The SDGs and Promoting Disability Inclusive DRM

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“Building Sustainable Communities”
OUTLINE

1. The SDGS & the CRPD
2. Entry Points to World Bank projects
3. Actions
4. Examples of Inclusive Disaster Risk Reduction
5 GLOBAL GOALS explicitly reference DISABILITY

Achieving 17 Global Goals will leave no one behind
Community Living: A right for All

- Article 19 CRPD: equal right of disabled people to live in the community with choices equal to others
- Supported by pre-existing standards e.g. Article 26 EU Charter (integration of persons with disabilities)
- Underpins policy objectives of social inclusion (European Commission, Council of Europe and national governments)
- Institutionalisation (= isolation & segregation) irreconcilable with community living
The bottom line of inclusive DRM is that everybody is safer, and no one is left out.
An Inclusive DRM Approach …

✓ Ensures the full and meaningful participation and leadership of all groups and individuals in identifying and reducing risk

✓ Promotes equality of rights and opportunities for all in the face of risk

✓ Appreciates and responds to the diverse characteristics, capacities and vulnerabilities of all

✓ Contributes to resilience for everyone by transforming power relations and removing barriers that keep excluded people out
Entry Points:

Program/Project Cycle and Proposal Development
Promoting Disability Inclusion in WB Operations: Logical Flow

Analysis
- Identify persons with disabilities
- Identify potential gaps in desired outcomes between dominant and socially marginalized (SM) groups

Actions
- Design interventions to address the gaps between dominant and persons with disabilities

M&E
- Support mechanisms to measure changes in outcomes between dominant and persons with disabilities
Methodology: Example

INCLUSIVE DISASTER RISK MANAGEMENT
A FRAMEWORK AND TOOLKIT FOR DRM PRACTITIONERS
WWW.INCRISD.ORG
INCRISD Inclusive DRM Framework

- Recognition of Diversity
- Removal of Barriers
- Participation in Decision-Making
- Tailored Approaches
Levels of Analysis

MICRO

Projects

MESO

Sub-national programs or subsectors

MACRO

Country or Sector Level
Entry Points: Country Level

- WBG/GFDRR GAP STRATEGIC DIRECTIONS
- SYSTEMATIC COUNTRY DIAGNOSTIC
- COUNTRY PARTNERSHIP FRAMEWORK
- PERFORMANCE AND LEARNING REVIEWS
- COMPLETION AND LEARNING REVIEWS
Entry Points: Operations

Investment Projects

**World Bank Group:**
- Consultations
- Environmental and Social Impact Assessments
- Fragility Analysis

**GFDRR:**
- Consultations for proposal development
- Preliminary/detailed risk assessments

**Policy Operations**

**WBG:**
- Poverty and Social Impact Assessment

**GFDRR**
- Consultations for proposal development
- Preliminary/detailed risk assessments
Who is excluded and why?

Disaggregate data on identified beneficiary population by gender, disability, age and other socio-economic characteristics.

- Support initiatives to develop or strengthen capacity of governments to collect/interpret this data, e.g. creation of inclusive national registries or population databases.
Building Resilient Communities

Risk Management and Response to Natural Disasters through Social Funds and Community-Driven Development Operations
Disaster resilience in an ageing world:
How to make policies and programmes inclusive of older people

Disability Inclusion and Disaster Management

Disability inclusion: integral to disaster management

Disability Inclusion is integral to disaster management, as highlighted by the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The CRPD mandates that States Parties ensure the protection and safety of people with disabilities during humanitarian emergencies and relief operations. Action must be taken to ensure that people with disabilities are reached, involved in decision-making, and benefit from all disaster management activities.

Overview

This guidance note explores the relevance of disability inclusion in Red Cross programming in disaster management. It offers a range of suggestions on how Red Cross programs can better incorporate the needs of people with disabilities in their work. The document is structured around key factors to consider, and offers recommendations for action, with specific tools and resources included in the “Next steps” section.
Actions
What Can Be Done to Improve Disability Inclusion?

Take a ‘twin-tracked’ approach of:

1. **Empowerment**: Building capacity and confidence of socially marginalized groups to meaningfully participate in DRM initiatives

2. **Mainstreaming**: Integrating social inclusion into the policies and practices of institutions to enable equal access and opportunities for all to benefit from DRM programming
   - This includes addressing attitudinal barriers and power differentials between groups
Create an Enabling Environment

• Support **incorporation of disability inclusion** into DRM policies, legislation & systems

➢ And action plans/budgets to implement SI actions

• Provide project staff and partners with **social/disability training** to raise awareness/skills

• **Sensitize government and community leaders** to improved DRM outcomes that investment in disability inclusion can bring

• Ensure that **communications/outreach activities can be accessed** by socially marginalized groups
Promote Participation

Identify and **form partnerships with DPOs** that represent cross disability

- They can help to identify specific needs/priorities
- They also may benefit from capacity-building

- Put **quotas or targets** in place for proportional representation of DPOs in project decision-making and consultative bodies - and enforce them

- **Coach/mentor DPO representatives** to build skills and confidence to fully and effectively participate

**Educate DPOs** on their rights/entitlements
Monitoring & Evaluation
Assessing Disability Inclusion  Progress and Results

Incorporate disability inclusion into the project’s performance monitoring framework

- Develop **specific performance indicators** for social inclusion
- Identify the methodology and key methods (quantitative and qualitative) that will be used to **gather and analyze disability inclusion information**
- Include a **designated budget** to carry out this work
Example: Universal Design Principles

Accessibility Design Guide: Universal design principles for Australia’s aid program

A companion volume to Development for All: Towards a disability-inclusive Australian aid program 2009–2014
What is Universal Design?

The design of products and environments to be usable by all people to the greatest extent possible without need for adaptation or specialized design.
How Does Universal Design Work?

The goal of UD is to remove physical barriers and create a more inclusive environment

- It accommodates physical and sensory diversity

UD strives to be a broad-spectrum solution that helps everyone – including people with temporary or permanent disability, the elderly, pregnant women, children and LBGTI
Why Adopt Universal Design in DRM?

UD enhances access to essential services and economic opportunities for people who have been marginalized due to their functional limitations

- e.g. A DRM project in Indonesia built stairways along tsunami evacuation routes that made it difficult and slow for women to assist young, elderly and disabled family members to safety

UD is cost-effective if incorporated at outset of project – only around 1% additional cost
Universal Design in Reconstruction

An opportunity to rebuild in a more inclusive and accessible way – e.g. schools

➢ If a child with a disability cannot access school and obtain an education, they are far less likely to find employment and more likely to require assistance from the state/family over the longer-term

Requires linking groups with functional limitations and government/private sector reconstruction actors to define needs

In Sri Lanka, an Access for All campaign after the 2004 Indian Ocean EQ/tsunami led to architectural accessibility becoming national law
Remember …

A disaster can provide a real opportunity for addressing inequality and ensuring more inclusiveness in the process of reconstruction by thoughtful planning that is premised on transforming society and removing barriers.
Focuses on Infrastructure

Specifically:

- Transport
- Urban Development
- Water and Sanitation
- Education
- Health
- Information/Communication Technology (ICT)
- Post-conflict and natural disaster situations
Examples of Inclusive Disaster Risk Reduction
Promoting the Inclusion of persons with disabilities in Disaster Management in Indonesia
The Project (2013-15)

Components:

- Nationwide *mapping* of organizations engaged in DRR in Indonesia to identify barriers and enablers to disability-inclusive DRR (DiDRR)

- 5 *capacity building* workshops on DRR to enable DPOs to actively contribute to DRR policy and planning

- Developing and field testing a *Disability Inclusive Disaster Resilience Tool* for use by persons with disabilities to understand their capabilities to anticipate and respond to natural hazard emergencies
Implementing Agencies

Technical Oversight:

- The University of Sydney

GoI Partner Organizations (PO):

- Ministry of Home Affairs
- Department of Community and Rural Empowerment
- National and sub-national disaster management agencies
Mapping of DRR Organizations: Barriers to DiDRR

Limited experience, expertise and access to a network of people with appropriate technical skills or background to help with challenges, e.g.

- Social attitudes and stigma
- Physical accessibility in challenging terrain/env.
- Difficulties engaging with those with communication impairments
- Complexity of designing solutions for diverse range of disabilities
- Limited disability data and capacity to act at regional and local levels of government
Mapping of DRR Organizations: Enablers to DiDRR

GoI disability inclusive development policy and commitment to include disability in DRR

DRR actors aware of disability issues in DRM and willing to engage in DiDRR

- Including collaboration with DPOs and persons with disabilities
DiDRR Capacity Building

Took place in villages in 4 districts of country

Targeted at:
- Persons with disabilities (241: 158 M/83 F) from 59 DPOs
- Village volunteers (53) & government officials (28) with DRR responsibilities

Combination of classroom/fieldwork persons with disabilities paired with volunteers to practice collecting disability data
- Facilitated community access for DPOs
- Allowed for more accurate information gathering
- Provided mutual learning opportunities
Disability Inclusive Disaster Resilience Tool

• Draft tool tested by DPOs in a workshop

• 14 survey teams (persons with disabilities /volunteers) trained and administered tool to 289 persons with disabilities/carers (60% M/40% F)

• Analyzed and computed an overall relative resilience score:  
  Relative Resilience Index

• Washington Group on Disability Statistics methodology was used.
Resilience Tool for Persons with Disabilities: Key Findings

A strong correlation between:
- *Level of educational attainment* and resilience to hazard event impacts
- *Prior involvement in DRR activities and/or a natural hazard emergency* and high resilience

However, 78% of Persons with Disabilities had not been involved in DRR activities
- Although all 4 districts had a history of natural disasters and international response

The correlation of age or gender of Persons with Disabilities and resilience to hazard event impacts was not strong
Pakistan

Earthquake Disability Project
The Project

Objective:
To expand the coverage, use and quality of social care and rehabilitation services for people with disabilities in 34 Union Councils affected by the October 8, 2005 earthquake, by ensuring better mobility, improved physical and mental health, increased participation in social and economic life and strengthened empowerment

Timeframe: June 2007 – Dec 2009

Grant: US$ 5.0 million
Implementing Agencies

Primary:
- Pakistan Poverty Alleviation Fund (PPAF)

Partner Organizations (PO):
- Field-level organizations – DPOs to mobilization and empower persons with disabilities.
- Local service providers/CSOs for provision of rehabilitation services
Components

Component 1, $3.9m (service provision/empowerment):
• Delivery of services addressing disability and mental health needs of persons with disabilities and their families
• Activities to mobilize and empower them to take action on disability

Component 2, $0.45m (capacity-building):
• Capacity building of PPAF, its partner organizations, and local services providers/CSOs to ensure rehabilitation services provide to persons with disabilities and their families

Component 3, $0.4m (project management):
• Creation of small disability team within PPAF to supervise project implementation
Advocacy

Initially, PPAF had to advocate with GoP stakeholders to move away from an institution-based medical approach to a broader social approach to disability

- Emergency Reconstruction and Rehabilitation Agency
- Ministry of Social Welfare and Special Education

Reaching a consensus on proposed approach took time and significantly delayed project start up

- Some stakeholders only partially on board
Analysis

*Two baseline surveys* to identify persons with disabilities, which covered 24% of households and 19% of population

- 10.2% (11,302) were persons with disabilities, of which 4,025 had mental/intellectual disabilities

31 medical camps to develop *individual rehabilitation plans* for participating persons with disabilities
Activities

Community-based IEC to promote social integration and empower persons with disabilities

- 13% joined community organizations
- 64% participated in community events
- 8 awareness-raising events held

Training of all PPAF staff and Partner Organizations on community-based rehabilitation

160 primary school teachers given hands-on experience of working with children with disabilities and development of capacity in early-age disability identification

Provision of prosthetics/other aids + psycho-social counselling to persons with disabilities and their families
Monitoring & Evaluation

Established 2 advisory councils of persons with disabilities to participate in project monitoring

Management Information System (MIS) put in place to provide real-time information on project progress

Planned to have both quantitative and qualitative process and impact evaluations

- Including a survey of beneficiaries
Overall Outcome

The project expanded the coverage, use and quality of social care and rehabilitation services for persons with disabilities in 34 Union Councils

- Though start up delays reduced the positive benefits in the area of mental health

A service delivery network was put in place that provided satisfactory services to over 60% of eligible persons with disabilities (above target)

This was achieved in a context of post-disaster, security and terrain challenges
Specific Outcomes

The focus on networking and TA between service providers/CSOs led to better coordination, stronger referral networks for care and support, increased livelihoods opportunities

- Disability movement in project areas was catalyzed

Community perceptions about PWDs started to change and self-confidence of PWDs increased

Assistive devices gave greater mobility

Training enhanced PWD opportunities to contribute economically
Specific Outcomes

Disability became more centrally embedded in GoP programming

- US$5 m was allocated to subsequent phase of PPAF

Policy and strategic thinking in PPAF and POs was positively influenced

- PPAF maintained and strengthened disability team
- PPAF expanded partnerships with experienced international disability-focused NGOs and extended activities into non-EQ affected areas including micro-finance interventions
Lessons Learned

Piloting a new – more inclusive – approach to disability programming takes time

- To build awareness and support among stakeholders
- To create or increase service delivery capacity

Project results of immediate relevance to persons with disabilities, their families and broader public are effective means of building/expanding support for disability and strengthening impact of IEC

Projects need to strike a realistic balance between recovery objectives and longer-term institutional and policy change or reform

Results frameworks need to be appropriately balanced between quantitative and qualitative performance assessment
Thank you!

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