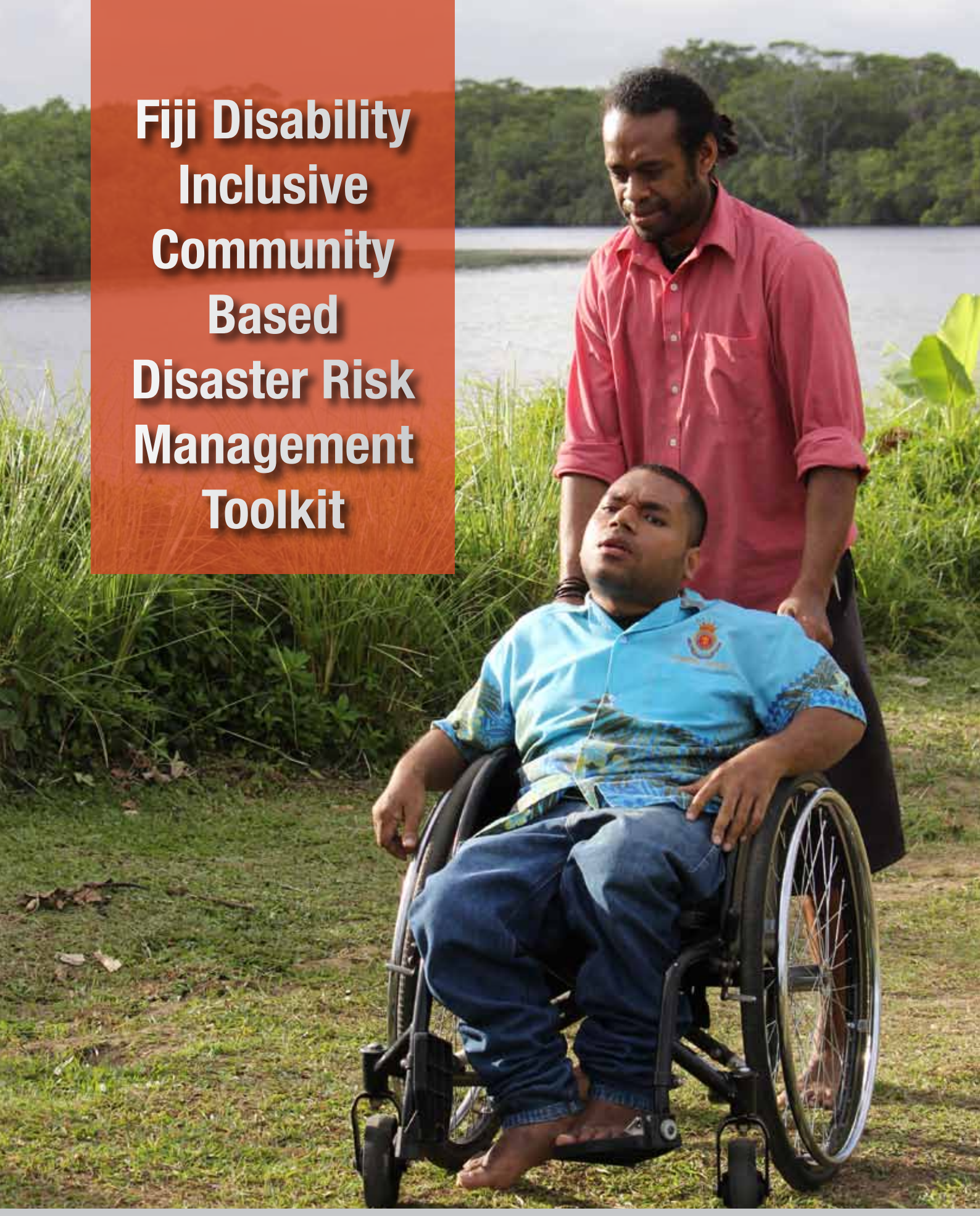
Fiji Disability Inclusive Community Based Disaster Risk Management Toolkit



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FIJI DISABLED PEOPLES FEDERATION

Australian AID

PACIFIC DISABILITY FORUM

PREFACE

The toolkit is part of the pilot project called Disability Inclusiveness in Disaster Risk Reduction Management in Fiji in partnership with the Pacific Disability Forum which is fully funded by the Australian International Development Agency (AusAID) from 2011 – 2013. It is adapted from the Disability Inclusive Community Based Disaster Risk Management Toolkit for South Asia developed by Handicapped International (HI), a network partner in Disability Inclusive Disaster Risk Reduction Network for Asia and Pacific Region.

PACIFIC DISABILITY FORUM

The Pacific Disability Forum (PDF) is a regional non-governmental organisation established in December 2002, formally inaugurated in July 2004 and registered in Fiji in 2007 following a growing momentum in the Pacific region led by leaders of organisations of persons with disabilities (DPOs) to recognise the potential of persons with disabilities and their organisations. Our purpose is to promote and facilitate regional cooperation on disability related concerns for the benefit of persons with disabilities, their families and organisations in the Pacific. Our principal stakeholders are national organisations of persons with disabilities and through them the people that they represent. Our status as the regional DPO and the independence of its Board (from government as well as specific private or community sector alignments) is critical in underpinning our role in working across sectors and brokering partnerships.

FIJI DISABLED PEOPLES FEDERATION

The Fiji Disabled Peoples Federation (FDPF) the implementing partner of the project is and a National Umbrella Body for Disabled Peoples Organisation (DPOs) in Fiji. It is led and managed by persons with disabilities in Fiji. The FDPF has a vision of a barrier free, rights based society in which human rights and citizen participation, capabilities and diversity of all people with disabilities are identified, developed and respected. It has four major affiliates Fiji Association of the Deaf(FAD),United Blind Persons of Fiji (UBP),Psychiatric Survivors Association (PSA),Spinal Injury Association (SIA) and United Blind Persons of Fiji (UBP).It has 16 community based DPO affiliates throughout Fiji.

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ACRONYMS AND ABBREVIATIONS

AusAID	Australian Agency for International Development
CBDRM	Community Based Disaster Risk Management
DPO	Disabled Peoples Organisation
FAD	Fiji Association of the Deaf
PSA	Psychiatric Survivors Association
UBP	United Blind Persons of Fiji
SIA	Spinal Injury Association of Fiji
HI	Handicapped International
PDF	Pacific Disability Forum
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
DIDRR	Disability Inclusive Disaster Risk Management
FRCS	Fiji Red Cross Society
FNCDP	Fiji National Council for Disabled Persons
NDMO	National Disaster Management Office
DISMAC	National Disaster Management Centre
UN OCHA	UN Office of Humanitarian Affairs
FJSL	Fiji Sign Language

ACNOWLEDGEMENT

The team PDF/FDPF would like to extend its sincere thanks to:

Australian AID

The project has been made possible with the funding support by AusAID through the Pacific Disability Forum and to date it has given a voice to persons with disabilities and built their capacity to ensure that INCLUSION is a reality to ALL persons with disabilities in Fiji.

v All the STAKEHOLDERS who were involved in the project:

- Fiji Red Cross Society
- National Disaster Management Office
- DISMAC
- PCDIRR
- Act 4 Peace
- UN Office of Humanitarian Affairs
- Ministry of Provincial Development and Disaster Management
- All the DISABLED PEOPLES ORGANISATION (DPOs) and their representatives who were activelyinvolved in all the phases of the project and have taken the lead role in advocating for disability inclusive DRR as part of their general advocacy strategy.

HANDICAPPED INTERNATIONAL (HI) for the provision of the CDBRM Toolkit for South Asia

DIRRN Network partners from Asia for sharing their experience on Disability Inclusive DRR.

BACKGROUND

Given its geographic location and geophysical characteristics, Fiji regularly experiences natural disasters of geological and hydro-meteorological origin. In the past 37 years, Fiji reported a total of 124 natural disasters, affecting almost all parts of the country. Tropical cyclones accounted for 50 per cent of the events, followed by floods (33 per cent) and earthquakes (8 per cent).

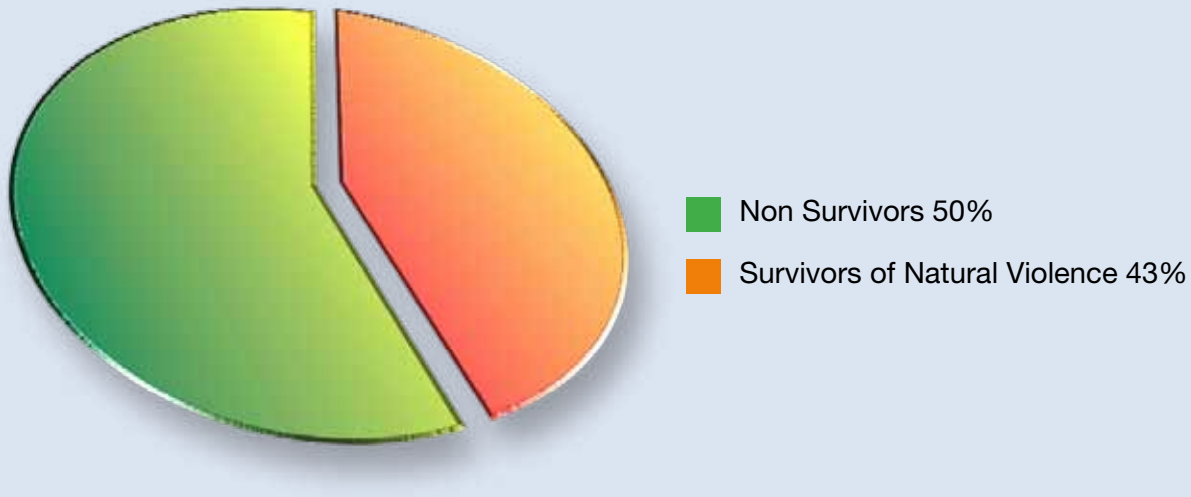
These natural disasters had a considerable impact on the lives and livelihoods of the people of Fiji. The total direct cost associated with disaster events in Fiji between 1970 and 2007 was an estimated US$532 million. Only 17 per cent of all the events accounted for 86 per cent of this total cost. These statistics reflect only the 104 disaster events (51 per cent) for which the government reported cost estimates. Cyclones were the highest contributor to the total costs reported during 1970 to 2007, reflecting their dominance in terms of number and frequency.

In the Pacific region including Fiji, minimum care and service, are to a large extent provided for people with disabilities in the traditional family and community context. The environment has been designed without consideration for the special needs of persons with disabilities. Physical obstacles as well as social and attitudinal barriers prevent citizens with disabilities from participating in community life. People with disabilities are often isolated and shunned. Their opportunities for appropriate health care and basic human rights for pre and post disaster risk preparedness are often denied and overlooked.

A National Baseline Disability Survey called Women with Disabilities Visible conducted by the Fiji National Council for Disabled Persons (FNCDP) in 2008 states that there are 11,402 persons with disabilities in Fiji.There are a total of 6180 males and 5222 women with disabilities.

The survey further highlights that 43 percent of persons with disabilities have gone throught some sort of Natural violence such as cyclones,earthquakes,hurricane,fire and are traumatised by these events in which 22 percent of the survivors are men and boys compared to 21% to women and girls. It is also stated that approximately of 0.05% of disability in Fiji are caused by Natural Disasters.

Percentage of PWD by survivors of natural violence



FOREWORD

The Fiji Disabled Peoples Federation (FDPF) envisions a barrier free, rights based society in which human rights and citizen participation, capabilities and diversity of all people with disabilities are identified, developed and respected.

The organisation uses the UN CRPD definition of disability as outlined in Article1:

“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”

This toolkit upholds United Nationals Convention on the Rights of Persons with Disabilities (UN CRPD) and its Optional Protocol which Fiji signed on June 2nd 2010 as its main guiding document for Disability Inclusion.

The Fiji National Disability Policy 2008 -2018 stated that the prevalence of disability is closely linked to the definition and the way disabilities are perceived and reported in society..... The general understanding of disability in Fiji is consistent with the impairment definition of disability, and recent surveys and the census have taken this approach.

Additionally, it is important to note the Principles of the UN CRPD listed below are the main principles of the toolkit.

a) Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons;

b) Non-discrimination;

c) Full and effective participation and inclusion in society;

d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;

e) Equality of opportunity;

f) Accessibility;

g) Equality between men and women;

h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

PART ONE: Introduction to Disability

1. Definition in Detail

The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) in article 1 states that :

"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"

Some points that can be gathered from this definition are:

a) Disability involves a long term impairment person with temporary injury is therefore not considered to have a disability:

b) Person with disabilities can present with different types of impairments –physical, mental intellectual and sensory.

Disability is experienced when a person cannot fully participate in society on an equal basis with someone with no impairment. There are therefore two aspects of disability which interact to make this the case – IMPAIRMENT and BARRIERS to participation.

2. The Different Types of impairment

The four types of impairments are physical, sensory, mental or intellectual impairment. Sometimes the term psychosocial impairment is used to describe the mental and intellectual impairments. The table below summaries the different impairment:

Physical impairment Difficulty in moving around or doing some activities	**Visual impairment** Difficulty In seeing and moving around
Hearing and Speech impairments Difficulty in hearing and speaking	**Intellectual and Mental Impairments** Difficulty in understanding and behaving appropriately

The SOCIAL MODEL is the best model to address disability in Fiji. This model shows that the problem lies in the Society. It upholds the UN CRPD definition where Disability is a result on interaction between the person with impairment and the Environmental Barriers.

In other words, disability exists as long as the BARRIERS are there. Disability can be removed if there are no more barriers.

The Social Model brings about INCLUSION

- Develop collaborative partnership with stakeholders to mainstream disability in their respective work in Disaster Risk Management
- Develop capacities of people with disabilities to ensure a sustainable project.
- Need to review the Disaster management policy to include the current needs of persons with disabilities.
- Need to have accessible Community Based Evacuation centers to cater for PWD's and everyone in the community.



Persons with the different types impairment use assistive device and there are also certain people who need to be present to facilitate access according to the area of need.

a) Physical Impairment

People with physical impairment use assistive devices such as wheelchairs, elbow crutches, underarm crutches to be able to move around when doing daily activities.

b) Visual Impairment

- Persons with visual impairment use assistive devices such as eye-glasses, lens white cane to be able to move around. People who are totally blind use Braille to read and write. When using computers they use talking software called JAWS to read whatever is on the computer screen. They also use JAWS and Brailled/talking watches, mobiles to communicate.



c) Hearing Impairment

- Persons with hearing impairment or Deaf use Sign Language to speak to others. Their communication sometimes facilitated by the Sign Language Interpreter. The Sign Language Interpreters are people who trained in Sign Language. In Fiji the Fiji Sign Language (FJSL) is taught in schools and at Fiji Association of the Deaf.

d) Intellectual and Mental Impairments

- Members of the Psychiatric Survivors Association (pictured) sometimes need people to assist in facilitating their activities. It is always encouraged to ask them at anytime they need assistance. When providing assistance it is important to note that they need to have a choice in matters relating to their life.

Models of Addressing Disability

The other model that society has been using for some time now is MEDICAL MODEL. This model looks at disability as a problem that lies with an individual because of their impairment.

Disability is health related and it can be handled/cured by medical experts.

This model is not to be used to address disability in Fiji.



THE DIFFERENT BARRIERS

Physical barriers: This refers to barriers preventing access to the building and physical environment within which we live. For example: homes, community halls, churches, schools, shelters, public toilets, health centers, public transport (buses with steps) and all other forms of infrastructure that are made inaccessible due to issues such as high steps without rails, narrow entrance and slippery floors.

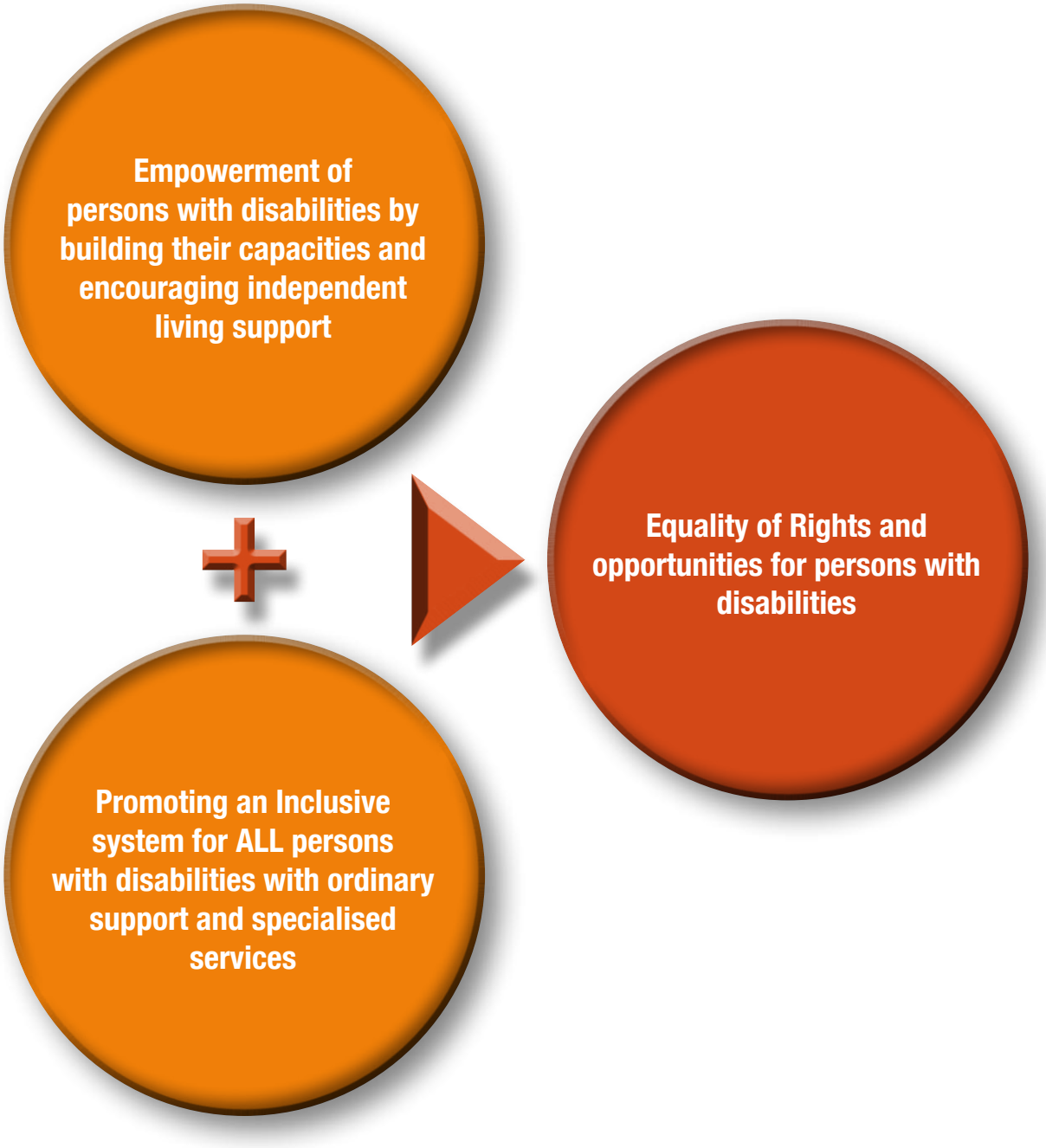
From the Field: The middle photo shows the physical structure for an Evacuation Center for a village in the Tailevu Province which was visited by the Tailevu/Rewa Community Based Disability Inclusion Officer – Mrs. Litia Naitanui (pictured).The photo (above) displays a set the main entrance with a set of steps with no railings or provisions for wheelchair access.

Social and Cultural barrier: These barriers include negative behaviors such as prejudices, pity, over protection and stigma. They can come from family members, the community, local authorities, the media etc. and lead to exclusion, discrimination and lack of opportunities for persons with disabilities to realize their potential. Social exclusion resulting from these barriers is often associated with feelings of shame, fear and rejection.

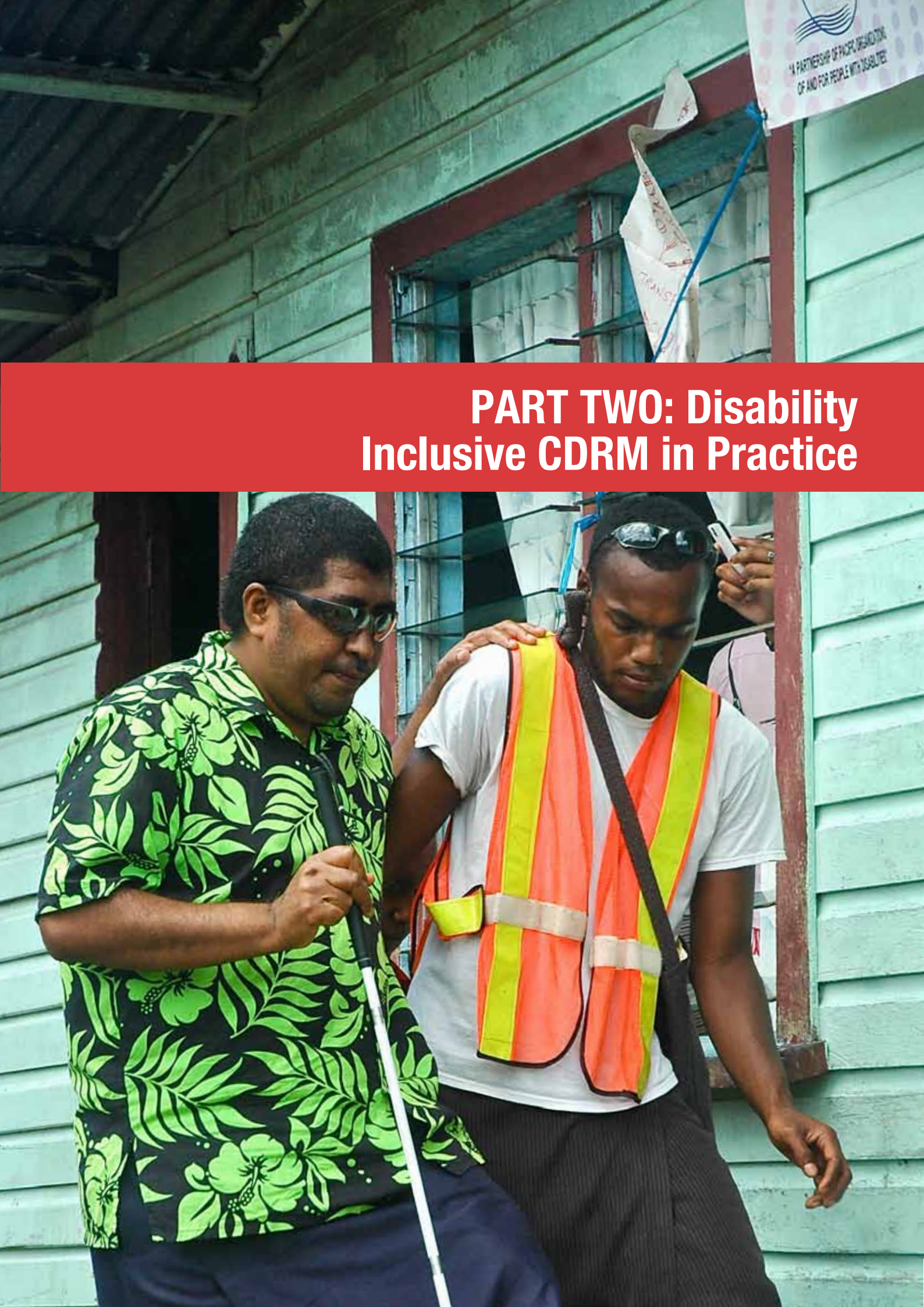
Institutional barrier: this refers to policies, legislation and institution which do not adequately support the rights of everyone in the community or which actively work to discriminate against a person with disabilities. Poor implementation of international and national legislations supposed to promote the rights of people with disabilities is also an institutional barrier. Other forms of institutional barriers include disability being addressed as “welfare” or “specialist” issue and lack of consultation with persons with disabilities and their rights.

THE TWIN TRACK APPROACH

The Twin Track approach aims to address the needs and rights of persons with disabilities in mainstream development as well as in providing specific activities focused at developing the capacity of persons with disabilities. This approach is widely used in disability development and was first used the UK Department for International Development (UK DFID) for the full participation of women in development.



PART TWO: Disability Inclusive CDRM in Practice



- Factors Underlying Inclusive Approach
- Vulnerability and Capacity Assessments
- Community Risk Management Planning
- Inclusive Early Warning Systems
- Search and Rescue and First Aid Task Forces
- Shelters
- Household and Self Preparedness
- Stockpiling

Reducing the Barriers to Inclusion in the CBDRM Activities

1. Increase Access to and Use of Venues for Community Based Disaster Risk Management Activities

When organizing a meeting or a training session the following needs to be taken into account:

- Transport is provided for those who cannot walk for long distances or those who live far away
- Venue or Location can be reached by All types of disabilities
- Accessible for persons who use wheelchairs and other mobility impairment
- Good lights for people with vision impairment
- Provision of chairs for people who find it hard to sit on the floor
- Comfortable for everyone

The choice of venue for meeting or training sessions can make a difference to a person's ability to attend and participate effectively.

2. Communicating Effectively with Persons with Disabilities

During the meeting or training sessions the following needs to be taken into consideration:

- Use of a lot of communication mediums to cater for the different support needs of participants.
- Support persons who facilitate communication to stay with the person during the discussions
- Use of visual presentations - maps, diagrams, posters to support people who are Deaf and others who have hearing/speech impairment.
- Use of bright and contrasting colours - for people with low vision. Good light will make it easier for people to distinguish words,shapes and figures more clearly
- Enable Maps and Diagrams to be touched/felt by persons with visual impairment.
- Ensure that there are times of Questions and Answers with the participants to enable persons with disabilities to share their experiences, verbally,written or by a person who is supporting them.
- Read out loud what is written on the posters, slides - Describe the maps or diagrams as you present.

3. Sharing of Information

When sharing information with the communities please do take these things into account:

- Visiting the homes of persons with disabilities to share information and encourage their attendance.
- Assign a community member to be responsible to getting the information to persons with disabilities, elderly etc.
- Ensure that meeting notices are delivered one or two days before to enable persons with disabilities to make arrangements to reach the venue.

4. Managing Attitudinal Barriers

Participation of persons with disabilities are often limited because of attitudinal barriers which can come from family members, community and other people.

Section Two: Vulnerability and Capacity

Assessments

VCAs or CRAs, are the foundation of any community based disaster risk management community-level VCAs. The purpose of a VCA is to identify essential facts about a community's exposure to hazards, the scale and range of their vulnerabilities, coping capacities that exist and by this establish the level of risk the community faces. Analysis of risk in a VCA is based on the theoretical relationship between vulnerabilities, hazards and capacities presented in Part 1.

Disaster risk = (vulnerability x hazard) / capacity

Findings from VCAs provide the basis for decisions on preparedness planning (see next section) and build interest, awareness, knowledge and skills within the community on disaster management issues.

The VCA process is participatory in nature, engaging community members and other stakeholders in the systematic collection and analysis of data. They are a central component of empowering communities to take ownership over the disaster risk management process.

Why take a disability-inclusive approach to VCA?

Support the right to participation

Persons with disability are often invisible in VCAs, voice and presence in the process. Communication barriers, lack of physical access to venues where discussions take place, low awareness or skills on the part of facilitators as to how to support their inclusion and negative attitudes to their participation can all work to exclude them from the process.

The VCA process is designed to empower community members to take greater ownership over risk management and decision making. Persons with disabilities should also be able to gain from participating in this process and by including them from this initial stage there is much greater likelihood of their taking on roles and responsibilities in task forces and following activities.

Address the vulnerabilities and capacities of persons with disabilities

As identified in Part One, vulnerability and capacity are not constants. They are linked to socio-economic snd physicalof particularly vulnerable households and individuals, high risk times of year, as well as the capacities that exist in the community which increase people's ability to cope with disasters.

Persons with disabilities face multiple-barriers to accessing information, services and support, frequently experience greater levels of isolation and poverty, and are often less able to respond independently in the event of a disaster. Disability a person and household's ability to survive and cope with a disaster.

Persons with disabilities also have capacities (knowledge, skills and assets) that can be built on and utilised in the event of a disaster. To focus only on vulnerabilities reduces opportunities for persons with disabilities to participate, undermines their autonomy and doesn't capture the overall capacity of the community.

Represent the whole community

The VCA should be representative of the whole community, which means all groups should be taken into account. vulnerabilities and capacities of persons with disabilities is crucial for making risk management actions work for the VCA then it can't be appropriate evacuation plans, relevant training and so forth.

As will be demonstrated in all following sections, complete and accurate information about the
all members of the community. If information about disability and other vulnerable groups is missing from

How to make VCAs disability inclusive

Practical challenges to including persons with disability in VCAs can be easily addressed through proactive planning and willingness to adjust facilitation techniques to support participation.

Plan to be inclusive

An inclusive VCA process begins in the planning. If the VCA is being conducted by a group of community volunteers or by the community disaster or shelter management committee then it is important to ensure persons with disabilities are represented in this group and supported to participate.

Include disability as a consideration during initial discussions with the community on the VCA process and include disability issues into training for volunteers in later discussions and make a clear commitment to including persons with disabilities.

Include local DPOs and self-help groups as stakeholders in the VCA process and ask them for their support. They may be able to help inform and encourage participation of persons with disabilities as well as provide support and valuable inputs for the data collection process.

Follow advice in 'Principles of Inclusion' on accessibility when identifying locations for VCA activities.

Many of the adaptations for persons with inclusion of other vulnerable members of the community such as the elderly, pregnant women, children and people unable to read.

Adapt data collection techniques to be disability inclusive

The advice provided in Principles of Inclusion applies to all these activities so refer back for further information.

TRANSECT WALK: A facilitated walk through the community during which observations about the community are made.

Purpose: To establish an overview of the community using a systematic observation methodology in order to collect information on the following: types and conditions of buildings, roads and infrastructure; land uses and forms of employment; visible hazards; facilities and services.

Inclusion considerations:

» Choose a route which can be taken by persons who use wheelchairs and tricycles, or arrange assistance

» Assign a person (ideally family member or caregiver) to walk with persons with visual impairments who are walking on unfamiliar routes. Surroundings should be described to them so they can give their inputs

» Ensure persons with hearing impairments walk with or near the facilitator and are accompanied by a caregiver or family member who can support their communication needs

» Encourage persons with disabilities to share their

» Ensure persons with intellectual or mental impairments are accompanied by a caregiver or family member who can explain the situation and support them to give their observations and views

» Discuss how the environment might in the event of a disaster and what additional barriers this would present to persons with disabilities

MAPPING: participatory map-making of the community (social, hazard, etc)

Purpose: To establish a community layout and important features through structured discussion. Information can be collected on one or more maps

» Identify where hazard locations overlap with location of vulnerable households

» Consider safety and accessability of different routes to be used for evacuation according to different functional needs

HISTORICAL TIMELINE: facilitated discussion looking back on past events

Purpose: To identify pre-existing hazards and establish trends in disaster occurrences, to establish scope and deaths and injuries, impact on livelihoods, health, actions and relief received (what went well or didn't), and past coping strategies of community members. Inclusion considerations:

» Discuss and document the specific impacts of persons with disabilities and other vulnerable groups. Compare to services received by other community members

» Follow up with semi-structured interviews or separate focus group discussions to check that information is correct for persons with disabilities or to gather more detail on their experiences

DISASTER CALENDAR / SEASONAL ANALYSIS: Facilitated discussion identifying recurring events

Purpose: To identify high risk times of year for weather related hazards as well as other events which havean impact on capacity to cope with disasters, such as planting and harvesting seasons, disease prevalence, high points of expenditures (related to festivals etc), high and low points for employment and income.

Inclusion considerations:

» routes and potential obstacles and barriers; resources and services.

» Use brightly coloured objects to create the map so that persons with visual impairments can feel what is there. Narrate the process so they know what is being added

» Discuss accessibility of community resources, facilities and buildings—can everyone reach and use the facilities equally disabilities e.g. periods of dampness which increase arthritis and reduce mobility

» Identify times when services are more or less available, e.g. mobile rehabilitation camps, etc

» increase arthritis and reduce mobility,

» Identify times when services are more or less available, e.g. mobile rehabilitation camps, etc

RISK RANKING: participatory analysis of hazards

Purpose: To assess and prioritise disaster risks being faced, in order to plan accordingly. Analysis is usually based on a combination of frequency and potential scale of impacts. Inclusion considerations:

» Take into account the risks for persons with disability.

Some hazards may pose greater risks for persons with disabilities due to mobility restrictions or health implications

RESOURCE AND INSTITUTION MAPPING: Venn diagram marking out availability of services

Purpose: To identify availability, relevance, importance and access to key services and resources in and around the community and to analyse implications for vulnerability and capacity.

Inclusion considerations:

» Include services relevant to persons with disabilities in the diagram e.g. rehabilitation providers, DPOs, therapists

» Access accessability of mainstream and specific services from perspective of persons with disabilities, both in normal and disaster times.

HOUSEHOLD SURVEYS: data collection on household level at a household level to supplement and triangulate socio-economic factors, although also sometimes includes information on disaster related skills and capacities amongst household members, building types and household facilities.

Inclusions considerations:

» Provide adequate communication support for persons with disabilities to participate in survey

» Include questions relating to persons with disabilities in the household, particular risks they face in the event of a disaster, past experiences capacities they have and level of support required by family members or care-givers to cope in the event of a disaster

» Direct personal questions to the person with disability, involve a family member if communication support is required, but do not leave them out of the conversation

Make disability issues visible in the VCA report

VCA report formats vary but usually contain the following elements: overview of hazards; vulnerability analysis; capacity analysis; risk statement. Findings related to persons with disabilities must be visible throughout the analysis and not just limited to statistics on numbers of persons with disabilities. Below included and used to inform analysis:

INDIVIDUAL LEVEL:

» Number of persons with disabilities in the community

» Location of where persons with disability live,

» Specific requirements or needs of persons with disabilities (medical, dietary, mobility, communication, etc.)

» Past experiences of persons with disability

» Past experiences of persons with disability in disasters (key impacts felt, access to basic services and assistance etc identifying where this

SYSTEMIC LEVEL:

» Social status of persons with disability (political representation, common forms of discrimination)

» Availability of services, existence of support organisations and level of access to these existing services (mainstream and specialised support)

» Analysis of how disability affects to key services in event of disaster—shelter, water, sanitation, food, medical attention

Section 3: Community Risk Management Planning

Following a VCA, findings are transformed into risk management action plans that identify how to increase capacity and reduce risk. This section will focus primarily on contingency and preparedness planning as opposed to longer-term risk reduction plans.

A contingency plan and supporting preparedness plan should be based on potential disaster scenarios and cover as a minimum: early warning systems, evacuation and rescue, shelter and relief

These subjects are covered in detail in the subsequent sections. Here, focus is on the process of establishing a plan that ensures the needs, rights and capabilities of persons with disabilities are visible and accounted for adequately, as well as how these contingency and preparedness plans are shared

Why take a disability inclusive approach to contingency and preparedness planning?

At times, even when the vulnerabilities and capacities of persons with disabilities are recognised in the VCA report, they are not addressed in the preparedness plan. This means the outcomes for persons with disabilities remain unchanged. For instance, where disabilities who need additional support in evacuating their homes, the corresponding evacuation plan must account for these needs and allocate responsibilities and resources accordingly.

Likewise, if the VCA process was not inclusive of persons with disabilities, the contingency plan presents a new opportunity to support their inclusion. It is never too late to increase participation and adapt activities to support inclusion.

An inclusive contingency plan ensures that the capacities of persons with disabilities are taken into account and built upon, thereby increasing overall capacity of the community.

The plan for the general community may not be suitable for persons with disabilities, for example the agreed safe shelter may be too far to reach, evacuation routes may not be appropriate, or the advice of items to bring may not be appropriate or not possible to carry. Including alternative plans for persons with disabilities where necessary will avoid them missing out on receiving the relief and support they require.

In order for the plans to be implemented, key actions, roles and responsibilities need to be communicated dense documents are less likely to be read and may only be accessible to the DMC/ SMC members. Without support persons with disabilities are less likely to attend a dissemination meeting or be part of the decision making process, thereby reducing their knowledge of the plan.

Mock drills and organised simulations, a common tool contingency plan also need to involve persons with disabilities in order to build capacity, identify potential persons with disabilities to act on the plans.

Community plans should feed up to district, regional and national plans. Inclusion of persons with disabilities is necessary at all levels of planning so that services are planned accordingly.

How to make risk management planning disability-inclusive

Ensure persons with disabilities have roles and responsibilities in the design and implementation of the plans

Make sure that persons with disabilities are represented in the decision making process. When assigning roles and responsibilities within the preparedness and contingency plans for task forces and committees, identify opportunities for persons with disabilities to participate and take on positions of responsibility.

Consider appointing a person within the main committee responsible for monitoring the ongoing inclusion of persons with disabilities, supporting communication and helping to address challenges as they arise.

Ensure decisions reflect the interests of persons with disabilities

Plans should be assessed for their inclusiveness of persons with disabilities. Key questions to ask are:

» Are persons with disabilities represented in the task- force / committees?

» Do the plans account for the findings from the VCA regarding persons with disabilities (regarding vulnerability and capacity)?

» Have relevant resources been identified to support plans?

» Are there any possible negative implications for persons with disabilities as a result of the plans?

Cross-check draft plans with DPOs or self-help groups in the community who can offer feedback or provide advice on how to adapt plans to be more inclusive.

Make contents of plans accessible to all

Plans should be understood by all, particularly the most vulnerable. Extract key messages from the plan and present in alternative formats to support multiple communication needs.

» Illustrate evacuation routes on walls, murals or place sign- posts around the community indicating routes to take

» Usse leaflets, posters, street theatre to communicate important messages, and raise awareness of services available

» Put up lists and photos of people who have specific responsibilities in the event of a disaster

» Make sure persons with disabilities and their family members are invited to information meetings about the plans

The section on household and individual preparedness goes into more detail about tailoring training and support for persons with disabilities.

Inclusive Mock Drills

Mock drills and simulations help to raise awareness, demonstrate and test help to raise awareness, demonstrate and test the effectiveness of preparedness and contingency plans. These events are often organised at district or state level, although sometimes managed independently by NGOs or other organisations for individual communities. In order to support inclusion of persons with disabilities consider the following:

» Share information about the planned event with persons with disabilities in advance, address any logistical challenges to their participation and encourage them to attend.

» Invite DPOs and self-help groups to observe / participate (as applicable).

» Ensure that measures taken for adapting search and rescue or first aid techniques to meet the needs of persons with disabilities are demonstrated by the Task-Forces during the drill.

» Encourage persons with disabilities who are members of relevant committees and task-forces to demonstrate their skills and roles in the process.

» Assess levels of inclusion in the drill or simulation and hold a debrief session with persons with disabilities and DPOs / self-help groups to discuss what went well or what needs improving.

» Ensure mock drills report includes analysis of inclusion of persons with disabilities and further capacity building and vulnerability reduction required.

Section Four: Inclusive Early Warning Systems

Effective early warning systems play a significant role in preventing loss of life and property by providing community members with advanced information about a coming hazard and the immediate measures to be undertaken before it strikes.

Why take a disability-inclusive approach to early warning systems?

Early warning is important for everyone, but for the most vulnerable advanced warning can make a crucial difference to saving lives and assets. To be effective, Early Warning Systems (EWS) rely on 4 elements being in place:

1. Knowledge of risks
2. Monitoring, analysis and forecasting of hazards
3. Communication and dissemination of alerts and messages
4. Capacity to respond to warnings

When any one of these elements are missing then the system breaks down. It is therefore essential that all these elements work equally for persons with disabilities, with particular emphasis on three and four.

A non-inclusive communication system may not address the communication needs of persons with disability and therefore fail to reach them with warning messages. Possible problems may be:

» Dissemination system relies on one sense, auditory (sirens) or visual (lights, flags or text messages) to communicate information and therefore not received by everyone

» Messages are complicated or not easily understandable by someone with a mental or intellectual impairment

» Families or individuals who are socially isolated may not be integrated into the networks that pass on warning messages

Capacity of persons with disabilities to respond may not be adequately taken into account, meaning that persons with disability cannot act on the EW messages

» It may take longer to reach a shelter, gather up essential belongings or secure homes and assets from damage

» Additional support to complete these tasks may be required

» Shelters need to be reached earlier to reduce accessibility barriers which are made worse by crowds

How to make EWS disability inclusive

The suggestions below are framed around the five stages of developing a people-centred EWS.

Preparation and planning

» Ensure that persons with disability are included in the committee or task-force responsible for planning and managing the system

» Refer to VCA and household survey findings on disability and use information on impairments, access to services and capacities to develop relevant plans

Monitoring risks

» Have persons with disabilities take positions of responsibility within the system established to monitoring hazards e.g. monitoring water-levels or rainfall, listening to radio reports, updates from regional or national meteorological hazard centres etc.

Communication and dissemination strategy

» Utilise multiple formats for communication to ensure persons with different impairments receive the actions more inclusive.

Reviewing Effectiveness

This step comes following the development of a EWS. In the event that there is an existing EWS already in place which can be reinvigorated or strengthened then conducting a review of effectiveness can be seen as a first step. In either case this step offers a good opportunity to review levels of inclusion and identify entry points for increasing the inclusion of persons with disabilities. Further good opportunities for review come following a mock-drill or a disaster when the strengths and weaknesses of systems are exposed and fresh in people's minds.

» Analyse effectiveness systematically from the perspective of persons with disabilities

» Include persons with disabilities in review panels and as key informants

» Seek input from DPOs and other disability stakeholders

» Identify gaps and opportunities for inclusion to be increased in relation to the stages identified above message. Don't just rely on one form of communication; such as text messages or sirens. If multiple formats are combined then no one is excluded.

» passed; phone networks, word of mouth; community meetings; posters and signs; sirens; door-to-door visits etc and analyse to what extent these channels reach persons with disabilities. Simple additions or adaptations may be enough to ensure greater inclusion.

» Incorporate information networks that are utilised by persons with disabilities (DPOs and self-help groups for instance) into dissemination systems. Look also at how these can be strengthened.

Preparedness

» Ensure that persons with disabilities, their care-givers and family members are included in training on how the early warning system works, what the warning signals mean and what actions should be taken. Use mock drills to test the efficiency and effectiveness of systems

Refer to other sections in the toolkit on Search and Rescue task-forces, household preparedness, etc. for more information on how to make preparedness actions more inclusive.

Section Five: Search and Rescue and First-Aid Task Forces

Search and rescue is carried out in the primary stages of disaster response in order to find and assist persons trapped in buildings or stranded, due to disaster related damage, blocked access, injury, or disability. Provision of First Aid is also often necessary in the wake of a disaster if people sustain injuries or are suffering from shock. Depending on the severity of the disaster, communities can undertake effective search and rescue and apply First Aid if equipped with relevant materials and training. As highlighted in Part One, in many cases support from outside the community takes time to arrive important.

Why take a disability-inclusive approach to search and rescue and first aid?

Persons with disabilities and people who are injured in the disaster are more likely to need assistance in evacuating from their homes and are therefore at greater risk of being left behind, neglected or forgotten during evacuation.

» A person with limited mobility may not be able to move independently or quickly enough to escape from rising water and become trapped

» Changes to the physical environment as a result of the hazard may make paths and roads inaccessible by wheelchair or tricycle and present additional challenges to someone with a visual impairment

» A parent with a disability may not be able to carry or assist their children to evacuate and therefore opt to stay in their home. A caregiver could be injured or lost, leaving the person with disability alone and without means to escape or communicate

» Communication challenges may prevent persons with disabilities from making their situation known to those providing assistance

» Early warning messages may have failed to reach the person or their household and therefore no action was taken whilst there was still time to evacuate

» Persons with hearing, visual, mental and intellectual impairments may not understand what is going on and not act quickly enough or appropriately

For First Aid, awareness of disability prevention can help avoid temporary injuries becoming long term requirements that put them at greater risk of injury or developing medical complications. Communication overlooked by First Aid providers.

Persons with disabilities and their families have a range of capacities including knowledge of specific needs and how these should be addressed. Utilising their knowledge and skills will strengthen capacity of task-forces and empower the person as well.

How to make seaorch and rescue and first-aid task forces disability inclusive

Encourage inclusion of persons with disabilities in task-forces

Support persons with disabilities to have roles and responsibilities in Search and Rescue and First Aid task forces.

Planning and training

» by sharing information from the VCA and preparedness plan regarding location of persons with disability, their needs, use of assistive devices etc and capacities with the Search and Rescue and First Aid Task Forces.

» Include stretchers, wheelchairs and crutches in equipment stocks to support Search and Rescue and First Aid efforts, and train task forces in their use (see section on Stockpiling). These items are also helpful for assisting newly injured people, elderly people and pregnant women.

» Ensure task force members have knowledge on how to adapt Search and Rescue and First Aid techniques to suit persons with different types of impairment and have knowledge of appropriate carrying techniques that do not cause discomfort or further injury.

» Plan for different levels of support required, distinguishing between those who can self-evacuate; those who needs some assistance and those who require complete support.

This type of assessment and planning can be done in advance, but Search and Rescue and First Aid Task Forces also need to have assessment skills which enable them to make decisions on the spot. Include these issues into search and rescue training.

Listen to advice of persons with disabilities and care-givers

In an evacuation, persons with disabilities and their family members are usually best placed to give advice on their specific needs and the most appropriate ways to assist or carry them. Ask for their advice assistance. This discussion can be held both during the preparedness phase as well as in the event of an evacuation.

Avoid separating a person from their assistive device (if they have one) and their care-giver as this may reduce their mobility, ability to communicate and increase stress and agitation.

Persons with disabilities don't necessarily need to be transferred to healthcare facilities, only if they have serious injuries or face life threatening situations. If the person is not able to communicate their medical requirements involve family member or care-giver in assessing their health needs before taking action.

Build communication skills of task force members

Persons with disabilities may be less able to communicate their needs; this is particularly the case for those with hearing, speech, intellectual or mental impairments. Try to involve someone who knows the person with disability, or someone familiar with working with persons with disabilities in discussions.

Persons with intellectual or mental impairments may become agitated by the disaster which then makes it more difficult for them to express themselves or understand what is going on. In this situation the Search and Rescue or First Aid provider must keep calm, reassure the person and try to redirect their thoughts away from the source of worry.

Communication skills are an important for search and in training (see section 1).

IN THE TOOLBOX: *Making search and rescue training inclusive of persons with disabilities: a guide for trainers*









Search and Rescue Task Forces refresh their skills through a demonstration at the local cyclone shelter.

Simulations such as this form an essential part of ongoing Task Force training and capacity building. It helps to keep Tast Force members' skills fresh and builds in their abilities, which is necessary for putting skills into action when under pressure.

These events also allow other community members to see how rescues can take place, become familiar with the Task Force members and raise any particular concerns or questions that they have.

Section Six: Shelters

Shelters are an important means of protection in event of a disaster and are a significant asset for communities. They come in many forms; in some communities they are purpose built structures designed to withstand specific hazards such as cyclones; in others, they are schools or community centres temporarily converted into a shelter in the event of a disaster. For many people a shelter is simply the nearest safe space, a neighbour's home, or even a temporary structure away from danger. For the purposes of this toolkit, the focus is on permanent structures for use by the whole community which are purpose built or multi-function buildings.

Why take a disability inclusive approach to designing and managing disaster shelters?

A community disaster or emergency shelter and the facilities it provides are for everyone. Access to shelter is about more than being able to physically enter the building; it is also about to what extent it can be moved around and whether its facilities and services can be used. Inaccessible shelters put people's rights to protection, dignity and assistance at risk.

Poor design can reduce persons with disabilities ability to act autonomously, move around freely and safely and make use of facilities for example:

» Lack of ramps, high and uneven steps to enter the building, absence of handrails, narrow doors and corridors can prevent persons with mobility impairments to enter and move around building independently

» Low light, lack of signs, low hanging objects, debris and objects stored or left in corridors, present risks to persons with low or no vision

» Sanitation facilities located outside, up a series of steps and without handrails prevent safe and easy use by persons with a range of impairments

Disaster situations, where family and social norms are disrupted can increase risks to individual security. A shelter which lacks security, splits up families, does not separate men and women, is over-crowded and with weak management of resources is likely to leave vulnerable people, particularly persons with disabilities at greater risk of physical and verbal abuse, discrimination and neglect.

Water-pumps with long handles make it easier to use by persons with physical impairments

For persons with intellectual or mental impairments a shelter which is over-crowded and noisy may be distressing to stay in and cause further agitation. In addition if persons with disabilities and their families are not made to feel welcome they may be too embarrassed to go for fear of how others might behave towards them, in turn further missing out on resources only available through the shelter.

Shelters often serve as a central point for food preparation and distribution. Persons with disabilities are more susceptible to malnutrition in emergency situations due to a number of factors including:

» Pre-existing poor nutrition

» Food distribution points and cooking facilities cannot be accessed

» Assistance with chewing and swallowing is not available

» Underlying health problems means inadequate food or poor nutrition leads more quickly to health problems

Shelter facilities for food preparation and/or distribution need to ensure that everyone's basic needs regarding nutrition are met and additional support provided where necessary.

A shelter made inclusive for persons with disability will women, the elderly as well as people who are sick or have temporary injuries caused by the disaster.

How to make shelters disability inclusive?

Make the shelter accessible to all

The application of Universal Design Principles in the design of shelters ensures

that everyone is able to access the building make safe use of the facilities. Plan accessibility features into the design of the shelter or building to incur minimal costs (adding them later can be expensive and more complicated to achieve).

Where it is not possible to include or add permanent accessibility features to the building, consider use of temporary measures put place in the event of a disaster. Ensure that shelter management committee members understand the principles of accessibility and have these incorporated

Below are some ideas about improving can be found in the tools section. Please note this is not an exhaustive list.

Visual impairments

» Mark the front edge of steps with a contrasting strip so that it can be easily recognised

» Ensure all areas are well lit

» Make signs clear, use large letters, put them at eye level and preferably with raised letters which can be felt

» If signs stick out from the wall then make sure they are above head height to avoid potential collisions

» Ensure pathways, corridors and common areas are kept clear of objects and debris. For objects that can't be moved, paint in a bright colour

» Mark the top and bottom of stairs / ramps with tactile ground surface. Bright colours indicate changes in pathways, dotted tiles say 'stop' or 'turn' and lined tiles so 'go' forward

Hearing or speech impairments

- Provide clear and visible signs identifying the location of facilities
- Provide written information about services, access to relief, situation updates, etc.
- Ensure areas are well lit to aid lip-reading, ability to read signs and other forms of written communication

Intellectual or mental impairments

- Provide clear, visible and frequent signage to direct people around the environment and to increase independence

Physical impairments

- Provide ramps to enter buildings
- Make sure ramps, verandas, doorways and corridors are wide enough to allow a wheelchair or tricycle to move around
- benches) at heights that can be reached from a sitting position and have enough space under them that a chair can be wheeled right up to them
- Make seats and benches available so persons with physical impairments can rest
- Fix handrails to assist walking up and down slopes, steps and stairs
- Use levers rather than round knobs for door handles and taps
- Extend the length of water-pump handles to make pump action easier
- Locate toilets and washing facilities in an accessible location, without steps to access
- Keep areas around water sources clean and ensure there is drainage to reduce potential of slipping and falling on wet surfaces
- Provide temporary mobility aids such as crutches or wheelchairs to aid movement around the shelter (see section on stockpiling for further details)

Prior familiarity with the shelter can help increase mobility. Organise visits for persons with disabilities and their families during the preparedness phase, so they can become familiar with its layout and the locations of key facilities. This is a useful exercise for all community members to ensure people are comfortable going to the shelter and should be repeated regularly so any newcomers to the community have the chance to visit.

Support access to information through planning for information points in the shelter, where all information updates can be posted and advice obtained. This will make it easier for persons with disabilities and all shelter users to know where to get the most up to date information.

Ensure, safety, protection from abuse and right to dignity of all shelter users

During preparedness and training

» discrimination, loss of dignity and ways to minimise such abuses

» Recruit female volunteers/women task force members to support women with disabilities

» Organize awareness sessions for general population about disability (this can also be done during disaster response)

» Talk to persons with disabilities and their families about the potential risks and strategies to reduce them

During disaster

» Avoid separating persons who have disabilities from their caregivers or relatives during their stay in the shelter

» If care-giver or family members are not available, try to in camps or shelters

» Promote interactive discussions with persons who have disabilities to decrease tension and stress of the overall situation

» Create private spaces for persons with disabilities to change clothes, wash and eat to help maintain their dignity, reduce distress and agitation

» To reduce potential for accidents and injuries in the so forth

Ensure basic needs are met (water and sanitation and food security)

Guidance on accessibility of water and sanitation is included in the above points on accessibility and in the tools section. Further actions to take include:

» Appoint assistants to help persons with disabilities use pumps and carry water

» Create separate queues and places to sit down whilst waiting can make it easier for persons with disabilities to access the facilities

Include persons with disabilities and their families in hygiene training and take their communication needs taken into account when producing awareness-raising literature, etc. (see Principles of Inclusion)

» requirements of persons with disabilities

» Ensure that persons with disabilities are included in distribution registers and monitor access to rations

» Organise separate queues for persons with disabilities with seating facilities for those that can't stand for a long time in a queue

» Deliver food directly to houses for those who could not or chose not to go to the shelter

» If possible, have a person with disability in charge of food distribution points

» Create space for eating in privacy

» Make kitchen facilities physically accessible with surfaces and stoves at sitting height (see tool on back cover)

IN THE TOOLBOX: Guidelines for physical accessibility for shelters

Section Seven: Household and Self-Preparedness

Household or self-preparedness is about addressing disaster risk management at the level of individuals and families. It is an essential aspect of community-based disaster risk management programmes as it provides most direct opportunity to capitalise on capacities and address.

This means ensuring individuals have the relevant knowledge about the risks that they face to make good decisions and take appropriate actions in the event of a disaster. It means addressing attitudes or beliefs that might be harmful or unhelpful responding appropriately to a disaster.

Finally, it means making plans and taking practical actions that build on capacities and reduce planning for evacuation, preparing items to take, etc.)

Why take a disability inclusive approach to household preparedness?

Households where there are persons with disabilities have capacities and coping strategies which can be inclusive approach to household preparedness is develop new skills and knowledge that empower individuals and households to manage risk and take action independently. However, where these impacts of disasters, tailored strategies can help to reduce risk.

General measures to address household preparedness may not reach persons with disabilities and their families.

» Lower levels of participation in community activities means have may have less access to information being given through meetings about risks, hazards and services available in the event of a disaster.

» They may not receive or understand literature or other awareness-raising materials that are circulated.

» Community volunteers may not take time to ensure that persons with disabilities and their families understand the messages and can act on them.

» General advice being provided to households may not to translate this into practical action at home without additional and tailored support.

How to make household preparedness disability inclusive

Make education and awareness-raising activities inclusive

Education and awareness-raising sessions on hazards and disaster response are often undertaken in group settings. If this is the case then follow the points set out in the section Principles of Inclusion to support inclusion. Consider adding follow-up sessions with particularly vulnerable households to check that all members understand the key points raised and concerns.

Take into account the communication advice given and other visual educational information.

Include disability issues in individual household assessment and preparedness planning

» Include accessibility as a risk factor in household-level hazard assessments, and as a potential focus for small- scale mitigation interventions (building of hand rails, ramps or even steps)

» Consider ability of family members to evacuate unaided and potential obstacles that reduce accessibility

» Look for alternative ways to increase mobility such as provision of mobility aids

» Discuss past experiences and actions the household took during previous disasters, focus on capacities as well as barriers in accessing existing or newly planned systems and services (EWS, shelters, search and rescue, relief supplies)

» Consider other barriers to accessing disaster relief required to receive relief entitlements

- Discuss the community contingency plan and to what extent they feel able to follow the advice it contains. If alternative plans are necessary, make sure that these are fed back into the community preparedness plan.
- Discuss if there any areas they feel able to contribute and feed this back to the relevant committees or Task Forces
- Assist the household to make a personalised contingency plan for evacuation and protecting assets. Focus on capacities of households, and empowering them to act as independently as possible. Include plans for protecting assistive devices and livelihoods assets, especially if it is not possible for these to be taken with the person when evacuating.
- Assist them to assess gaps in capacity and how these might be gained through training or other measures
- If providing emergency kits, or supporting households requirements based on their needs (for example regular medication)

Address underlying causes of vulnerability

Tailor plans to meet specific needs

Be aware that one plan does not suit everyone and collaboration in developing tailored plans is essential. Even if the community contingency plan recommends all community-members should evacuate to the shelter, it may be that this is just not realistic for some or all household members.

If alternative plans are made then make sure this is fed back to community disaster management committees and relevant task forces.

Many of the causes of vulnerability are related to underlying factors of social exclusion and poverty.

social networks through supporting their engagement in community activities, school attendance, participation in a self-help group and so forth.

IN THE TOOLBOX: Household preparedness pocket guide for field staff

Section Eight: Stockpiling

Stockpiling is the process of pre-positioning equipment and supplies in strategic locations for use in emergency situations. Its purpose is to speed up access to essential resources necessary for saving lives and meeting people's basic needs during and following a disaster. The focus in this section is on small community-level initiatives for stockpiling, as opposed to stockpiling by NGOs or Government bodies.

Why take a disability inclusive approach to stockpiling?

Stockpiled goods such as First Aid and Search and Rescue equipment, or food and non-food items all apply to persons with disabilities as much as anyone else; however as highlighted earlier, persons with disabilities may require additional support to access basic, relief services and ensure their basic needs are met.

Assistive devices such as wheelchairs, crutches, hearing aids, white canes can help a person reach food distribution points, use available services, move around independently and receive and understand vital information about the situation.

» Assistive devices are often lost or left behind in the event of a disaster or be damaged

» Mobility devices may also be of use to persons with physical impairments and injured people as a result of the disaster.

» Assistive devices such as portable toilet seats can make inaccessible squat toilets usable by someone with impaired mobility.

Pre-existing health conditions may become serious or even life-threatening if access to medicine or other services is disrupted. It is unlikely that standard medical kits will meet these needs.

Involvement of persons with disabilities and their care-givers in management committees of stockpiled the community and increases the likelihood that other persons with disabilities are aware of the resources disaster.

Cyclone shelter management and maintenance committee receive assistive devices for stockpiling.

How to make stockpiling inclusive of persons with disabilities

Include disability actors in planning and management of stockpiled goods

» Include persons with disabilities in the stockpiling pprocess as key-informants, decision makers and managers of stockpiled goods

» Seek input from DPOs, rehabilitation and health providers to ensure that the most relevant items are obtained and appropriate advice about their use given

» Maintain up to date lists of equipment and condition, including details of who has used in the past

» Store devices in secure place, free from damp or other factors which may damage items

» Perform maintenance checks on bi-annual basis or prior to high risk seasons

» Plan for potential repairs or replacement items

Identify appropriate resources and equipment for persons with disabilities

For evacuation, search and rescue take into account existing and potential future needs in the community. As well as standard equipment such as ropes, megaphones, and so forth consider including:

» Stretchers: these can be used to help evacuate and carry persons with severe mobility restrictions or people injured in the disaster

» Wheelchairs, crutches and walking frames: these can be used to support self-evacuation by persons with mobility impairments and for people who have been injured

For use in and around shelters, take into account accessibility factors discussed in previous sections. People may have to leave their mobility device behind or it might be damaged so having access to a temporary device whilst at the shelter can be of great service.

» Stockpile assistive devices at the shelter for use whilst staying at the shelter, e.g. wheelchairs, crutches, walking frames, white canes, portable toilet seats (see tool for illustrated list of equipment)

» Store tools/materials for basic maintenance and repairs to assistive devices , e.g. rubber grips for crutches, hearing aid batteries

Storage of food and medicine requires strict management controls and stocks not used within their through household preparedness.

The above scenarios focus on stockpiling for temporary use of devices in controlled environments. HI recommends that stockpiling for replacement assistive devices should only be undertaken in partnership with an actor (rehabilitation centre or health provider) which can provide professional advice term can lead to increased impairment.

Train management committee and users in distribution and maintenance

Training in the use, adjustment and maintenance of devices must be included in the process of stockpiling. This should be undertaken wherever possible with support of a rehabilitation or health provider that can provide professional advice.

» Train Search and Rescue and First Aid task force members, health workers and shelter volunteers (as appropriate) in the setting up and use of assistive devices

» Identify skills in the community for repairing items and train them in maintenance and typical repairs

Ensure access to and awareness of equipment availability

» Make equipment easily available in the event of a disaster; keep materials in accessible locations that are most relevant to the intended user group

» Develop clear terms of reference or standard operating procedures for what they are to be used for and when

» Inform persons with disabilities in advance about what there is, where it is, who is responsible for it and how they can access it in the event of a disaster

» List stockpiled goods on the wall of a shelter to increase awareness

» Ensure more than one person has access to stored items

List of Potential Devices for Stockpiling

WHEELCHAIR	To support mobility. For use by persons who have physical impairments, who are sick or injured, women who have just delivered a baby and the elderly.
WHITE CANE	To support mobility. For persons with total or almost total visual impairments
AUXILIARY CRUTCHES	To support mobility. For use by persons with physical impairments or temporary injuries which limit mobility
ELBOW CRUTCHES	To support mobility. For use by persons with physical impairments or temporary injuries which limit mobility
WALKING FRAME	To support mobility. For use by persons with physical impairments
TOILET CHAIR	To support sanitation. For use by persons with physical impairments where accessible toilet facilities are not available. To be used in toilets or other private spaces with access to water and sanitary disposal
BED PAN	To support sanitation. For persons with severe physical disabilities or injuries that mean they must stay lying down.
URINAL	To support sanitation
RECHARGEABLE BATTERIES	
SOLAR CHARGER	To support communication. To replace batteries to hearing aids
RED AND WHITE SPRAY	To support mobility. Used to highlight evacuation paths, entrances, exits and steps.

PART THREE : THE Toolbox

It is important to note that the this toolbox is taken from Handicapped International (HI) Disability Inclusive Community Based Disaster Risk Management - A toolkit for practice in South Asia.

(Toolkit Part 2)

Tool 1 – Communicating and Interacting with Persons with Disabilities

Tool 2 – Making Information, Education Communication (IEC) Materials Inclusive

Tool 3 – Making Search and Rescue Training Inclusive of PWDs

Tool 4 – Guidelines for Physical Accessibility for Shelters

Tool 5- Household Preparedness

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