRR initiatives at local level.

In **Uganda**, DRR is managed under the Ministry of Disaster Preparedness and Refugees located under the Office of the Prime Minister (OPM). The OPM has established District Disaster Management Committees, particularly in hazard prone areas (Western, Northern, and Eastern Uganda) at local level. The disaster risk governance structure further cascades down to sub-county level committees. There is also a **National DRR Platform** chaired by a Disaster Risk Commissioner (under the OPM). Different Ministries, 14 NGOs, and **one OPD** (National Union of Disabled Persons of Uganda – NUDIPU) are **members of the platform** which provides a **space for discussing** DRR-related issues on a monthly basis (including **issues related to disability inclusion in DRR**).

The [National Disability Policy](#) 2021 of **Zimbabwe** has a **section on disability inclusion in DRR**, which provides **good basis for OPDs to advocate** for disability inclusion in **situations of risk and humanitarian crises** (in line with the [Article 11](#) of the UN Convention on the Rights of Persons with Disabilities – CRPD). While the Department of Civil Protection is in charge of humanitarian affairs in Zimbabwe, its work is also closely linked to DRR. A number of players have been seen incorporating gender, disability, and other cross cutting aspects in the Humanitarian Response Plan. Reports indicate that such references need to be extended to the pre-disaster stage as well with a **need to focus on** disability inclusion in **disaster prevention, risk reduction and preparedness**.

Direct representation of persons with disabilities in DRR mechanisms

The **progress** in increasing direct representation of persons with disabilities in DRR mechanisms across the eight countries remains **uneven**. Critical **barriers** preventing direct representation relate to: the **lack of OPD capacities** to be involved and lead on DiDRR; **socio-economic and cultural factors** that challenge the readiness of OPDs to be involved; **lack of awareness** and **commitment from key DRR stakeholders** to disability inclusion; and **lack of accessibility**.

There is an **increasing awareness** of the potential contribution of persons with disabilities to DRR in **Bangladesh**. However, there is **limited evidence of direct representation** of persons with disabilities in **DRR coordination** and **decision-making mechanisms** apart from the initiatives supported by CDD, particularly at local level. Due to the **lack of data** and **visibility** of persons with disabilities, as well as their **limited capacities**, OPDs have **difficulty representing themselves**. The **diversity of disability** is also **not considered**; therefore, the varying level of risk remains unidentified and unaddressed.

In **Indonesia**, OPDs have been **involved** in various **DRR activities led by the government** particularly **at local levels**, including formulation, exercise, and implementation of contingency planning, development of disaster master plans, Disability Service Unit (integrated in the local Disaster Management Agency), and participation in the multi-stakeholder DRR Forum. OPDs have also been actively involved in the Protection Cluster; only individuals with psychosocial disabilities have not been represented.

Box 3. Disability Service Unit in Indonesia

Indonesia policy and regulations highlight the **importance of direct representation and meaningful participation** of persons with disabilities in DRR mechanisms. The **Disability Service Unit** (ULD, acronym in Indonesian) works within the National Disaster Management Agency (BNPB, acronym in Indonesian) and its local offices, to ensure **mainstreaming of disability inclusion in planning, implementation, and monitoring** of the activities of BNPB and local disaster management agencies. The Disability Service Unit creates a platform where **OPDs are directly involved in Provincial and District level structures**. The Provincial agencies received technical assistance from ASB. Some Provincial agencies established ULD at District level (e.g., in Central Java), which was enabled by resources from the Province Disaster Management Agency. The ULDs have reportedly **enhanced implementation of DiDRR at local level**, for example, by contributing to **increased awareness on disability inclusion and improved accessibility** of critical infrastructure.

Barriers to direct representation of persons with disabilities in DRR in Indonesia, include **limited physical accessibility** that prevent persons with disabilities from mobilizing themselves, accessing meetings or services and a **lack of confidence, knowledge, and organizational capacity** of persons with disabilities, particularly in disaster-prone and remote areas of the country. **DRR is not a priority for OPDs** in this area, despite the apparent risk for persons with disabilities, due to a lack of awareness and capacity of OPDs.

Direct representation of persons with disabilities in the **DRR mechanism** in **Nicaragua** appears to be **strong**. For example, persons with disabilities are included in brigades, neighborhood committees, municipal disaster prevention committees, and other bodies. OPDs in Nicaragua come under the umbrella group, Nicaraguan Federation of Associations of Persons with Disabilities (FECONORI, acronym in Spanish), which liaises with the

national disability cabinet. There is **representation of persons with disabilities** through the cabinet **in all municipalities**, which **positively influences decision-making** for DiDRR.

In **Niger**, the National Platform for Disaster Risk Reduction includes I/NGOs and several organizations active in DRR. The **National Federation** of Organizations of Persons with Disabilities (FNPH, acronym in French) is a **member of the National DRR Platform**, however, due to **limited capacities** their **involvement** and **participation in decision-making** is **not systematic**. OPDs are also **poorly represented** in DRR mechanisms at **local levels**.

In **Uganda**, the national OPD (NUDIPU) is represented in the National DRR Platform. Their involvement is later reported under the 'meaningful participation' section. There is an **opportunity to advocate for disability inclusion** through the **national representation** of persons with disabilities in the Parliament and government, which can be further utilized as a platform to highlight issues pertaining to persons with disabilities. However, current Parliament members from the disability community **rarely promote disability inclusion**, as this is not viewed a priority. There is an **effort to include** persons with disabilities in **sub-county level disaster management committees** through the **projects and partnerships** between NUDIPU and MI.

Box 4. Direct representation of a national OPD in DRR mechanisms in Uganda

There is a **trend of increasing OPD participation** in DiDRR at national and local levels in **Uganda**. The National Union of Disabled Persons Uganda (**NUPIDU**) has been **influencing inclusive planning, decision making, implementation, and monitoring** of DRR initiatives **through active involvement** in the National **DRR Platform**. NUDIPU has also **contributed to the formulation** of the **legal framework on disaster management** and **climate change adaptation** as part of the civil society engagement in the process. Its advocacy efforts for ensuring representation of persons with disabilities on the National Task Force on COVID-19 have also contributed to positive outcomes. **At local level**, NUDIPU **mobilizes OPDs** and **persons with disabilities** for **awareness raising** and **advocacy** for disability-inclusive DRR. The primary approach is to empower persons with disabilities first about their rights and access to services, including education, so that they are then better positioned to meaningfully participate in DRR-related policymaking and practice. NUDIPU has also **influenced inclusive planning** (contingency planning, disaster planning and implementation), and **representation of persons with disabilities** on **District Disaster Management Committees**, at the same time training the members of these committees on disability inclusion. NUDIPU has also engaged with I/NGOs working on DRR to offer inclusive services to communities.

In **Zimbabwe**, the study found good examples of direct representation of persons with disabilities in DRR. **OPDs** have been **active in amplifying the voices** of persons with disabilities **through awareness raising initiatives** and **trainings** for key DRR actors and communities. I/NGOs are reportedly implementing efforts aimed towards disability mainstreaming, including **convening meetings close to communities** to ensure that persons with disabilities participate. CBM and implementing partners have made a deliberate effort to **engage with other humanitarian actors** in different forums to highlight the plight of persons with disabilities in DRR. CBM and the Center for Humanitarian Analytics sit on the **Advisory Committee of the National Disaster Management Committee** and contribute to discussions of policy issues regarding the interests of persons with disabilities. However, the eventual aim should be **to support OPDs themselves to contribute to these discussions** as part of the Advisory Committee.

Priority 3: Investing in disaster risk reduction for resilience

Investments in disability-inclusive DRR

The study revealed **funding limitations** as a key barrier to advancing a disability-inclusive disaster risk reduction agenda across most of the countries. Inclusion is often **seen as a project-specific initiative** rather than being internalized in organizational policies and mainstreamed in annual planning and budgeting of both governmental and non-governmental agencies. This seems to be related to a **lack of awareness while setting priorities**. Additionally, while most of the **I/NGOs** acknowledge the need to involve persons with disabilities in DRR initiatives, at times they **lack knowledge and skills** to do so in practice. Therefore, **persons with disabilities are often seen only as recipients of assistance** instead of contributing actors to DRR.

In **Bangladesh**, **limited resources** are invested in DiDRR **due to competing priorities** within the disaster risk management system. Investments are made for accessibility (i.e., building ramps), but there is no budget for capacity development of key stakeholders, including OPDs, in DRR. Although Union Parishads can spend funds on DiDRR from their existing budget allocation, this rarely happens in practice due to the lack of understanding and resource constraints.

Box 5. The Gaibandha model for community level disability-inclusive disaster risk reduction in Bangladesh

The [Gaibandha model](#) has been implemented by CBM and CDD, in collaboration with Gana Unnayan Kendra (GUK) in **Bangladesh** since 2009. The key feature of this model is **strengthening groups of persons with disabilities** and their representative groups by supporting **formation and empowerment of Self-Help Groups** of persons with disabilities (including those who are often invisible in the community). Mentoring and capacity development are two key strategies to **build their leadership capacities** and knowledge on disability-inclusive DRR. The initiative focuses on **building accessible infrastructure** with community involvement, combined with **advocacy with local government** for inclusive disaster risk management, **working with schools** to strengthen household and community awareness and preparedness, and promoting and **supporting sustainable, resilient livelihoods**. Since its development, the model has been expanded and successfully replicated in other hazard-prone areas of Bangladesh.

In Indonesia, existing practices of DiDRR before and after the adoption of the Sendai Framework have contributed to **increased investments for advancing the DiDRR** agenda – with resources being **committed not only by I/NGOs**, but **local governments** as well. For instance, the extensive practices of ASB working on disability inclusion since 2008 in Indonesia have resulted in several knowledge products and models that have been shared nationally. The development of “inclusion must” (as translated in English) or the “five inclusion principles” that can be used to guide DiDRR is a collaborative work done through the consultation with OPDs. The study indicates there is also **opportunity to integrate DiDRR issues in the village development** as the Village Law mandates annual funding for village development, within which DRR is one of the sectoral priorities. However, most villages reported using **funds only for disaster response**. This appears to be due to a lack of knowledge of local authorities regarding what village funds can be used for risk reduction, and how to implement this in practice.

Box 6. Inclusive Safe School Programme in Indonesia

The Inclusive Safe School Programme ('Satuan Pendidikan Aman Bencana Inklusif' in Indonesian) is implemented nationwide by the Ministry of Education and Culture of **Indonesia**. This programme is **fully-funded by the national government** and has produced a cadre of teachers trained in DRR across all schools in the country, including special and inclusive schools.

ASB has also worked alongside OPDs and promoted meaningful participation of OPDs, including development of inclusive partnership models. ASB also supported development of the Disability Service Unit (ULD) model. ULDs are now established in more than 20 local areas of Indonesia, supporting mainstreaming of disability inclusion in annual budget planning and programming of local disaster management agencies. The Unit services help address the specific requirements of persons with disabilities and can also become a space to support disability inclusion in all activities of the Regional Disaster Management Agency.

In **Myanmar**, investments for DiDRR both **from government¹⁶ and I/NGOs are relatively limited**. Government generally does not have a budget for DiDRR implementation, and I/NGOs depend on donors' policy and funding. However, some resources on disability inclusion are available from the activities of MI, HI, and other organizations working on DiDRR. For instance, MI started working with OPDs since 2013 to implement community-based DiDRR programmes as well as advocate for disability inclusion at the national level. At the time, national level capacity building training on disaster preparedness for OPDs was provided and accessible IEC materials produced with animation and sign language in video clips. However, the initiative stopped when the funding was over. This is one of the examples of many cases where the engagement of persons with disabilities in DiDRR has been enabled by I/NGO-led initiatives which are usually **project-based** and **contingent upon donor funding**.

The capacity development of OPDs in DRR is a priority in **Nicaragua** where the National System for Disaster Prevention, Mitigation, and Attention (SINAPRED, acronym in Spanish) has invested in developing **a training curriculum** with an inclusion approach. Through the co-direction of SINAPRED, **basic courses on risk management** were developed and **persons with disabilities** from the cabinet have been **trained**. In addition, sign language courses (at the capital level and in the departments) for training public servants and first responder institutions on communication with Deaf persons in case of a disaster have been in place since 2019.

In **Niger**, there is **no budget** or **investment plan** to facilitate the consideration of inclusive DRR. However, there are **some investments** made **from the international community**. For example, CBM is advocating for inclusion of persons with disabilities in DRR and building capacities of humanitarian actors in inclusive humanitarian action. CBM applies the twin-track approach, particularly through its community-based inclusive development initiatives aimed at increasing resilience of persons with disabilities.

In a few local areas of **Uganda**, some persons with disabilities and their family members have been trained on disability-inclusive DRR, particularly as part of **DiDRR projects implemented by NUDIPU** (e.g., in Kasese, Bududa, and Isingiro), National Union of Women

¹⁶ Disclaimer: when mentioning the government of Myanmar, the study refers to the one before the coup of February 2021.

with Disabilities of Uganda (NUWODU) in Kasese, and Uganda National Action on Physical Disability (UNAPD) in West Nile. However, this is a small area compared to the number of districts that are highly exposed to disaster risks.

There were **several DiDRR trainings** organized with the support of MI **for the authorities and community leaders** at sub-county and district levels, which are reported to have **positively impacted** how the districts are operating. For instance, after the training, one of the District Disaster Management Committees changed the targeting criteria with a deliberate action on inclusion of persons with disabilities. As for **national and district level investments**, DiDRR does **not receive sufficient priority** and the **budget** allocated for this purpose is **limited**. NUPIDU advocates with the government to increase budget allocations for disability inclusion, especially at district level.

The recent disasters in **Zimbabwe** have triggered the government to prioritize increasing risk reduction instead of the reactive action, which has been a common practice. However, the country has been facing challenges in funding the DRR Bill.

One of the main barriers preventing the effective implementation of DiDRR in Zimbabwe is **limited resources**. This limits the ability to develop accessible information and early warning systems, and train Disaster Management Committees from national to sub-national levels on mainstreaming disability in early warning systems and actions. **Local authorities also do not consider** disability inclusion **in their annual budgets** due to the **lack of awareness** and **competing priorities**.

Accessibility

The study revealed that dominant progress is made in provision of accessible risk information and infrastructure across most of the countries, though gaps still remain.

In **Niger**, there is **poor provision of accessibility** for persons with disabilities for general purpose, including accessibility of facilities and critical public infrastructure, let alone for disaster response purposes.

In **Uganda**, despite some positive trends in physical accessibility (e.g., installation of ramps, etc.), general buildings and **critical public infrastructure** (e.g., emergency shelters and related infrastructure, including WASH facilities, roads) **remain largely inaccessible**. Current **construction regulations do not include provisions for accessibility** and often the authorities are **not aware** about the **need to adapt the environment** to meet accessibility requirements.

In **Zimbabwe**, **despite emphasis** on providing **accessibility in disaster situations** for persons with disabilities **regulated by the national legislative framework**, there is a **limited evidence** of this in practice (e.g., there is a lack of accessibility of early warning systems and evacuation centers).

A critical barrier to providing appropriate accessibility measures relates to the **lack of accurate data** disaggregated by disability. Some **restrictions in donor funding policies or government programmes** and **budget planning systems** have also hampered accessibility. For example, funding needed to construct accessible housing and facilities is often seen as against the 'value for money' principle (e.g., in case of **Myanmar**).

Furthermore, **decision-makers** at national and local levels **and communities** still tend to **view accessibility an issue only for persons with disabilities**, rather than consider how everyone in the community can benefit from improved access. The study highlighted a need for continuous dialogue with the key stakeholders focused on awareness raising.

Improvements in accessibility have been notable in **Bangladesh**. This includes constructing accessible housing (e.g., flood resistant model houses), accessible shelters, evacuation routes, early warning systems, and accessible boats for rescue and evacuation, as well as incorporating assistive devices in volunteer equipment schedules and equipment. Currently, accessibility measures mainly **target persons with physical disabilities**, while **others**, including persons with invisible disabilities **are often disregarded**.

In **Colombia**, one of the priorities for disability-inclusive DRR relates to accessibility. For example, the **web pages on risk management** have been revised to include **accessible content, documents are generated in accessible formats**, and trainings are provided for information and web content accessibility. One of the plans of the National Unit for Disaster Risks Management (UNGRD, acronym in Spanish) is to develop **inclusive disaster risk management module** in accessible formats that would be **included in training plans**. A **diploma in inclusive disaster risk management** was created and a prototype of alarms was made considering the full diversity of disability.

In **Indonesia**, there are some practices of providing accessibility for persons with disabilities by the government and I/NGOs, initiated in consultation with OPDs. However, while the government has adopted several regulations regarding accessibility, **provision of accessibility** remains limited and is **yet to be adopted as standard practice**.

Box 7. Examples of collaborative partnerships for accessibility from Bangladesh and Indonesia

The Centre for Disability in Development (CDD) has a consultative role in supporting the government of **Bangladesh** in developing accessible infrastructure. For instance, the government has built 60 **accessible boats** with 8 being transferred to **flood prone districts**. The first multipurpose accessible rescue boat was designed and piloted by CDD in Gaibandha (one of the flood-prone areas of the country). Based on the positive experience of the pilot, CDD provided the design and the MoDMR contracted the Bangladesh Navy Dockyard to replicate and construct additional boats.

In Central Sulawesi in **Indonesia**, ASB worked with community committees and OPDs to design and construct **accessible WASH facilities**. These committees and OPDs were **trained on accessible construction** and were **involved in monitoring and quality control** of the construction of facilities, which positively contributed to the quality of accessibility and level of local ownership of the initiative.

CBM supported incorporation of the **technical specifications for accessibility in local government regulations** in Central Sulawesi in **Indonesia**. Construction of temporary houses now meet the Universal Design principles considering specific requirements of persons with disabilities (e.g., construction of ramps for the houses, regulated door sizes, access to clean water models, etc.).

Another innovative example is the YEU IDEAKSI programme in **Indonesia**, where one of the partners developed an **early warning device** utilizing a simple technology which can also be used for street lighting at night. The early warning system considers the full diversity of

disability by providing **different means of warning dissemination** (e.g., using sound for persons who are blind and light for persons with hearing difficulties).

In **Nicaragua**, increasing efforts are being made to ensure accessibility of information and early warning systems as per the policies and guiding instruments that govern risk management. These policies and implementation mechanisms have been developed with the contribution of persons with disabilities themselves.

Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation, and reconstruction

Meaningful participation of persons with disabilities and their representative organizations in DRR

Despite number of supportive policies, the study revealed that **participation** of persons with disabilities in DRR **remains limited**. Key challenges preventing meaningful participation of persons with disabilities relate to **societal barriers**, especially **towards women with disabilities** preventing their active participation in DRR. This is exacerbated by prevailing attitudes perceiving persons with disabilities as **passive recipients** of aid **instead of contributors to DRR**. **Participation** of persons with disabilities and their representative organizations as DRR stakeholders **seems to be a new concept**. It is **challenging** for a number of actors **to work** with persons with disabilities and OPDs **due to the lack of awareness** on how to **identify or engage** with them, particularly at local level.

One of the **greatest barriers** to meaningful participation remains the **readiness** and **capacity** of persons with disabilities or OPDs. This is particularly critical at local levels, where persons with disabilities often lack confidence, resources, and access to essential services and information. The study findings indicate that **policy and legal frameworks need to be more explicit on the requirement for meaningful engagement** of persons with disabilities in DRR, as well as **monitoring disability inclusion**. Key DRR actors **need to better identify the key barriers** preventing persons with disabilities from effective participation in various contexts and **design tailored activities** to address the identified barriers accordingly (e.g., addressing accessibility by providing persons with disabilities with assistive devices and any other support requirements, so that they are able to physically participate or access the essential services).

In **Columbia**, persons with disabilities have only recently started to engage in development of DRR-related guidelines and other initiatives. This participation seems to be higher at the international level compared to the national level. At the **local level, OPD participation** is complicated due to the **lack of accessibility** and **awareness** on disability issues among many coordination entities.

In **Bangladesh**, there is an **increasing awareness** of and **commitment** to inclusion of persons with disabilities in all phases of disaster risk management. Positive examples include **collection of disability data by OPDs** in their catchment areas following recent disasters and sharing data with the government for inclusive disaster response, collaboration of OPDs with the Department of Public Health Engineering on an inclusive WASH programme, and the **development of a training curriculum** for volunteers and responders **in consultation with OPDs**. CDD has also been working to enhance the direct

representation and participation of persons with disabilities in community-based disaster risk reduction, especially at local levels.

In **Indonesia**, there has been a **notable increase in OPD participation in national coordination** initiatives of DRR and humanitarian actors. Online and remote activities have enabled OPD participation in national events, whereas previously they could not do so due to accessibility issues. While there are **varying levels of participation**, OPDs have been **widely capacitated on DiDRR** across the West, Central, and East areas of Indonesia. This has been enabled by **supporting policies and investments** at national and local levels. Awareness of the importance of the involvement of persons with disabilities in DRR by local actors is lower than that of national actors, which is likely due to **limited access to information and communication**.

In Myanmar, the adoption of the Sendai Framework marked a turning point in acknowledging the importance of including persons with disabilities in DRR. However, these initiatives often remain on paper, and **participation** of persons with disabilities continues to be **passive**, rather than active. The study findings indicate that creating space for meaningful participation would require addressing a number of **institutional, attitudinal, and environmental barriers**.

In **Niger**, with the exception of the involvement of the Federation of Persons with Disabilities of Niger (FNPH, acronym in French) in the **National DRR Platform**, there are **no other reports of meaningful participation** of persons with disabilities in DRR. **OPDs are often dispersed** and have **weak structures** that prevent them from effective participation. Persons with disabilities are **rarely represented at local level** as part of the local structures or decision-making bodies. Where they are represented, their opinion is usually not considered.

In **Uganda**, there is evidence of some laws and **regulations promoting the participation of persons with disabilities in decision-making** for policy development processes. This is also evident with the **representation** of persons with disabilities **in the National Parliament**, as well as the **National Platform for DRR** and in **DRR committees in some local areas**, especially where MI projects are implemented in partnership with OPDs.

Box 8. Good practices of OPD participation in DRR initiatives in Nicaragua and Uganda

In **Nicaragua**, persons with disabilities have **participated in DRR-related decision-making** since 2017. This includes the **development of the content of instruments** and actions that the National System for Disaster Prevention, Mitigation, and Attention (SINAPRED, acronym in Spanish) implements, such as the **State programmes and plans** aimed at strengthening preventive and response capacity for disasters or emergency situations. The Federation of Associations of Persons with Disabilities (FECONORI, acronym in Spanish) coordinates with various institutions to create a culture of inclusive risk management by promoting disability-inclusive family emergency response planning.

In **Uganda**, the **design of inclusive programmes** usually includes **inclusive focus group meetings** in which persons with disabilities, public institutions, and community leaders converge. This helps ensure that decisions and actions are not limited to the institution at the national level, but rather materialize in each community at the local level. **Institutionalizing** this practice across the nation will contribute to more fully considering the diversity of disability, which is not yet always present in these initiatives.

Despite an emerging role of OPDs in **Zimbabwe**, their **participation** in DRR forums continues to happen **on an ad-hoc basis** and is mainly **driven and supported** by CBM. Persons with disabilities **at the community level** are usually **unable to participate** in DRR-related meetings or contribute meaningfully to decision-making that affects their lives. This is **often due** to the **poverty-disability cycle**, as most committee membership requires a certain **level of literacy**. Given that most persons with disabilities have not had sufficient educational opportunities, they are generally looked down upon and do not make it into these committees.

Leadership of persons with disabilities in DRR

Despite some references to the leadership of persons with disabilities in the strategic documents on DRR, the study has found **only very limited examples** of the **leadership** promoted in practice across the eight countries.

In **Bangladesh**, Kajol Rekha is an example of a champion from the disability community who has been involved in DRR leadership. She and a few other persons with disabilities have been capacitated and involved in advocacy at local, national, and international levels. Despite the advanced level of DiDRR in the country, it is still rare for OPDs to develop and lead their own initiatives, instead of their role being limited to participation. It remains unclear to what extent Kajol Rekha and her peers have managed to do so.

Box 9. Emerging leadership of OPDs in DiDRR in Indonesia

In Indonesia, OPD leadership in disability-inclusive disaster risk reduction is an emerging practice. Implementation in the country demonstrates that persons with disabilities **can self-initiate** and **manage** DiDRR programmes **when** they have **access to funding**, are **equipped** with the right **knowledge** and **skills**, and are supported or are working in collaboration with DRR stakeholders. Promoting this practiced widely as a learning can contribute to meaningful engagement and leadership of OPDs in DiDRR in accordance with the Sendai Framework.

In **Zimbabwe**, persons with disabilities were not traditionally involved in DRR, especially at the decision-making level (e.g., in the committees responsible for DRR planning). Recent **recurrent disasters have created opportunities** for inclusion and an emerging leadership of persons with disabilities in DRR. For example, OPDs **participate in the Ward Development Committees**, particularly in **areas affected by the recent humanitarian crises** (e.g., Cyclone Idai), where they are now able to influence local-level planning and decision-making. The Zimbabwe Association of the Visually Handicapped (ZAVH) has trained the Civil Protection Unit in Mwenezi and Chivi Districts in collaboration with CBM on disability-inclusive DRR, including on accessible early warning systems. There is **also an increase in national associations**, i.e., consortiums of OPDs, presenting an opportunity for involvement of persons with disabilities in decision-making and influencing DRR-related policy-making and practice.

Inclusive partnerships

The study identified **several** countries with **good examples of collaborative partnerships** between the key DRR stakeholders, including governments, I/NGOs, OPDs, and academia for disability-inclusive disaster risk reduction. With few exceptions, these good practice

examples tend to be **ad-hoc or reactive**, rather than a common practice, and are often the **result of a dedicated action** of individuals or specific organizations, **instead of being institutionalized** as part of the official systems and multi-stakeholder coordination mechanisms for disaster risk reduction.

Box 10. Disability-inclusive Disaster Risk Management Task Force in Bangladesh

In 2015, the Ministry of Disaster Management and Relief (MoDMR) established a National Task Force in **Bangladesh** to initiate, implement, and monitor national disability-inclusive disaster risk management initiatives. The mechanism is reported to be **participatory and inclusive** of key DRR stakeholders, including I/NGOs which support government initiatives on disability inclusion. These organizations are also members of the task force, and often bring the voices from persons with disabilities from the field, sharing their problems and perspectives. The task force trained volunteers and first responders from both government and NGOs in disability-inclusive disaster risk management as well as Crisis Preparedness and Management for Mental Health and is planning a series of activities for a holistic approach to disability inclusion in DRR. The Task Force **could be utilized as an alternative** for a **multi-stakeholder coordination mechanism** for disability-inclusive DRR, that can also **promote and strengthen the direct representation and meaningful participation** of persons with disabilities themselves in the initiatives of the National Task Force.

In **Myanmar**, collaboration between the government and the international community for DiDRR is usually **project-based** and **contingent upon donor funding**.

In Indonesia, the **DRR Forum in Yogyakarta and Central Java** is a good example of **multi-stakeholder collaborative mechanism**. While there is evidence in some local areas that OPDs are represented in the forum, their **involvement depends on** their level of **capacity**. Efforts to ensure inclusive DRR are not evenly distributed among all practitioners, academics, and the government itself in the country. The study findings indicate that more inclusive, multi-stakeholder partnerships are needed to advance DiDRR to the next level, particularly highlighting the capacity, role, and resources of local actors. DiDRR activities **should focus on leadership of persons with disabilities** and must be **designed in partnership** with persons with disabilities themselves and their representative organizations.

Box 11. Inclusive partnerships and coordination for disability-inclusive DRR in Colombia

The study found positive examples of partnerships for supporting the implementation of disability-inclusive DRR in **Colombia**. For example, MI and HI implemented projects in partnership with the government that have contributed to the **increased commitment to inclusion** of persons with disabilities in disaster risk reduction. These organizations have also provided resources (e.g., guidelines and tools) to support the implementation of disability-inclusive DRR and have **capacitated OPDs in playing an active role** in disaster risk reduction and risk management.

Recently, the Presidential **Council for the Participation of Persons with Disabilities** was created and a process of coordination with other government entities has started to guide the DRR implementation considering disability inclusion.

The National Board for Community Strengthening under the National Unit for Disaster Risk Management (UNGRD, acronym in Spanish) represents a coordination space directed by UNGRD within which each stakeholder can contribute to disaster risk management. For example, HI has shared its project experience and documents on disability-inclusive DRR, the Colombian Red Cross has contributed with their experience at the community and

municipal level, and the University of Manizales has supported the pedagogical issue from its experience with the Psychosocial Observatory on Disaster Risk Management.

In **Nicaragua**, the **international community** and different stakeholders, including OPDs, have **contributed greatly to the advancement of the DiDRR** agenda. This has positively impacted development of the content of official government documents and guides related to DRR from a disability inclusion lens. OPDs have working agreements with various state institutions to promote actions in risk management with an inclusive approach. Private sector entities also participate in different disaster risk management exercises. Participation from all sectors and actors of society seem to be promoted, including religious institutions, banks, etc.

In Uganda, there are positive examples of collaboration between OPDs, the national Red Cross, and government agencies to deliver training on disability-inclusive DRR to disaster management personnel. Collaborative **partnerships remain limited** primarily due to the **lack of funding** for disability inclusion, which creates **competition among key actors**. While the **National DRR Platform** includes I/NGOs and other development partners, there is **limited participation by OPDs** (apart from the umbrella OPD). **Efforts are not always well coordinated** and there appears to be **no clear leadership** in bringing these actors together.

In **Zimbabwe**, the vibrant civil society and active I/NGO community that often work in collaborative partnerships that greatly contribute to making desired changes. This has been evident with the promotion of inclusion of “vulnerable” groups such as child headed households and older people in humanitarian response, the development of accessible early warning systems in certain localities, etc. Drawing on the lessons from gender inclusion efforts in the country, which has been a slow process and considered a ‘women’s issue’ at the beginning, there is **a need for OPDs to engage more** with mainstream organizations **so that disability inclusion becomes a shared agenda**.

Recommendations

The findings from the study on disability-inclusive DRR policy and practice across the eight countries of Africa, Asia, and South/Central America point to the need for urgent, collective action to reduce disaster and climate change related risks and their disproportionate impact on persons with disabilities.

This should be done through the accelerated implementation of the Sendai Framework in adherence with its Guiding Principles, as well as implementation of [Article 11](#) of the UN Convention on the Rights of Persons with Disabilities (CRPD).

While doing so, an intersectional lens should be applied across the four priority areas of the Sendai Framework, by avoiding categorizing social groups by single characteristics and recognizing how socio-economic identities such as gender, wealth, sexual orientation, age, education, ethnicity, disability, and other factors produce inequalities and exclusion in DRR.

Most importantly, persons with disabilities and their representative organizations, including women-led organizations, should be at the forefront of designing and evaluating DRR and humanitarian initiatives. These groups should be actively sought out and engaged across these different areas of policy and action.

Priority 1: Understanding disaster risk

- ❖ **Raise awareness and improve the understanding of disability inclusion and disaster risk reduction among all relevant stakeholders.**

Disaggregated data

1. Improve understanding of the root causes of disaster risks and the unequal distribution of disaster impacts on most at-risk groups through **systematic data disaggregation** by sex, age, and disability (SADDD) as part of **national information systems** related to disaster risk reduction and risk management and strengthened capacities for qualitative analysis.
2. Streamline SADDD collection through **centralized and unified monitoring platforms** and enhance capacities for applying an inclusive lens in data analysis to support evidence-based policy-making and programming, and to evaluate progress towards disability inclusion in DRR.
3. Ensure **cross-sectoral coordination** for data collection and sharing among key government institutions responsible for disaster risk management, social affairs/disability inclusion, and national statistics, as well as OPDs and I/NGOs.
4. Ensure **methodological consistency** in disaggregated data collection to inform DRR and humanitarian/recovery programming **using a functioning approach**¹⁷ (i.e., by adopting the [Washington Group Questions](#)) together with appropriate **tools and capacity development** of key stakeholders, including government staff and representatives of OPDs and I/NGOs. Appoint a **focal point** to ensure consistent methodologies for data collection and analysis.

¹⁷ A functioning approach to disability is less concerned with categorizations and instead focuses on what a person is able to do in their lived environment. Understanding disability from a functioning perspective is directly relevant to DRR as it enables the disproportionate risk that persons with disabilities face to be readily identified and directly acted upon (Robinson A., Kani S. Disability-inclusive DRR: Information, risk and practical action in Shaw R & Izumi (2014))

5. Develop a **unified database on disability data** (i.e., through national population censuses and surveys) and update it regularly with active involvement of OPDs.
6. Establish a **data registry** on persons with disabilities **at community level** and **improve capacities for qualitative analysis** including consideration of socio-economic factors, barriers to participation and access to services, and capacities of persons with disabilities to inform DRR planning. **Local leaders** should **spearhead** the collection of accurate data **working closely with OPDs**, where available.

Inclusive risk assessment and planning

1. Integrate **disability, gender, and age analysis** as part of **risk assessment and planning**, including in climate and disaster risk assessments, humanitarian needs assessments, and damage and loss assessments and databases.
2. Collect **qualitative data** to **inform inclusive planning** and address barriers faced by persons with disabilities that prevent them from participating in DRR initiatives or accessing humanitarian aid on an equal basis with others.
3. **Work directly** with persons with disabilities, and their representative organizations to ensure an **inclusive approach to risk assessment and planning by introducing tools**, such as the design checklist/tip sheet for ensuring engagement with persons with disabilities, and **consideration of their specific requirements** when preparing DRR-related policies and implementation plans.
4. Include a **provision** for meaningful **participation** of persons with disabilities and their representative organizations **in all phases of disaster risk management** from decision making, planning, and design to implementation, monitoring, and evaluation.

Inclusive risk communication

1. Ensure risk information, including early warning, alert systems, and crisis communication is **fully accessible, inclusive of the diversity of disability**, and available in local languages, as well as sign language. (Art. [9](#), [11](#) and [21](#), CRPD).
2. **Collaborate with OPDs** to ensure the accessibility of risk information and communication.

Priority 2: Strengthening disaster risk governance to manage disaster risk

- ❖ **Establish effective governance mechanisms and institutionalize cross-sectoral coordination between all stakeholders for disability-inclusive disaster risk reduction and risk management.**

Supportive governance

1. Ensure **all DRR-related policies**, strategic frameworks, and plans of action are **more inclusive, consider intersectionality**, and **follow a rights-based approach** acknowledging persons with disabilities and their representative organizations as contributing actors to DRR.
2. Ensure **all disability-related policies**, strategies, and action plans consider **protection and safety of all persons with disabilities** in situations of risk and humanitarian crises in line with Article 11 of the CRPD.
3. Designate **focal points** for disability within the government units responsible for disaster risk management and invest in their **capacity building in collaboration with OPDs and I/NGOs**.
4. Ensure **all governance** and decision-making bodies' **measures** towards protection and safety nets **are fully inclusive** of all persons with disabilities, including women

and older persons with disabilities, and that these are **developed collaboratively with all relevant stakeholders** including OPDs (Art. 11 and 4.3, CRPD).

5. Initiate **multi-stakeholder collaboration** activities for disability-inclusive disaster risk management focused on government and OPD **capacity sharing** and **empowerment to contribute to sustainability** of disability-inclusive disaster risk reduction and risk management initiatives.
6. Develop a **sustainable strategy** and **formal mechanism** for inclusion of OPDs in DRR-related policy and practice to ensure that decisions are not made on behalf of persons with disabilities, but rather the persons with disabilities themselves are provided with **opportunities to advise on disability inclusion** in DRR.

Direct representation of persons with disabilities in DRR mechanisms

1. **Introduce provisions** requiring **direct representation** and meaningful participation of persons with disabilities in **disaster risk governance** and related **coordination mechanisms** i.e., National Platforms for DRR and the Humanitarian Cluster System (Art. 4.3, CRPD).
2. Ensure active **participation** of OPDs in **planning** and **budget development** to aid in the consideration of specific priorities and requirements of persons with disabilities.
3. **Institutionalize multi-stakeholder cooperation** for inclusive disaster risk management at all levels, including government, OPDs, I/NGOs, and CSOs (with on-the-ground knowledge), and public and private sector actors.
4. Ensure coordination mechanisms and/or platforms at national and local levels, with stakeholder engagement that **actively seeks inputs** from persons with disabilities and their representative organizations, and measures for diversifying participation **go beyond procedural requirement** or counting numbers of target participants. An important first step towards promoting meaningful participation is to have a thorough understanding of the complex needs and experiences of the diverse groups.
5. **Address** existing **challenges within the sociocultural ecosystems** in which OPDs operate and **invest in capacity building** and **institutional strengthening** of OPDs to take on new roles as contributing DRR actors.

Priority 3: Investing in disaster risk reduction for resilience

- ❖ **Ensure systematic resource allocation to build capacities, institutions, and mechanisms for mainstreaming disability inclusion in DRR.**

Investments in disability-inclusive DRR

1. Make DiDRR a shared agenda and apply a **twin-track approach** to DRR by mainstreaming disability inclusion as part of the existing initiatives and budgets (**disability-inclusive track**), in addition to supporting targeted initiatives (e.g., capacity development and individualized support) to ensure empowerment and participation of persons with disabilities in DRR (**disability-specific track**).
2. **Internalize** and mainstream disability inclusion in the **organizational policies** and **annual planning** and **budgeting** of both governmental and non-governmental agencies to embed sustainability in the design of all new initiatives instead of one-off, project-specific actions.
3. **Secure resources** for inclusive DRR through proactive budgeting and **long-term planning** and **investments** in building capacities of relevant staff to understand the root causes of vulnerability to disasters and develop competencies for more inclusive

DRR, specifically involving experts from OPDs as a 'cross learning' concept (Art. [9](#), [19](#), [20](#), [21](#) and [29](#), CRPD).

4. Adopt **disability-inclusive budgeting** across **key ministries** and encourage mainstreaming disability inclusion in DRR through the national human rights mechanisms.
5. Include considerations for addressing the specific requirements of persons with disabilities, including women with disabilities, in leveraging investments for disaster risk management, and ensure **all investment strategies** and their end results are **fully accessible to and inclusive of all of society**.
6. Invest in **sustainable capacity building** of OPDs in disaster risk management to foster more effective participation based on equal partnerships.
7. Establish national **monitoring and evaluation** mechanisms to ensure **adequate resourcing and implementation** of inclusive DRR.
8. **Increase donor engagement** on disability inclusion to embed disability inclusion (including budget allocation for reasonable accommodation and accessibility) across the broader DRR/humanitarian programme cycle.
9. Provide **funding opportunities** for I/NGOs and OPDs to collaborate or work together to initiate and self-organise disability-inclusive DRR projects.

Accessibility

1. Ensure **budgeting for reasonable accommodation** to facilitate effective participation in disaster risk reduction, humanitarian response, and recovery initiatives in individual situations where required.
2. Invest in **critical infrastructure** (e.g., schools, hospitals, and shelters, etc.) ensuring that it is **fully accessible** and **designed following** relevant national guidelines and incorporating **the principles of [Universal Design](#)**.

Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation, and reconstruction

- ❖ **Institutionalize commitments to disability-inclusive DRR by supporting meaningful participation and leadership of persons with disabilities and investing in inclusive partnerships.**

Meaningful participation of persons with disabilities and their representative organizations in DRR

1. Develop **specific provisions** and provide space for **meaningful participation** of OPDs **in all phases of disaster risk management**, including risk reduction, prevention, preparedness, response, and recovery from decision-making to implementation, monitoring, and evaluation (Art. [11](#) and [4.3](#), CRPD).
2. Increase **participation** of persons with **disabilities in disaster risk governance** mechanisms **at national and local levels**, including engagement in the community disaster risk management committees, National DRR Platform, and the Humanitarian Cluster System.
3. Engage OPDs as **resource persons** and mentor-trainers in all phases of disaster risk management capitalizing on the fact that OPDs, especially at local level, have good understanding of the needs and capacities of persons with disabilities living locally, and they can contribute meaningfully to data collection, design, and DRR-related initiatives.

4. Assess **barriers to participation** to identify catalysts for change and **raise awareness** among communities, DRR practitioners, and other key stakeholders on disability inclusion **targeted at addressing specific attitudinal barriers** that prevent meaningful participation of persons with disabilities in DRR.

Leadership of persons with disabilities in DRR

1. Introduce **specific measures** to ensure **disability inclusion** and **gender-equity** promoting leadership of persons with disabilities, including women with disabilities, in all areas of disaster risk management in line with the Sendai Framework.
2. Strengthen **institutional capacities** of OPDs at national and local levels, and equip them with tools to effectively **initiate, contribute to, and lead** DRR-related initiatives.
3. Document, share widely, and replicate **successful models** demonstrating the leadership of persons with disabilities in DRR.

Inclusive partnerships

1. Promote **cross-exchange** and dissemination of knowledge, expertise, and technical resources between DRR actors and OPDs to strengthen OPD capacities as well as leverage their resources in DRR and humanitarian response and recovery.
2. Develop a **database of OPDs** at national, provincial, and district levels to provide information to the government and I/NGOs wishing **to form partnerships with OPDs**. This should include capacity assessment of OPDs in relation to disaster risk management, followed by appropriate planning for enhancing OPDs capacity for meaningful involvement. Capacity enhancement should consider that OPDs in disaster prone areas need to be equipped with knowledge and skills in DRR and be provided with opportunities to be involved in mainstream DRR mechanisms.
3. Ensure **humanitarian responses** are **inclusive**, considering specific requirements of all persons with disabilities, including persons with disabilities who are most excluded and face multiple forms of discrimination in line with the [Humanitarian Inclusion Standards](#) for Older People and Persons with Disabilities and the [Inter-Agency Standing Committee \(IASC\) Guidelines](#) on Inclusion of Persons with Disabilities in Humanitarian Action.
4. Ensure **search, rescue, and evacuations** are **inclusive**. Build capacities of early responders on their understanding of disability.

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