

Reducing the risk of disasters in rural communities of Gaibandha, Bangladesh

Findings and lessons learned from an impact evaluation of long-term DiDRR interventions (2009-2021)

Evaluation Snapshot

In early 2022, CBM commissioned an **impact evaluation** of the **disability-inclusive disaster risk reduction (DiDRR)** initiative implemented in partnership with the Centre for Disability in Development (CDD) and Gana Unnayan Kendra (GUK). Activities under review took place from **2009 to 2021** in highly flood-prone areas across the Gaibandha district in northern Bangladesh.

The evaluation sought to **identify the impact of the initiative** on the target communities, particularly on persons with disabilities and their families, and provide recommendations to **support the development of inclusive and replicable models** in similar contexts.



The **Gaibandha Model** focuses on interlinked interventions to build resilient and inclusive communities:

1. **Strengthen** groups of persons with disabilities and their representative groups.
2. **Advocate** with local government for **inclusive disaster risk management (DRM)**.
3. **Build** accessible **infrastructure** and **involve the community** in disaster risk reduction.
4. **Work with schools** to strengthen household and community awareness and preparedness.
5. **Promote and support** sustainable, resilient **livelihoods**.

Key Findings and Lessons Learned

1 An in-depth **needs assessment** and **context analysis** are essential for addressing the community needs and leaving no one behind. This requires consideration of **intersectional issues** and the **identification of persons with disabilities** using the functioning approach¹.

2 **Formation and capacity development of Self-help Groups (SHGs)** of persons with disabilities and disaster management committees at village level are **important steps** for developing an inclusive community based DRR (CBDRR) model. These structures are **effective in building confidence** of persons with disabilities, including women, and **encouraging community participation** in DRR.

3 The Gaibandha model appears to place greater emphasis on “disability-specific” actions, rather than “mainstreaming” disability in DRR. Strengthening the implementation of a twin-track approach by **balancing** out both tracks is important for establishing more cohesive approaches to inclusive CBDRR. This could be done by **increasing resources allocated for broad community engagement**. Moreover, involving **wider communities and persons with disabilities** early in the intervention and **design activities** can help build closer links between the two components.

4 Inclusive **consultations** and meaningful **engagement** of the **community and local government** in the entire DRM cycle is essential. This should be combined with systematic training and **tailored capacity enhancement** of SHGs and local structures to help ensure the success of any intervention.

¹ A functioning approach to disability focuses on what a person is able to do in their lived environment. Understanding disability from a functioning perspective is directly relevant to DRR as it enables the disproportionate risk that persons with disabilities face being readily identified and directly acted upon (Robinson A., Kani S. Disability-inclusive DRR: Information, risk and practical action in Shaw R & Izumi (2014))

Key Findings and Lesson Learned

5 Provision of **accessibility** and **reasonable accommodation**, including accessible infrastructure, assistive devices, and rehabilitation support, **increases participation** of persons with disabilities and **maximizes their resilience**.

6 Effective advocacy for disability inclusion and DRR starts by **empowering rights-holders, sensitizing duty-bearers, building mutual understanding, and solidifying relationships** between **government** and **representative groups** of persons with disabilities.

7 **Referral systems** and **networking** with service providers can **minimize gaps** resulting from limitation in resources.

8 Engaging persons with disabilities in **employment generating activities** and provision of **alternative livelihoods increases confidence** and **coping capacities**. These measures should always be **informed by disaster risk** and disability-specific livelihoods assessment based on: (i) thorough **market analysis** to assess viability and demand of local business and products; (ii) **local capacity assessment**; and (iii) context-specific **feasibility study** that considers geographic location and resources.



Key Recommendations



1. Strengthen the twin-track approach for achieving **equality of rights** and **opportunities** for all persons with disabilities in DRR by focusing equally on both components: Track 1) **removing barriers** and **facilitating access**; Track 2) **providing targeted solutions** and **individualized support**.



2. Plan a **bottom-up process** to **build local leadership**. This should focus on developing **technical capacities**, providing **financial resources**, and facilitating **technical assistance** for representative groups of persons with disabilities to **engage in DRR leadership** beyond **advocacy**.



3. Advocate for **expansion of the SHG model** and **allocation of resources** from government, non-government, and private sectors.



4. Address **underlying challenges** pertaining to disability-inclusive development at **individual** and **environmental level** (e.g., health and rehabilitation, livelihood, infrastructure) for **meaningful participation, effective engagement, and inclusion** in DRR.



5. Ensure **methodological consistency** in disaggregated data collection in DRR **using a functioning approach** by adopting the Washington Group Questions together with appropriate **tools** and **capacity development** of key stakeholders, including government and representative groups of persons with disabilities.



6. Advocate for **institutionalizing school-based DiDRR** and involve **children and youth**, as well as **parents**, following the **household empowerment** approach. Establish stronger **linkages** between **schools, representative groups** of persons with disabilities, and **disaster management committees** to support this work.



7. Document **lessons learned** and **good practices** on disability-inclusive DRR throughout the project duration as evidence for real-time advocacy that supports sustainability and scaling up of the DiDRR model. Arrange **exposure visits** to enhance impact and replication, and ensure wide **dissemination** of learning, tools, and resources to **broader stakeholders** and **platforms**.