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European Commission

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# HOW TO INCLUDE DISABILITY ISSUES IN DISASTER MANAGEMENT

FOLLOWING FLOODS 2004 IN BANGLADESH

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European Commission

**HANDICAP  
INTERNATIONAL**

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**JOINT WINNER OF 1997  
NOBEL PEACE PRIZE**

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# Contents

Foreword .....	4
Message From Country Director, Bangladesh.....	5
Acronyms .....	6
Introduction .....	7
Addressing the Needs of Persons with Disabilities.....	7
Disability as a Cross-cutting Issue .....	9
Representation and Inclusion .....	9
Non-discrimination .....	9
<b>GUIDELINES TO INCLUDE PERSONS WITH DISABILITIES IN DISASTER MANAGEMENT .....</b>	<b>10</b>
Awareness and Training .....	10
<b>Preparedness .....</b>	<b>13</b>
Contingency Planning .....	13
Risk and Resource Mapping .....	14
Identification / Registration .....	16
Early Warning .....	17
<b>Immediate Response .....</b>	<b>19</b>
Search, Rescue and Evacuation .....	21
Security in Camps and Shelters .....	28
Shelter .....	29
Food Security.....	32
Water and Sanitation.....	34
Health Services .....	35
<b>Reconstruction and Mitigation .....</b>	<b>36</b>
Housing .....	36
Water and Sanitation.....	38
Latrines.....	38
Water Sources .....	40
Disability Services.....	41
Prevention.....	41
Rehabilitation.....	41
Inclusion .....	45
<b>Development .....</b>	<b>48</b>
<b>Conclusion .....</b>	<b>49</b>
<b>Appendix A .....</b>	<b>50</b>
<b>Appendix B .....</b>	<b>52</b>

## Foreword

The authors of this booklet have asked me to write the short introduction to this publication by Handicap International Bangladesh addressing the specific needs of people with disabilities in disaster situations.

I gladly accepted, as I have worked myself in Bangladesh between 1987 and 1989 which saw, as some will remember, in 1988 one of the worst floods in living memory in Bangladesh. The image of water entering the ground-floor of the flat where I was living in Dhaka in those days have marked me, and certainly motivated me to continue to work in development, relief and humanitarian work.

If life has brought me to Handicap International where I work today, it also showed me that people with disabilities face specific problems during disasters, be they of natural origin or human made. Several years ago in the sierra-leonean refugee camps in Guinea, and more recently in the Tsunami struck areas, I have seen for myself what happens when people with disabilities are excluded.

But what is important, though, is that we CAN DO something; indeed, there are many things we are able to do in order to include persons with disabilities into disaster management efforts. Sometimes, more specialized care and attention may be needed, but for the most part, their needs can be addressed alongside and included within the rest of their community. In any case, they are full citizens of their country and have same rights to access health, education, training and employment as well as specialized aid when necessary.

Disaster situations can lead at times to different prioritizing, but we, at Handicap International and our partners feel that this should not lead to discrimination regarding persons with disabilities. With good disaster preparedness, sharing of information and remedial practices, this undesirable situation could be avoided.

Indeed mainstreaming disability into disaster management and enabling all actors to be “disability confident” is our aim. Where specific responses may be necessary, this is highlighted in the booklet and many guidelines, practical information and tips are provided. In this way, it is hoped that all NGOs be they international or national, and all stakeholders in general, can be prepared and learn from the information and practical tips as well as experiences shared in this document, so that disability issues will be included in all relief responses.


As we all know, during disasters, everything becomes “urgent”, so the success of any operation will be in the preparation. This booklet has the vision of enabling all to be better prepared to meet the needs of this more vulnerable section of society.

I sincerely hope all will use it.

I also hope that all will feel free to give us feed-back to further improve where necessary the next edition.

Finally “thank you” to the authors, the Handicap International team and our partners, and the donors who made this publication possible.

**“Let’s work together for a world without exclusion.”**



Nicolaas Ahmad Heeren  
Director of Programmes, Methods & Techniques  
Handicap International

## Message From Country Director, Bangladesh

The August-September 2004 floods in Bangladesh were particularly severe as almost 75% of the country went under water. Considering the mandate of Handicap International to “intervene in areas where poverty accentuates the situation of inequity and exclusion of the Persons with Disabilities and in countries affected by natural disasters or conflicts...” it became evident to our Dhaka-Bangladesh team that we had to participate in the disaster response – as so many people were suffering all over the country- with our expertise in “addressing the special needs of the Persons with Disabilities”.

This focus on disability has interested UNDP and WFP who provided us with financial support. The project was set up in close collaboration with two local NGOs -Gana Unnayan Kendra (GUK) in Gaibandha and Manab Mukti Sangha (MMS), Sirajganj – which were keen to improve their disaster management approach with a new component including Persons with Disabilities.

Our main objective was to support the most vulnerable groups through mitigation activities as well as disaster preparedness and management, with a particular focus on the special needs of the Persons with Disabilities. Other vulnerable persons of the community were also included to avoid “positive discrimination”. The disability issue crosscut each and every activity of the project – from needs assessment to focus groups, accessible distribution centres, primary rehabilitation therapy for Persons with Disabilities, accessible housing and ground raising and accessible water and sanitation.

The partners’ and communities’ response was impressive. In fact, this approach has increased knowledge on disability and has changed Partner organizations’ attitudes through a systematic inclusion process of disability issues into their usual activities. It has also affected the way communities understand and deal with persons with disabilities: they have discovered how to think about and understand the special needs of persons with disabilities.

Following this more comprehensive flood rehabilitation, many organizations and communities have shown their interest in learning how to include disability issues in disaster management. This publication, based on our field experience (even if it is based on floods, ideas can be easily taken for any type of disaster) and enriched with the expertise of Handicap International’s technical expertise on disability issues, aims at providing concrete ideas and knowledge on “how to include disability issues in disaster management”.

Special thanks go to all the stakeholders involved in this project who have inspired this publication.



Blandine Le Bourgeois  
Country Director  
Handicap International, Bangladesh

## Acronyms

CDD	Centre for Disability in Development
CHDRP	Community Handicap and Disability Resource Person
DFID	Department For International Development
DPO	Disabled People's Organization
GUK	Gana Unnayan Kendra
HI	Handicap International
MMS	Manab Mukti Sanghta
NGO	Non Governmental Organization
OT	Occupational Therapist
PT	Physiotherapist
PWD	Person(s) with Disability (ies)
Upazila	Subdistrict
UNDP	United Nations Development Program
WFP	World Food Program
WHO	World Health Organisation







## Introduction

Persons with Disabilities have difficulty moving, hearing, seeing, communicating and/or learning. They have the same needs and perform the same activities as other members of the community (eating, dressing, working, etc.). However, Persons with Disabilities (PWDs) may need specific support related to their disability and their living environment (assistive devices<sup>1</sup>, caregiver, a modified physical environment or equipment) to enable them to participate fully in these daily activities. In an emergency situation, when all members of the community are placed in a vulnerable situation, a PWD may face extra challenges if these special needs are not met.

Handicap International's experiences in the field of disaster management show clearly that PWD's face additional barriers in accessing emergency support. In addition, there is greater risk of becoming disabled or increasing a person's level of disability<sup>2</sup> in disaster-affected communities.

A PWD's capacity to cope and survive depends on many factors, one of which is reliance on others (i.e. family members, caregivers, neighbours, etc); this support from others is often affected in a crisis situation.

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

-  PWDs **tend to be invisible** in emergency registration systems.
-  Lack of **awareness** is one of the major factors for PWDs not to comprehend disaster and its consequences.
-  PWDs are often **excluded** from disaster response efforts and particularly affected by changes in terrain resulting from disaster.
-  Because of **inadequate physical accessibility**, or loss or lack of mobility aids or appropriate assistance, PWDs are often deprived from rescue and evacuation services, relief access, safe location/adequate shelter, water and sanitation and other services.
-  **Emotional distress and trauma** caused by a crisis situation often has long-term consequences on people with disability.
-  **Misinterpretation** of the situation and **communication difficulties** (What happened? What do I do? Where is my family? etc.) make PWDs more vulnerable in disaster situations.

## Addressing the Needs of Persons with Disabilities

Some PWDs have special needs that must be addressed in addition to the usual needs of all individuals. For example, it might be difficult for people with physical impairments to keep themselves warm due to lack of movement and poor circulation. This situation demands the need for warm clothing, blankets or fire wood. In addition,

1. Assistive devices include walking frames/crutches/ walking sticks, wheelchairs/ low trolleys, artificial limbs, braces, glasses, white canes, hearing aids, etc.

2. Post-injury, Malnutrition, Trauma etc.



people with difficulty in moving may also need assistance for evacuating from an unsafe situation, accessing relief shelters and using latrines. Physical assistance, assistive devices, or installation of ramps may be necessary to ensure these persons are not disadvantaged or trapped in a dangerous situation.

People with visual or hearing impairments are unlikely to notice warning signals and quick evacuation routes during a disaster situation. Subsequently there should be a separate alarm system along with personnel support to move them to a safer place. Some PWDs may find it difficult to understand and appropriately react to instructions; for these persons, it is important to provide relevant information in a manner which they can understand such as using simple language or pictures, or speaking very slowly and clearly.

*Be aware of special needs of persons with disabilities*

BRIEF SUGGESTIONS FOR ADDRESSING SPECIFIC NEEDS		
Disability / Impairment	Risk/Problem	What to do
<b>Physical Impairment (difficulty moving)</b>	Decrease in body temperature Bedsore <sup>3</sup> Difficulty escaping unsafe situation Difficulty accessing relief	<ul style="list-style-type: none"> <li>• Blanket/warm clothing</li> <li>• Mattress, cotton sheet, dry place, hygienic kit, etc.</li> <li>• Personnel support</li> <li>• Assistive devices</li> <li>• Adapted physical environment (ramps, handrails, etc)</li> <li>• Separate queues for rations/latrines/water</li> </ul>
<b>Visual Impairment</b>	Difficulty escaping unsafe situation Difficulty accessing relief	<ul style="list-style-type: none"> <li>• Use landmarks</li> <li>• Install hand rails</li> <li>• Personnel support</li> <li>• Good lighting</li> <li>• Separate queues for rations/latrines/water</li> </ul>
<b>Hearing Impairment</b>	Difficulty in expressing themselves/ understanding Difficulty hearing instructions	<ul style="list-style-type: none"> <li>• Visual aids</li> <li>• Picture exchange communication</li> <li>• Separate queues for rations/latrines/water</li> </ul>
<b>Intellectual Impairment</b>	Difficulty understanding/ following instructions or seriousness of situation	<ul style="list-style-type: none"> <li>• Speak slowly</li> <li>• Use simple language</li> <li>• Personnel support</li> <li>• Separate queues for rations/latrines/water</li> </ul>

3. A bedsore is a sore or wound on the body that results from staying in one position for too long and often occurs with individuals that are not able to move on their own

## Disability as a Cross-cutting Issue

Disability is not simply a health concern, it is a cross-sectoral issue including social welfare, education, health, employment and income generation, accessibility issues relating to transport, infrastructure and built environment, and access to water and sanitation. The needs of PWDs have to be considered before, during, and after disaster and interventions for PWDs need to be comprehensive, including prevention, rehabilitation and inclusion (integration into mainstream programming). All interventions should be implemented using a rights-based approach, as all community members should enjoy the same rights. Consideration should be taken however, that specific needs of PWDs might need to be met for these individuals to access their rights. A person should not be identified by her/his disability; interventions should focus on PWDs' ability and potential to participate in society.

## Representation and Inclusion

PWDs are equal members of the community and as such, they should participate in community-based activities in order to ensure their needs are met. Their participation in planning of disaster management and risk reduction activities throughout the decision-making process will ensure an equitable and effective programme.

In addition, working through a rights-based approach considering specific needs of PWD will benefit the entire population and improve the situation of other vulnerable groups such as the elderly, children, pregnant women, women-headed households and the ultra- or hard-core poor.

## Non-discrimination

Disability results from a temporary or permanent impairment (physical, mental, sensory), and is further impacted by environmental, societal or cultural barriers. While emergency situations pose new challenges for all individuals, PWDs are particularly vulnerable as many times they find it especially difficult to cope when their environment and support system are dramatically altered. Hence, it is important that PWDs have a voice; to do this, awareness of aid workers and the community concerning the rights and needs of PWDs and the importance of considering these needs during emergency situations must be raised.



# GUIDELINES TO INCLUDE PERSONS WITH DISABILITIES IN DISASTER MANAGEMENT

It is important to consider the special/specific needs of persons with disabilities in every phase of disaster management and risk reduction.

## Disaster Management/Risk Reduction Phases:

- Preparedness
- Immediate Response/Recovery
- Mitigation/Rehabilitation
- Development

## Addressing Specific/Special Needs of PWDs:

- Medical treatment/therapy/medications
- Assistive/mobility aids
- Infrastructure/relief accessibility
- Community attitudes towards PWDs

## Awareness and Training

Not all organizations can focus on disability issues to the same extent; every organization has to choose its level of involvement and accordingly obtains the appropriate education/training/skilled personnel. Options for different organizations are outlined below:

- ❑ Mainstreaming disability within the organisation ensure that disability is included as a cross cutting issue in all activities/projects.
- ❑ Sensitizing staff, volunteers, and managers towards disability through exposure is the first step in understanding difficulties encountered by PWDs (e.g. contact disabled people's organizations, visit organizations already involved in disability)
- ❑ Training and sensitization campaign for community level disaster management committees and community volunteers on disability issues.

5.6 % of the population in Bangladesh is living with a disability <sup>4</sup>

Among the poorest in the world, 15-20% are disabled people <sup>5</sup>

60% of the Persons with Disabilities are overlooked during disaster situations <sup>6</sup>

4. "Prevalence Survey" by Handicap International and NFOWD - 2005

5. World Bank

6. HI Bangladesh experience in Sirajganj and Gaibandha, floods 2004

- ❑ Basic training for grassroots level staff on identification of PWDs and their specific needs, knowledge about referral resources, and inclusion of disability issues in disaster management planning.
- ❑ Medium rehabilitation training for NGO staff and volunteers to build capacity to identify, refer and provide primary rehabilitation therapy to PWDs. For example, the Centre for Disability in Development (CDD) offers training to become a Community Disability and Handicap Resource Person (CHDRP).
- ❑ Recruitment of professional staff specialized in disability (e.g. physiotherapist, occupational therapist, Braille teacher, psychologist, etc.).



*A training session  
with local partners*



## SOME TIPS TO REMEMBER

- ❑ Always **respect the dignity and wishes of PWDs** as you would for anyone else, whatever kind of disability it is.
- ❑ **Be patient with psychosocially and intellectually impaired persons** and do not treat them as if they will not understand, as this is often what creates violent behaviour.
- ❑ Consider a disabled person as the best expert about his/her disability; always **ask the person with disability for advice** on how best to meet his/her needs (e.g. for a PWD with a physical disability, always ask her/him how best to lift or move him/her).
- ❑ Always try to **find the regular caregiver or family members** of a person with disability as next to the PWD him/herself, they know best how to manage that person's special needs.
- ❑ A PWD is used to using his/her assistive device, therefore **do not separate a person with disability from his or her assistive aids/devices** (wheelchairs, canes, crutches, hearing aids, medications, etc).
- ❑ **Follow up other specific needs of a PWD** and try to bring along the essential equipment/material during evacuation (urinary bag for spinal cord injured person, special medicine for epilepsy, diabetes, etc.) or organise provision of these items at the shelter location.

## Preparedness

Preparedness is imperative to reduce risks and losses due to disaster. It is significantly concerned with effects arising from disaster, because it constitutes the actual circumstances, events and problems against which preparations need to be made.

Social structures, public health and general health services are often disorganised during disaster and consequently the population has difficult or limited access to services. Therefore, potential causes of disability are increased, as minor problems are not identified; for example, pregnant women are not followed up, people with chronic health problems do not have access to adequate services, etc. Therefore, including disability issues in disaster preparedness through appropriate measures to deal with these effects will prevent possible impairment and disability.

Different hazards pose different risks for PWDs and for development of new disabilities.

*Be careful about consequences and disabilities resulting from common natural disasters*

POSSIBLE CONSEQUENCES AND DISABILITIES RESULTING FROM DISASTER		
Type of Hazard/ Disaster	Immediate consequence	Possible impairment/disability
All natural disasters	<ul style="list-style-type: none"> <li>· Malnutrition</li> <li>· Vitamin A deficiency</li> <li>· Psychological shock</li> <li>· Loss of medicines (for diabetes, epilepsy, etc)</li> </ul>	<ul style="list-style-type: none"> <li>· Developmental delay</li> <li>· Visual impairment or blindness</li> <li>· Psychological disorders</li> <li>· Worsened existing disability</li> <li>· Increased risk of developing new disability</li> </ul>
Flood	<ul style="list-style-type: none"> <li>· Drowning</li> </ul>	<ul style="list-style-type: none"> <li>· Respiratory complications</li> </ul>
Cyclone/ Tornado/ Earthquake	<ul style="list-style-type: none"> <li>· Trauma</li> <li>· Bodily injury (+/- infection)</li> <li>· Head injury</li> <li>· Burn</li> </ul>	<ul style="list-style-type: none"> <li>· Paralysis, spinal cord injury</li> <li>· Limb loss/amputation</li> <li>· Physical/intellectual disability</li> <li>· Limb deformity</li> </ul>

## Contingency Planning

Contingency plans are usually prepared by stakeholders involved in disaster management to ensure rapid and accurate response to any emergency situation. It is important when preparing a contingency plan to consider disability as a crosscutting issue (similar to gender), and to account for the special needs of PWDs in the plan.

**Prepare a section in your organization's contingency plan focusing on PWDs and their special/specific needs**

*(e.g. template Appendix A details how to fill in this form)*



SUGGESTIVE FORM TO INCLUDE DISABILITY ASPECTS IN A CONTINGENCY PLAN				
Phase	Criteria	Approaches	Specific intervention for PWD	Remarks
Preparedness				
Assessment				
Rescue/Evacuation				
Response				
Recovery				
Camp/Shelter management				
Others: (be specific) Specific support for PWDs				

### Risk and Resource Mapping

During disaster preparedness, a risk assessment is imperative to identify potential areas vulnerable in disaster situations such as floods or earthquakes. By involving PWDs in risk mapping, they can help to determine possible barriers they may face, should any of these risks become reality during an emergency situation. For example, a person who has difficulty walking or seeing may not be able to negotiate over rubble to reach the relief shelter following an earthquake.

In addition to risk mapping, when resource mapping is carried out, resources specific to PWDs should also be identified. These may include: accessible drinking water and sanitation sources, accessible shelters, volunteers to provide physical support, rehabilitation centres, healthcare/hospital services for injured persons, special schools or schools that include children with disabilities, etc.

- ❑ Address the specific needs of PWDs during risk and resource mapping.
- ❑ Prepare the resource inventory taking into consideration three areas of disability: physical, sensory (hearing, speech, vision) and intellectual.



*Focus group discussion with PWDs and their families*

## Handicap International Experience

After the devastating flood in 2004, Handicap International Bangladesh conducted a baseline assessment in Sirajganj district to identify risk and resource of persons with disability. Following this assessment the specific needs, immediate needs and long term needs of persons with disabilities were identified and at the same time possible risk and resources were defined to meet up the needs. Several tools like focus group discussion, transact walk, peer discussion, structured and non structured interviews were used and resource person on disability issues like Occupational Therapist (OT), Physiotherapist (PT) were involved to conduct the assessment.



*River erosion in "char" areas*





## Key Questions to Ask During Risk and Resource Mapping

1. What types of facilities/staff are there: Medical care, Physiotherapy (PT), Occupational Therapy (OT), etc. in District and Upazila level hospitals or nearby NGO or community health facilities?
2. Do you know what types of specialized services are available (orthopaedic hospital, rehabilitation centre, hearing aid providers, eye hospital, psychosocial support services, etc.)?
3. Is there a professional disability advisor (PT, OT, CHDRP) in your team?
4. Are there any local disabled people's organizations (DPOs) or NGOs working on disability issues in your working area?
5. Do you know where to get assistive devices and how to prescribe them? If not, do you know where to find this information or appropriate resource persons (address, contact number, services provided)?
6. Are relief services, shelters, water and sanitation facilities and other basic needs accessible to PWDs?
7. Are you aware of the specific evacuation measures for PWDs?
8. Where can you find potential resources (advisors, organizations, training, etc)?
9. Are your action plans made disabled-friendly (i.e. warning signals, accessible evacuation vehicles/boats, etc)?
10. Are there income generating activities, vocational training opportunities or other livelihood activities available for PWDs?

### Identification / Registration

When developing a database of community members during the preparedness phase, it is necessary to identify and register PWDs to ensure their basic entitlement and needs during a disaster.

For identification and registration of PWDs during preparedness activities, a special tool is helpful to classify them and to identify their specific needs.

**Identify the persons with disability using this type of general screening form**  
 (full version in Annex B)

### Early Warning

Early warning provides a very important link between preparedness measures and response action, which in turn reduces the risk of exposure and injury of community members. A comprehensive early warning system is very important in any community, however, even more so in a community with PWDs as they are frequently overlooked in disaster situations. An early warning system is effective only if all community members are reached by it. Therefore, include PWDs when designing warning signals/signs so they can help ensure methods used will be appropriate to meet their needs.

**GENERAL SCREENING FORM FOR PERSONS WITH DISABILITIES**

Date of screening: \_\_\_\_\_

Information of person doing screening: Name: \_\_\_\_\_ Address: \_\_\_\_\_

PWD's Personal Information Form ID: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Father's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

**Disability Identification**

Can the person take care of their daily needs?

	Yes	No
Eating/Drinking		
Dressing		
Walking		
Using toilet		

Does the person have difficulty communicating?

	Yes	No
Understanding following instructions		
Speaking		
Hearing		
Expressing needs		

Does the person have difficulty moving or moves differently than others?

	Yes	No
Sitting		
Standing		
Walking		

Does the person use any assistive devices?

	Yes	No
Glasses		
White cane		
Walking frame		
Crutches		
Walking stick		
Wheelchair		
Low brail		
Artificial arm or leg		
Hearing Aid		
Other (please describe):		

*Develop early warning systems in a disabled-friendly manner using multi-modal warning means (visual signs or signals, auditory alarms, peer support, community support, etc.)*

TYPE OF IMPAIRMENTS AND WARNING SYSTEMS	
Types of Impairments/ Disabilities	Warning System
Visual Impairment	<ul style="list-style-type: none"> <li>• Auditory Signal System/Alarms</li> <li>• Announcements</li> <li>• Posters written with large characters and colour contrast</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>• Visual Signal Systems – Red Flag, Symbols</li> <li>• Pictures</li> <li>• Turn lights off-on frequently</li> </ul>
Intellectual Impairment	<ul style="list-style-type: none"> <li>• Special Signals – Red Flag, Symbols</li> <li>• Clear and brief announcements by rescue workers</li> </ul>
Physical Impairment	<ul style="list-style-type: none"> <li>• Auditory Signal System/Alarms</li> <li>• Announcements</li> </ul>



## Immediate Response

Response measures are taken immediately following a disaster, usually beginning with a Rapid Assessment of the entire context to determine damage resulting from the disaster and the needs of the community, including those of PWDs. With respect to PWDs, the following should be considered during a rapid assessment:

- ❑ If there are no databases/lists of PWDs available immediately after disaster, it is important to prepare a detailed list of PWDs during loss and damage assessment. If a list does exist, it may need to be updated following a disaster as population resettlement and disaster consequences could change it.
- ❑ Determine the specific needs of persons with disabilities (e.g. special food, specific medicines, urinary bags, mattress, etc.); it will be important to ensure these needs are met, particularly if without them, the person's health will deteriorate.



*Returning home with food relief*

*Use this type of rapid assessment tool to identify PWDs in an emergency situation*

**Post Disaster Screening Form for Persons with Disabilities**

Date of screening:	(dd/mm/yy)	Form ID	
Information of person doing screening:			
Name:		Occupation:	
PWD's Personal Information			
Name:			
Mother/Father's Name:			
Spouse's Name:			
Age:	yrs.	Sex:	M [ ] F [ ]
Address:			

Does the person:	Due to disaster	Before disaster
Have difficulty seeing?		
Have difficulty hearing?		
Have difficulty speaking?		
Have difficulty moving or walking?		
Have no feeling in their hands or feet?		
Show strange behaviours?		
Have fits?		
Have difficulty learning?		
Have any deformities (body parts that are bent/shaped the wrong way)?		
Have any missing body parts (amputations)?		
Have any other disabilities? Describe:		

If the person does have any disability, is he/she able to care for him/herself?

Yes [ ] No [ ]

If not, who usually cares for the person?

Is this individual able to assist now?

Yes [ ] No [ ]

Does the person have any special needs? (medications, assistive devices like hearing aids/wheelchair/low trolley/crutches/artificial limb/glasses/white cane/etc)

Yes [ ] No [ ]

Please describe:

Any other comments:

## Handicap International Experience

After the major flood disaster in 2004, Handicap International conducted an assessment to identify PWDs in 12 flood-affected unions of Sirajganj and Gaibandha districts. Following the assessment, initiatives were undertaken in the emergency phase to ensure PWDs had equal access to relief services such as food rations, latrines and water sources. During the reconstruction phase, PWDs needs were also considered and activities focused on ensuring these needs would be met (including building accessible housing and providing and training community rehabilitation workers).

## Search, Rescue and Evacuation

During immediate search, rescue and evacuation measures following disaster, it may be necessary to employ special techniques or procedures to safely and quickly evacuate PWDs. For this reason, PWDs or representatives from disabled people's organizations (DPOs) should be included in disaster management committees to help identify the specific needs of the disabled person in a participatory manner.

### STATE OF PREPAREDNESS MEASURES AND DUTIES

When preparedness measures are in place:	When there is no preparedness planning:
<ul style="list-style-type: none"> <li>• Team dedicated/trained to rescue PWDs</li> <li>• Utilization of existing database/list of PWDs</li> <li>• Adapted evacuation means</li> <li>• Adequate material to remove someone from rubble</li> <li>• Evacuation to accessible pre-identified location</li> </ul>	<ul style="list-style-type: none"> <li>• Allow the PWD to advise you on his/her special needs (i.e. special techniques to move him/her, need for assistive devices, medicines to bring)</li> <li>• Evacuate the person to a location where he/she will best be able to meet his/her immediate needs (i.e. accessible water, toilets, etc)</li> </ul>



*Learning to walk between two parallel bars*

## REMEMBER DURING DISASTER

- ❑ PWDs should have been identified in advance during preparedness, if they have not been, try to identify them immediately.
- ❑ Emergency search and rescue personnel should have knowledge on how to adapt search and rescue techniques to find and move persons having different types of disabilities. For example, a person having difficulty sitting without support may need a belt to tie him/her into an evacuation boat so she/he does not fall over the edge.

*Follow some adapted rescue techniques for persons with moderate to severe disabilities*

- ❑ Evacuation boats may need to be adapted with special seats, security belts or even floor surfaces to safely transport PWDs away from danger areas
- ❑ Stretchers, chairs or trolleys may need to be used to carry PWDs that have difficulty moving or negotiating unfamiliar or uneven terrain to safer places



Relief distribution site

## Evacuation and Rescue Techniques and Tips for PWDs



- ❑ Always try to bring someone who knows the PWD or someone familiar with working with PWDs during search, rescue and evacuation

### **For persons with physical disabilities:**

- ❑ If the person uses crutches or other mobility devices, bringing them along may help the individual move quicker (illustration-1)
- ❑ If the persons have a lot of difficulty, it may be necessary to carry them or use a stretcher/wheelchair. While helping a person in or out of a stretcher or wheelchair, do not pull on the person's arms or legs or place pressure on their limbs or chest as this may cause injury, pain spasms or block breathing
- ❑ Assistance should also be given by unblocking the evacuation route when stairs or access is crowded
- ❑ Special techniques may need to be used to move person with severe physical disability cases (Illustration 2,3)
- ❑ Two persons or one person transfer technique can be used for less severe physical disability cases (Illustration 4, 5, 6, 7)

### **For persons with visual disabilities (difficulty seeing):**

- ❑ Give verbal guidance to the individual when you are guiding so he/she knows what obstacles are ahead (i.e. rocks, water, stairs, etc)
- ❑ Indicate the presence of stairs, doors, narrow passages, ramps, etc. using rough mats at starting and ending points
- ❑ Assist the visually disabled person when sitting down by placing his or her hand in the back of the chair
- ❑ If there are many people with visual impairments in the same place, assist them to hold hands/elbows/shoulders and follow the direction of a leader. (Illustration-8)

### **For persons with auditory disabilities (difficulty hearing):**

- ❑ Use visual means (hand gestures, demonstrations, pictures) to communicate instructions
- ❑ If the individual is unable to speak give them a way to communicate by using Flash Cards (picture exchange communication)

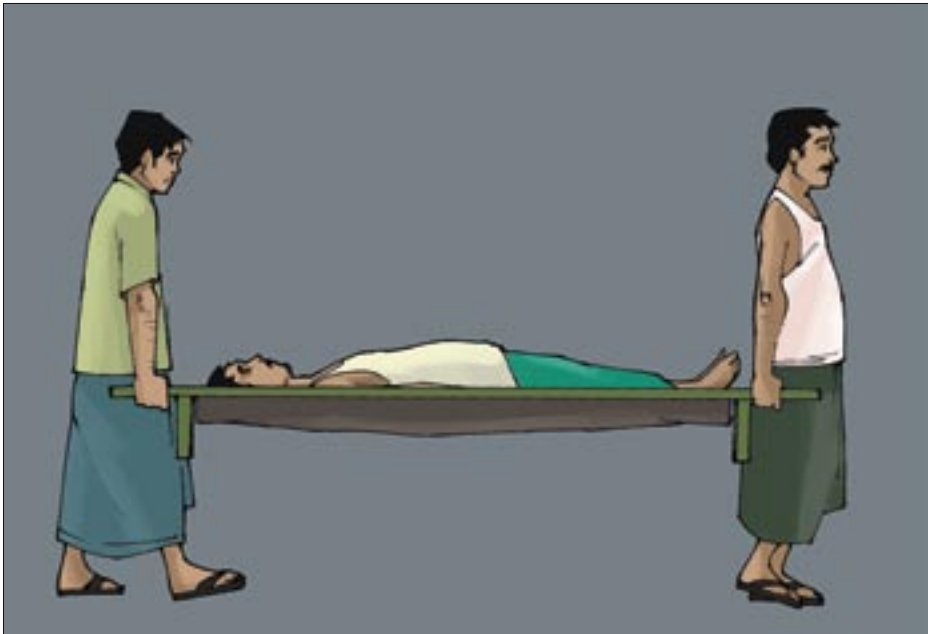
### **For persons with sensorial (seeing, hearing, speaking) and intellectual disabilities:**

- ❑ Explain the situation clearly (i.e. what has happened, is there still danger, how can they protect themselves, etc.)





*Illustration 1: Helping a person with disability, to go faster; do not forget to bring the assistive devices.*



**Illustration 2:** Using stretcher to evacuate people with severe disability



**Illustration 3:** Using transfer technique - three person transfer

- one person will support the head and upper part of the body
- one person will support the hip area
- one person will support legs

Three lifters will lift the person together at the same time



**Illustration 4:** In a 2-person transfer, one person will support the trunk while the other will support the lower limb. The person behind will reach under the person's arms and hold the opposite wrist of the person. Person holding the legs will hold the person under the knees and ankles.



**Illustration 5 & 6:** Transfer technique - transfer people who have no movement in their arms, trunk or legs.



**Illustration 7:** One person transfer: This transfer is for person(s) who can put weight on their legs but are not able to move without some help.

- for one person transfer the person has his/her feet flat on the floor, be positioned forward in the wheelchair and have his arms around helpers upper back.
- the helper puts his feet and knees on the outside of the persons feet and knees, helpers hands are puts under persons buttocks.
- when the person is up high enough the helper will turn the person to the new area and slowly return the person to a sitting position.



**Illustration 8:** Two people with visual impairment moving together hand-to-hand, holding hands tight and following the instructions of the leader (person in front)

## Security in Camps and Shelters

Persons with disabilities and other vulnerable groups are often more susceptible to physical, sexual and emotional abuse when staying in shelters or camps due to their reduced ability to protect themselves or understand the situation. For this reason, it is necessary to orient relief staff and volunteers on ways to minimize risk of these abuses.

- ❑ Try to reunite PWDs with their caregivers or relatives during their stay in the shelter.
- ❑ If caregivers/family are not available, try to ensure there are adequate numbers of volunteers/staff in camps or shelters.
- ❑ Promote interactive discussions with PWDs to decrease tension and stress of the overall situation.
- ❑ Initiate different stimulation exercises to help PWDs express and combat their fears through dialogue.

In addition, some PWDs may be at greater risk of injuring themselves due to difficulty seeing, moving or hearing. To help prevent undue injury or prevent new disabilities:

- ❑ Fence the shelter compound or areas that are unsafe (open manholes, piles of rubble, etc) to prevent accidental injury.
- ❑ Ensure sufficient lighting in shelter areas so obstacles can be easily visualized.
- ❑ Install handrails where there are stairs, or install ramps.



*Secured living in a flood shelter with all belongings*

## Shelter

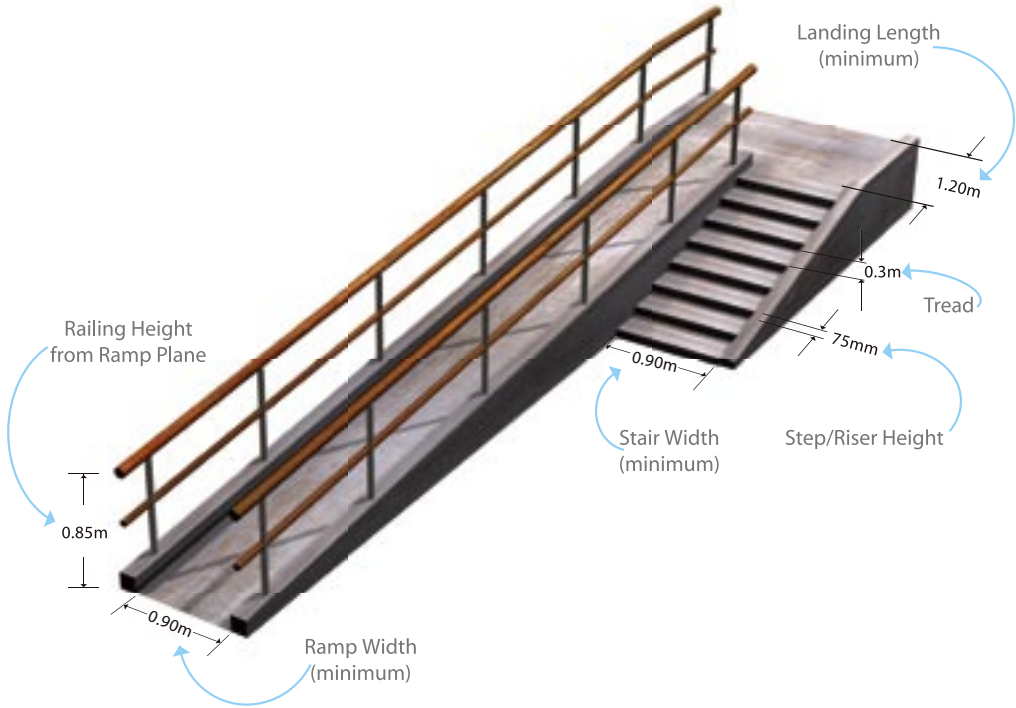
During the preparedness phase, a participatory process should be used to plan for possible shelter or camp locations in the event of disaster. All locations including existing social institutions such as schools or city corporation garages that may be used as shelter sites, should be made accessible to all community members using the universal standard design of accessibility (such as building ramps, installing handrails, modifying water and sanitation sources and making other modifications) to ensure the sites will be accessible to all. PWDs should be included in this development process to ensure their needs are accounted for. It has been shown that in community-based and managed shelters or camps, disaster-affected individuals (including PWDs) feel more comfortable and take ownership over the site.



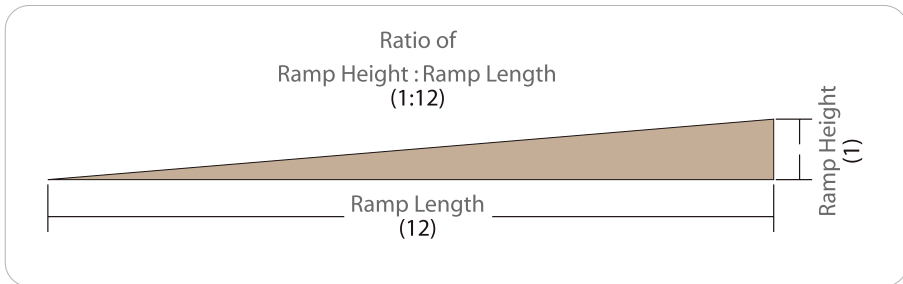
*Community based flood shelter, accessible to persons with disability and elderly*

In Bangladesh, most of the flood shelters are ground raising of public places where all the community can take shelter during flood.

**Follow appropriate measurements in making ramps and stairs.  
The width should be at least 0.85m to facilitate passing of a wheelchair without difficulty.**



**Remember, the steepness of the slope (height-length ratio) has to be made so that a PWD can climb it up or down easily by him/herself in a wheelchair or other assistive devices.**





*Accessible house with proper door size*



*Accessible toilet with ramp, large door, and handrail along with space inside to accommodate wheelchair. Ramps can also be made adding a small slope to the level of latrine's floor.*



## Food Security

Maintenance of adequate nutritional status is a critical determinant of survival in a disaster. In particular, some PWDs are more susceptible to malnutrition in emergency situations due to difficulty accessing rations, difficulty eating rations, insufficient food quantities or poor reserve energy/pre-disaster general health. For example, a severely physically disabled person may not have enough reserve energy to sustain him or herself during periods of poor nutrition.

NUTRITIONAL RISK	POSSIBLE SOLUTION
Difficulty chewing and/or swallowing	Provide food rations which are easy to "purée" or mash
Reduced food intake	Provide high energy foods items
Need for modified position/posture when feeding	Ensure space to eat in privacy
Reduced mobility affecting food access and access to sunlight (affecting vitamin-D status)	Accessible food distribution spots Placement near areas of sunlight
Discrimination affecting food access	Specific distribution spots, control on rations, separate queues
Constipation (particularly affecting individuals with cerebral palsy, spinal cord injury, etc)	Vegetables or eggs in food rations
Separation from family members or usual caregivers (anxiety, lack of physical assistance)	Try to reunite with caregiver or relatives

### Handicap International Experience

During the emergency response activities in Sirajganj and Gaibandha after the 2004 floods, adequate measures were taken to provide food rations including rice, pulses, oil, high energy biscuits and nutritional baby food to ensure basic food security. Moreover, seeds for quick-growing green vegetables were distributed to disaster victims so they could grow them quickly to meet their nutritional needs. Food distribution was strictly monitored to ensure PWDs were not overlooked or deprived during this process and adequate measures were taken in the relief distribution spots so that PWDs would have equal access to relief. Ramps and handrails were installed to facilitate access, volunteers were assigned to assist with PWDs, and PWDs were specifically encouraged to access rations and other relief services. In addition, by ensuring equal access for PWDs, these persons were recognized by their families and the community resulting in increased awareness about disability.



*Food relief support through accessible distribution centres*

*Encouraging to come to the distribution centre*



## Water and Sanitation

Providing sufficient water and sanitation facilities will not, on its own, ensure their optimal use. All individuals including PWDs should be informed about when and where the water sources and sanitation facilities are available in shelters or camps and should be provided with information on prevention of water and sanitation related diseases. In addition, to ensure PWDs have equal access to water and sanitation facilities, additional measures may be required. For example, tube wells, hand pumps and water carrying containers should be designed or adapted for access to water quickly and easily and temporary toilets in camps and shelters need to be accessible to all. If PWDs are denied equal access to water sources or latrines due to discrimination, it may be necessary to monitor access or form separate queues. It may also be necessary for someone to be available to assist those persons whose disability severely restricts them from accessing water sources or sanitation facilities, even with modifications. PWDs can also be involved in design, building and maintenance of these temporary facilities.

*(More details for accessible latrines and water sources in page-30-31).*



*Tubewell made accessible by adding a small slope to the platform*

## Health Services

A disaster poses significant health risks for all community members. Stress and possible injury may create disability in previously healthy persons. For people with existing disabilities, without prompt attention towards securing medication, assistive devices or personal care assistance, their existing disabilities may worsen, even to a critical stage. For example, a person unable to move due to severe physical disability requires regular changes in position to prevent sores on his/her body from developing.

### MORE TIPS TO REMEMBER

- ❑ Identify health problems as the first step towards responding to health needs of PWDs or people at risk of developing disability
- ❑ Refer to appropriate specialist in nearby medical center (primary health center, orthopaedic hospital or center, children's hospital, etc.)
- ❑ Develop a referral procedure using existing resources
- ❑ In settings where such centers do not exist, try to find resource persons such as CHDRP's that may be able to provide basic care (exercises, proper positioning for individuals with physical disability to prevent deterioration in movement, etc.)
- ❑ Distribution of simple informational leaflets (how to make wound dressings, how to avoid sores/wounds, exercises for individuals with broken bones in casts, etc.)

*Doctor (physician) and CHDRP are jointly providing services*



## Reconstruction and Mitigation

During reconstruction and mitigation, the needs of PWDs should be taken into consideration in all activities aimed at the community. Activities specific to PWDs may also need to be initiated.



**Key questions** to ask when planning reconstruction include:

- ❑ Are the house, toilet and water source accessible?
- ❑ If they are not accessible, why not?
- ❑ What possible solutions are there to make them accessible?

### Housing

Having an adequate house to live in is a key determinant of one's ability to maintain or establish livelihood activities. Simple modifications to make houses disabled-friendly during reconstruction will ensure houses are accessible to all, and should be considered not only for houses where a person with disability resides, but for all houses, in a preventative manner. Housing reconstruction should also take into account access to the house; for example, wide and smooth pathways connecting to major roads may be useful for persons using low trolleys or wheelchairs. If possible, it may be useful to relocate PWDs closer to schools, markets or other frequently used venues to improve accessibility.



*Accessible houses with ramp and handrails.*

## Handicap International Experience

During post-flood rehabilitation in Sirajganj and Gaibandha in 2004, Handicap International and its partners constructed houses for a number of flood victims, with a special emphasis on PWDs. All houses were re-built with wide doors to make them accessible to everyone, keeping in mind planning for possible future needs. For houses where PWDs reside, further modifications were made based on the individual's special needs, including installation of ramps, stairs and handrails.

Two persons with amputated legs — Jamal and Korban, received prosthetic support (artificial legs) after the screening by Occupational Therapist and Physiotherapists. They also received accessible new houses with stairs and handrails. During monsoon, with high water level, these stairs facilitate access to boats which can now anchor just at the bottom of stairs.



*Accessible houses  
with stairs and handrails  
facilitating movement of PWDs*

## Water and Sanitation

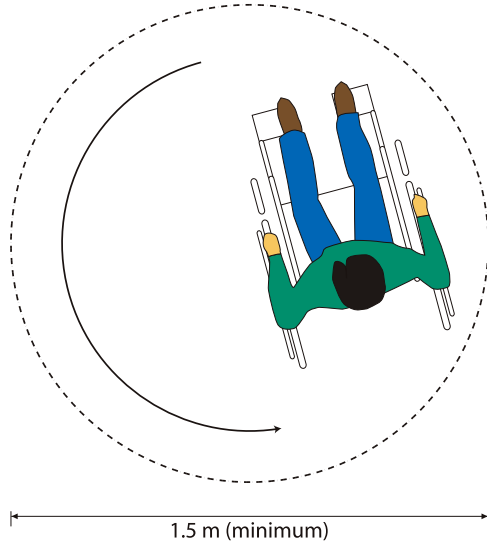
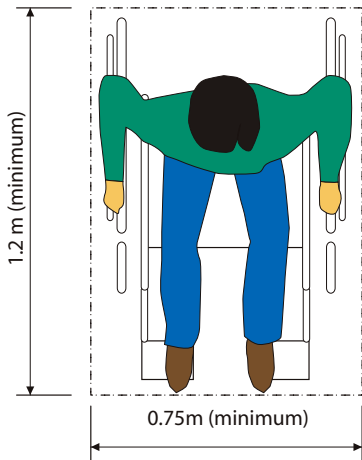
### **Latrines**

Latrines should be designed, built and located so that they are easily accessible and can be used by anyone, including children, elderly, pregnant women and PWDs. The following features should be considered:

- ❑ Latrines and doors may need to be wider and without raised ledges if the person uses a wheelchair
- ❑ Handrails, potties (over toilet chairs) or western toilets with varying seat heights may be necessary for persons who have difficulty squatting or for children
- ❑ A clear access-way from the house is needed (i.e. even walking surface, wide path for wheelchairs, a handrail or other marker for someone who is blind, etc.)

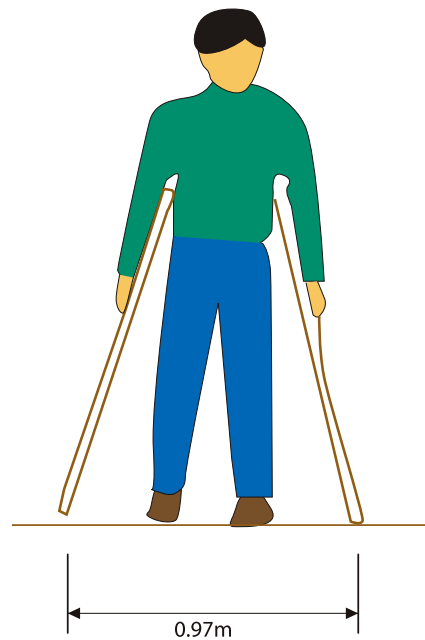
*Accessible toilet with slope to platform, large door, and handrail along with space inside to accommodate wheelchair*





### Wheelchair Dimensions

During design and adaptation of facilities and environment, consider the dimensions of persons with disability along with any helpers, mobility aids or equipment. For a wheelchair user, space depends on the design of the chair. These dimensions concern the width of paths and doorways, internal dimensions of bathroom and toilet as well as the location of handrails. Persons with disability need more space inside a facility to move around. A minimum range of 1.5 meter clearance is required inside a facility for a wheelchair user to move around.





## **Water Sources**

When constructing or repairing water sources, keep in mind that they should be easily accessible for PWDs. Water sources should be built as close to the house as possible, and a clear access-way from the house should be ensured. The ground surrounding the water source should be cleaned up regularly to avoid falling/slipping; adequate drainage around the water source will also help minimize risk of falling on wet and slippery surfaces. If the person using the water source has difficulty climbing, a ramp may be needed to access a tubewell raised on a platform. Hand pumps and water carrying containers may also need to be modified for persons who have difficulty using the standard design.

### **Handicap International Experience**

During the floods of 2004 most sources of pure water in Sirajgonj and Gaibandha were contaminated and tubewells were destroyed in large numbers. Handicap International installed and repaired tubewells in homes as well as near social institutions like schools. Ramps (slopes) were made to make the water sources more accessible and a proper drainage system was developed to keep the floor dry and prevent slips and trips.



*Accessible Tubewell with small steps and slope to platform*

## Disability Services

Disability is a multi-sectoral issue and includes social welfare, education, health, employment and income generation, accessibility issues relating to transport, infrastructure and built environment, and access to water and sanitation. Disability services should include prevention of disability, rehabilitation for PWDs, and inclusion of PWDs in community activities.

### Prevention

Many things including injury, malnutrition, or poor perinatal care can cause disability. Simple measures can be taken by organizations to prevent disability from occurring and can be as basic as education related to injury prevention, adequate nutrition, and prevention of infection and disease.

### Rehabilitation

Rehabilitation is a broad concept that includes any activities that improve the autonomy and independence of PWDs to help them actively participate in society. Some examples of key rehabilitation services include:

- ❑ Physiotherapy to improve the ability of a person with physical disability to move (exercise, positioning, strengthening, etc)
- ❑ Occupational Therapy to help a PWD learn new ways to complete daily activities (dressing, eating, etc.)
- ❑ Vocational training to help a PWD learn a trade
- ❑ Enrolment in schools with teacher/ staff trained specifically to work with people having different kinds of disabilities
- ❑ Training on how to read Braille (visually-impaired or blind individuals) or communicate using sign language or lip reading (hearing-impaired or deaf individuals)



*Physiotherapist (PT) in diagnosis*

If the person was receiving certain rehabilitation services before the disaster, it is important to continue these services as soon as possible after the disaster to ensure the persons' progress does not deteriorate. In many cases, it takes weeks or months to improve but only days to deteriorate.

While in some cases, specially trained professional staff are needed to work with certain PWDs, in many cases, primary rehabilitation activities can be carried out by staff of community organizations following basic training or by local disability resource persons (i.e. CHDRP's).



*Skills transfer to caregiver*

The role of these community-based workers is to train the individual and his/her family to be able to carry out rehabilitation activities (such as basic exercises to increase movement of a stiff limb or prevent a limb that does not move very much from becoming tight and developing a deformity), provide regular follow-up, and refer PWDs to appropriate resources in the community for specialized care (e.g. physiotherapy or orthopedic surgeon) or other services (vocational training, schools, etc).



*Saiful, a 14 years old boy with Cerebral Palsy in an adapted chair doing homework with the help of care givers*

Assistive devices such as walking aids (crutches, walking sticks, walking frames), wheelchairs, low trolleys, artificial limbs, hearing aids or glasses may also need to be prescribed for some PWDs. Following basic training, community workers can prescribe these devices and ensure the PWD is able to use them appropriately.



*An Occupational Therapist (OT) and a CHDRP in one of their regular screening visits*

## Handicap International Case Study

Aleya was only 13 when she suffered from a stroke; subsequent paralysis resulted in her being unable to move the right side of her body. She had only been married a year; six months after her stroke, her husband left her and was remarried to another woman. No longer having a husband, Aleya moved in with her brother where she was deprived of her rights and was barely taken care of. One bamboo stick, two saris and a plate; these items totalled Aleya's possessions. Unable to walk and barely able to crawl, she was forced to live on the patio, as she was unable to go through the threshold into the house. For 18 years she had been living this way. Every day Aleya passed not being able to move reminded her of how her stroke had shattered all her dreams.

After the flood of 2004 Handicap International began working in Sirajganj and identified Aleya. Therapists started to provide her with occupational therapy and physiotherapy. After 2 months of therapy, Aleya, who was not able to stand for 18 long years, stood up and started to walk with the assistance of one elbow crutch. Her first steps were into the house she had been deprived of access to for so long.

Now Aleya has a new house, which is accessible, to live in with an accessible toilet of her own. Most importantly, through regaining her mobility, she has also gained self-confidence. Now she can help her sister-in-law in weaving. Aleya has a lot to call her own today. She feels that each leap she takes is like winning the world.

*Aleya now able to participate in family income generating activity after having received therapy and crutches*





*Jamal back to normal life with the help of an assistive devise (artificial leg)*

## **Inclusion**

Inclusion means integrating PWDs into mainstream community programming. PWDs have the same rights as all other community members to participate in social, educational and economic activities, and every attempt should be made to ensure they enjoy access to these services and activities. This may include:

- ❑ Vocational training programs and assistance finding employment
- ❑ Inclusion into mainstream schools (sometimes basic training may be needed for school teachers on how to work with disabled children in the classroom)
- ❑ Acceptance into micro-credit schemes
- ❑ Inclusion in any development program



*Alomoti back to normal life with the help of a low trolley*

## Handicap International Experience

Inclusion is the philosophy of Handicap International and it was also one of the main objectives of the emergency project. To create a long-term impact in the community and focus on inclusion of PWDs into mainstream programming, HI has worked collaboratively with two local NGOs (MMS and GUK). One staff of MMS was sent to the Center for Disability in Development (CDD), to be trained as a Community Handicap and Disability Resource Person (CHDRP), so that MMS could better serve the needs of PWDs. Prior to HI's involvement, GUK had already initiated a disability program and sent one individual for training as a CHDRP. It was decided that HI would continue to provide necessary technical support regarding disability issues for MMS and GUK in terms of capacity building of their CHDRPs. In addition, contacts were developed with "Lilian Foundation" to ensure the continuation of assistive devices provision in future. Both NGOs are working to include PWDs in their programs, such as their disaster preparedness activities and micro-credit programs. Not only have PWDs been included in MMS's and GUK's programs, awareness has also been created in the project areas regarding disability.

## Handicap International Case Study

Johura, a young girl unable to walk due to polio, was screened during the emergency project; her only way to get around was by crawling, which meant she was always covered in dust. Because of her difficulty moving, she had never been to primary school as it was too far away and no one had encouraged her or offered to assist her to get to school.

After identification and registration, HI team decided to provide her with a wheelchair and some training was given on how to use it correctly. Besides improving her mobility, the wheelchair and training also increased her self-esteem and motivation.

Although she still cannot get to primary school even with her wheelchair, she has started home-based primary education and will join in secondary school once she is old enough as she will be able to get there with her wheelchair.



*Johura starts studying after receiving a wheelchair*



## Development

It has been shown that disaster services should not be implemented without consideration for long-term sustainability and development programming. In every phase of disaster management, long-term impact should be considered. Disability related issues should be incorporated throughout the relief, mitigation, rehabilitation and development process.

There are two main ways to include disability, the Twin-track approach and the cross cutting approach, which is more comprehensive.



*Mobility aids increase PWDs participation in social gathering*

**The Twin-track approach** (defined by DFID) means to develop a “two ways approach”; one is mainstreaming disability into development, the other is to develop specific services / measures for PWDs to be able to participate. As an example, during floods, there are a lot of relief activities PWDs can benefit from, without any specific input. But very often, Persons with Disabilities are invisible, not taken into consideration in usual activities. For relief, just look for PWDs, give them same things as others and look at what more they

may need. More practical, each person will get one blanket, so disabled people too (if you know them) but they may need additional one as they can not move. This is the twin track approach.

**The Crosscutting approach** means that Disability is considered in each activity as a topic of attention. Equal opportunity and full participation of Persons with Disabilities are targeted, in this case. As an example, equal access to health services for PWD, means transportation access, physical accessibility, financial access, income and livelihoods, policies, social services, etc. This approach suggests to work at different levels with many stakeholders so that every sector will include disability issues in their activities.

In disaster management, by including disability issue in all phases of intervention, awareness within the community, local organizations and key stakeholders is increased, thereby promoting the rights of PWDs. An emergency situation that requires intensive community rebuilding provides an opportunity to develop an inclusive society where PWDs can access services and programs alongside other

community members, and positive attitudes towards disability are promoted in the community.

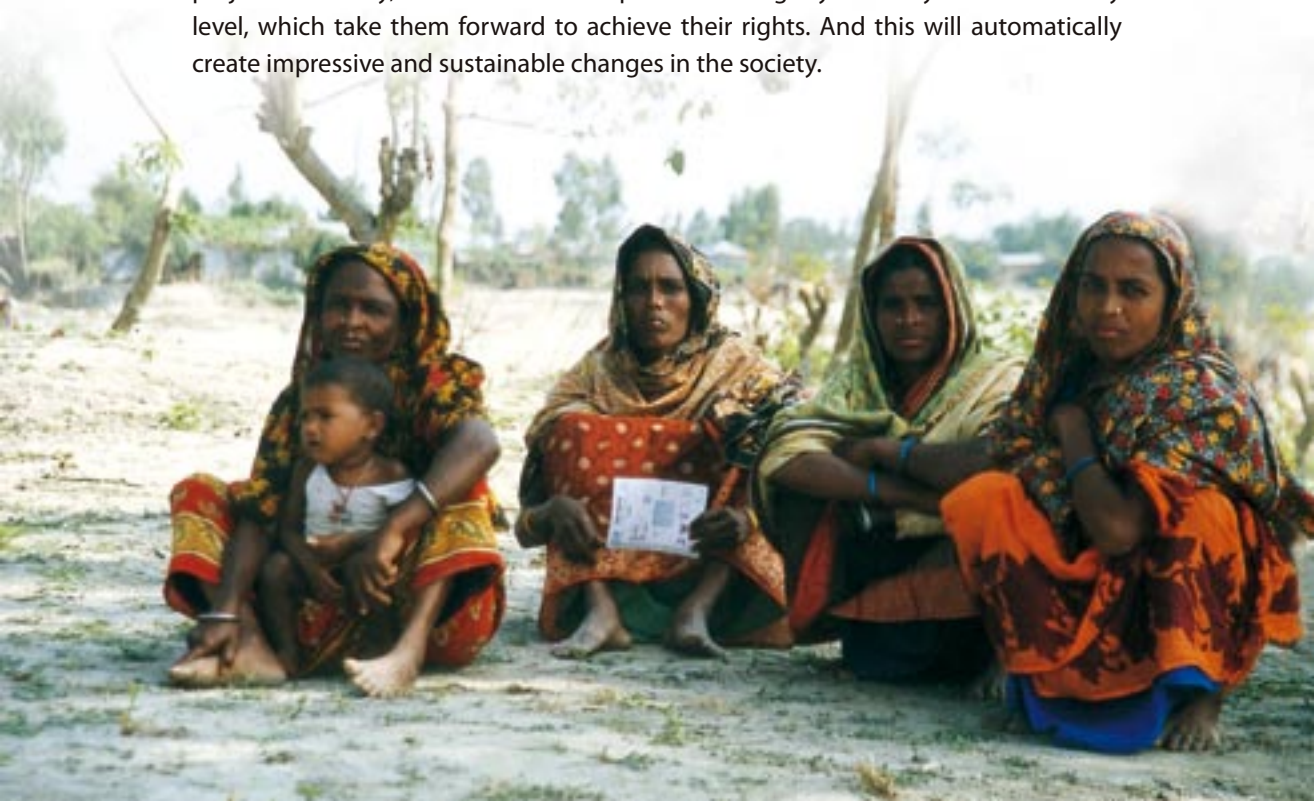
The development phase provides an ideal opportunity to begin long-term disability programming such as identifying community members for community based rehabilitation training (i.e. CHDRP training at CDD), developing referral networks for PWDs, developing self-help groups of PWDs to promote their rights and needs, etc.

## Conclusion

Any disaster brings opportunity to go for further development in the community.

Including Disability issue in disaster management process is a leverage for creating demand and interest from every stakeholder. Thus, including disability in disaster management can be considered as a starting point towards further sustainable development for Persons with Disabilities in their community. The cross cutting approach is supposed to generate important changes in the mentality and behavior of everyone so that considering disability issue will not be any more an exception in society activities but will become progressively a natural reflex at community, regional, national and international levels. This is a fundamental right for the Persons with Disabilities to reach equal and full participation in the society.

By taking into consideration the special needs of Persons with Disabilities in every project or activity, PWDs are able to uphold their dignity at family and community level, which take them forward to achieve their rights. And this will automatically create impressive and sustainable changes in the society.



# Appendix A

## CONTINGENCY PLAN FORMAT AND GUIDELINES FOR INCLUDING PWDs

Phase	Criteria	Approaches	Specific intervention for PWDs	Remarks
Preparedness	<ul style="list-style-type: none"> <li>Define which criteria you will follow during disaster preparedness</li> <li>Identification of PWDs with classification</li> <li>Do you have any checklist?</li> <li>Define the sector of intervention like WATSAN, Health, education etc.</li> </ul>	<ul style="list-style-type: none"> <li>Define which approach you will follow.</li> <li>General approach or Inclusive approach (considering the specific needs of PWDs)</li> <li>Different approach for PWDs</li> </ul>	<ul style="list-style-type: none"> <li>Define the specific needs of persons with disability during this phase and identify the possible resources and potential risks during disaster.</li> </ul>	<ul style="list-style-type: none"> <li>Put your possible remarks on different phases of intervention in this column</li> </ul>
Assessment	<ul style="list-style-type: none"> <li>Define different criteria for assessment:</li> <li>Survey tools or Participatory Rural Appraisal (PRA) tools</li> </ul>	<ul style="list-style-type: none"> <li>Define how you want to conduct the assessment</li> <li>Involvement of technical person like Occupational Therapist (OT), Physiotherapist (PT) in assessment phase</li> </ul>	<ul style="list-style-type: none"> <li>Define the specific needs to meet the satisfactory level of assessment.</li> </ul>	
Rescue/ Evacuation	<ul style="list-style-type: none"> <li>Define the criteria for rescue and evacuation like combined rescue operation or volunteer rescue team</li> </ul>	<ul style="list-style-type: none"> <li>Set up your approach inclusive or separate</li> </ul>	<ul style="list-style-type: none"> <li>Define the specific needs during rescue and evacuation like technical persons involvement in rescue team</li> </ul>	
Response	<ul style="list-style-type: none"> <li>Define the sector of intervention like WATSAN, Health, education, food aid, shelter etc.</li> <li>Define is it short term or long term response</li> </ul>	<ul style="list-style-type: none"> <li>Define how you want to respond.</li> <li>Involvement of technical person like Occupational Therapist (OT), Physiotherapist (PT) in response</li> <li>Outsourcing of the technical person</li> </ul>	<ul style="list-style-type: none"> <li>Define specific needs of PWDs like nutrition factor, accessibility and mobility of PWDs</li> </ul>	

Recovery	<ul style="list-style-type: none"> <li>· Define criteria of the recovery phase short term recovery or long term recovery</li> </ul>	<ul style="list-style-type: none"> <li>· Define the approach of recovery phase and identify a link development</li> </ul>	<ul style="list-style-type: none"> <li>· Define how you will integrate the disability issue in development phase</li> </ul>	
Camp/Shelter Management	<ul style="list-style-type: none"> <li>· Define if you have any check list for this or not.</li> <li>· Individual management or collaboration with government</li> </ul>	<ul style="list-style-type: none"> <li>· Define is it community based approach or top down approach</li> </ul>	<ul style="list-style-type: none"> <li>· Define how you follow the security of PWDs in camp</li> <li>· Involvement of PWDs in process</li> </ul>	
Others: (be specific) Specific support for PWDs	<ul style="list-style-type: none"> <li>· Define what specific support you want to provide</li> <li>· Prosthetic or Orthotic support</li> <li>· Health services</li> <li>· Livelihood support etc.</li> </ul>	<ul style="list-style-type: none"> <li>· Define how you want to response.</li> <li>· Involvement of technical person like Occupational Therapist (OT), Physiotherapist (PT) in response</li> <li>· Outsourcing of the technical person</li> </ul>	<ul style="list-style-type: none"> <li>· Be confirmed about the specificity and sustainability of specific support</li> </ul>	

# Appendix B

## GENERAL SCREENING FORM FOR PERSONS WITH DISABILITIES

Date of screening:	(dd/mm/yy)	Form ID	
Information of person doing screening:			
Name:		Occupation:	
PWD's Personal Information			
Name:			
Mother/Father's Name:			
Spouse's Name:			
Age:	yrs.	Sex:	M [ ] F [ ]
Address:			

### Disability Identification

		Yes	No
Can the person take care of their daily needs?			
	Eating/Drinking		
	Dressing		
	Washing		
	Using toilet		
Does the person have difficulty communicating?			
	Understanding/following instructions		
	Speaking		
	Hearing		
	Expressing needs		
	Seeing		
Does the person have difficulty moving or moves differently than others?			
	Sitting		
	Standing		
	Walking		
Does the person use any assistive devices?			
	Glasses		
	White cane		
	Walking frame		
	Crutches		
	Walking stick		
	Wheelchair		
	Low trolley		
	Artificial arm or leg		
	Hearing Aid		
	Other (please describe):		

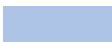
Does the person have any pain (for a long time)?		
	Where (specific body locations)?	
Are there any apparent deformities? (i.e. amputated/missing arm, foot bent the wrong way, etc)		
	Please describe:	

### General Questions

		Yes	No
How long has the person been affected by disability?			
	Since birth		
	If not since birth, when did it happen and is there a known cause? (Describe):		
Has the person received any previous treatment?			
	Describe (where, when, by whom, results)		
If the person has not had any previous treatment, why not?			
	Lack of knowledge		
	Economic problem		
	No doctor or other specialist in area		
	Other (describe):		
What does the person do?			
	Go to school		
	Work		
	Nothing		
	Other (describe):		
	Who does the person live with? (describe relation):		
	Can the person take care of him/herself?		
	If not, who usually cares for the person?		
	Parent		
	Spouse		
	Sibling		
	Child		
	Other relative		
	Other person (who?). Describe:		

### Additional questions for children

		Yes	No
	Is the child able to do all the things other children his/her age can do?		
	If not, what are areas of difficulty?		
	Physical (moving, sitting, walking)		
	Hearing		
	Talking/communicating		
	Learning		
	Behaviours		
	Seeing		
	Does the child play with other children normally?		
	If not, why not?		
	Any other comments:		

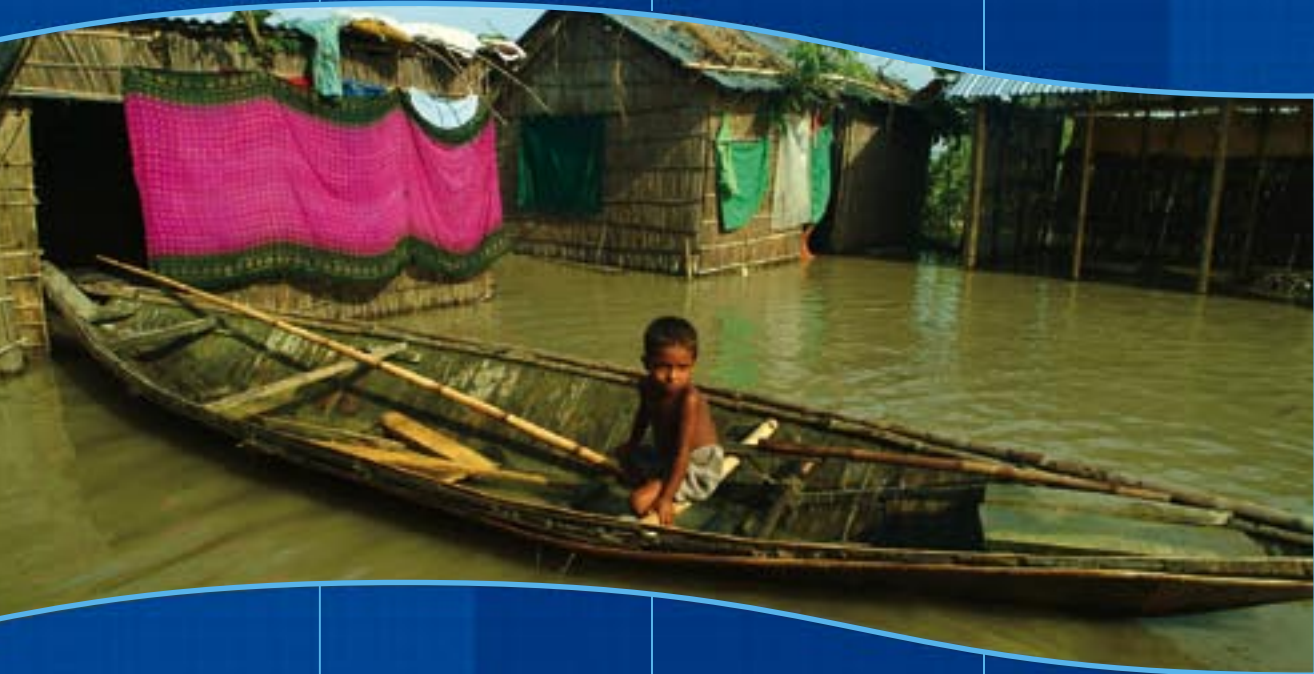






HOW TO INCLUDE  
DISABILITY ISSUES  
IN DISASTER MANAGEMENT

FOLLOWING FLOODS 2004 IN BANGLADESH



Handicap International