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Acronyms

CCA Climate Change Adaptation
CMDRR Community Managed Disaster Risk Reduction
CSO Civil Society Organization
DPO Disabled People Organization
DRR Disaster Risk Reduction
EMR Ecosystem Management and Restoration
IRM Integrated Risk Management
OECD Organisation for Economic Co-operation and Development
PWD People with Disabilities
PFR Partners for Resilience
ToC Theory Of Change
WHY THESE GUIDELINES?

Partners for Resilience (PFR) is working towards advancing the Sendai Framework “leave no one behind” principle of the 2030 Agenda. People With Disabilities, children (boys and girls), the elderly, and some women including heavily pregnant and lactating mothers are at the core of our interventions. We believe that if we keep the needs of the most marginalized at the heart of all we do, then we are building inclusive resilient communities for all. To realise this opportunity, we prioritise the interests of the most vulnerable and marginalized people; the poorest of the poor and those people that are most socially excluded. We believe that the most marginalized matter too, that no one should be denied the opportunity to realise their full potential in contributing to building inclusive, resilient and better communities, no-one should be unfairly burdened by disaster or a changing climate, and no-one should have their interests systematically overlooked.

As a way forward, these step-by-step guidelines have been made to guide Disaster Risk Reduction (DRR) and Integrated Risk Management (IRM) practitioners to promote and mainstream inclusion of the most marginalized in IRM practices. The guidelines are intended to be used as a reference during program planning, capacity building, implementation, monitoring & evaluation, lobby and advocacy. Depending on the program focus, these guidelines can be adjusted to fit the context, otherwise they are generalised.

Background

The Netherlands-based Partners for Resilience (PFR) is an alliance of humanitarian, development, climate and environmental civil society organisations, composed of five Netherlands based members (CARE Nederland, Cordaid, the Netherlands Red Cross, the Red Cross Red Crescent Climate Centre, and Wetlands International) and their partner civil society organisations in the South. The alliance, led by the Netherlands Red Cross, promotes the application of Integrated Risk Management (IRM) –integrating Disaster Risk Reduction (DRR), Ecosystem Management and Restoration (EMR) and Climate Change Adaptation (CCA)– to strengthen and protect livelihoods of vulnerable communities. PFR focuses primarily on climate-related natural hazards, whose underlying causes and potential for disasters result to a large extent from human-induced processes. The PFR members have been working as an alliance in the field of IRM since 2011. Together with their local partners in Southern countries, PFR works to build and strengthen community resilience through Integrated Risk management through working with communities, strengthening civil society organisations, and engaging with governments and other stakeholders.

Inclusive resilience aims at building resilient communities and societies that value and enfranchise all marginalized groups, including the elderly, people with disabilities, women, girls and children (both girls and boys). In the face of disaster risk, these groups face multi-layered kind of marginalization hence it is important that their needs are put high on agenda of our interventions. Disaster Risk Reduction practitioners are moving towards broader inclusion deliberations beyond simple representation/participation in meetings and translating dialogues into practices. In efforts to do so, a set of guidelines bringing together some of the tried and tested resources from other organizations that have experience working with marginalized groups have been made.

These guidelines are set out to provide IRM trainers and practitioners with specific steps required and reference materials to mainstream inclusion of the most marginalized groups into their programs. Marginalized individuals take on several forms but in the case of these guidelines, focus has been on the elderly, People With Disabilities (PWDs), children, and women including the heavily pregnant and lactating.
1. Introduction

Disasters do not strike everyone equally. Natural hazards pose significant threats to all people, especially the poor and marginalized. Talking about the inclusion of marginalized groups actually has a basic principle that all human beings should have the same rights regardless of the difficulties or differences that might exist in them. However, in planning and implementing programs, inclusion issues tend to be overlooked. In development issues, disaster, and climate change, we know that marginalized groups are often neglected or underrepresented in various stages of the program cycle.

The most vulnerable and marginalized groups and individuals, among which are often the elderly, People With Disabilities (PWD), children (boys and girls), women including heavily pregnant and lactating mothers should be identified and prioritized within IRM through localized decision-making and action, with support and empowerment for communities. It is important to draw special attention to the needs, roles and perceptions of local actors, as well as communities, civil society organizations (CSOs), marginalized and vulnerable groups in the development and implementation of IRM and adaptation plans.

The Netherlands-based Partners for resilience (PfR) experience shows that CSOs themselves are best placed to put Integrated Risk Management (IRM) on the political agenda at all levels by influencing policy making, advocating for vulnerable men and women (including the most marginalized). Integrated Risk Management (IRM) involves awareness of the importance of ecosystems and landscapes as buffers against hazards like droughts or floods, and as a source of livelihoods and therefore combines this with community-based disaster risk reduction and climate. This Integrated Risk Management (IRM) approach aims at building inclusive communities that have their capacities strengthened to reduce the impact of disasters.

Inclusive resilience which is about acknowledging the differences, equality, and diversity in efforts to build resilient, strong and better communities in the face of disaster risk, seeks to put people at the center ensuring that no one is left behind. To do this, PfR is partnering with communities, civil society, governments, knowledge centers, the private sector, and the media to ensure the program keeps inclusion of the most marginalized groups in the IRM high on the agenda. Putting communities in the lead role makes PfR’s tailored interventions more effective, especially when all members, including the most marginalized, play an active role in building back resilient and better communities.

WHAT IS INCLUSION?
Inclusion is recognizing diversity and equality for all. It is regarded as a universal human right that embraces all individuals regardless of their age, race, gender, class, disabilities, and others. Inclusion involves building communities where everyone, regardless of abilities, is welcomed as an active citizen to participate in the welfare and livelihoods of the larger society. In IRM, inclusion is seen as a holistic approach to building a support system that caters for boosting more resilient communities that collectively reduce the impact of disasters. It works in a way that brings people together to accommodate their differences while they work towards achieving the overarching community goals. Within these communities are people that are considered to be at risk in disaster events. These include people with disabilities, the elderly (men and women), children (boys and girls), women including heavily pregnant and nursing women. These groups are often referred to as ‘marginalized’ due to their limited capacities to cope with disaster risks. PfR programme ensures that these groups are at the core of our IRM interventions in order to build inclusive resilient communities.

VULNERABLE VS MARGINALIZED GROUPS
Vulnerability is complex. Vulnerability in this context can be defined as the diminished capacity of an individual or group to anticipate, cope with, resist, and recover from the impact of a natural or man-made hazard. It has many dimensions, it is driven by factors at different levels, from local to global. It varies from one context to another and from one country to another. In disaster-prone areas, the poorest and most marginalized are often the most vulnerable to hazards with low capacity to cope.
Within the PR focus, in India the Dalit and in the Horn of Africa for example, the migratory fishermen and pastoralists are more vulnerable to climate change disasters than other groups. They often live in the most vulnerable geographical areas, which exposes them to natural hazards like floods, cyclones and droughts. When a disaster strikes, they have limited capacity to respond. Other vulnerable groups include; indigenous tribes, ethnic, sexual and racial minorities, the homeless, illiterate, immigrants and others. Important to note is; Among these vulnerable groups, there lies “marginalized” groups such as; people with disabilities, the elderly, children (boys and girls) some women including heavily pregnant and nursing women, and girls.

WHAT IS MARGINALIZATION?
Marginalization – sometimes also called social exclusion is a social process of becoming or being made marginal (especially as a group within the larger society). It is a major cause of vulnerability, leading to exposure to a range of possible harms including disaster risk. Marginalization describes both a process, and a condition that prevents individuals or groups from full participation in social, economic and political life. As a condition, it can prevent individuals from being actively involved in certain activities.

Marginalization varies according to context but regardless, one thing in common about marginalized groups is that they are usually pushed to the edge of the group and are accorded lesser importance. Marginalization describes different groups is highly structural and can be deep-rooted in culture, hierarchies and relations among different groupings of a society.

There are core factors that determine who or what groups are marginalised and what the barriers are that prevent them from being reached. Political discrimination may marginalise some ethnic groups, migrants or particular regions of the country. Social discrimination and marginalisation can impact on a wide range of groups on the basis of age, gender, sexuality, language, disability etc. Economic marginalisation can prevent equal access to basic services, income opportunities and access to jobs. In the face of natural disaster, some women including heavily pregnant and lactating mothers, girls, PWDs, children (boys and girls) along with the elderly are most vulnerable, face multi-layered kind of marginalization and are less resilient to risks.

1.1. The Elderly in Face of Disaster Risk

The world is ageing fast. Out of the approximately 9 billion people world-wide, 700 million are over the age of 65. The elderly population is defined as people aged 65 and over (OECD Data). This large segment of population is in many ways at risk or more vulnerable in the face of disaster and emergences. Older people tend to be amongst the poorest and most vulnerable groups, which makes them vulnerable to disaster risk. Older people’s physical and social challenges can reduce their capacity to prepare for disasters. The elderly especially those that face intersectionalities such as gender and disabilities face greater risks in disaster emergencies. A lot of elderly women with disabilities have limited rate of adaptations to climate change and lower coping levels to disaster risks. It is from some of these factors that the PR programme keeps the needs of all the marginalized including the elderly at the core of our interventions.

Older women and men, especially those living with disabilities and alone are often times neglected and left behind in emergencies which puts them in great danger that could result into death. This is due to the specificity of their needs which unfortunately community/humanitarian disaster planning committees tend to frequently overlook them which leads to their marginalization.
The stereotype of the elderly as a predominantly dependent group may not always hold. In disaster risk, older people have capacities to identify early warning signs, identify needs of their family members, are care takers of young children (grandchildren for example) and identify local coping mechanisms based on their experiences living in these communities for long. The elderly are reliable sources in providing information about traditional coping methods based on their previous experiences during disaster events yet they remain left out in decision making processes to build resilient communities. Using the IRM approach to link humanitarian, development and environmental domains, PfR is focusing on improving the livelihoods for all communities while paying attention to the elderly to promote their dignity and increase their participation in building resilient and strong communities. In order to enable an inclusive response mechanism that keeps the needs of the elderly high on the agenda, the following steps are to be kept in mind:

- Identifying specific needs and capacities of the elderly at the same time involving them as support system for community disaster preparedness.
- In post-disaster events, ensure to facilitate their input into community resilience and reconstruction programmes.
- Engage them in community assessments for hazard risks and vulnerabilities so they can contribute to aiding of planning appropriate strategies and actions for relief responses.
- Enhancing their capacities in providing and managing information which not only gives them ownership of issues in their communities but also boost their confidence in the decision making processes.

In most developing countries, disaster risk reduction programmes for the elderly are limited in terms of funds and resources and programmes treat them as if their needs and concerns are the same as those of a larger population. Thus, there is a growing sense of urgency in development programmes and civil society to support the elderly, such as enabling their active participation in community programmes for during integrated risk management. In order to do this, strategic partnerships are crucial which involves working with individuals, local NGOs, international organizations and so on.

POTENTIAL ORGANIZATIONS TO PARTNER WITH
To ensure that the elderly are not left behind in our IRM interventions, strategic partnerships are key in ensuring their inclusion in the projects. Several organizations (local, national and international) are working on the issues of the elderly and some have their focus on elderly in the face of disaster risk. In order for PfR to mainstream inclusion of the elderly in the IRM interventions, potential partner organizations working with issues of the elderly especially in developed countries can be approached for partnerships either at country or global levels. The aim of these partnerships are for instance to build more capacities on inclusion of the elderly in the IRM programmes, share existing tools and practices on how to ensure the elderly are not left behind and ideas on what works in regards to mainstreaming inclusion of the elderly in IRM. Here are some potential organizations to partner with;

a. HelpAge International: https://www.helpage.org/

b. Age Action for All Older People: https://www.ageaction.ie/

c. Age International: https://www.ageinternational.org.uk/

d. Age Well Foundation India: https://www.agewellfoundation.org/

e. The Aged Family Uganda: http://www.tafu.org/

f. Uganda Reach the Aged Association (URAA): http://ugreach.org/

g. International Federation on Ageing (IFA): https://www.ifa-fv.org/

There are several local-based organizations in various countries working with the elderly. Some of these organizations already have established networks that identify where the elderly are located, who they are, and what their needs are. It is important to partner with these local networks as they have rich information on how to best work with this group. These guidelines will not give detailed information on the elderly so the following recommended readings are provided for further learning;

RECOMMENDED READING
Good practice guide: embedding inclusion of older people and people with disabilities in humanitarian policy and practice. Lessons learnt from the ADCAP programme
https://reliefweb.int/sites/reliefweb.int/files/resources/Good%20Practice%20Guide%20ADCAP.pdf

Disaster Risk and Age Index
https://www.ondr.org/images/newsite/Learning/Older_Persons/Disaster_Risk_and_Age_Index_Final.pdf

Disaster resilience in an ageing world: How to make policies and programmes inclusive of older people
1.2. **Children in the Face of Disaster Risk**

Children (girls and boys) are highly vulnerable to disasters. When disaster strikes, children are among those most vulnerable to death and injury especially in developing countries. The age range that defines who the children are is between ages (0 to 12 years). They are often perceived as passive or helpless ‘victims’ in times of disasters, with limited potential to help safeguard themselves, their family members and communities against natural disasters and other shocks and stresses.

It is clear that not all children are equally vulnerable to the impacts of disaster. It is characteristics such as age, development levels, ethnicity, social class, gender that intersect and affect children’s experiences in disaster risk. They may be in danger of suffering in the aftermath of disaster due to separation from parents or care givers or they may be prone to illness, disease, malnutrition and abuse. Stigma, social exclusion and discrimination may threaten their physical health and well-being especially for children with disabilities in the aftermath of a disaster. Following direct exposure to disaster, young children may exhibit increase in aggressive and oppositional behaviours, separation anxiety, diminished activity levels and changes in sleeping behaviours because they are often times less equipped to deal with stress.

In efforts to reduce risk and enhance resilient communities and nations, recognising and drawing on the rights, needs and capacities of children in the face of disaster risk needs attention. Most intervention programmes are centralized in a ‘top-down’ manner that only caters for the needs of the adults which leaves behind the needs of the most marginalized especially children. Hence in efforts to address the underlying causes of children’s vulnerabilities, IRM is aiming at striking a balance to cater for child-focused initiatives that acknowledge the space needs, protection and their rights. It is hence everyone’s responsibility to ensure children are not left behind in building inclusive and resilient communities in the face of disaster risk.

**POTENTIAL ORGANIZATIONS TO PARTNER WITH**

Mainstreaming inclusion is a holistic action. There are several organizations currently working closely with children in conflict, disaster risk, climate change effects, broken families, orphanages, schools and within communities. These organizations are based all over the world and have capacities in dealing with children’s issues and needs. In efforts to mainstream inclusion of children in IRM interventions, it is important to build alliances and strategic partnerships with these organizations already working with children at local, national and international levels. These networks assist in reaching communities with children and establishing an enabling environment that allows children be participants in their own empowerment processes. Among some of the potential organizations to partner with include:

a. **Plan International**: https://plan-international.org/
c. **Save the Children**: https://www.savethechildren.org/
d. **Unicef for Every Child**: https://www.unicef.org/topics/disaster-relief
e. **ChildFund**: https://www.childfund.org/
f. **War Child**: http://www.warchild.org/
g. **Feed the Children**: http://www.feedthechildren.org/
h. **The Pricilla Hall Foundation-Indonesia**: https://www.priscillahall.org/
i. **Yayasan Amal Mulia-Indonesia**: http://www.amalmulia.com/ind/
j. **Smile Foundation-India**: https://www.smilefoundationindia.org/
k. **Defence for Children**: https://defenceforchildren.org/
l. **Amref**: https://amref.org/
m. **Action Against Hunger**: https://www.actionagainsthunger.org/

o. **Educate a Child**: https://educateachild.org/
p. **Bill and Melinda Gates Foundation (BMGF)**: https://www.gatesfoundation.org/
q. **Hope for Children-Ethiopia**: http://hopeforchildrenethiopia.org/
These organizations among others have a experience working with children in various contexts and are in position to better advice on the best practices regarding what might/might not work in mainstreaming inclusion of children as part of the marginalized groups in PR’s intervention programs. For further information on “child-centered” interventions especially in disaster risk reduction, refer to the following recommended readings.

**RECOMMENDED READING**

Child-Centred DRR Toolkit  
[https://www.preventionweb.net/files/globalplatform/entry_bg_paper-2674kug.pdf](https://www.preventionweb.net/files/globalplatform/entry_bg_paper-2674kug.pdf)

In the Face of Disaster Children and climate change  
[https://www.preventionweb.net/files/3315_IntheFaceofDisaster.pdf](https://www.preventionweb.net/files/3315_IntheFaceofDisaster.pdf)

How to ensure children are taken care of in the face of disaster?  

Children in Emergencies Toolkit  
[https://childreninemergencies.org/](https://childreninemergencies.org/)

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# 1.3. People with Disabilities in the Face of Disaster Risk

People with disabilities (PWDs) share a number of common risk factors that increase the possibilities that they will experience negative physical impact during and following a disaster. According to the UN Convention on the Rights of PWDs, people with disabilities include those who “have long-term physical, mental, intellectual or sensory impairments.” There needs to be a recognition in the multi-layered effects of how families, schools, and societies shape the environment around people with disabilities in disaster risk. Due to competing demand for limited resources in disaster affected areas, people with disabilities are at risk of being left behind and be excluded from emergency preparedness planning at all levels (local, national, regional and international).

**CHILDREN WITH DISABILITIES IN THE CONTEXT OF DISASTER**

An estimated 200 million children worldwide experience various forms of disability. In the face of disaster, children with disabilities may face amplified risk. According to United Nations International Children’s Emergency Fund (2007), Over 7 million of disaster-affected children experience various forms of disability. Children with disabilities in high poverty areas are thus among those most exposed and most vulnerable to extreme disaster risks.
Risk Involves

- Children with disabilities have elevated exposure to hazards in form of separation from their parents/care givers.
- Children with disabilities may be especially prone to exclusion from information and services made available to other children in shelters following a disaster event.
- Parents to children with disabilities stand the risk of feeling distressed, depressed and anxious which puts them at a higher risk for post disaster psychological impairment.
- Children with mobility limitations may be incapable of hiding under desks in earthquakes or climbing uphill during floods, or running to an evacuation point in case of a tsunami or recognise signs in case of danger.

WOMEN AND GIRLS OF ALL AGES WITH DISABILITIES IN THE CONTEXT OF DISASTER

On the global population, women and girls constitute 3.78 billion, about half of the total population (World Bank 2017). Women and girls with disabilities face significantly more difficulties – in both public and private spheres and are generally “among the most vulnerable and marginalized of society”-United Nations, yet remain neglected in social systems. Even though efforts have been made to advance gender equality in developing countries, women and girls with disabilities continue to be isolated in society. Women and girls with disabilities are every so often at greater risk, of violence, injury or abuse, neglect and exploitation, and their post disaster needs less known. Limited access to information and influence on decision making processes limit their capacity to prepare and respond to adverse impacts of disaster risk for example climate change.

In the face of disaster risk, women and girls with disabilities have more vulnerabilities such as rape, unequal access to resources and opportunities such as access to health services, which prohibits them from freely integrating into society. Mothers with disabilities suffer more stress in times of disaster risk as they are not only fending for themselves but also their dependants. With existing societal norms, stigma and discrimination/exclusion against women and girls, precisely those with disabilities, their representation in decision making is still minimal.

Research has found that advocating for their rights of people with disabilities increases their representation on the bodies responsible for disaster preparedness at the local level.

Women and girls play crucial roles in communities and are key informants in communities due to their larger social cohesion. For example most of village savings and loan groups are occupied by women, farming cooperatives and groups-all which expose them to larger networks and information about the communities. It is thus important that this information is tapped into by empowering them to be part of building resilient communities before, during and after disaster risk.

If capacitated and equipped with necessary resources, women have the energy and will to contribute to disaster risk reduction since through societal norms they are accustomed to care for their families and communities. Hence, in efforts to promote inclusion for all including girls and women with disabilities, PIR is working towards a more inclusive resilience through practices such as integrating disability-inclusive DRRM.

POTENTIAL ORGANIZATIONS TO PARTNER WITH

- Liliane foundation: https://www.lilianefonds.org/partners
- Light for the world: https://lightfortheworld.nl/welcome/
- Disability-inclusive Disaster Risk Reduction Network: http://www.didrrn.net/
- CBM: https://www.cbm.org/
- Action on Disability & Development (ADD) International: https://www.add.org.uk/
- Wisma Cheshire-Indonesia: http://wismacheshire.com/
- Misrach Center-Ethiopia: https://www.ethiovisit.com/directory/misrach-handicrafts/1791/
- Katalemwa Cheshire Home-Uganda: https://katalemwacheshire.org/

REFERENCES

1.4. **Women In The Face Of Disaster**

Women are fundamental entities of functioning societies, with established roles and rules. They are key actors in implementing positive change in communities and in family, e.g. household preparedness. Around the world, a rising proportion of households are supported singlehandedly by women, and by old as well as young women. Their vulnerability in disaster and emergences can be seen mostly as cultural and institutional as opposed to physical or biological. One must note that not all women and girls are considered vulnerable and marginalized in the face of disaster. However, some women for instance the heavily pregnant with restricted movements, lactating mothers, old women with disabilities, and women taking care of the elderly, the sick and young children, are more at risk of being vulnerable and marginalized in events of disaster emergences.

Disasters hit women and girls hardest. They cost women their land and other precious assets and may also cost young girls their opportunity to attend school, ensure the migration of impoverished rural women to urban slums, and force women of all ages into prostitution. Women's fundamental rights to health and safety are often violated in disasters. Girls are at a higher risk of being sexually abused especially during disaster events. In circumstances that they are separated from their parents/guardians/caretakers, girls especially those with disabilities risk being, sexually, physically and psychologically abused. In some cultures, girls are assigned to domestic roles such as fetching water, looking after their siblings but also prohibited from doing activities such as swimming due to taboos around menstruation.
In situations where girls with disabilities are going through their menstruation, they are often times neglected which puts them at high risk of contracting infections. All these factors make them vulnerable to disaster risks such as drowning and death during disasters such as flooding if they cannot swim to safety, exposure to sexual harassment if they have to fetch water from far off places in times of drought. It is thus vital that while carrying out disaster preparedness and plans, needs of women and girls are kept on the agenda. These may include;

- Involving women and girls as equal players in decision making platforms.
- Challenging sociocultural beliefs and practices against women.
- Putting needs and right of women and girls in plans for action.

Regardless of all the vulnerabilities women and girls have in disaster risk, their capacities to participate in community disaster risk reduction should be acknowledged. For instance, disaster risk programs can draw on women’s knowledge and skills in food production and management to identify opportunities for adaptation. Women’s closer relationship with children in many cultures can help nurture risk-awareness and preparedness with the next generation. It is therefore important to empower women and girls as vulnerable groups, but also to engage men and boys in the empowerment process so that together they can work towards building inclusive resilient communities. It is vital to address different vulnerabilities and adaptive capacities that are a result of gender based inequalities to minimize diverse impacts.

**POTENTIAL ORGANIZATIONS TO PARTNER WITH**

- **Gender Mainstreaming in Development Programmes**: https://mdfnl/gender-mainstreaming-development-programmes-1
- **Girls Not Brides**: https://www.girlsnottobrides.org/
- **Women’s Global Empowerment Fund**: https://wgefund.org/
- **Women for Women International**: https://www.womenforwomen.org.uk/
- **Global Fund for Women**: https://www.globalfundforwomen.org/
- **The National Association of Women’s Organisations in Uganda (NAWOU)**: http://nawouganda.ug/
- **U.S. Agency for International Development (USAID)**: https://www.usaid.gov/

**RECOMMENDED READING**

- *A Practical Guide To Gender-Sensitive Approaches For Disaster Management* [https://www.ifrc.org/PageFiles/96532/A%20Guide%20for%20Gender%20sensitive%20approach%20for%20Disaster%20Management.pdf](https://www.ifrc.org/PageFiles/96532/A%20Guide%20for%20Gender%20sensitive%20approach%20for%20Disaster%20Management.pdf)
- *Disaster Recovery Guidance Series: Gender Equality and Women’s Empowerment in Disaster Recovery* [https://reliefweb.int/sites/reliefweb.int/files/resources/DRGS_gender_equality_WEB.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/DRGS_gender_equality_WEB.pdf)
2. Steps towards inclusion

PFIR strengthens community resilience by reducing risks and strengthening livelihoods of vulnerable communities, with specific attention for marginalized groups and women, by involving the wider civil society in addressing risks faced by all groups in society, in particular women, and by working on a conducive legal and financial environment. In efforts to expand diversity horizons in the programme, the focus of IRM is on communities and groups that are most vulnerable, with special attention paid to women, youth, elderly, children (boys and girls) and persons with disabilities. It is hence therefore important that at national, regional and global levels, the needs of the most marginalized are mainstreamed in the policies and practices of the programme.

Local communities with majority of poor, most vulnerable and marginalized individuals are at the frontline of risks that emerge as a result of climate change, ecosystem degradation and sometimes disasters from development malpractices (or a combination of these). Therefore, both the experience and the interests of local communities especially the most marginalized need to be at the core of global debates, dialogues, policy development and practices. To promote this, various steps are to be followed as proposed in this step-by-step guide toward inclusion which are;

1. Defining who are the marginalized and locating them.
2. Involving marginalized groups in program planning, and development, drafting proposals for the program and inception processes of the program.
3. Inclusive Capacity Building for Disaster Risk Management
4. Involvement of marginalized groups in program implementation.
5. Engaging marginalized groups in monitoring and evaluation of the programs
6. Promoting the voices of the marginalized through lobby and advocacy of inclusive communities.
7. Costs and feasibility to cater for inclusion of marginalized groups.

These seven steps will be the basis of this guide in mainstreaming inclusion of marginalized groups in the programme. Note that these steps do not have to be followed consecutively to mainstream inclusion but can be followed depending on the stage a particular program chooses to include the most marginalized. To achieve best results however, it is important that needs of the most marginalized are included at the very beginning of the program for instance during proposal writing/program development.

In this step by step guide, some of the action steps will overlap in most of the stages of the program due to the convenience of practitioners who may choose to include the most marginalized in a particular stage of the program. The guidelines below show some of the action steps needed to include marginalized groups in the program and a checklist to cross-check.
2.1. **Guideline 1: Who Are the Marginalized? Where are they?**

**WHO ARE THE MARGINALIZED?**

To identify who is marginalized and excluded and who is not is a challenging task. For most programmes, marginalization and exclusion differ in different contexts. Hence in order for inclusion of the most marginalized to be mainstreamed in programmes, inclusion advisors should have a plan and oversee the community assessments, and take responsibility for developing a diversity plan. A clear distinction between “vulnerable” and “marginalized” groups should be drawn when defining marginalized groups. In these guidelines, marginalized groups have been identified as the elderly, women including heavily pregnant and lactating mothers, people with disabilities and children (boys and girls). However, in different contexts, marginalized groups can be contrary to the groups mentioned above. They can be for example; street children, immigrants, racial minorities, indigenous tribes, homeless people, low skilled workers, ex-prisoners etc. To identify which exact groups fall in the category of marginalized groups:

- Be context specific and sensitive to ensure proper understanding of the dynamics of a particular community at a particular time, so that activities can be designed in such a way as to promote inclusion effectively.
- Define marginalization in the particular context you are working in keeping in mind elements of discrimination based on laws/and practices on one or more grounds.
- There’s no better way to find out than consulting with the stakeholders including field staffs and partner organizations.
- Look at the existing intersectionalities.
- Consider external factors (political, economic, social) e.g. Poverty, under representation in decision making, political exclusion and unfairness, Identity dilemma, restricted access to opportunities, historical biases, negative stereotypes etc.
- Gather the evidence from existing data to define the levels of marginalization.
- Bear in mind that most marginalised can be ‘invisible’ to conventional forms of data collection so be innovative when identifying them.
- Keep in mind that the groups you could identify as ‘marginalized’ may not see themselves as marginalized. For example indigenous tribes who out of a need or desire to preserve their unique culture and identity may desist from assimilation with the rest of the society and instead prefer to remain outside the integrated social, economic and political life.

**SELECTING THE COMMUNITY WITH MARGINALIZED GROUPS**

To select which community to work with, a transparent and an inclusive process based on consultations with all sections of the community as well as other relevant stakeholders should be considered. The question of who is most at-risk will vary from one context to another and will depend on a diverse range of factors including exposure to hazards and the capacity to cope during and post-disaster. The following points should be kept in mind when selecting communities with marginalized groups:

- Ensure diversity is recognized through pre-identified categories or consult with different people in the community to better assess the specific local context.
- Ensure there is a fair share of marginalized/ excluded people in that particular community.
- Ensure the selection criteria considers the existing multiple intersectionalities that lead to marginalization. For instance, minority racially segregated/gender segregated/disability segregated communities.
- Ensure a strong analysis in country-level assessments where gender, age and disability disaggregated data can be projected with specific reference to the needs of women, men, the youth children (boys and girls) and the elderly.
- Ensure the selection process “does no harm”. Consider selecting an equal/ balanced number of communities from different sides.
WHERE ARE THEY? LOCATING THE MARGINALIZED GROUPS

A term ‘marginalizing groups’ may not be the most appropriate term to refer to these groups due to the stigma around it. It hence is critical for development workers to select the most suitable language to use in regarding to locating the marginalized groups. Locate these groups using different sources;

- Based on data source from baseline and feasibility studies & government census-based data.
- Using a community approach for identifying the groups e.g. snow ball approach.
- Consulting with local Disabled People Organizations and Civil Society Organizations working with related groups, through religious leaders and school teachers.

To be able to locate the marginalized groups, community committees/groups in charge should use various tools including for example community exclusion assessment tool, an inclusive Community Vulnerability Analysis and Inclusive Hazard Identification and Risk Analysis Tools.

INCLUSIVE COMMUNITY VULNERABILITY ANALYSIS

Description

Vulnerability assessments can help communities improve their understanding of the needs of people at greatest risk of natural and man-made disasters especially the most marginalized groups. The equal participation of all groups in CMDRR decisions and a commitment to address the root causes of disasters will help to address underlying vulnerability, increase capacities to cope with the effects of natural hazards and facilitate empowerment. An inclusive vulnerability analysis ensures that needs of the elderly, PWDs, pregnant women and other women referred to as “vulnerable”, some youth are included in designing strategies for CMDRR. In order to identify these groups of people in a community, an Inclusive Vulnerability Map (IVM) should be made to aid the process.

Inclusive Vulnerability Mapping

Vulnerability Mapping of the most marginalized means mapping how the most vulnerable and marginalized (elderly, people with disabilities, people with restricted movements, pregnant women, young children) are exposed to a hazard to varying degrees and the reasons for their settlement in the hazard prone area. Identification of targets of exclusion can be very sensitive and community groups may not want to name any person or authority due to their dependence, threat perceptions, and potential conflict associated with doing so. Only an organized and empowered group/individuals can take up this exercise. The facilitator needs to examine the overall group environment and dynamics before initiating the task of identification of the targets of exclusion. Community Vulnerability;

- Must involve Persons with disability, elderly, pregnant women in the process.
- Give special attention to needs and issues of PWD, children and elderly
- Must identify families with PWD, children, elderly, pregnant women.
- Identify issues and needs of persons with restricted / dependent mobility.
- Identify issues and needs of persons with speech and hearing impairment and intellectual impairment including; elderly, women, girls and children.

Steps in Inclusive vulnerability assessment

- Identify the hazard
- Identify the elements at risk (consider people that need emergency help/ the most vulnerable).
- Decide their level of vulnerability of the most at risk people.
- Analyze why the element at risk is in that location (both physical and social factors).
- Considering the proximity of the element at risk vis-à-vis the hazard.
- Summarize the information in a vulnerability analysis form.

An inclusive vulnerability assessment can be conducted using the mapping exercise on hazard identification, people at risk, risk description and the proximity as presented in the example below.

Inclusive Vulnerability Analysis Tool

<table>
<thead>
<tr>
<th>Hazard (s)</th>
<th>Elements / people at risk</th>
<th>Description of risk including rationale</th>
<th>Grade (High / Medium / Low)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fierce storm</td>
<td>People with disabilities, young children, elderly</td>
<td>Collapsed buildings, flooding, drowning as a result of people at risk unable to swim</td>
<td>High</td>
</tr>
<tr>
<td>Earthquakes</td>
<td>People with disabilities, pregnant women, young children, elderly</td>
<td>Collapsed building, fires ignited as a result of earthquake, disruption of water service leading to a flood, death...</td>
<td>High</td>
</tr>
<tr>
<td>Tropical cyclones and Tsunami</td>
<td>People with disabilities, young children, elderly that have limited movement, speech, sight.</td>
<td>Collapsed building, floods, death</td>
<td>High</td>
</tr>
</tbody>
</table>
INCLUSIVE HAZARD IDENTIFICATION AND RISK ANALYSIS

Description
Hazard identification and risk analysis involves all activities carried out while identifying and evaluating the risks during or in an event of a likely hazard. In the face of the most marginalized groups, the main question paused is, In cases of hazard risks, where are the most marginalized groups and what are the consequences of not identifying how the hazard would affect them? When answering these questions, the objective is to carry out the degree of analysis necessary to reach a decision on how these marginalized groups are included in disaster risk interventions. Having an adequate analysis, leads to good decisions on how to plan for an inclusive hazard identification and risk analysis.

Inclusive Hazard Risk Mapping
To cope with risk, hazards must first be identified, and then the risks should be evaluated and established to be tolerable or not. By carrying out this analysis, the able communities understand the risks involved and which people are most likely to be affected hence designing safety management activities for the most vulnerable. An inclusive hazard risk mapping ensures that marginalized groups are also included in the activities of identifying hazards and evaluating how the risks affect them. While carrying out these mapping activities, it is important that input from people with disabilities, women, some children and the elderly is incorporated. This is because, by the nature of their circumstances, they are most likely to be left behind in this decision making process which puts their needs during disaster risk at stake. To ensure this process is very inclusive, the following steps should be kept in mind;

Steps in Inclusive Hazard Risk assessment
• Ensure that marginalized individuals/groups or their representatives are involved in the decision making process in hazard identification and risk mapping.
• Marginalized groups should be included in risk assessment and DRR policy and practice. This inclusion must be made for the benefit of all within the community.
• Agreement should then be reached on which elements of society are most at risk, or most excluded, before, during and after a disaster within a community.
• Make sure the materials, and the work activities are user friendly for all participants.
• Questions on risks of any hazards should include the views/opinions/input from the participants representing the “marginalized/most at risk” groups.
• Methods for questioning and mapping should be inclusive of people that are physically impaired and/or illiterate that cannot read and read.
• Identify how hazardous event may affect community in general but also different marginalized groups in particular.

• Identify safety measures in relation to a particular hazard and how they can be applied to marginalized groups for instance people with disabilities.

To carry out this process efficiently, a form which may serve as an inclusive hazard analysis tool may be filled. At this point, you may choose to use the already existing hazard risk assessment tools but then indicators of marginalization may be added to make it more inclusive. For Example;

Inclusive Hazard Analysis Tool

<table>
<thead>
<tr>
<th>Nature</th>
<th>Description</th>
<th>How will it affect the community in general?</th>
<th>How will it affect PWDs, women, elderly, children?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Force</td>
<td>Strong when out of hand</td>
<td>Causalities, loss of human life, loss of property &amp; livelihoods</td>
<td>Loss of life and they get more injuries</td>
</tr>
<tr>
<td>Warning signs and signals</td>
<td>Smell, loud blast and smoke</td>
<td>There will be unrest and panic PWDs and, elderly with limited movement are mostly left behind while others run to safety for example the hearing impaired can’t hear the blast, the visually impaired can’t see the smoke</td>
<td></td>
</tr>
<tr>
<td>Speed of onset</td>
<td>Gradual or sudden</td>
<td>Stand-still of the daily activities, psychosocial trauma, crime, more injuries as they try to offer help without the necessary tools</td>
<td>Loss of life, severe burn, homelessness, psychosocial trauma</td>
</tr>
<tr>
<td>Frequency</td>
<td>Often</td>
<td>It will lead to homelessness, loss of life, and increase poverty due to loss of livelihoods</td>
<td>Increased dependency</td>
</tr>
<tr>
<td>Period of occurrence</td>
<td>During dry season</td>
<td>Reduced labour due to loss of life and lead to hunger In need of relief food, non-food items &amp; water.</td>
<td>Trauma</td>
</tr>
<tr>
<td>Duration</td>
<td>Two (2) &amp; (3) days</td>
<td>Destruction of property Internal displacement of persons for unknown period, Loss of life</td>
<td>• Loss of life for PWDs, elderly, young children and their families. • Trauma</td>
</tr>
</tbody>
</table>
This example shows how already existing tools can be adjusted to cater for the inclusion of marginalized groups. In this tool, the name of the hazard to be analyzed is "fire." The tool describes the nature of the hazard and how it affects the entire community. To ensure that the analysis is inclusive:

- Ensure that the tool has a provision for input for marginalized groups.
- During the analysis, separate the marginalized groups from the rest of the community. By carrying out a generalized analysis risks a “one size fits all” which may lead to exclusion some groups.
- Analyze the effects of the hazard on both the community and the marginalized groups identified.

When this kind of analysis is done and when information on how the hazard is likely to affect marginalized groups is provided, it helps communities and DRR practitioners design effective interventions that will not only cater for the needs of the community but the most marginalized as well hence leaving no one behind.

Have excluded people and groups been invited to the risk assessment process?

Is there a mechanism in place so that excluded people and groups can still contribute to the assessment process even if they are not physically present when it is undertaken?

Does the assessment process allow excluded people and groups to voice their risks, vulnerabilities and capacities?

Have risks and vulnerabilities identified by excluded people and groups been considered by those who make decisions on behalf of community?

Does the assessment process take into account that people in the community will face different barriers (physical, social, cultural, attitudinal, economic, etc) to being involved?

Does the process take into consideration that social norms differ from group to group, from one individual to another?

Does the risk assessment explore the “differentiated” risk, vulnerabilities and capacities that people will experience/have based on their social, economic, physical and other status?

Have issues that be hidden (such as superstitions, people trafficking, drug, addiction, etc) which have implications for people’s safety, been considered?

Does the assessment process consult not only with community members but other stakeholders too including formal and informal institutions and individuals?

Adopted from “Myanmar Community Based Disaster Risk Management Manual”
2.2. Guideline 2: Involvement Of Marginalized Groups In Program

DEVELOPMENT AND PLANNING AT POLICY LEVEL
Program development and planning should include input from marginalized groups and their representatives (e.g., individuals with disabilities and the elderly with their caregivers or family members, women and women groups, girls, children both male and female). Program and policy objectives should clearly and explicitly include marginalized groups as part of the target population. The overarching objectives of the program should clearly include a statement that the program’s “target” population includes marginalized groups (people with disabilities, elderly, children, girls and women). Ensure that the program’s Theory of Change (ToC) identifies marginalized groups as a target population who can be identified either as “primary” or “secondary” targets.

Active citizen participation in program development and planning is key to a successful project. This form of democratic participation gives space to accommodate the marginalized groups in policy and decision making which brings them on board as active citizens. It is through these activities that marginalized groups get a chance to discuss their needs, define themselves as citizens or community members and become informed about collective solutions to community and individual/group problems they are facing. These activities that bring marginalized people to participate in decision making also enhance openness to community issues which helps community members including marginalized groups to relate to their individual interests in the community which leads to community cohesion.

NEEDS OF MARGINALIZED GROUPS
During program planning and development, needs of PWDs, women, children and the elderly should be tailor made to suit their circumstances. The more their needs are not attended to, the more they and their families are left in a vicious cycle of poverty and vulnerability to disaster risk. While planning for the needs of the children, women, the elderly and PWDs ensure that;

1. The needs are based on the major objective/outcome of improving the welfare and resilience of the children, women, PWDs and the elderly.
2. The needs are assessed by asking questions such as; What are the needs? Are they tailor made to suit their needs? Which are the more complex needs? How can these needs be met? Who is mostly in need in cases of scarcity of resources. Involve these groups or their representatives as participants on sharing information about their needs.
3. The needs are met early as preparedness for disaster emergencies.
4. Arrangements made on how to enable these marginalized groups access their needs especially in events of disaster emergencies.
5. Arrangements to assign an individual(s) in charge of these needs are made. During disaster risk chaos, panic and confusion arises which also paves way for mis-management, theft or embezzlement of resources allocated to cater for the needs of the marginalized.
6. You gather all information that is needed in understanding the needs of these marginalized groups. Can range from information about the caregivers—who they are and where they live, the relationships they have with the individual they are looking after etc.
**Action Steps**

Involvement and participation of marginalized groups in decision making is not an easy task especially in communities where culture plays a big role. There are various ways to ensure their inclusion happens and these include:

- Engage with all the stakeholders and agree on who counts as a participant. Here, members of marginalized groups or their representatives based on their better understanding of their conditions can be included so as to tap into their indigenous knowledge especially the elderly.
- Ensure the participants are able to speak the same language and if some are unable to, use interpreters or sign language experts and visual communications for example mapping methodologies such as Gender Action Learning System (GALS).
- Open/closed discussions in multi-stakeholder forums, forum group discussions, public meetings, referenda, secret or interactive polling, and media discussions (radio and television).
- Master the art of negotiation, engage in constructive dialogues and criticisms even with the marginalized without out favouring their opinions based on their 'situations'.
- Arrive at decisions that are acceptable and inclusive to all participants.
- Due to cultural norms, some discussion may tend to silence or devalue certain groups. For example in many cultures in developing countries, women, girls, children, people from lower classes or low income status are excluded from communicating in public realms.
- Be aware of the hierarchical social stratifications based on income status, castes, gender and age. These could hinder efforts for active citizen participation especially marginalized groups.

### Checklist for Inclusive Program Development And Planning

- Is the planning process open so that excluded people are able to participate in the design of the plan (either directly, or with proper representation)?
- Is there space for all individuals/groups to give their opinion on which actions they think should be included in the plan? Has the community been sensitized on the importance of inclusion, so that excluded people and groups can voice their opinion and be confident that it will be taken seriously by the wider community?
- Is the plan shared in a transparent way with the whole community, in particular with those identified as being at high risk?
- Does the plan include mechanisms for accountability? Is it clear who will implement the plan, how and with what resources?
- Is there a mechanism through which community members can provide feedback and further inputs on the plan?
- Is the planning process designed in a way that ensures adequate representation of diverse groups, identified in consultation with communities?
- Does the planning process involve consultation with formal and informal institutions (such as the family, village committees, health centre, school committees, self-help groups, etc) and different people (community members, government officials, etc)?
- Does the planning process take into account that people, especially those who are excluded, will face different barriers in accessing services and facilities to keep them safe from hazards?
- Does the planning process consider how different hazards are prioritised by different groups of people? (For example, water logging maybe seen as a big problem by those living in lowland areas but not so much by those living on higher ground)
- Does the plan include measures to address the specific risks faced by excluded people and groups?
- Does the plan help generate information on diversity within the community which could inform Disaster Management plans at higher levels, such as at Village Tract or Township levels?
- Is the planning process adapted so that representatives of excluded groups can actively participate, by making use of participatory practices and methods tailored to them?
- Do strategies/activities prioritised in the DM/DRR Action Plan take into consideration the fact that people have different needs, capacities and face different barriers in being able to implement them?
- Does the DM/DRR Action Plan consider the potential tensions that may arise from implementation of these strategies/activities? Does it include mechanisms to reduce/limit the likelihood and impact of these tensions?
- Is the DM/DRR Action Plan translated into relevant local languages and communicated in formats that are easy to understand by all groups?

Adopted from *"Myanmar Community Based Disaster Risk Management Manual"*
2.3. **Guideline 3: Inclusive Capacity Building for Disaster Risk Management**

It is important to emphasize that people’s capacity to anticipate, cope with, resist and recover from disasters is key in building resilient and inclusive communities. Coping capacity—which is the ability of people, organizations and systems, to use available skills and resources, to manage adverse conditions, risk or disasters—is crucial in ensuring communities, supported by partner organizations, are capable of enhancing their resilience. It requires empowerment and inclusive, accessible and non-discriminatory participation. One of the main causes of exclusion and discrimination in society is a lack of awareness and understanding of the strengths and capacities of the vulnerable and excluded groups. Poor and vulnerable people have capacities. The sharing and applying of knowledge on how to cope with disaster effects provides opportunities for new insights, and the creation of new knowledge and innovation, which in turn contributes to broadening communities’ existing abilities to reduce their disaster risk, develop and adapt to climate change. In efforts to promote inclusive capacity building, the following should be kept in mind:

- An enabling environment for participation of marginalized groups.
- Capacity-building initiatives adapt to the specific contexts of the interventions.
- Highlight the differing needs and views of excluded groups and why they should be taken into account in the capacity needs assessment.

- Enhance program ownership, tailoring to the context to build functional capacity inclusive of the marginalized groups.
- Ensure sustainability of capacities that have been built.
- Strong monitoring and evaluation (M&E) for DRM capacity-building interventions including indicators on marginalized groups.
- Terminology used is understood by all participants including PWDs, elderly, children, illiterate.
- Communication methods used during the trainings are inclusive with mixed methods such as action learning, participatory learning et al to cater for the needs of all the participants.
- There is mix of activities enable inclusive participation.
- Roles and responsibilities are distributed to all participants including the marginalized to minimize power relations, boost confidence and encourage participation.

**Steps Towards Inclusive Capacity Building**

- First undertaking sensitization for DRR practitioners both at global and national levels. This sensitisation should aim to ensure that staff are equipped with the right attitude, knowledge of and skills of how to adopt inclusive approaches in their work. Use the Capacity Development Framework (Figure 1).
- Conduct systematic capacity needs assessments to identify gaps in capacities on inclusion while acknowledging that there could already be some existing capacities.
- Pay attention to the local existing capacities at community level especially from the elderly who have lived in the communities for a long time.
- While strengthening capacities at the individual level can be acquired formally through education and training, whilst others emerge through observing and doing.
- Ensure that the most marginalized are among the participants either individually or through representatives in the capacity building trainings. Incorporate learning methods that suit them in an enabling convenient environment.
- Choose an appropriate time for the training that takes into consideration majority of the participants including marginalized groups.
- The training material should repeatedly emphasize the need for inclusion of marginalized groups and their needs in all activities, practices and dialogues. All participants should be conscious of the barriers linked to hidden and invisible power (e.g. social norms, self-exclusion) and are in a better position to address them.
- Gender should be “kept at the heart” of all stages of the programme.
CAPACITY NEEDS ASSESSMENTS FOR INCLUSION
Enhancing required capacities for disaster risk reduction both at global, national and community levels entails a significant commitment from various stakeholders involved. Capacities necessary for building strong and inclusive communities against disaster risk emerge from different parties such as donors, CSOs, communities, international agencies, private organisations and non-governmental organisations. To ensure an inclusive capacity building process, all the above stakeholders must enhance their capacities in their work to be inclusive of the vulnerable and most marginalized groups. The capacities of each stakeholder group will vary, depending on the context/country they are working in so capacity needs assessments are required to identify what exact capacities need to be enhanced.

Figure 1. Capacity Development Framework

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Stages of Capacity Enhancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Staff</td>
<td>Analysis of Existing Capacities</td>
</tr>
<tr>
<td>Government</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>CSOs</td>
<td></td>
</tr>
</tbody>
</table>

Adopted from: Amaratunga (2005)

Global Staff
Analysing existing institutional level and individual level capacities on inclusion of marginalized groups is very significant for understanding the staffs’ potential impact of policies and decisions on how to intervene in building inclusive resilient communities that leave no one behind. This can be done by first analysing the existing capacities which can be done through various methods such as using Inclusion empathy maps, Q & A methods et al. Most marginalized groups are often times left out in program development and planning simply because the program staff unconsciously pay attention to their needs due to the insensitivity of the inclusion subject. The analysis stage thus helps in identification of the capacities gaps where suitable policies about inclusion are enacted earlier in the program.

Government
Government has a unique capacity as a mediator between private and public interests and as an actor with local, national and international connections. It is important that government personnel acknowledge the need for policies and practices inclusive of the most marginalized (PWDs, women and girls, children and the elderly). Just like the global staff, government personnel involved with the program should have their capacities analysed to assess their existing capacities on inclusion. In turn this will aid in identifying the gaps to involve them in capacity building trainings hence leading to more inclusive decisions and policies for the public.

Community
Involvement of the beneficiaries and the wider community in DRR can lead to stronger and more resilient communities. Community members ought to be aware of the need to have all its members including the most marginalized involved in building inclusive resilient communities against disaster risk. Their involvement in relevant initiatives such as providing local knowledge of hazardous conditions is crucial however if their capacities are not enhanced then there risks having most of the information not provided. Different community members have different capacities on different disasters. For instance, older community members who are 60 years and above have more capacities than younger community members, PWDs have fewer capacities than abled community members. It hence is key to identify what capacities exist for different members in order to design relevant capacities needed by relevant groups.
2.4. Guideline 4: Involvement of Marginalized Groups in Implementation

Implementation phase in a project/programme is one of the core phases. It is at this stage that all members and stakeholders of the project become involved through various activities since inclusive CMDRR is about facilitating power shifts. Expectations and reactions start to emerge at this phase which leads to resistance and power relations to play into context. Often times this leads to exclusion of minority stakeholders on the projects and decisions be taken excluding the needs of the most marginalized. It is essential to have a clear work and communication plan in place to cater for the inclusive process in the project. Within the plan, stakeholders should be located and engaged in activities paying more attention to the needs and representation of the most marginalized groups. People with disabilities, the elderly, some women, some youth should be engaged at all levels of the implementation process of the project and to ensure an inclusive process in programme implementation, some of the points to keep in consideration while doing an assessment for the most marginalized:

• Identify allies/links to introduce you to the community.
• Site entry, rapport building and identification of key people – this includes a process whereby the organizer(s) establishes rapport and a constructive relationship with the people in the community. Mutual respect and trust are the key elements that characterize an effective integration. You can consider:

Checklist for Inclusive Capacity Building for Disaster Risk Management

- Are all DRR practitioners sensitive towards and have capacities on social inclusion?
- Is the training sensitive to and aware of the different needs and capacities of the participants?
- Are participatory approaches used to identify different potential participants that should join the training?
- Is the composition of the training representative of the diversity of the community and all its different groups?
- Do all community members including marginalized groups have access to capacity building resources?
- Is the learning environment suitable to all participants including PWDs?
- Are communication methods used taking into consideration PWD, people with hearing and visual impairments and the illiterate.
a. Meetings and rapport building also with PWD, elderly (both men and women), DPOs and their leaders, Youth who fall in the marginalized category.
b. Identifying key leaders also among PWD, Elderly, marginalized youth and not leaving behind women.
c. Through community networks, you have a good understanding of local risks, and of local solutions to build resilience.

- Concept sharing. Share clearly the focus on most marginalized – both inclusion and empowerment aspects that marginalized groups must be active players.
- Conduct discussions to understand what the communities understand by marginalization. It is important to keep in mind the community perceptions of who is marginalized and excluded.
- Identify categories of indicators of marginalization
- Let the groups rank their most pressing on top and the least pressing on the bottom
- Ensure marginalized groups participate in all activities.
- Ensure to communicate in a language and ways that are best understood by everyone.
- Organize program activities in places that are inclusive and accessible to all members.

**INCLUSIVE COMMUNICATION**

Without communication, strategies for creating the most inclusive atmosphere are unknown. When implementing inclusive programmes, it is key that everyone is aware of the occurrence of the programme activities. Hence, it is vital that information is disseminated in the most inclusive ways for everyone to understand.

Below are the key points to keep in mind;
- When using posters to make any communication, ensure they are large in size & easy to read.
- When branding materials, show inclusive images of marginalized groups being involved in the program activities for example the elderly and youth engaging in a dialogue.
- Encourage marginalized groups to attend in the promotional information to ensure they feel invited and welcomed in events. For example showing a person with disabilities participating in a physical activity with persons without a disability.
- Use a range of communication methods to cater for people with various disabilities and those that are illiterate through locally appropriate channels like radios, community announcements, posters, interpreters, through churches and mosques, house to house etc.
- Interpret the material in the simplest local language natives best understand.
- Person-first language. Make sure to put the person first, not the disability for example, Say “the PERSON/CHILD with a disability” not “disabled child”.
- Avoid using labels as Labels are debilitating. Labels make people more aware of the difference.

**ACCESSIBILITY**

Programs should be accessible to all people including people with limited movements and are physically impaired, illiterate or unable to read or understand information communicated about disaster risks.

**Venues**

In identifying venues for training, evacuation shelters;
- Identify a location central for all including community members that have a hard time moving from one place to another.
- Ensure the venue has a ramp access, accessible toilets, accessible buildings, handrails etc.
- Ensure that ‘areas of convenience’ such as toilets, bathrooms are visible to everyone through installation of visible signs that can be recognised by all members.
- If possible, provide affordable or free transportation of the people with limited movements to and from the venues.

**INCLUSIVE ACTIVITIES**

It is difficult to include everyone in disaster risk reduction activities due to varying livelihoods and abilities. Programmes should ensure that activities are accessible by all members keeping in mind the following;
- Draw an activity plan that caters for the needs of the most marginalized
- Tailor make the activities to suit the capacities of the participants.
- They are carried out in a timely manner to allow for participation of all members.
- Remove barriers that may prohibit/exclude marginalized groups from taking part

**GOOD PRACTICE ACTION POINTS**

- Emphasize abilities not limitations, Remember that a person is not a condition.
- Make sure that certain activities are accessible.
- Speak of the person first then the disability/inability.
- Do not label people as part of a marginalized group.
- Avoid treating marginalized groups especially people with disabilities as if they want to be regular recipients of charity or pity.
- Do not assume that an individual with disability needs help.
- Be respectful of their personal space and assistive devices.
Checklist For Involvement Of Marginalized Groups In Implementation

- Can all individuals and groups including the most marginalized in the community participate in the activities/tasks agreed in the DM/DRR Action Plan?
- Is there space for all members of the community, including excluded people and groups, to provide feedback on the implementation process, including suggestions for improvements?
- Are the activities implemented responsive to the diverse risks faced by different groups?
- Does the implementation process make use of the different skills and capacities of community members, including excluded people and groups?
- Are different sectors and institutions engaged in implementing activities?
- Is there space to allow for changes to the activities implemented based on feedback from community members, including excluded people and groups?
- Does the implementation process make provisions for people who may be less able to take part in physical activities? (For example, if older people cannot contribute their labour to small-scale infrastructure projects, can they undertake alternative tasks, such as looking after the children of people who are working on the small-scale infrastructure work?)
- Are the activities implemented tailored to reduce the risk of different people in ways that are suitable for them, according to their circumstances? (For example, are alert levels defined considering different reaction times and informed by different types of knowledge? Does the community trust the person/organization sending early warning information? Will they listen to them? Are the language and words used appropriate and acceptable to different groups within the community?)
- Does the implementation process take into account the potential tensions that may arise or that already exist in the community, and identify ways to reduce/mitigate these?
- Are the activities implemented tailored to reduce the risk of different people in ways that are suitable for them, according to their circumstances? (For example, are alert levels defined considering different reaction times and informed by different types of knowledge? Does the community trust the person/organization sending early warning information? Will they listen to them? Are the language and words used appropriate and acceptable to different groups within the community?)
- Is the activity planned based on a strong assessment of what barriers (physical, social, cultural, attitudinal, economic, etc) excluded people experience and does it address these?
- Does the implementation process help change attitudes and perceptions around the capacities of excluded groups? (For example, does having women lead the Early Warning Task Force help demonstrate that women can be competent leaders and their contributions can bring positive benefits for the whole community?)

Adopted from "Myanmar Community Based Disaster Risk Management Manual"

2.5. Guideline 5: Inclusive Monitoring and Evaluation

Programs should implement process evaluation (with transparent monitoring, accountability and quality assurance) that includes feedback from people with disabilities and family members, personal assistants, caregivers or other representatives, and a process for making changes based on feedback. The M&E narrative is an opportunity to describe in more detail the methods that you are intending to use to collect and analyse data, and report ongoing project progress and achievement of the strategic objectives. Informal evaluation should take place throughout the program to revise and refine specific activities. But it is also essential to engage in a formal evaluation with a design and methodology that will assess the entire program and measure the impact of diversity efforts.
PURPOSE OF INCLUSIVE MONITORING AND EVALUATION

Good evaluation starts by defining the purpose. To ensure an inclusive monitoring process, the purpose of the monitoring should be;

• To determine the extent of inclusion of the program
• To document experiences that show inclusion is happening or not for lobby and advocacy.
• To collect data that demonstrates inclusion in the program
• To identify positive/negative outcomes as a result of inclusion/exclusion in the program.
• To identify good inclusion practices and lessons learned.

Monitoring on program activities is crucial to ensure they are inclusive to all members of the community, actions taken to address the main disaster risk or event cater for the needs of the most marginalized and monitoring challenges encountered during implementation of inclusive interventions. To be able to collect information on all these elements, performance indicators are needed to clarify what needs to be known and how changes the changes can be monitored.

ACTION STEPS TOWARDS INCLUSIVE MONITORING AND EVALUATION

• Marginalized groups able to participate in the design of the project M&E framework.
• M&E committees/groups formed represent diversity through representation of different excluded groups.
• M&E committees use diverse participatory tools and methodologies that enable different groups to engage in the process.
• The performance indicators should include activities and involvement of marginalized/excluded groups.
• M&E methodologies tailored to ensure that excluded people and groups can voice their opinions
• Ensure that barriers that might prevent people especially the most marginalized groups from participating in the evaluation are addressed.
• The timing of M&E should allow for flexibility to cope with the needs of all the members so that everyone is able to participate in the process.
• Together with community representatives, formulate questions which need to be answered in order to monitor the relevant issues and changes including questions about disabilities, norms that prevent members to take part in the project.
• Collaborative team evaluations that include internal and external parties such as Disable People Organizations (DPOs), partner organizations from civil society organizations.

Who will participate in the evaluation?
Are excluded people and groups able to participate in the design of the project M&E framework?
Are community level M&E committees/groups formed and do they have representation from different excluded groups?
Are monitoring reports/findings shared with the community in a transparent way, allowing excluded people to participate in decisions around any improvements or adjustments?
Does community level M&E use diverse participatory tools and methodologies that enable different groups to engage in the process?
Does community level M&E explore the project’s achievements and impacts for different people/groups, for different types of hazards, across different sectors and levels, etc?
Is the Participatory Monitoring and Evaluation (PM&E) framework open to unexpected findings, as an opportunity to recognise diversity that might not have been addressed by the project interventions?

Are M&E activities designed so that excluded people and groups can actively engage without any negative impacts, e.g. without having to take time off work?
Does the M&E process ask how practices and approaches were adapted to respond to specific hazards, vulnerabilities, capacities, challenges and barriers encountered by different excluded people and groups?
Are local sensitivities addressed when defining M&E activities, to account for the fact that some participants might be put at risk for expressing their opinion (or feel afraid to do so)? Does the M&E process explore how the project addressed local sensitivities and avoided doing harm?
Were barriers that might prevent people from participating in the evaluation addressed?
Does the PM&E help increase the power of excluded groups and people?
Does the PM&E process ask what measures are being taken to sustain the gains after the end of the project?
Does the PM&E process identify remaining barriers or new ones that may have emerged during implementation of the project?

Checklist For Strengthening Inclusion In Monitoring And Evaluation

Adopted from "Myanmar Community Based Disaster Risk Management Manual"
2.6. Guideline 6: Inclusive Lobby and Advocacy

Advocacy is key to challenging barriers to inclusion. In the PfR programme, there are efforts to lobby policy makers on targeted dialogue trajectories to ensure that the needs of vulnerable and marginalized people are incorporated in policies and practices. For instance, PfR global programme are systematically advocating for gender-sensitivity in reducing risks to shocks from climate change, ecosystem degradation and mal practices in the development/investment sector. These enhanced policies, investments and practices in turn are to help vulnerable communities to become more resilient to disaster risk. One of the key areas for lobbying is strengthening policy dialogue into practice, for instance ensuring inclusion of marginalized groups is translated from policy to practice. The PfR programme distinguishes three (interrelated) levels that are potential targets for lobbying to include marginalized groups:

• Lobbying global level policy makers shaping interventions aiming to influence relevant resilience related global policy frameworks, investment and development initiatives to consider the needs of the most marginalized.

• Lobbying regional level policy makers shaping interventions that address resilience challenges that span beyond country boundaries and/or that link to regional policy processes and related investments, initiatives, platforms, networks and institutions, to tackle issues of exclusion of marginalized groups.

• Lobbying national level policy makers shaping interventions that aim increasing community resilience to promoting inclusion of the most marginalized at the level of these communities, as well as with stakeholders at the higher levels of country, province, and nation.

• Lobbying local level leaders such as religious leaders, elders, community leaders to encourage breaking barriers against exclusion such as discriminatory norms and practices and building bridges for inclusion of the most marginalized such as promoting gender equality and providing safe spaces for the most marginalized to be involved in community activities without being discriminated or stigmatized.

Inclusion in Policy Domain

The policy domain is where most of major decisions are taken hence in order to influence the program, lobbying at this level is key. It is in this policy domain where inclusion of marginalized groups should be mainstreamed in implementation strategies of the key development policies. There are some elements which can be lobbied at policy level to ensure marginalized groups are included in the decisions and these include;

a. Lobbying and influencing those who make decisions about developing, changing and implementing policies, to support inclusion of the most marginalized.

b. Lobbying and influencing relevant resilience related global policy frameworks, funding mechanisms, and investment and development initiatives to consider inclusion of marginalized.

c. Lobbying and influencing investment and development initiatives to include perspectives of communities, including those specific to marginalized groups.

d. Influencing policy dialogue at global and national levels to ensure capacity strengthening of civil society organisations to be inclusive and aware of the need of the most marginalized in the programme.
Inclusion in Practice Domain
The practice domain is where projects and programs are implemented based on integrated risk management principles. At this level policy dialogues are translated into practices and communities and civil society organizations work together to ensure the success of the programme. It is at this point. In the practice domain, lobby and advocacy of inclusion of the most marginalized is not only carried out by organizations implementing the programme but also by communities and beneficiaries of the program. There are key points to keep in mind when enhancing lobby and advocacy of inclusion of the most marginalized in the programme implementation include;

1. **Who are your allies:** Building both local and international networks is the best way to achieve greater impact. However, because marginalized groups are best known by people who live with them in communities, it is best to develop a larger local network so that in cases of disaster emergences, they are easily identified. It is however also important that you know who your opponents are. On the other hand, international networks do contribute to resources both financial and equipment on a greater extent so it is important to engage them in the advocacy works. For example organizations such as Liliane Foundation, Minority and Inclusion, Light of the World, HelpAge International. However, it is important to consider a few points before engaging and forming these networks;

Who can deliver the change: To carry out an effective advocacy, various stakeholders should be involved at every level. During the entire implementation process, advocacy works should go on between the organization and the stakeholders. This includes community members, CSOs, DPOs and all partner organizations involved in the program. It is important to evaluate some points before deciding who will deliver the change;

- Categorise your targets into primary and secondary. Primary targets are the decision makers, Secondary targets are the stakeholders. Decision makers can be members of parliament, government bodies, embassies, international NGOs, religious leaders etc. Stakeholders can be CSOs, partner organizations, community groups, etc.
- Identify stakeholders (people, groups, institutions) that are relevant on the subject of inclusion or marginalized groups and have capacity to influence decision-makers. Here you can carry-out a stakeholder analysis
- Evaluate their knowledge on the subject of inclusion/exclusion of marginalized groups.
- Assess the opportunities that could arise from influencing the policy process
- Identify the your entry point in the decision making process and what steps you want to engage in.

2. **What do they need to hear:** Highlight what you want to achieve. The message needs to be clear and concise. Present the message with evidence that supports your statements (facts and figures). Tailor make your message to suite your target audience. Propose what desired action could be taken by the target. Use appropriate language and good choice of words

3. **How to make sure they hear it:** Media, Publications, Capacity strengthening, Campaigning. Here, make sure the message is clear in the campaign. (Refer to guideline 4 on inclusive communication) to see the strategies to use.

In the events of lobbying for inclusive resilience, it is crucial that all stakeholders at all levels (local, national, regional and global) are involved. While lobbying, DRR practitioners should keep in mind the consistency of the message as it helps exert pressure on the policy makers and leaders to interpret the needs of the most marginalized into practice. The checklist below should guide the process to ensure the mentioned points are kept into consideration while doing an inclusive lobby and advocacy campaign.

**USEFUL LINK**
Advocacy Toolkit For Disability Mainstreaming
Checklist for an Inclusive Lobby and Advocacy

- Do your allies care about the issue of inclusion of marginalized groups?
- What strategy shall you adopt and how will it influence your advocacy messaging to ensure that excluded groups can also participate in advocating for their own empowerment?
- What value will the collaborations bring about in regarding to inclusion of marginalized groups? Make sure that your allies and partners add value to the advocacy.
- What is your organization’s position? Here evaluate your position as an organization during the strategic partnerships to avoid collision and conflicts.
- How do you resolve any likely conflicts that may arise both as allies but also at community engagement level?
- What previous works have they been involved in regarding needs of the most marginalized?
- What roles will each network have?
- How will decisions be taken?
- How will you link local and global decision makers to ensure that inclusion of most marginalized is mainstreamed at all levels?
- How are you going to implement your advocacy strategy to ensure excluded groups do not suffer more marginalization, threats or harm from opponents?
- Are advocacy capacities catering for the needs of the marginalized?

2.7. Guideline 7: Costs and Feasibility To Cater for Marginalized Groups

Investing in programs to cater for social inclusion and participation of marginalized groups such as the elderly, PWDs, children, women and girls is vital for their economic, physical and social well-being. While planning for and implementing programs, it is important to account for specific costs involved in carrying out activities such as; building capacities, equipment, trainings, games etc. Inclusion of most marginalized especially individuals with disabilities can account for added costs for example using special vehicles for transportation, paying services for interpretation, using disability inclusive facilities such as toilets and walk-ways etc. In disaster emergencies, these facilities and resources are scarce which leads to exclusion in interventions. In cases where marginalized groups who in most cases have less income or live in dire poverty have to facilitate their participation in program activities, most of them are usually left behind because they cannot afford the costs involved. It is hence important that during planning for program activities, costs involved are feasible and considerate to the income status of the most marginalized. It is thus important to keep the following action points in mind;
• Ensure that most of the program activities are availed to the most marginalized for free or at a low fee that is affordable to majority.
• Design the program activities to suit the traditional ways of the participants for example during participatory mapping practices, instead of buying expensive paper or projectors, use local available resources such as drawing on the ground or locally made plastic sacs.
• If the weather is favourable, instead of hiring a hall or building at a high fee, opt for outdoor training venues at low fee/free rates such as church grounds or community halls, or participant's home (if he/she agrees). Note that these places should be accessible by all participants and have accessible inclusive facilities like toilets.
• In cases where buildings are less accommodating for the needs of the physically impaired for example doors that are too high for children and/or people with disabilities to open, use people to volunteer to hold the doors for those unable to open to pass through.
• To minimise the costs of hiring an expensive sign interpreter, a referral on free interpreters well versed with the program and activities can be hired. The timing of hiring this service is key whereby in case the interpreter in not available, a substitute should be arranged for.
• Consider using free public places such as churches, mosques, schools, markets to carry on program activities but also advertise the program. This will enable people that cannot afford media platforms such as radios, internet, television, newspapers also be able to receive the information.
• Carryout some of the activities nearer to places where marginalized groups live/work. For example if the cost of transporting people with disabilities to training venues is high, do the training at a venue much closer to the home/offices/or at Disabled People Organization offices.
• Design activities feasible for participation of women who also have to stay home to take care of children and do domestic chores and work.

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More Resources...

Checklist For Inclusion In The 7 Steps Of CMDRR
https://www.preventionweb.net/files/48286_48286tool1checklistforinclusionin7s.pdf

Inclusive Disaster Risk Reduction Post 2015: Handicap International Expertise

Making it Work initiative on gender and disability inclusion: Advancing equity for women and girls with disabilities

Towards Inclusion: A Guide For Organisations And Practitioners

Inclusive Framework and Toolkit for Community-Based Disaster Risk Reduction in Myanmar
https://www.preventionweb.net/files/48286_48286inclusiveframeworktoolkitforcb.pdf

Disability Framework – One Year On Leaving No One Behind Updated December 2015

Defining marginalised; DFID’s Leave no one behind agenda

Disability-Inclusive Disaster Risk Reduction and Emergency Situations
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