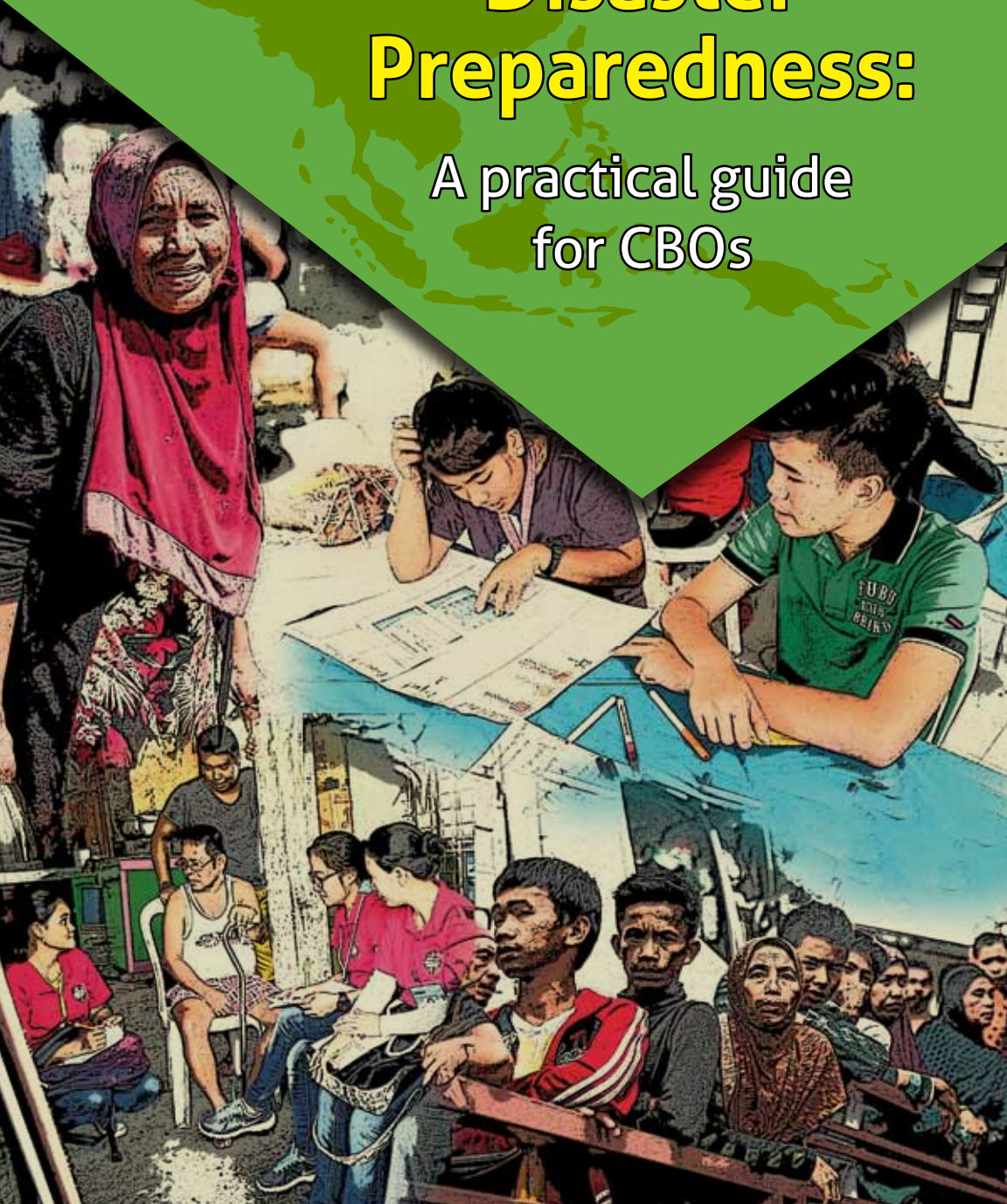


Facilitating Inclusion in Disaster Preparedness:

A practical guide
for CBOs



Facilitating Inclusion in Disaster Preparedness: A practical guide for CBOs



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Contents

List of Acronyms	iii
Preface	v
Acknowledgements	vii
About this Book	viii
Terminologies	ix
Part 1: Principles and practice of inclusion in DRRM and disaster preparedness	1
a. What is inclusion?	2
b. Inclusion in Disaster Risk Reduction	4
c. What is inclusive DRR?	5
d. Making DRR inclusive	7
e. Who should be included?	8
f. The Inclusion Framework and its dimensions	10
Part 2: Dimensions of Inclusive Disaster Preparedness	13
Part 3: Practical tools and strategies in inclusive disaster preparedness	22
a. Hazard vulnerability and capacity assessment	24
b. Early warning system	29
c. Emergency preparedness	35
Conclusion	44
References	46
Writershop Participants	47
Annexes	51



List of Acronyms

ADRA	Adventist Development and Relief Agency International
CBDRR	Community-based Disaster Risk Reduction
CBOs	Community-based Organizations
CCA	Climate Change Adaptation
CEDAW	Convention on the Elimination of All Forms of Discrimination on Women
CERT	Community Emergency Rescue Team
CoL	Community of Learning
CoP	Community of Practice
DRR	Disaster Risk Reduction
DRRM	Disaster Risk Reduction Management
EWS	Early Warning System
HVCA	Hazard Vulnerability and Capacity Assessment
IEC	Information Education and Communication
IIRR	International Institute of Rural Reconstruction
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
NGOs	Non-Government Organizations
PDRA	Participatory Disaster Risk Assessment
PWDs	Persons With Disabilities
SDGs	Sustainable Development Goals
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNISDR	United Nations International Strategy for Disaster Reduction
VA	Vulnerability Assessment
WASH	Waster, Sanitation and Hygiene
WEAVERS	Women Enablers Advocates and Volunteers for Empowering and Responsive Solutions
WHO	World Health Organization

An inclusive approach to disaster preparedness saves lives. Inclusion engenders community resilience and promotes equity and human rights.

But in reality, certain groups of people are often left out due to their inherent characteristics such as age, disability, gender, religion, and social status. As a result, these people become more vulnerable to disasters. In disaster preparedness, the participation of women, children, older people, persons with disabilities (PWDs), and other minority groups and sectors is important because they are the most vulnerable against disasters. Inclusive disaster preparedness provides technical and logical frameworks that assimilate the most vulnerable sectors in a community and enhances their capacity against future disasters.

Give2Asia and the International Institute of Rural Reconstruction (IIRR) are implementing a two-year program called “NGO Disaster Preparedness Program Phase II: Deepening Disaster Resilience”, a follow-on to the initial grant program that started in 2014. The current program builds on the experiences of the Phase I program and further expands the network of community-based nonprofits in Asia, as well as international donors, focused on disaster preparedness. The program includes preparedness, capacity building, and partnership development aimed at: 1) creating a network to connect Community-based Organizations (CBOs) in South and Southeast Asia; 2) learning from and sharing information on best practices with peer organizations in the region; and 3) building an educated donor network that is engaged and understands how to support community-based disaster preparedness efforts.

This program works closely with local Non-Governmental Organizations (NGOs) (called Community of Practice (CoP) Members) in eight countries in Asia: Bangladesh, India, Indonesia, Myanmar, Nepal, Philippines, Timor Leste, and Vietnam.

To build the capacity of CoP members on inclusive Disaster Risk Reduction (DRR), this guidebook on Facilitating Inclusion in Disaster Preparedness: A Practical Guide for CBOs was produced. This guidebook aims to:

1. Enable partner CBOs to delve into strategic planning, approaches and tools on Inclusive DRR;
2. Provide alternative learning avenues for sectors to shift paradigm: from looking at excluded groups as “the recipient, or an object” into a more equitable gender-fair and humane categorization, such as intervenors or pro-actors;
3. Provide samples of standard platforms and protocols on inclusive disaster risk assessment, structural framework, gender-mainstreaming and paralegal support systems; and
4. Develop a community of learning (COL) in sharing inclusion on rights, advocacy, livelihoods, and entitlements.

IIRR and Give2Asia hope that this guidebook will help CBOs in Asia make their disaster preparedness programs more inclusive and sensitive to the needs of vulnerable groups in communities.



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We also acknowledge the IIRR-Regional Center for Asia team for organizing and facilitating the Writeshop and the publication of this book.



About this book

The target users of this book are community-based organizations and national non-profit organizations in Asia. It features easy to understand language and offers practical tools and steps on how to facilitate inclusive disaster preparedness programs. The guidebook is divided into three parts:

Part 1: Principles and practice of inclusion in Disaster Risk Reduction Management (DRRM) and disaster preparedness

Part 2: Dimensions of inclusive disaster preparedness

Part 3: Practical tools and strategies in inclusive disaster preparedness

We hope that you will find the contents of this guidebook useful and practical enough to provide concrete ideas on how to develop inclusive disaster preparedness programs. Please do not hesitate to contact us on how we can improve the guidebook. With limited resources available, this book is only available in electronic form and can be downloaded online. With your inputs and feedback, we will improve this guidebook and hopefully will be printed and translated into various Asian languages in the future.



Terminologies

Coping Capacity: The ability of people, organizations and systems, using available skills and resources, to face and manage adverse conditions, emergencies or disasters. (UNISDR)

Community-based Disaster Risk Management: A process where at-risk communities are actively engaged in all stages of DRM, in order to reduce their vulnerabilities and enhance their capacities. This means that people are at the heart of decision making and implementation of disaster risk reduction activities, including those who are the most vulnerable (UNISDR)

Contingency planning: A management process that analyses specific potential events or emerging situations that might threaten society or the environment and establishes arrangements in advance to enable timely, effective and appropriate responses to such events and situations (UNISDR)

Disability: Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UNCRPD)

Disaster: A serious disruption to the functioning of a community or society causing widespread human, material, economic or environmental losses which the affected community cannot cope with using its own resources (UNISDR)

Disaster risk: The potential disaster losses, in lives, health status, livelihoods, assets, and services, which could occur to a particular community or a society over some specified future time period (UNISDR)

Disaster Risk Management: The systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies, and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster (UNISDR)

Hazard: A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage (UNISDR)

Impairment: In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function (WHO)

Mitigation: The lessening or limitation of the adverse impacts of hazards and related disasters (UNISDR)

Preparedness: The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from, the impacts of likely, imminent or current hazard events or conditions (UNISDR)

Prevention: The outright avoidance of adverse impacts of hazards and related disasters (UNISDR)

Resilience: The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions (UNISDR)

Response: The provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected (UNISDR)

Risk: The combination of the probability of an event and its negative consequences (UNISDR)

Vulnerability: The characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard (UNISDR)

Part 1:
**Principles and
practice of
inclusion in DRRM
and disaster
preparedness**



What is Inclusion?

Inclusion is a development issue. It is a process that ensures all people are able to participate fully. The process of inclusion is not just about improving access to services. It also involves supporting people – including those who are discriminated and marginalized – to engage in wider processes to ensure that their rights and needs are recognized like in planning and managing service delivery, in decision-making, and in holding duty bearers accountable through citizen's action.



Inclusion should be rights-based. As humans, we can think and articulate our thoughts and we have a sense of right and wrong. In the tenet of human rights, everybody should be treated equally and with dignity. It is the core of our humanity.

The principles of inclusion

- **Inclusion is a right to be included**

Everyone has a right to be included or to belong to a group and participate in society's affairs of life. In the historical stages of society people always strived to be included in a group, kin, ethnic or community because it is where we develop our identity and sense of solidarity.



- **Inclusion is to be useful and productive**

All of us have the power to create the life we want; to take charge or be responsible for our own lives. By being useful and productive, we feel our value and worthiness.



- **Inclusion is respect**

We value and appreciate everyone regardless of race, gender, age, religion, ideology, and social status. When we see every person as being worthy of respect, it means we don't discount anyone.



- **Inclusion is acceptance**

Acceptance is when society recognizes you for who you are. It is the very foundation of respect for every individual – that everyone is unique and different.



- **Inclusion is equality**

Everyone has the right to equal treatment. All have the same rights no matter what their circumstances are. No person should be discriminated because of their race, color, language, sex, religion, political beliefs, national or social origin, birth, or another status.



- **Inclusion is equity**

Equity follows the principle of fairness. It recognizes that people are different and need different support and resources to ensure that their rights are realized. To ensure fairness, measures must be taken to compensate for specific discrimination and disadvantages. At the local level, this means looking at the relative disparities or disadvantages within families and communities, understanding exactly what barriers are faced by disadvantaged people in accessing services, and developing ways to overcome these barriers.



Equity and inclusion are therefore interrelated. In practice, addressing them requires recognition and understanding of the differential needs of individuals and groups; identifying and tackling the root causes of exclusion; promoting and supporting their inclusion in decision-making processes; and identifying and implementing appropriate and sustainable solutions.

Inclusion in Disaster Risk Reduction

Children, PWDs, older people, and women are disproportionately affected by disasters resulting from barriers that cause exclusion in all phases of DRRM. This leads to a higher risk of death, injury, secondary impairments, and all forms of abuse. Mainstreaming inclusive DRR will raise the awareness and understanding of the community on how to prepare for, prevent, mitigate, respond and cope in times of emergencies.



Inclusion is an opportunity for community resilience. A community can only be safe when all its members are able to cope better to avert disasters. Inclusion promotes equity and rights so that everybody is less vulnerable. When it comes to disasters, all individuals and groups are entitled to an equal right to protection and safety. But most of the time, there are groups of people who are left out because of their inherent characteristics such as age, disability, gender, religion, and social status. As a result, more are vulnerable to disasters.

For example, people with disabilities are often left out because our society is not ready to accept them. These barriers leave a negative impact on people with disabilities. They are being labeled as abnormal and their families think disability is a curse. This also results in structural and environmental barriers. Our thought process translates how we do things, such as in policy making. How many local ordinances have our village council



legislated for the protection of people with disability? How about the design of your community's public structures like a school building, health facilities, and evacuation centers? How about the design of programs and services such as education and healthcare?

The lack of support and enabling environment to access these services equate to discrimination. For instance, how can a deaf person access services if there is no sign language interpretation available for various services? How about a person who is mobility-challenged and he/she wants to talk with the village chief but there are no elevators or ramp at the village office? These people do not want to feel they are a burden. For them, to be able to realize their full potentials and contribute to the community, the barriers that disable them must be eliminated. There are lots of persons with disability that are highly functional and talented but the stigma associated with them must be eradicated. For them, these are more disabling than disability itself.

What is inclusive DRR?

Inclusive DRR is a promotion of rights, opportunities, dignity and cultural diversity without leaving anyone behind because of age, gender, disability, ethnicity or income. It is an integrated approach that ensures the full and meaningful participation of all groups and individuals most vulnerable to risks to create a sustainable and resilient community.



According to the guiding principles for Disability-Inclusive Post 2015 DRR Framework, inclusion should “be people-centered and rights-based approach where institutional frameworks and policies reflect and are built on the real experiences, concerns, and solutions of the most at risks section of the population”.

Why is inclusion important in DRR?

Disasters hurt the most vulnerable. Therefore, an inclusive DRR must be designed to reduce the disaster risks faced by the entire population, including often neglected groups such as women, children, elderly people, and PWD.

A resilient community is an inclusive community. We have to see diversity as an asset and recognize that all community members are resourceful and have something to contribute; that disability is never an inability.



In a changing planet where disasters grow in intensity and complexity, community resilience is the ultimate key to survival. A community that is inclusive, has shared common imagination, nurtures new ideas, has a culture of safety and knows the rights of every member, and plans proactively will be resilient to disaster risks.

Age, gender, disability and disasters: A few statistics

- **Children, young people and elderly make up a large proportion of those affected by disasters:**
 - Nepal Floods 1993: Preschool age girls were five times more likely to die than adults.
 - Great East Japan Earthquake 2011: 65 year-olds and above were 56% of those who died and 89 % of post disaster-related deaths corresponded to people aged 65 and above.
 - Post-tsunami Sri Lanka: mortality among children living in evacuation camps was 3-4 times greater than among young adults; mortality of children under five was double for adults over 50; and mortality for female of all ages was double than for males.
- **Disasters usually mean higher mortality for women than for men: The following data shows the percentage of women who were killed:**
 - 59% Bangladesh cyclone in 1991.
 - 55% India earthquake in 1993.
 - 57% Japan earthquake in 1995.
 - 77% North Aceh, Indonesia tsunami in 2004
 - 61% Myanmar cyclone Nargis 2008.
- **People with disabilities are more likely to suffer the effects of disasters:**
 - A Handicap International study finds that 75% of people with disabilities believe they are excluded from humanitarian responses to emergencies like natural disasters and conflict.

- Help Age data from the Philippines says almost two-fifths of people killed by Typhoon Haiyan were over the age of 60 despite the fact that this age group make up on 8% of the general population in the worst-affected area. According to the latest information from the Philippine government's National Disaster Risk Reduction and Management Council, the total number of dead is 5,759. Out of the 381 fatalities whose ages were recorded, 147 people, or 39% were over 60 years of age. During 2011 Japan earthquake and tsunami, research indicates that the fatality rate among people with disabilities (registered with the government) was twice than for the rest of the population.
- A 2013 global survey amongst 5,450 respondents with disabilities from 126 countries illustrates why rates of people with disabilities who are injured or lose their lives are disproportionately high during a disaster: In the event of a sudden disaster, only 20% of respondents could evacuate immediately without difficulty, while the majority would have some level of difficulty or not be able to evacuate at all. If sufficient time was given to evacuate, 38% says they could evacuate without difficulty - still a minority of all respondents. 71% of respondents have no personal preparedness plan. Only 31% have always someone to help them evacuate, while 13% never have anyone to help them. Just 17% of respondents were aware of a disaster management plan in their community, out of which a mere 14% had been consulted on these plans. 50% say that they wish to participate in DRR efforts.

- **During disasters:**

- People with disabilities tend to be invisible in emergency registration systems.
- Lack of awareness is one of the major factors for people with disabilities not to comprehend disaster and its consequences.
- People with disabilities are often excluded from disaster response efforts and affected by changes in terrain resulting from disasters.
- Because of inadequate physical accessibility, or loss or lack of mobility aids or appropriate assistance, people with disabilities are often deprived of rescue and evacuation services, relief access, safe location/adequate shelter, water and sanitation and other services.
- Emotional distress and trauma caused by a crisis situation often has long-term consequences, especially on people with disabilities.

Making DRR inclusive

The statistics in the previous section shows how “individuals and communities are differently impacted by disasters due to gender, disability, age, culture, socio-economic factors, geographical locations, levels of governance, a lack of awareness and lack of communication within society (from youth to older people, women to men, children to adult and vice versa)”.¹ The equal participation of all groups in DRR decisions and addressing the root causes of disasters will help address their underlying vulnerability, and increase their capacities to cope with the effects of natural hazards and facilitate empowerment.

Inclusive DRR is responding to:

- Marginalized groups more likely to suffer from disasters.
- Disasters exacerbating vulnerabilities and social inequalities.
- Vulnerable groups being excluded from DRR decision-making, that makes them even more vulnerable to the impact of disasters.

Inclusive DRR is an effort to reduce vulnerabilities of the most excluded ones and to increase their capacities to reduce the risks. Inclusive DRR also recognizes their rights to participate in DRR activities.

People at risk because of their age, gender and disability have capacities that DRR planners should recognize:

- Young people act as key informants.
- Older people contribute to household security and has accumulated knowledge about disasters, traditional knowledge of natural resources and provision of childcare.
- People with disabilities are best placed to assess their own needs before, during and after disasters.
- Vulnerable groups should be included in DRR as active agents of change to effectively and equitably build resilience.

¹ “The Dhaka Declaration on Disability and Disaster Risk Management,” Dhaka Conference on Disability and Disaster Risk Management, https://www.preventionweb.net/files/47093_dhakadeclaration.pdf, (16 April 2018)

Who should be included?

a) Children

Article 1 of the Convention on the Rights of the Child defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger.

An inclusive DRR innovative approach works towards making children's lives safer and their communities more resilient to disasters. It is empowering for children because it is respectful of their views and rights as well as their vulnerabilities.



A child leader from a public high school in the Philippines discusses their school evacuation plan to parents and students.

b) Persons with disabilities

Persons with disabilities are often excluded from DRR activities. They are at greater risk of violence (up to 4-10 times). Humanitarian response is often inaccessible. The exclusion of Persons with Disabilities has significant economic as well as social costs, caused by losses in productivity and human potential. Persons with disabilities are those with impairment (medical condition) and experience barriers that impede their full development and participation. Disability is not a homogenous experience.

Breaking the Barriers, Stigma and Stereotyping About Persons with Disabilities

Disability is a result of the barriers that hinder their full development. People with disabilities face physical, communication, environment, attitude, cultural and institutional barriers. Environmental barriers include language, information, and the built environment. Some attitude barriers are negative self-image and discrimination. The impairment is not a problem. It is the barriers that need to be addressed. There are practical and strategic responses to these barriers. The provision of a wheelchair and appropriate transportation may be provided to those with difficulty in mobility. Enabling participation, providing training, livelihood, and employment are some strategic responses.

c) Older People

The needs and contributions of older people in DRR are often unrecognized and ignored. Many older people have the difficulty in accessing relief caused by their limited mobility due to chronic illness, isolation and mental deficiency. The following are the most vulnerable groups of older people:

- isolated single people who are frail and with disability
- isolated older couples where one or both partners have a disability
- isolated older people living with young dependents
- older people living with non-supporting family members



d) Women

Women and girls are more vulnerable to increased gender-based violence, loss of livelihood and life in the aftermath of disasters due to their socio-economic situation and existing cultural and traditional beliefs and practices. The differential needs of women and girls and their conditions should be considered in the provision of emergency relief, temporary shelter and in the recovery and rehabilitation. Women participation and leadership is essential in the planning and implementation of DRR interventions.



Depending on the situation of the country and its culture, the participation of other vulnerable sectors who are living in hazard-prone areas in the community, especially those who may be isolated because of their health and cultural conditions, should also be included in DRRM. Examples are indigenous people or minority ethnic groups, people living with HIV/AIDS and LGBTQI (lesbian, gay, bisexual, transgender, queer and intersex).

The Inclusion Framework

UN Conventions

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is an agreement by countries around the world that ensures people with disabilities and people without disabilities are treated equally. Conventions, sometimes called treaties, covenants, international agreements or legal instruments, tell your government what to do to make sure you can enjoy your rights. All adults and children with disabilities, girls and boys alike, are included. The CRPD which contains 50 articles was adopted on 13 December 2006. By 2 April 2008, 20 countries had ratified the Convention, which means that it will enter into force on 3 May 2008.

Article 11 of the UNCRPD requires that States Parties ensure the protection and safety of PWDs at risk in natural disasters, armed conflict and other humanitarian crises. DRR and humanitarian situations and persons with disabilities is an increasing popular theme among Member States and UN agencies as reflected in UN meetings and events (e.g. Conference of States Parties to the CRPD, International Day of People with Disabilities).

Country	Date of Ratification
Bangladesh	November 30, 2007
India	October 1, 2007
Indonesia	November 30, 2011
Myanmar	December 7, 2011
Nepal	May 7, 2010
Philippines	April 15, 2008
Timor-Leste	September 20, 2011
Vietnam	May 5, 2015

* For a complete list of countries that ratified, visit: [website link](#)

UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child (UNCRC) is a legally binding international agreement which sets out the civil, political, economic, social, and cultural rights of children regardless of their abilities, race, and religion. It defines a "child" as a person below 18 years old, unless a particular country's national legislation sets the legal adult age to be younger.

Adopted by the United Nations in November 1989, the UNCRC consists of 54 articles that outline the rights of children and how governments can ensure to uphold all of it. It highlights the children's right to life, education, and be protected from all forms of discrimination, violence, and abuse or exploitation.

Convention on the Elimination of All Forms of Discrimination on Women

The Convention on the Elimination of All Forms of Discrimination on Women (CEDAW) is an international treaty adopted by the UN in 1979 that is considered to be the international bill of rights for women. Consisting of 30 articles, CEDAW defines discrimination against women as "... any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

Governments that ratified this treaty are legally bound to ensure that all its provisions are put into practice, including the elimination of discriminating acts against women that puts them in an unfavorable position because of their sex.

Sustainable Development Goals

When member states commit to the realization of the 2030 Agenda for Sustainable Development, they recognized that the dignity of the individual is fundamental and that the Agenda's goals and targets should be met for all nations, people, and for all segments of society, especially the most vulnerable.

Aligning with the Sendai Framework for Disaster Risk Reduction

The Sendai Framework for Disaster Risk Reduction commits to an "all-of-society engagement and partnership approach." In line with the Framework's Priorities for Action particularly under Priority 4, the Guiding Principles strongly encourage the following in relation to DRR activities:

- Engagement from all society
- Full engagement of all State institutions of an executive and legislative nature at the national and local levels
- Empowerment of local authorities and communities through resources, incentives and decision-making responsibilities as appropriate
- Decision making to be inclusive and informed while using a multi-hazard approach.

Minimum Standards for Age and Disability Inclusion in Humanitarian Action

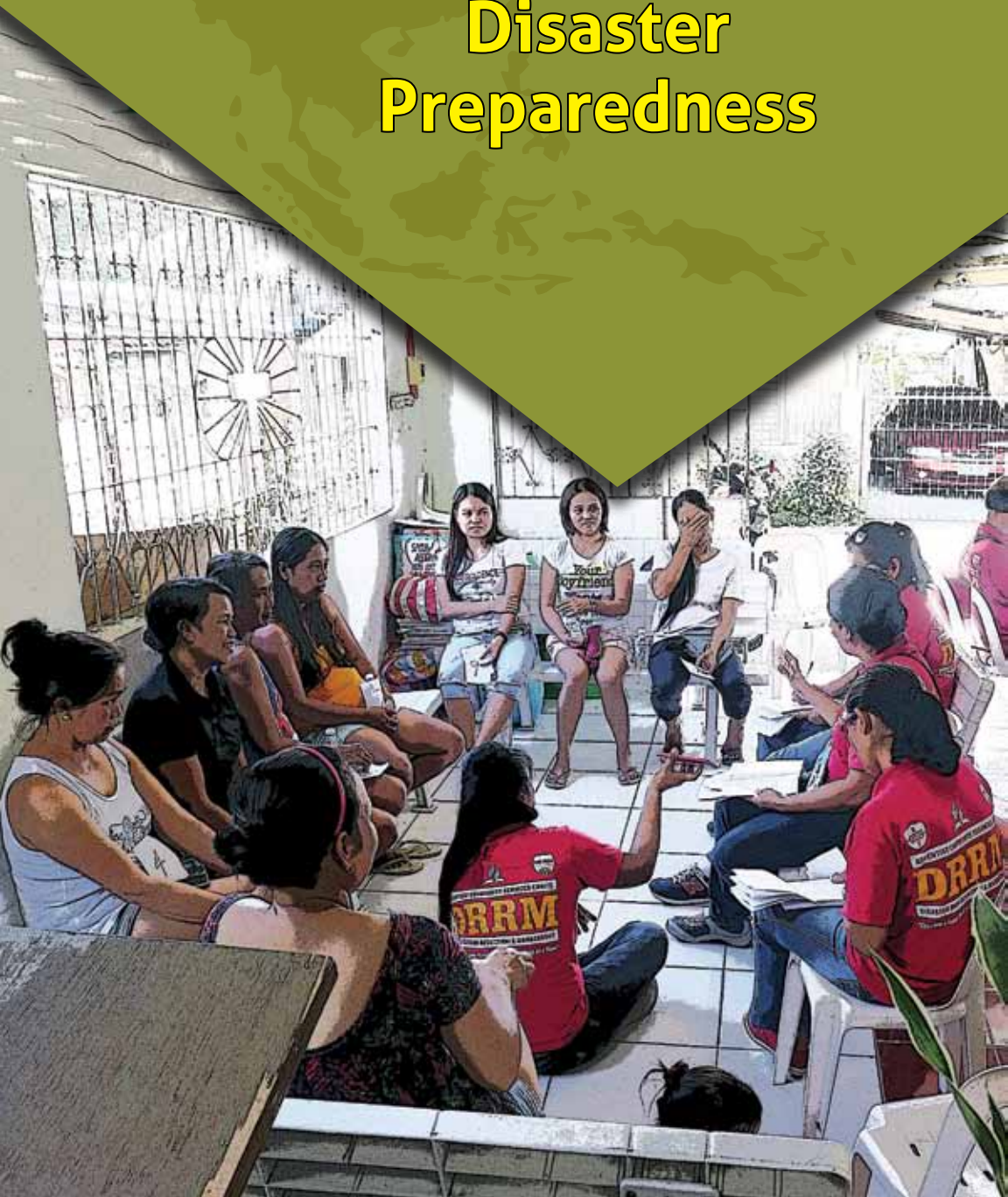
The minimum standards for age and disability inclusion in humanitarian action has been developed for use by all practitioners involved in the humanitarian response, including staff and volunteers of local, national, and international humanitarian agencies, with the expectation that the inclusion of people with disabilities and older people is feasible at every stage of the response and in every sector and context.

Key inclusion standards

The implementation of the standards needs to take into account how disability and age can affect women, men, girls, and boys differently and ensure that people with disabilities and older people receive humanitarian assistance that is responsive to their gender-specific vulnerabilities, needs, and capacities.

1. Across all sectors, people with disabilities and older people affected by a crisis:
2. Are recognized to ensure they receive assistance that is appropriate and relevant to their needs.
3. Have access to the humanitarian assistance they need.
4. Are not negatively affected, and are more prepared, resilient and less at-risk as a result of a humanitarian action.
5. Know their rights and entitlements have access to information, and participate in decisions that affect them on an equal basis with others.
6. Have access to safe and responsive mechanisms to handle complaints on an equal basis with others.
7. Receive and participate in coordinated and complementary assistance on an equal basis with others.
8. Can expect improved assistance and inclusion as organizations learn from experience and reflection.
9. Receive assistance from competent and well-managed staff and volunteers who are skilled and equipped to include them in humanitarian responses, and they have equal opportunities for employment and volunteering in humanitarian organizations

Part 2: Dimensions of Inclusive Disaster Preparedness



Participation

There is inclusion when children, people with disabilities, older people, women and other vulnerable sectors can actively participate in decision making on disaster preparedness; when they are able to express their concerns as a group and can hold institutions accountable.

Recognition of diversity

There is inclusion when disaster preparedness planning and implementation recognize the diversity of people and sectors with different power. There is inclusion when the diversity of risks and disasters are recognized and considered in planning for disaster preparedness and when the barriers of different people are acknowledged and addressed.

Tailored approach

There is inclusion when disaster preparedness strategies are suitable, gender sensitive and appropriately respond to challenges. The strategies should also be adaptable to different contexts.



Challenges in inclusive disaster preparedness

Common experience reveals that the “most vulnerable” are more likely to be left behind or abandoned during disasters and conflicts due to lack of preparation and planning, as well as inaccessible facilities, services, and transportation systems. Not everybody is good at everything – whether they have an impairment or not.

Therefore, it is important to discuss with the “most vulnerable” the potential DRR roles they feel comfortable with – what functions each of them can best assume, given their individual strengths and challenges. While DRR practitioners understand and acknowledge that the concept of inclusive DRR, they are still faced with a number of challenges during implementation.

Challenges faced can be:

- Lack of transportation for people who cannot afford to catch the bus/motorbike to join community meetings
- Majority of the “most vulnerable” are already in difficult financial situations that, attending disaster preparedness activities would be an additional burden for them. Thus, many of them would prefer to find and sell things for others because for them attending is more expensive and difficult because of the conditions of public transportation.



Tips on reducing challenges:

- Hold community meetings in venues where people with reduced mobility live so they don't have to travel far
- Provide free transportation for people who cannot afford to catch the bus/motorbike to join the community meetings
- Link DRR activities to income-generation/income-sharing schemes such as revolving loan funds

Lack of assistive devices (wheelchairs, crutches) to reach meeting venues

- Physical barriers are hurdles that prevent a person from participating because they cannot be physically present or make their voice heard during DRR activities. Physical barriers may be more of an issue for people with disabilities and older people who may have reduced mobility as a result of their disability or age.





Tips on reducing challenges:

- Connect with specialist organizations to provide assistive devices (wheelchairs, crutches, etc.) for people with mobility problems
- Set up a “buddy” system whereby one or more community people (“buddies”) are responsible for visiting people who cannot attend community meetings. They will share the knowledge and skills they have learned and will act as a channel through which people who cannot attend meetings can feed in their opinions and perspectives



Planning DRR activities at times will clash with working hours.

- Like ordinary people, the “most vulnerable” also have tasks or jobs to get them by. Therefore, if the schedule of DRR activities will clash with their working hours, they will not be able to participate. Understandably, they will prioritize their jobs.



Tips on reducing challenges:

- Plan Community-based Disaster Risk Reduction (CBDRR) activities on times that will not clash with working hours. For example, organize awareness-raising sessions in the evenings or to tie in with religious/cultural festivals
- Combine CBDRR activities with other community meetings so that people will not be inconvenienced

Communication

- Communication becomes a challenge when people have difficulty in receiving information, understanding information, expressing themselves, and taking appropriate action based on the information.



Tips on reducing challenges:

- Establish communication platforms and develop communication materials that are accessible to people with different disabilities and impairments. For example, produce Information Education and Communication (IEC) materials in large prints or produce audio versions of key materials for people with sight problems
- Produce IEC materials in local languages understood by the target “most vulnerable group”
- Use pictures and visual representations of key messages to ensure that these can be understood by people with low literacy
- Link with specialist organizations to see if/how they can provide support to people with speech and hearing impairments to express themselves – either through sign language interpretation or through family members who understand their language/gestures.



Social and cultural norms

- In today’s norms, women and children are generally not expected or encouraged to volunteer their opinions or participate in decision-making activities in their communities. However, women and children tend to take a comprehensive and holistic approach to perceive risks, encompassing natural hazards, personal safety and social and economic threats. They are often able to identify immediate risks in their communities (such as road security, unsecured electric cables or child abuse), and social risks such as teenage pregnancy and domestic violence, which may be overlooked by others. Children also tend to have a longer-term perspective on risks as compared to adults who are primarily concerned with meeting day-to-day needs. Furthermore, children can act as effective communicators who can easily reach out to other children, parents, teachers, family members and the wider community.



Tips on reducing challenges:

- Come to terms with evidence of how such legislation and policies impact the lives of the “most vulnerable”. It can be the first step in advocating for policy change.
- Share success stories of how people from “most vulnerable” groups made positive contributions to the safety of their communities

Difficulty in Implementing Policy

- There is no guarantee that the policies and standards agreed upon during community meetings will be enforced because of lack of funds, lack of knowledge on how to enforce them, or lack of officials or people to do assigned tasks or activities.



Tips on reducing challenges:

- During the Community DRR planning consider allocating budget for the needs of the most vulnerable in the community.
- Link with organizations that have specialist skills, experience, and activities in addressing the requirements of the “most vulnerable” individuals/groups. It may trim down the expenses of the activity. It is important to remember that inclusive DRR is a process that requires a wide range of skills that are usually beyond the capacity of one single organization.
- Identify people with enough capacity to facilitate policies and agreements during meetings. As much as possible, they must also belong to the “most vulnerable” so that these sectors may be able to express their true situation and needs.
- Organize for the “most vulnerable” groups and other community members (including influential leaders) to visit other communities which are more advanced in promoting inclusion.

Removing Barriers for Inclusive Accessibility

Removing 'disabling' barriers for inclusive accessibility creates a platform where vulnerable sectors can participate in the development of programs. Vulnerability can be detrimental and make people less "able". Thus, the only solution is to remove barriers that hinder their participation and provide inclusive programs that provide them access to disaster preparedness information.



Key actions to remove barriers:

Recommend that CBOs, emergency management, and public health agencies can work together to:

1. Conduct a comprehensive needs assessment that documents community vulnerabilities; and holistic needs of the most vulnerable sectors;
2. Develop and implement education and training opportunities, such as tabletop exercises and drills, involving representatives from public safety, local government, healthcare, CBOs, civil societies, and service providers that caters to the needs of the most vulnerable groups;
3. Foster cooperative between the community and various stakeholders involved in different disaster preparedness themes, not just in emergency response and rehabilitation; and
4. Develop continuity-of-operational plans that prepare stakeholders to properly respond to the most vulnerable communities in advance, protecting, recovering, and sustaining their needs during emergencies and disasters.

Inclusion enables communities to integrate their resources and adapt measures to address risk and hazards. Resilient communities are equipped to help themselves and support one another in times of disaster. Resilient communities have a high level of social capital: mutual trust, social norms, participation and social networks. Resilient communities also possess the necessary resources, such as strengths and abilities, required to overcome vulnerabilities and adapt positively to change for the better. The entry points for integrating inclusion in disaster preparedness programs are as follows:

1. **Adherence or Compliance of Policies** – considerations that can contribute to ensure greater adherence to policies of inclusion mandated in the Sustainable Development Goals (SDGs), Climate Change Adaptation (CCA) and Disaster Risk Reduction (DRR). Equity and inclusion are of central concern to the Sendai Post-2015 Agenda, substantive references to disability in the Zero-Draft of HFA2 and other pertinent international laws. For further readings, please refer to Annex 1.A for the UN Sustainable Development Goals 11: Sustainable Cities and Communities and Annex 1.B for the Sendai Framework for Disaster Risk Reduction 2015-2030.



2. **Adaptation of Innovative Systems, Techniques and Technologies** – The advancement of technology is furthering the opportunities available to inclusive disaster preparedness, emergency response. The internet is becoming an important tool for DRR. Development actors, including the most vulnerable sectors can address disaster-related issues using modern technologies and use it to communicate with vulnerable communities and governmental agency or community-based organizations. DRR experts can also harness modern technology to do researches on hazards, assessment, and planning access emergency management and disaster-related information through web or e-libraries and databases around the world.



3. **Strong Networks of Development and Build Capacities of Stakeholders** – strong and capable CBOs, civil societies and engaging community leaders are indispensable for inclusive disaster preparedness. Without capable and viable institutions, external resources can only do little to include and reduce risks and promote inclusion and sustainable recovery.



4. **Collaboration of development organizations through networks,** communities of practice, multi-agency information and learning platforms toward inclusion will forge solidarity and build processes by which vulnerable groups, organizations and societies can achieve their objectives.

5. **Promotion of Community**

Leadership – promotes a sense of purpose by involving the community members in decision-making processes and applies their insights and knowledge in planning, action, management, and review. Leadership may be formal (elected or appointed leaders) or informal (leaders who are recognized in the community for their strength, judgment or expertise but may not hold a



position) – both forms of leadership are important to recognize and cultivate. The substance and style of decision-making by leaders is very important – genuine community involvement might require changes to decision-making and policy lobby. Communicate decisions, plans, and timetables for inclusive action of the whole community. Community leaders engage local resources, expertise, knowledge, and skills where possible. Systemic processes foster strong and prompt responses of community leaders to inclusive disaster risk reduction and contingency management in disaster-prone communities.

6. **Resource Mobilization and Fund**

Generation – Many community-based organizations collaborate with several other agencies to share resources to address needs of vulnerable communities. Some alternate funding sources are schools, local governments, and other agencies.



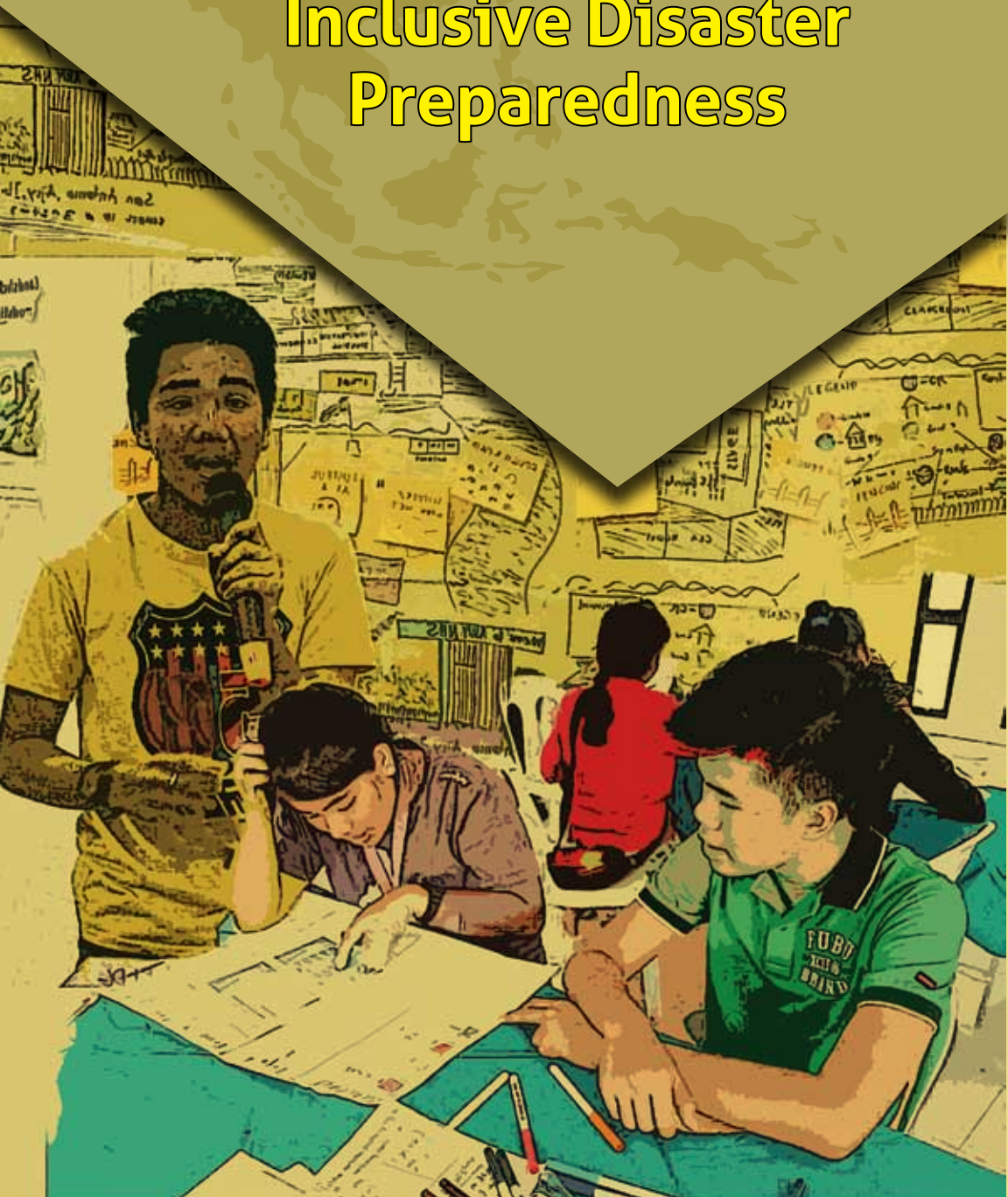
7. **Good Governance** – responsive agencies are needed by communities at risk from the devastating impact of disasters. These agencies must be transparent and be accountable in the event of a sudden disaster. They are responsible for restoring disrupted services and for delivering effective and efficient services to the vulnerable communities.



8. **Economic development** – sustainable livelihoods and creation of local employment in the community that diversified and was supported by locally-owned infrastructure and support services that suit the needs of the community in an equitable way.



Part 3: Practice Tools and Strategies in Inclusive Disaster Preparedness



Hazard vulnerability and capacity assessment

Here are important considerations when preparing for an inclusive hazard vulnerability and capacity assessment:

- facilitators should be gender sensitive, flexible, have respect for diversity and be aware of the learning needs of children, people with disabilities, older people and women
- assistance of sign language interpreters who will translate the inputs from the persons with hearing and speech difficulties
- presence of carers of persons with disabilities
- provisions for infants and small children of women participants especially for lactating mothers

Below are some pointers to make the hazard vulnerability and capacity assessment process inclusive:

Risk Assessment Activities and Tools	Pointers for Inclusion
1. Identification of Hazards	Be aware that different people have different perceptions about a hazard and how it affects them. What may be critical to the children may not be critical to others. It is important to ask the women, children, persons with disabilities and the elderly on what they consider hazards.
2. Disaster Timeline	The disaster timeline will be enriched with the active participation of older people, both women and men, who can recall the disasters that were experienced by the community. All participants should be able to share their experience on the impacts of disasters to them. This can be generated by grouping the children, women, elderly, persons with disabilities separately.
3. Hazard Mapping	When base maps are not available, a process should be facilitated to prepare a spot map or a resource map of the community which should be participated by children, persons with disabilities, older people, women, and village leaders.

Risk Assessment Activities and Tools	Pointers for Inclusion
	<p>The contribution of older people is valuable having lived and known the community longer.</p> <p>The curiosity and adventurous spirit of children may help identify places, including its contours and boundaries.</p> <p>Persons with visual impairment who were previously sighted may be familiar with the community.</p> <p>Those who are hearing impaired and mute and can read can contribute by providing written instructions and writing materials.</p>
4. Transect Walk or Community Tour people and women in the	<p>Include representatives of children, PWDs, older transect walk.</p> <p>Walk slowly. The slowest walker set the pace.</p> <p>Encourage everyone to share their observations.</p>
5. Elements At Risk	<p>It is important to identify the types of disabilities present in the community to determine their special needs. This information should come from the persons with disabilities and/or their caregivers.</p> <p>Do not assume the gender of persons. Ask politely.</p> <p>Gender and age disaggregation helps identify and quantify the material and reproductive health needs of persons.</p> <p>Suggested age groupings are:</p> <ul style="list-style-type: none"> 0 -5 - infants and toddlers 6- 12 – school age children 13- 17 – older children; reproductive age 18 – 35 – productive and reproductive age 36- 49 – high-risk reproductive age for women 50 – 60 – beyond the reproductive age for women 61 above – older people <p>Single-headed households should also be identified.</p>

Inclusive Elements at Risk Matrix

Category	Location (zone/street)	No. of Affected Persons (gender, age, disability)						
		Age	With Disability			Without Disability		
High Risk			F	M	O	F	M	O
		0-5						
		6-12						
		13-17						
		18- 24						
		25 -35						
		36-49						
		50-60						
		61 above						
			No. of Households					
		Single headed households	F	M	O	Older people	With disability	
Medium Risk			F	M	O	F	M	O
		0-5						
		6-12						
		13-17						
		18- 24						
		25 -35						
		36-49						
		50-60						
		61 above						
			No. of Households					
		Single headed households	F	M	O	Older people	With disability	
Low Risk			F	M	O	F	M	O
		0-5						
		6-12						
		13-17						
		18- 24						
		25 -35						
		36-49						
		50-60						
		61 above						
			No. of Households					
		Single headed households	F	M	O	Older people	With disability	

Inclusive Capacity Assessment Matrix

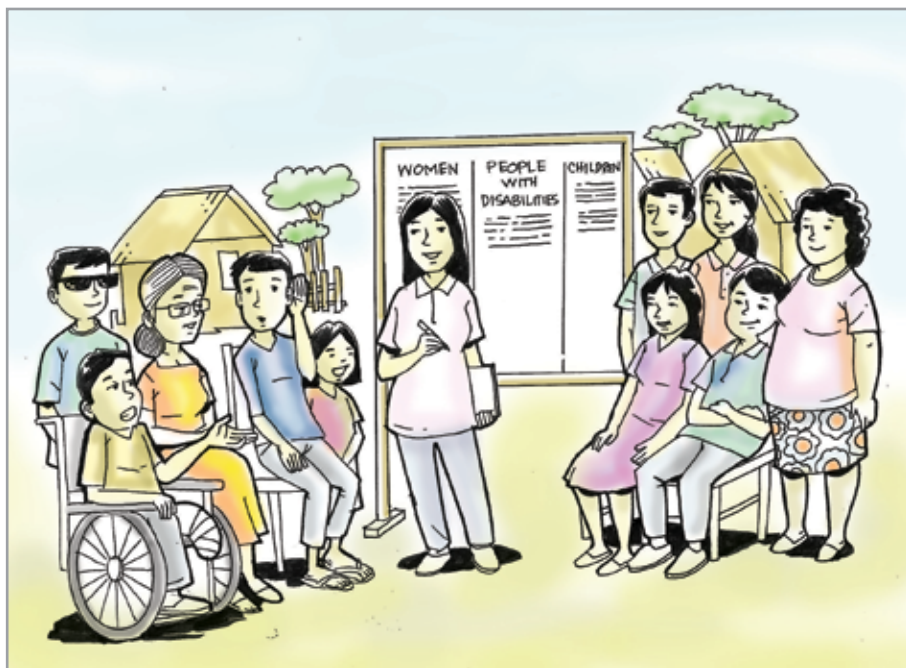
Specific Skills and Resources Needed for Disaster Preparedness	Children	Persons with Disabilities	Older People	Women	LGBT	Others
Attitude	Eager and available Trainable	Wants to be involved	Willing to help and share skills Wisdom Willing to contribute resources	Active		
Time	Available after school		Available	Depends on their roles		
Skills and Experience	Scouting	Sign language	Sign language			
Knowledge			Traditional medicine			
Transportation/ Mobility			wheelchairs			
Equipment						
Food						
Crops						
Livestock						

Common Attitudes and Values of People on Disasters

Sector	Before	During	After
Persons with Disabilities			
Older People			
Women			
Others (LGBTs, etc)			

The capacities of the different groups can be identified through meetings with sectoral groups, house-to-house survey and focus group discussions.

It is also important to understand the common attitudes and values of the children, persons with disabilities, older people and women before, during and after disasters to help design appropriate measures for disaster preparedness and manage unhelpful attitudes that will hinder preparedness and response.



Early Warning System

An early warning system (EWS) is an information system that provides information on potential hazards that might evolve into a disaster. The objective of an EWS is to monitor the first signs of emerging hazards in order to trigger disaster warnings and facilitate appropriate responses by individuals and communities to reduce or mitigate their risk.

It is necessary to ensure that EWS reach persons with disabilities and comply with the UNCRPD. As disasters have become more of a frequent phenomenon worldwide, it has become clear that persons with disabilities have been ignored and excluded from consideration in the design of the disaster early warnings.

Possible reasons of exclusion: (according to the guideline mandated by UNCRPD Article 9)

- Lack of accessible early warnings
- Lack of inclusive disaster preparedness and procedures
- Lack of access to information and communication technologies in disaster responses

- Lack of anti-discrimination legislation
- Lack of understanding on how to reach persons with disabilities
- Lack of will to make changes

Early warnings must be provided in both visual and audio formats to include the wider community. These early warnings need to be developed and field tested during the preparedness phase, with the support and participation of the whole community, including those people considered to be the “most vulnerable”.

Steps in Establishing Inclusive Early Warning Systems

1. Participatory Disaster Risk Assessment (PDRA)

The first step in inclusive EWS is to conduct PDRA with the target groups and all the information and analysis of the risk will be considered in the design of the EWS. Involving a person that belongs to the “most vulnerable” in the community in DRRM efforts encourages others to join as well. Identify and engage local ‘thought leaders’ who can convince others of the merit of disability-inclusive disaster risk management. Ensure that clear benefits can be demonstrated to and understood by the wider community.

2. Hazard Characterization

It is crucial to characterize the hazard between the community and the people that we identified as the “most vulnerable” group. We need to reinforce their confidence while working with the whole community. Causes of the hazard, warning signs that can be used, forewarning, speed of onset, frequency, and period of occurrence are needed for the twin pack strategy.

3. Vulnerability Assessment (VA)

Persons with disabilities need to be represented and be provided with space to share their case and change perceptions. In VA, the number and location of the “most vulnerable” in the community must be identified.

4. Capacity Assessment

During the capacity assessment, include the internal response capacity of the “most vulnerable” and complementation plan to the capacity of the community in general. The EWS will be built upon these existing response capacities as well

as inform the DRR plans still needed to be created or enhanced. The confidence and capacity of persons that belong to the “most vulnerable” to speak during meetings shall be reinforced to facilitate their involvement in disaster risk management.

5. Identifying Existing Observation and Monitoring Systems for the Hazard

In this step, the communities including those who are considered “most vulnerable” are guided in identifying existing observation or monitoring systems of an existing hazard. The observation and monitoring systems of most governments are not inclusive sensitive to the most vulnerable in the community. It is time to advocate for the enhancement of the monitoring system so that no one will be left out. For example, the tsunami warning, IEC materials, and others.

6. Creating/Enhancing Observation and Monitoring Systems

Set up an EWS that can be used by the entire community, like the use of sounds and colorful flags. This step is directed at establishing a system that will regularly gather information about the hazard including the “most vulnerable” person. This is an important system as this will be the basis for the warning procedures and responses of the targeted people to be warned. This system can be created or be an enhancement of an existing system.

7. Building agreements on warning procedures and responses

Once the hazard observation and monitoring system are established, the next step is for the community to agree on how observations of the hazards will be interpreted as warning information. The community should also agree on the expected actions of the individual, community, and the “most vulnerable” on the warning information. An example of this is the “ready, get set, go” which is the 3 step warning procedure.

8. Establishing mechanisms for disseminating and communicating warning

The mechanism for disseminating and communicating warning signals is all about how to effectively and efficiently send it to the targeted people including the “most vulnerable” and their location in the community. The approach must be acceptable and clear to the community members. Some of the communication tools that have worked in many communities are the use of community billboards, flags, sirens, bells, and the likes.

9. Simulation and regular updating and enhancement of the EWS

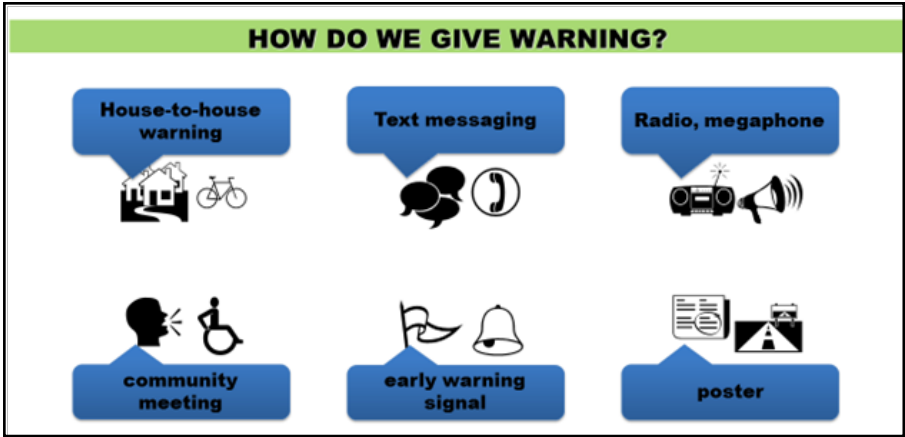
In this step, all the agreed upon warning procedures, responses, and communication mechanisms are subjected to a simulation test. Simulation can first be done as an announced exercise meaning the community members are informed that simulation exercises will be conducted and they are expected/ encouraged to participate most especially the most vulnerable in the community. The subsequent simulation exercises should be unannounced so that community members will be on their toes all the time. After every simulation exercise, the community should evaluate the systems and improve it to address issues that have been identified.

How do we ensure that our EWS is inclusive?

1. Involves PWDs, children, and older people (or their caregiver or family member) in its development.
 - Reaches all the people in the community, including persons with disabilities, children, and older people;
 - Uses variety of communication methods to take into account physical (mobility and function), visual (sensory), hearing and/or speech (sensory), intellectual, learning, and psychosocial disabilities;
 - Has levels of repetitions and visual aids; and
 - Enables the people to do the appropriate action given a warning signal;
2. Builds on the knowledge and current resources of the community.



Further reading: CMDR training, Design and implementation



Appropriate Inclusive EWS per Type of Disability

Type of disability	Appropriate inclusive EWS
Hearing and/or speech	<ul style="list-style-type: none"> • Visual signals (see figure above) • Written documents (possible if the person could read) • Gestures, body language • Clearly articulate words possible (for people hard of hearing or able to do lip reading) • Sign language (ideal for people able to communicate through sign language)
Intellectual, learning, and mental health	<ul style="list-style-type: none"> • Auditory signals (ideal), but training is needed to avoid panics • Gestures, body language • Visual signals: flags, spotlights, etc. • Visual signals: leaflets, posters, pictures, drawings (one signal per picture)
Physical	<ul style="list-style-type: none"> • Audio signals (e.g. bells, alarms, sirens, radio, drums, loudspeaker announcements) • Visual signals (e.g. leaflets, posters, flags), spotlights repeatedly turned on-off • Signage for direction going to and from (example evacuation center, medical facilities, etc... possible to make it in picture) - applicable to all types of impairments
Visual	<ul style="list-style-type: none"> • Audio signals (see above) • Leaflets in Braille (possible if person can read Braille) • Information issued in big font and flashy colors (leaflets, posters, pictures, flags, etc.), spotlights repeatedly turned on-off (possible for people with low vision)



How do we do it?



- It is also advisable to use the Buddy System when alerting people, especially older ones.
- Consult persons with disabilities/ Disabled Persons Organization (DPO) representatives, children's organizations, and family members to assure that the specific needs of these sectors are met;
- Conduct awareness raising or training on inclusive EWS with community members, officials, donor agencies, and other stakeholders;
- Maximize their capacities to develop EWS (e.g. involve PWDs, children and older people in an early warning task force to make sure that their specific needs are identified and addressed); and
- Ensure that early warning messages are accessible to all including those with sensory, mobility, and mental disabilities.

Things to consider when planning and formulating early warning mechanisms



Audience

Activity

Cost

- 1 The time between the warning and the actual arrival of the flood must be sufficient to make the necessary arrangement;
- 2 Safe places must be within reach of people; and,
- 3 Evacuation routes are accessible.

Reference: Excerpt from: HI_-_DRR___Disability_training_manual.pdf

Warning Instruction	Warning devices			Hazard Warning Signal		Warning Signal
	Audio	Visual	House to house	Typhoon	Flood	
Be on alert	Megaphone			Strong wind	1 meter high	Megaphone - 1 short ring Red color flag
Prepare for possible evacuation						1 continuous ring
Evacuate now						
Stay put in evacuation centers						

Reference: Excerpt from: HI_-_DRR___Disability_training_manual.pdf

Emergency Preparedness

Emergency Preparedness is one aspect of the DRR process that involves the preparation of the community especially children, people with disability, older people, and women.

The community can prepare ahead of time to anticipate needed things to do when disaster strikes. During disaster events, relief operations especially responders cannot immediately reach all communities.

Having early preparations and a disaster plan can help provide safety, security and confidence to respond systematically.

The five aspects that are needed in an emergency preparedness are as follows;

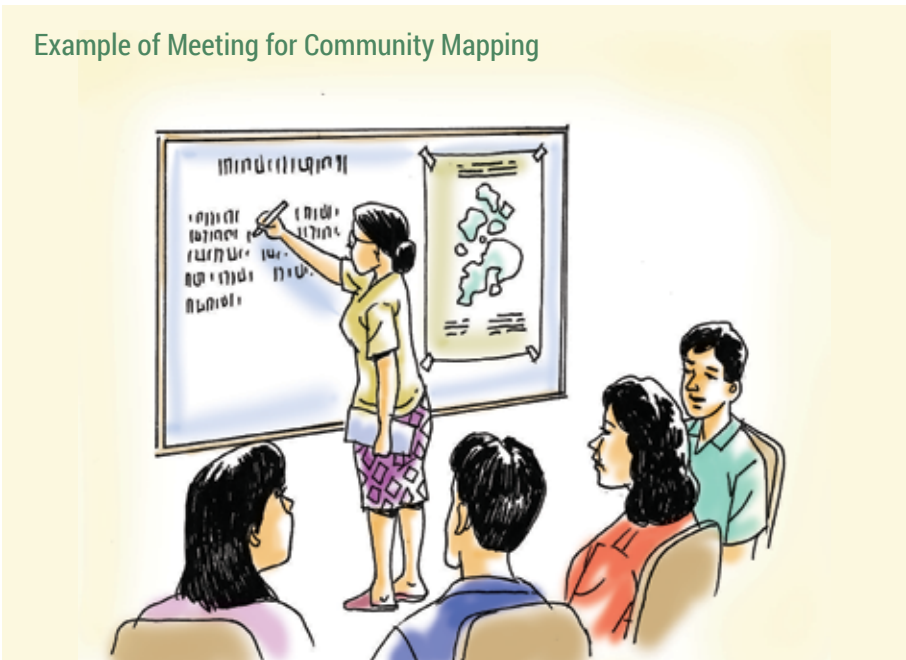
1. Conduct community mapping,
2. Contingency planning,
3. Organizing first responders that include the youth, women, and people with disabilities. Based on experience, children are a big help in locating their neighbors. Children have keen memories and know the whereabouts of their friends since day in and day out, they are in the streets playing with and visiting their friends.

4. Conduct mock drills in order to test the process involved in emergencies.
5. Conduct community managed damage assessment and need analysis.

Needed activities and tools for emergency preparedness:

- A Community-based Disaster Risk Reduction (CBDRR) training to improve the disaster preparedness plans owned by the community.
- Community Mapping to visualize the hazard areas especially to those families with persons with disabilities. Also mapped out are facilities at risk like trees that needed to be pruned or cut in the early stage of preparedness.
- Contingency Planning to generate volunteers and mobilize in times of disaster.
- Prepositioning contacts of individuals who are leaders (CBOs), businessmen in the local area that can initially do stockpiling or has access to basic needed resources.
- Mock Drills to organize stakeholders and learn how to approach disaster situations like giving attention to persons who are injured, wounded and have physical and health challenges.
- Community Manage Damage Assessment and Need Analysis to establish the baseline data and the real-time data. It is important that the secondary data is updated to enable communities and their partners to develop a context analysis and general vulnerability update.

Example of Meeting for Community Mapping



Before the meeting

- Invite all sectors in the community, some government agencies require an invitation letter for the meeting to be approved
- All participants must be informed of the place, time and why they need to attend the meeting
- Must have a simply prepared agenda
- Sufficient notice must be given in due consideration of people's availability
- Provide food and drink during break-times. Extra food must be considered for children attending with their parents
- Provide transportation allowance to have an inclusive and quality attendance
- The venue must be suited to the need of each sector, i.e women need clean toilets, children may want to play while contributing their opinions
- Venue must have ramps for the PWDs' easy mobilizations

During the meeting

- Start and finish on time
- Welcome new visitors and all members
- Make sure everyone has a chance to contribute to speak
- Make sure the agenda is being followed
- Before making a decision, ensure that all the key points are summarized and everyone has understood
- Make sure a record is kept for documentation. Actions should be assigned to specific people, with completion dates

After the meeting

- If possible, people who come to the meeting should have received a record of decisions made and actions planned.
- Everyone should be made aware of when is the next meeting will be held.
- If appropriate, make sure everyone has a list of contact details which can be used if there is a need to call an emergency meeting.

Some guide questions for decision-making

- What are we trying to decide? Be sure this is clear to everyone.
- What are the different possibilities? Consider as many as possible.
- How may each possibility work? Consider the positives and negatives.

- What are the suggestions?
- What do we need to do to carry out the decision?
- Who will do what, when, where and how?

Processed questions to be asked:

Community Mapping:

- What are the hazards that can put the community at risk?
- What are the specific areas at risk?
- What community infrastructure or critical facilities will be in danger?
- Who among the participants are most exposed to risk and who can provide them assistance?
- Where are the “most vulnerable” residents located?
- Who among the residents can possibly control the needs and concerns of the vulnerable members of their community?
- Location of the house settlements, churches/mosques/temples, health clinics and schools.
- Resources found in the community? (farms, livestock, fishing areas, forested areas and water bodies.



Needed activities and tools:

Contingency Planning:

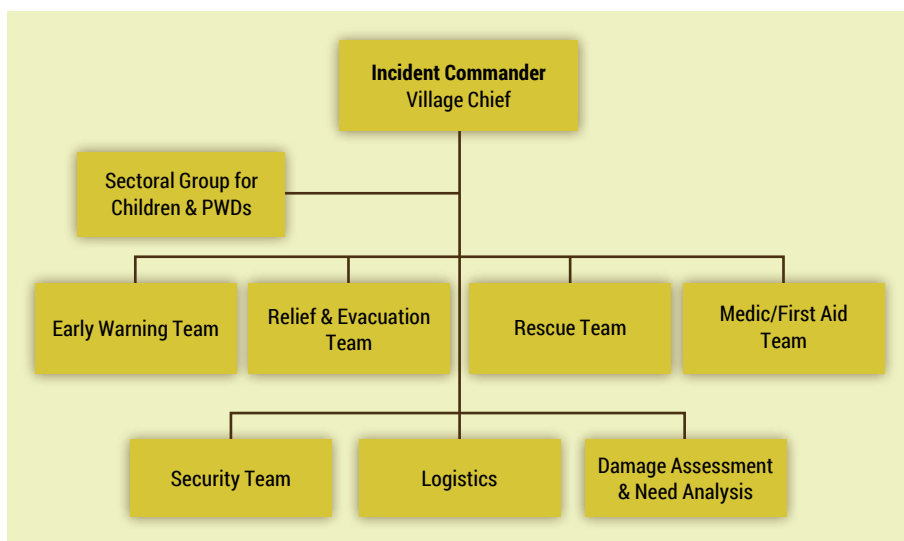
- Ask participants to work in groups and identify the guidelines that needs to be done for implementation of their Barangay Disaster Risk Reduction Management Council (BDRRMC) plans. Children and PWDs have to have their own group for them to express their own needs and things anticipated for support.
- Invite them to share among themselves the formation of a Responsible Team.
- The following need to be highlighted in their discussions:
 - Need to have a leader
 - Need to distribute tasks and use participatory processes
 - Need to communicate and coordinate
 - Need to quickly recover from a hazard or disaster event
 - Need to reflect on the damage it can cost
 - Need to have a strong organization a hazard or disaster event has a clear vision and mission.



- Need to have a resource mobilization
- Need to have a clear system and procedures to ensure transparency of fund utilization
- Give importance to time management
- The output of this activity is to process and decide an Organizational Structure that will facilitate the implementation of DRRM activities and fund utilization.

Inclusive Organizational Structure

- For a detailed discussion on Contingency Planning and Community Managed Damage Assessment and Need Analysis, you may refer to Book 1: Guidebook on Community Disaster Preparedness.
- Other options in taking secondary data is to refer to the existing records of the government and prioritize marginalized sectors/identified the poorest of the poor under any program of the government and verify it.
- Do home visitation of each identified beneficiaries, check the housing condition and request an interview using a profile forms.
- Based on the profile forms, priority criteria is established as the basis and is ranked by points. This will avoid conflict in prioritization.
- Priorities will cover protection for children, women, PWDs, and older people by giving them high points on the grading system.



- Based on the final results, a disaster response can be implemented. The 1st category will avail core shelter, the 2nd category will have shelter repair, the 3rd category will avail livelihood support. All covered beneficiaries are encouraged to attend DRR and Waster, Sanitation and Hygiene (WASH) trainings.

Preposition first responders

The most critical event in a given disaster is how to survive in the next three days of crisis. This is why pre-positioning of first responders is a must to address basic needs like food and non-food items needed by families with children, people with disabilities, older people and women.

This implies that the person who will be identified and trained as First Responders are businessmen and CBOs who have capacity. They have available warehouses that are resilient to flooding and fire hazards and their infrastructures have foundations that can sustain major disasters and has a strong infrastructure foundation to sustain major disasters. Other probable first responders are businessmen involved in because they have ready stock inventory at hand.

The composition must also include the youth, women, and persons with special skills to address persons that are blind, deaf or mute.

Items needed for stockpiling:

- | | |
|--|---|
| <ul style="list-style-type: none"> ● First aid kits/medicines ● Food packs (rice, canned goods, noodles, ready-to-eat meals) ● Potable water ● Hygiene kit (soap, shampoo, alcohol, toothbrush, toothpaste, sanitary pads, deodorant) ● Clothing (jacket, raincoat, hard hat, boots) ● Gasoline and extra batteries ● Portable generator and gasoline ● Beds and beddings ● Portable toilets ● Mosquito net ● Toys for children | <ul style="list-style-type: none"> ● Lights and wires needed for temporary lightings ● Wheelchairs ● Eyeglasses to be able to read notices ● Crayons for children to express their deepest emotions ● Individual Family "Go Bag" kits that is customized to the needs of children, PWDs, older people and women ● Insecticides to reduce the danger of infections from insect bites ● Chains saws – to cut objects like wood barriers and fallen trees in order to open up road access |
|--|---|

Mock drill:

- The objective of the Mock Drill is to practice the functions of the roles in the Organizational Structure formulated during planning.
- The community members will be involved in planning the process.
- Arrangements must be made to involve Fire Brigade, Rescue Units, Barangay Health Centers, Wardens, Community Emergency Rescue Team (CERT).

Process in conducting a mock drill

Phase 1 – Sounding the Alarm – Siren/Bell/Megaphone

The team captain will assign a person responsible for sounding the alarm. He will roam around the houses in the community to call them using a megaphone to pique their attention and participation.

Phase 2 – Response – community members will proceed to a given area, either in the stadium, community hall or agreed venue.

Phase 3 – Evacuation – at this stage, children, PWDs, the elders, and women will be given priority. They will be given safe spaces to attend to their needs like healing injuries and wounds and coping with trauma. In the planning stage, all households should give a tag containing instructions where to proceed in times of emergencies.

Phase 4 – Assemble in an identified safe area – transport support to be ready to dispatch priorities and be settled in an assigned buildings, rooms and beds.

Phase 5 – Headcount/Accountability – this is a very important activity in order to account how many food and non-food items are to be given to each locations.

Phase 6 – Conduct evaluation to identify problems and areas that need further assessment and response. – monitoring and evaluation is also very important in order to have an eye on the ground and to be aware of the pre-existing problems and continuing concerns.

Inclusive Facilities Needed to be Considered During Preparedness

Facilities	Inclusive Beneficiaries
<p>Buildings</p> <p>Churches as Evacuation Center</p> <ul style="list-style-type: none"> - Seating capacity - Sleeping capacity - Storage capacity for food, non-food items - Toilets availability - Water source capacity - Inclusive friendly to those with disabilities to walk and mobility to include having ramps in entering the toilets and bath. 	<ul style="list-style-type: none"> - Rooms ready priority for children, PWDs, older people, and women must be considered - Designs of the building must consider ramps in entering the building, rooms, toilets, and bath.
<p>Transport</p> <ul style="list-style-type: none"> - Handcarts - Donkey or ox/carabao-cart, bicycle, pedicabs - Fishing boats - Motorbikes - Pick-up trucks, jeepneys, and cars 	<ul style="list-style-type: none"> - CERT is ready to assist in handling the children, PWDs, older people, women that need a lift in coming in, during and standby staff for urgent mobility from transport to the evacuation center.
<p>Other Strong Foundation Building</p> <ul style="list-style-type: none"> - Emergency shelters - Warehouses - Community halls - Office buildings 	<ul style="list-style-type: none"> - Same considerations to have ramps in coming and in and out of the building.
<p>Communication</p> <ul style="list-style-type: none"> - Access to domestic radio stations - Access to televisions - Mobile phones and signal coverage - Methods of communications; village meetings, church meetings, community meetings, leaflets, flags, etc. - Church bells and other local methods 	<ul style="list-style-type: none"> - Tap some PWDs, older people and women who have talents and access in certain tools for communications and facilities.
<p>Health Centers</p> <ul style="list-style-type: none"> - Basic medical facilities - Minor surgery facilities - Number of beds for in-patients - Identify lactating mothers 	<ul style="list-style-type: none"> - Considers the need of children to be breastfed in a scheduled time. - Give priorities in medical needs of PWDs, women, older people and children.
<p>Schools</p> <ul style="list-style-type: none"> - Primary, how many can live and sleep temporarily - Secondary school/Colleges, how many could live and sleep temporarily - Capacity to store food and other supplies - Kitchen facilities for food preparations - Water source and capacity - Toilets availability 	<ul style="list-style-type: none"> - Same priority attention to room and bed assignments to give consideration to its proximity to toilets.

Facilities	Inclusive Beneficiaries
<p>Water Supply</p> <ul style="list-style-type: none"> - Access to clean water wells - Capacity to store water safely - Capacity to distribute water - Capacity to filter or sterilize water 	<ul style="list-style-type: none"> - Giving priority in water distribution to avoid waiting in long lines.
<p>Clothing</p> <ul style="list-style-type: none"> - Additional clothing for children , older people, and women - Capacity to provide warm clothing and blankets in cold locations - Capacity to provide waterproof protection 	<ul style="list-style-type: none"> - In organizing and distributing clothes, sets of clothes suited for children, older people, and women must be prioritized.
<p>Transport and Communication</p> <ul style="list-style-type: none"> - Access to roads to affected areas - Access to grass airstrips - Access to tarmac airstrips - Access to river jetties or landing points - Access to river crossing points, either bridges, ferries or shallow water 	
<p>Medical and Rescue</p> <ul style="list-style-type: none"> - First aid - Doctors/nurses/nursing aids - Midwives <p>Rescue</p> <ul style="list-style-type: none"> - Use of ropes and ladders - Lifting, carrying people - Boatmen/fishermen 	<ul style="list-style-type: none"> - In times of emergencies, it is much better to provide reserve space for the children, PWDs, older people, and women be ready anytime needing medical response. - In times of rescue operations, ready ropes be made available first to the children, older people, women to be the first priority in retrieval for transport to safer places.
<p>Construction</p> <ul style="list-style-type: none"> - Carpentry, building with wood - Masonry, building with bricks or blocks - Water supply, plumbing, tube-well, mechanic, water tank construction - Roofing, using sheets, tiles - Sanitation of building toilets 	<ul style="list-style-type: none"> - Tap talents and expertise to capable older people and PWDs to do some administration-related work. Women can be tapped to work for food preparation and other lighter tasks.
<p>Logistics</p> <ul style="list-style-type: none"> - Ability to manage and store supplies - Ability to manage the distribution of food - Ability to manage non-food such as utensils, blankets, soap and sanitary items, water cans, plastic pails, and bath items - Supply of fuel for cooking - Ability to drive or to borrow vehicles 	<ul style="list-style-type: none"> - Tap some special individuals to assist in the office work to help in the documentation and office filing works.

Facilities	Inclusive Beneficiaries
<p>Cooking</p> <ul style="list-style-type: none"> - Preparation of basic food, as preferred by the community - Special food for infants, older people or sick people 	<ul style="list-style-type: none"> - Besides giving priority to the older people, women, and children, considerations must also be given to those having some allergies on a certain kind of food
<p>Counseling and Emotional Support</p> <ul style="list-style-type: none"> - Counseling skills - Bereavement and trauma counseling - Prayer team 	<ul style="list-style-type: none"> - All victims of disaster are under certain level of stress and trauma brought about by its sudden onset, CERT must be very sensitive on this aspect in order to avoid any unfortunate event such as suicidal tendencies. - Counseling sessions be made available such as daily cell group discussions and bible studies, if possible.
<p>Education</p> <ul style="list-style-type: none"> - School teachers - Sunday school teachers - Adult education, literacy workers 	<ul style="list-style-type: none"> - Tap teachers to give attention to children through group dynamics using drawings and storytelling with some visual aids. - To let all sectors together with PWDs, older people, and women to get involved with bible studies, fellowship to let out their suppressed emotions by expressing it in a group sharing and through singing.

Process:

1. CBOs to help mobilize Community Officials, village police, and village health workers, if there are any in the area.
2. Coordinate with local government officials with regards to the use of evacuation centers.
 - a. In some countries, you may coordinate with religious leaders to use their facilities as evacuation center
 - b. Storage of foods, water, first-aid medicines by Social Services.
 - c. Request bus transport from bus companies or private sector
 - d. Support the mobilization of fuel for transportation
 - e. Prepare disposal of equipment, beds, raincoats, flashlights, and batteries
 - f. Prepare engineering for clearing roads with fallen tree debris.



1. Disasters affect everybody, especially the vulnerable groups. Therefore, they should be given access to the same opportunities and services as other community members, including the right to be represented and included in disaster preparedness activities.
2. Inclusion occurs at different levels, from national to community to individual level. Targets aim to address the rights of the vulnerable groups within the context of sustainable development
3. Inclusive DRR is a broad concept. To make it work, we have to consider the four dimensions of inclusion in DRR:
 - a. Ensuring the full and meaningful participation in decision making of all risks groups (PWD, women, children, and older people) in identifying and reducing risks.
 - b. Promoting diversity (of people, risks barriers, sectors, and level of intervention)
 - c. Appreciating and encouraging tailored approaches in link with “do no harm” ethics and “leave no one behind”
 - d. Contribute to resilience for everyone to remove barriers that keep exclude people out.
4. Inclusion is not just about “involvement or “integration”. It is a human rights issue: to promote equal rights and opportunities for all
5. Different solutions can facilitate inclusion such as:
 - Engage at risks groups in Hazard Vulnerability and Capacity Assessments (HVCA), contingency planning, etc.
 - Improve physical accessibility for PWD and elderly-making easier to use paths, get into safer buildings and use toilets
 - Conduct an awareness campaign to stop discrimination
 - Adapt information and communication - different DRR and early warning methods for people who are visually impaired, hearing impaired or house bound

- Improve stakeholders knowledge and skills in engaging with different at risks groups
- Facilitate links to specialized and support services and programs to address specific needs of PWDs, women, children and older people

6. Disability-inclusive early warning system:

- EWS need to reach all people, including persons with disability
- Disability-inclusive EWS use variety of communication methods. They also build upon informal support networks and people's ability to respond
- PWDs need to be fully involved in the development of inclusive EWS

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Writershop Participants

Alexander V. Mainit

Alexander joined IIRR in 2018 as the Program Specialist of the RCA-Give2Asia's NGO Disaster Preparedness Program. He has over a decade of solid experience in the field of DRR. His diverse and extensive experience begun in 2006 when he joined the Typhoon Reming Response Team in Albay under the Department of Social Welfare and Development (DSWD) program. He then embarked on doing more field coordination roles for various international humanitarian organizations. In 2009, he joined the Community and Family Services International (CFSI) and closely worked with the UN World Food Programme for the DRR Response program for Typhoon Ondoy. In 2014, together with the CFSI and the DRR Operation Center in Ormoc, Leyte, he supported the conduct of PsychoSocial Intervention (PSI) for the typhoon Yolanda affected communities and supported the identification/reinstallation of Early Warning System to further enhance their provincial and municipal DRR Plans. In 2016, he joined the Food for the Hungry Philippines as their DRR Regional Coordinator to strengthen the contingency plans of various barangays and municipalities in the National Capital Region and Region 3. Alex is a graduate of A.B. Philiosphy from Christ the King Mission Seminary and holds a Master of Arts degree in Theology from the Recoletos School of Theology.

Annie-Gasic Secretario

Annie is the Secretariat Coordinator of the RCA and has been with IIRR for more than 18 years. She provides administrative support to the Director and staff of the RCA, Cambodia Country Office, and Myanmar Country Office. She coordinates administrative and logistical requirements of regional staff and team, including travel plans of regional staff. She also assists in finance-related transactions of program activities. She is computer-savvy and adept with all basic MS Office programs, including publishing and design software. She handles and maintains IIRR's email and Prolinnova's website, an international multi-stakeholder platform where IIRR is a part of. Annie holds a Bachelor of Science degree in Foreign Service, major in International Trade, from the Lyceum of the Philippines.

Geraldina M. Gutierrez

Levy journeys with individuals, families, and communities with the goal of promoting community empowerment, sustainable development, and inclusive disaster risk reduction. She has 20 years of experience in humanitarian, community organizing, and development work. She specializes in Inclusive Community Managed Disaster Risk Reduction and Resilience, Child Protection in Emergencies, Education in Emergencies, and is a Psychosocial Support provider

agency, providing technical oversight in its DRR programming. She leads DRR and Resilience advocacy activities in the field, ensuring a high degree of collaboration with local government units, CSOs, NGOs/INGOs, and community-based organizations. Levy graduated with a Bachelor of Science degree in Sociology from the Polytechnic University of the Philippines.

Giulia Erika M. Soria

Giulia joined IIRR in 2016 and is the Development Communication Specialist of RCA. She develops communication strategies and knowledge products for the Institute. She leads the design, facilitation, and overall implementation of participatory publication development, or the Writeshop. She also coordinates the development of proposals for communication and documentation of IIRR experiences from its learning community activities. She prepares public information plans and materials to support IIRR Asia. Before joining IIRR, Giulia has done extensive communication work in the humanitarian sector in the Philippines. She holds a Master of Arts degree in Development Studies from the University of Auckland and a Bachelor of Science degree in Development Communication from the University of the Philippines.

Jerome L. Montemayor

Jerome joined IIRR in 2016 and is currently the OIC Regional Director and Program Director of the RCA. As the Program Director, he provides strategic and innovative leadership to country programs and ensures institutional accountability and good governance across the region. He also manages the development of monitoring and evaluation tools and tools for measuring outcomes and impact. Prior to IIRR, Jerome has spent more than 24 years in program/project management, social enterprise management, resource mobilization, education and training, partnership building, and information and communication. In 2004, he co-facilitated the establishment of the Philippine Tropical Forest Foundation and led its Post-Haiyan (Yolanda) Forest and Community Rehabilitation program in 2015. Jerome holds a Master of Science degree in Environmental Studies from Miriam College, and a Bachelor of Science degree in Business Administration from the De La Salle University – College of Saint Benilde.

Dr. John R. Batten, MBE

After more than 30 years in Nairobi, Kenya, John recently returned to the Philippines, where he is currently Senior Adviser to the International Institute of Rural Reconstruction (IIRR) and Chancellor at Thames International Business School (TI). John began his development career with IIRR as Chairman of the Education and Culture Group, and later became International Training Director, 1978/85. After moving to Kenya as Regional Adviser for Training and Technical Assistance with CARE International, 1986/89; he joined ActionAid-Kenya, as Country Director, 1989/95. John was subsequently appointed CEO of ActionAid

In 2001, John co-founded the Poverty Eradication Network (PEN), providing organizational capacity building services in areas of Organizational Development, Managing Change, Strategic Planning, Good Governance and Local Resource Mobilization to Civil Society Organisations (CSOs) in Eastern and Southern Africa. AsPEN Executive Director, John played a leading role in establishing and strengthening CSO networks; co-founding 'Viwango' (Kenya's first independent CSO certification body) and establishing the CSO Reference Group, which galvanized CSO input into the Kenyan Public Benefit Organisation (PBO) Act 2013.

During 2012-2014, John was appointed Interim Executive Director at the Centre of Africa Family Studies (CAFS), a pan-African training and capacity building organisation working in the field of Reproductive Health. During his career John has been an active charity governor. In Kenya, he served as: CSO representative on the NGO Coordination Board, 1993/95; Chairman of Viwango, and Trustee of 'Childline.' He was also Board member and Chairman of the Resource Alliance, 1997/2005; member of CBM International 2007/13, Member and Chair of CBM Kenya 2011/18; and acted as member of ICNL Advisory Board.

Throughout his career, John has provided capacity building services to more than 120 organizations and networks in more than 40 countries in North America, the EU, Africa, and Asia.

Ma. Jenny Martinez Gevela

A Community Development Economics graduate of University of St. La Salle, Bacolod City. She has been working for more than 20 years in the development sector. Prior to her engagement with IIRR, she had worked with international organizations like Tearfund Shiled Project, Typhoon Haiyan (Yolanda) Emergency Response in Capiz, Consultant of SURS Project of WorldBank Convergence of Upscaling Rural Water and Sanitation with DSWD. She also served as VSO volunteer in Bangladesh as Program Management Advisor (Program Management – M&E), Coordinator of Indian Institute of Paralegal Studies, LAYA, India and Program Advisor for Jeevan Rekha Parishad for European Voluntary Service (EVS) volunteers.

Paulina Lawsin Nayra

Paulina is a positive possibility thinker who works with fellow women to weave dreams, aspirations, talents, and resources. In 2011, she founded the Women Enablers Advocates and Volunteers for Empowering and Responsive Solutions (WEAVERS), a women's organization based in Leyte, Philippines. She is currently its president and is also the vice president of the Philippine Association of CRM Skills Trainers (PhilACTS). She has been involved in numerous development and rehabilitation projects for typhoon survivors in the Philippines. Prior to WEAVERS, she was the Executive Director of the Eastern Visayas Network of

NGOs and POs (EVNet), facilitating the participation of local civil society of local civil society organizations in development and DRR activities. She also developed and managed a project mobilizing local CSOs and safer schools monitoring and child centered DRR in Leyte and Eastern Samar Provinces. She also designed and conducted facilitators' trainings on Child Centered DRRM and advocacy skills in DRRM. Paulina advocates gender mainstreaming, age and disability inclusion in DRRM and teaches Community Resiliency Model (CRM).

Rei Cabalquinto

Rei is a volunteer institution development officer with six years of combined work experience specializing in organizing, project development, and institution building for both local and international NGOs. He is currently doing volunteer work for a new local NGO that promotes Disaster Risk Reduction and conducts trainings with Christian Churches, Youth District Leaders, and village-based DRR. Rei is a member of the board of directors for the new NGO, as well as in DYA Bacolod Philippines, a volunteer-based rescue group. Prior to this, he worked as a project officer for Tearfund Philippines conducting disaster recovery program and trainings to its constituents. Rei graduated with a Bachelor of Commerce degree in Agribusiness from the University of St. La Salle.

Wilson John D. Barbon

Wilson is the Disaster Risk Reduction and Climate Change Adaptation (DRR-CCA) Program Manager of the RCA and concurrent Myanmar Country Program Coordinator. As the DRR-CCA Program manager, he designs and supervises programs and projects on community-managed disaster risk reduction, preparedness, early warning systems, and resilient livelihoods. He is the lead trainer and specialist for the DRR-CCA applied learning program of IIRR. He also manages a 3-year regional project with Give2Asia, a US-based non-profit that links social resilience programs of 6 vulnerable countries in Asia to corporate foundations and philanthropies to increase financial investments in local resilience building. Before joining IIRR, Wilson has done extensive social development work in the Philippines such as community organizing and research, participatory resource assessment of upland and coastal ecosystems, participatory project development and management, monitoring, evaluation, learning, coalition-building, advocacy, facilitation, and consensus building. He holds a Master of Science degree in Environment and Natural Resources Management, special focus on upland ecosystems, from the University of the Philippines-Open University and a Bachelor of Science degree in Biology from the Ateneo de Davao University in the Philippines.

Annex 1.A

Sustainable Development Goal 11:

Goal 11: Sustainable cities and communities

More than half of the world's population now live in urban areas. By 2050, that figure will have risen to 6.5 billion people – two-thirds of all humanity. Sustainable development cannot be achieved without significantly transforming the way we build and manage our urban spaces.

The rapid growth of cities in the developing world, coupled with increasing rural to urban migration, has led to a boom in mega-cities. In 1990, there were ten mega-cities with 10 million inhabitants or more. In 2014, there are 28 mega-cities, home to a total 453 million people.

Extreme poverty is often concentrated in urban spaces, and national and city governments struggle to accommodate the rising population in these areas. Making cities safe and sustainable means ensuring access to safe and affordable housing, and upgrading slum settlements. It also involves investment in public transport, creating green public spaces, and improving urban planning and management in a way that is both participatory and inclusive.

Goal Targets:

- By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
- By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
- By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
- Strengthen efforts to protect and safeguard the world's cultural and natural heritage

- By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
- By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
- By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
- Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning
- By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels
- Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials

Annex 1.B

SAMPLE CHECKLIST FOR ASSESSING INCLUSIVE DRR

Participation in decision-making	Very High	High	Medium	Low
• People are informed about decisions or offered opportunities to access decision-making spaces.				
• Their participation is expressed by their physical “presence”, or by their provision of information through extractive exercises.				
• Decisions are ultimately taken by traditional power-holders and other relevant stakeholders.				
• Excluded people are given a voice in decision-making to foster a transforming behavior with high willingness, capacitated and more confident community.				
• Decision-makers observe neutral and encouraging environment to keep high participation and engagement of people.				
Do DRR activities recognize diversity?	Very High	High	Medium	Low
• The pre-identified categories/checklists build on and recognize the different characteristics of people				
• The pre-identified categories/checklists are adapted to better reflect the local context				
• Recognizes that exclusion is still largely attributed to belonging to a particular homogenous “category” (e.g. women, older people, PWDs, etc.) and planning process is aimed at ultimately minimizing exclusion.				
• There is recognition that individual characteristics, sexual traditions and customs are not being excluded.				

Are DRR activities tailored to the context?	Very High	High	Medium	Low
<ul style="list-style-type: none"> • DRR interventions employ standardized approaches that respond to pre-determined broad categories of beneficiaries are adapted to the local context 				
<ul style="list-style-type: none"> • Approaches are adapted to specific needs, capacities and opportunities, on a “case by case” basis. Individual and group preferences are addressed within the particular community context. 				
<ul style="list-style-type: none"> • Approaches are continuously adjusted in response to changes in needs, priorities and opportunities, as identified by community members and community mobilizers themselves. 				
Do DRR activities help remove barriers to inclusion?	Very High	High	Medium	Low
<ul style="list-style-type: none"> • Basic barriers are addressed on a temporary basis with the use of funds and resources provided by time-bound CBDRR projects. 				
<ul style="list-style-type: none"> • Excluded people and their communities have the capacity to identify and address deeper barriers to exclusion as part of an ongoing process. 				
<ul style="list-style-type: none"> • Institutions are proactive in both identifying and removing barriers and in creating an enabling environment. 				

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An inclusive approach to disaster preparedness saves lives. Inclusion engenders community resilience and promotes equity and human rights. But certain groups of people are often left out because of their age, disability, gender, religion, and social status, making them more vulnerable to disasters. In Disaster Preparedness, the participation of women, children, older people, people with disabilities, and other minority groups and sectors is important because they are the most vulnerable against disasters.

This guidebook features easy to understand language and offers practical tools and steps on how to facilitate inclusive disaster preparedness programs.