



Disaster Recovery Guidance Series

Disability-Inclusive Disaster Recovery

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Abbreviations

CRPD	Convention on the Rights of Persons with Disabilities
DPO	disabled persons' organization
DRF	disaster recovery framework
GFDRR	Global Facility for Disaster Reduction and Recovery
ISO	International Organization for Standardization
NRA	National Reconstruction Authority
NSO	national statistical office
PDNA	post-disaster needs assessment
UN	United Nations
UNICEF	United Nations Children's Fund

Glossary

■ **Accessibility**

Refers to measures to ensure persons with disabilities have equal access to physical environments; transportation; information and communications, including information and communications technologies and systems; and other facilities and services. Measures also include the identification and elimination of barriers to accessibility.¹

■ **Disaster Recovery Framework**

A pragmatic, sequenced, prioritized, programmatic, yet living (and flexible) action plan that ensures resilient recovery after a disaster.²

■ **Disaster risk**

The potential loss of life, injury, or destroyed or damaged assets which could occur to a system, society, or community in a specific time period, determined probabilistically as a function of hazard, exposure, vulnerability, and capacity.³

■ **Disabled persons' organization**

A representative organization of persons with disabilities that is led, and majority governed, by persons with disabilities.

■ **Functioning**

An umbrella term that includes an individual's body structure and functions, activities, and level of participation. An individual's level of functioning is an interaction with barriers in society and their personal factors, such as gender and age.⁴

■ **Post-Disaster Needs Assessment**

A multisectoral assessment that measures the impact of disasters on the society, economy, and environment of the disaster-affected area.⁵

■ **Reasonable accommodation**

Adjustments to meet the specific accessibility requirements of persons with disabilities.

■ **Underlying risk factors**

Pre-existing conditions that can increase disaster risk, including poverty and inequality, climate change, unplanned urbanization, demographic change, and the limited availability of technology.⁶

■ **Universal design**

The process of designing goods and services so that they can be used equitably.

1 Based on the United Nations Convention on the Rights of Persons with Disabilities. Article 9. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

2 Global Facility for Disaster Reduction and Recovery (GFDRR). 2015. "Guide to Developing Disaster Recovery Frameworks: Sendai Conference Version." World Bank, Washington, DC. <https://www.gfdr.org/sites/default/files/publication/DRF-Guide.pdf>

3 United Nations Office for Disaster Risk Reduction terminology. <https://www.undrr.org/terminology/disaster-risk>

4 Based on the World Health Organization's International Classification of Functioning, Disability and Health. <https://www.who.int/classifications/icf/en/>

5 GFDRR. 2015. "Guide to Developing Disaster Recovery Frameworks: Sendai Conference Version." World Bank, Washington, DC. <https://www.gfdr.org/sites/default/files/publication/DRF-Guide.pdf>

6 Based on United Nations Office for Disaster Risk Reduction terminology. <https://www.undrr.org/terminology/underlying-disaster-risk-drivers>

1. Introduction

a. Background

The impacts of disasters and the related recovery and reconstruction needs of individuals and communities vary. Disaster impacts are dependent on pre-existing conditions and underlying risk factors, including access to resources, the availability of social networks and support, and levels of participation in community life. The more an individual or group is excluded from society, the greater the disaster impact will be. Simply, disasters affect some people more than others and many of those disproportionately affected are persons with disabilities.

An estimated 15 percent of the world's population have a disability with 100 million people experiencing serious functioning difficulties.⁷ A fundamental characteristic of disability is diversity, and persons with disabilities represent a broad range of individual lived experiences. This diversity is recognized in the United Nations (UN) Convention on the Rights of Person with Disabilities (CRPD), which describes persons with disabilities as having:

Long-term physical, mental, intellectual, or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.⁸

The CRPD places emphasis on the barriers persons with disabilities face that contribute to exclusion from all aspects of life. In comparison to persons without disabilities, persons with disabilities frequently experience lower educational attainment; fewer work opportunities and lower household incomes; higher unmet health needs; and higher household expenditures on transportation and health.^{9,10} Barriers also contribute to higher rates of death and injury in disasters among persons with disabilities.¹¹ Disasters also contribute new long-term injuries and increase disability in populations.¹²

Post-disaster recovery presents the opportunity to “build back better” and to reduce the underlying factors that contribute to disproportionate risk. Importantly, recovery and reconstruction processes that actively engage with and include persons with disabilities contribute to building more inclusive and resilient societies for all.

7 World Health Organization and World Bank. 2011. “World Report on Disability.” World Health Organization, Geneva. http://www.who.int/disabilities/world_report/2011/report.pdf

8 UN. 2005. “Convention on the Rights of Persons with Disabilities.” Article 1. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

9 World Health Organization and World Bank. 2011. World Report on Disability. World Health Organization, Geneva. http://www.who.int/disabilities/world_report/2011/report.pdf

10 Mitra, Sophie, Michael Palmer, Hoolda Kim, Daniel Mont, and Nora Groce. 2017. “Extra Costs of Living with A Disability: A Systematized Review and Agenda for Research.” *Disability and Health Journal*, 10 (4): 475–84.

11 Fujii, Katsunori. 2015. “The Great East Japan Earthquake and Persons with Disabilities Affected by the Earthquake—Why Is the Mortality Rate so High?” Interim Report on JDF Support Activities and Proposals. Japan Disability Forum, Tokyo. http://www.dinf.ne.jp/doc/english/resource/JDF_201503/1-1-1.html

12 Sudaryo, Mondrasrti K., Besral, Ajeng Tias Endarti, Ronnie Rivany, Revati Phalkey, Michael Marx, and Debarati Guha-Sapir. 2012. “Injury, Disability, and Quality of Life after the 2009 Earthquake in Padang, Indonesia: A Prospective Cohort Study of Adult Survivors.” *Global Health Action*, 5 (4). <https://www.tandfonline.com/doi/full/10.3402/gha.v5i0.11816%40zgha20.2012.5.issue-s4>



Disaster impacts are dependent on pre-existing conditions and underlying risk factors, including access to resources. A boy using crutches walking in the Dadaab refugee camp in Somalia. Photo: Shutterstock.com

b. Purpose

This guidance note provides action-oriented direction for government officials and decision-makers with responsibility for post-disaster recovery and reconstruction. The guidance will enable the development of disability-inclusive planning and programming across sectors and government. The note is expected to be of interest to wider government and nongovernment actors, including disabled persons' organizations (DPOs), concerned with inclusive recovery.

Key considerations and critical information for recovery planning are highlighted in text boxes. A summary and action points are provided at the end of each section. The note is organized around the following topics:

- Key principles for disability-inclusive recovery.
- Disability data for the post-disaster needs assessment and inclusive recovery.
- Enabling policies and legislation for disability-inclusive recovery.
- Institutional mechanisms for inclusive recovery.
- Financing mechanisms.
- Implementation arrangements.

2. Key principles

a. Disability-inclusive recovery as opportunity

Disasters disproportionately affect the poor. The poorest 20 percent of affected populations account for 11 percent of asset losses in disasters; however, this same group bears 47 percent of losses to well-being.¹³ The relationship between poverty and disability is bi-directional.¹⁴ That is, if you are a person with disabilities, you are more likely to be poor and if you live in poverty, you are more likely to have a disability. The World Bank and GFDRR estimate that quicker and more inclusive recovery could reduce losses to well-being by \$65 billion a year.¹⁵

Post-disaster recovery and reconstruction present the opportunity to build a foundation for strengthened resilience and well-being across communities. Improving the accessibility of infrastructure, information, and communications; ensuring barrier-free urban and land-use planning; widening workforce participation; and improving access to healthcare and education contribute to inclusion and, in turn, reduce disaster risk. Improved accessibility not only benefits persons with disabilities, it also benefits older people, those who are ill or have been injured, pregnant women, and some indigenous and non-native language speakers.

b. Understanding disability

The concept of disability has evolved from being medically focused to an understanding that is more socially constructed. Disability is the result of an individual's impairment, or difficulty functioning, and barriers in society. Barriers may be attitudinal, such as prejudice and stigma; institutional, including discriminatory policies and legislation; informational, including limited access to information and appropriate means of communication; and environmental or physical.

Barriers affect the lives of individuals with disabilities differently. For example, persons with intellectual disabilities can experience severe stigma and prejudice.¹⁶ As a result, they can be hidden in communities and invisible in recovery planning. Levels of functioning difficulties, such as mobility or vision, differ between individuals, and persons with disabilities may experience one or multiple functioning difficulties. A disability-inclusive recovery process will actively include a range of lived experiences and the participation of diverse groups of persons with disabilities.

- 13 Hallegatte, Stephane, Jun Rentschler, and Brian Walsh. 2018. "Building Back Better: Achieving Resilience through Stronger, Faster, and More Inclusive Post-Disaster Recovery." World Bank, Washington, DC. <http://documents.worldbank.org/curated/en/420321528985115831/Building-back-better-achieving-resilience-through-stronger-faster-and-more-inclusive-post-disaster-reconstruction>
- 14 Banks, Lena Morgon, Hannah Kuper, and Sarah Polack. 2017. "Poverty and Disability in Low- and Middle-Income Countries: A Systematic Review." PLoS One 12(12). <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0189996>
- 15 Hallegatte, Stephane, Jun Rentschler, and Brian Walsh. 2018. Building Back Better: Achieving Resilience through Stronger, Faster, and More Inclusive Post-Disaster Recovery. " World Bank, Washington, DC. <http://documents.worldbank.org/curated/en/420321528985115831/Building-back-better-achieving-resilience-through-stronger-faster-and-more-inclusive-post-disaster-reconstruction>
- 16 Ditchman, Nicole, Kristin Kosyluk, Eun-Jeong Lee, and Nev Jones. 2016. "How Stigma Affects the Lives of People with Intellectual Disabilities: An Overview" in *Intellectual Disability and Stigma: Stepping Out from the Margins*, edited by K. Scior and S. Werner, 31–47. London: Palgrave MacMillan.

c. Intersectionalities

The language of the CRPD places the person before the disability; that is, “persons with disabilities” and not “disabled persons.” The CRPD terminology reminds that, for example, women and men with disabilities have different lived experiences. Personal factors, including gender, age, and indigeneity all affect the way disability is experienced. For example, women with disabilities may experience a “triple jeopardy” of exclusion resulting from the intersection of gender, disability, and poverty.¹⁷ These jeopardies intersect and further limit community participation and access to opportunities.

Considering intersectionalities between disability and personal factors, such as gender and age, enable us to look beyond seeing persons with disabilities as a homogenous group. Recent research notes that a man with a lower limb amputation may be accepted as a village official or teacher in rural Cambodia; however, it is not clear a woman with disabilities would have the same opportunities.¹⁸ In the same community, men with intellectual disabilities were reported as subject to pity, with ridicule considered an acceptable norm. Effective disability-inclusive recovery considers the barriers that different individuals face and focuses on removing those barriers to improve equality of opportunity.

d. Accessibility

Disasters disrupt the environment, institutions, and socio-economic processes

creating further barriers for persons with disabilities. Addressing barriers during recovery and reconstruction requires a holistic approach. This means that barriers are not addressed in isolation and the aim of removing barriers is clear; that is, to contribute to closing the gap between persons with and without disabilities. For example, building a ramp to improve physical access at a government office is not enough. Information in the office needs to be accessible and communicated appropriately. Likewise, staff need to be sensitive to the requirements of persons with diverse disabilities. All are needed if the services the office provides are to be accessible. The CRPD sets out two key accessibility principles:

■ Reasonable accommodation

Reasonable accommodation refers to making appropriate and necessary adjustments (accommodations) to meet the access needs of individuals with disabilities. Reasonable means without “a disproportionate or undue burden.”¹⁹ Article 5 of the CRPD notes that reasonable accommodation is integral to ensuring nondiscrimination and equality.

■ Universal design

Universal design is designing goods, environments, programs, and services so they can be used equitably by all people. The importance of universal design in recovery is highlighted in the Sendai Framework for Disaster Risk Reduction.²⁰ The World Bank Environmental and Social Framework recommends “universal access” in the design and construction of buildings and

17 Astbury, Jill, and Fareen Walji. 2013. “Triple Jeopardy: Gender-Based Violence and Human Rights Violations Experienced by Women with Disabilities in Cambodia. Research Working Paper 1, AusAid, Canberra. https://iwda.org.au/assets/files/20130204_TripleJeopardyReport.pdf

18 Pers. Coms. Nossal Institute for Global Health, University of Melbourne. Publication forthcoming.

19 UN Convention on the Rights of Persons with Disabilities. Article 2. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

20 UN. 2015. “Sendai Framework for Disaster Risk Reduction 2015-2030.” UN, New York. https://www.preventionweb.net/files/43291_sendaiframeworkfordren.pdf

Box 1. Considerations: DPO engagement

Growing awareness of disability inclusion is increasing demand for DPO engagement. These pressures may be amplified in a post-disaster context.

It is essential that persons with disabilities, and their representative organizations, are consulted and involved in all stages of recovery. However, disability inclusion is a responsibility shared by all recovery stakeholders. Accountability for disability inclusion must not be placed on the shoulders of DPOs alone.

During a recovery process, DPOs may be operating outside their normal area of work. The ways in which DPOs can be resourced to contribute to recovery and reconstruction require consideration.

The role of DPOs in recovery and reconstruction will depend on available DPO capacities and capabilities. DPO roles may include facilitation, training of recovery personnel, technical guidance and support, monitoring and accessibility audits, and direct implementation of recovery programming.

infrastructure as “unimpeded access for people of all ages and abilities in different situations and under various circumstances.”²¹

e. DPOs

DPOs are representative organizations of persons with disabilities led by persons with disabilities. DPOs vary in terms of membership and may represent a particular group of persons with disabilities or persons with disabilities in general. The focus areas of DPOs vary, for example some are exclusively advocacy organizations while others may also deliver services. While DPOs may be established at the national level, many DPOs are small and locally focused. DPOs can ensure a disability perspective in recovery and reconstruction and provide essential disability expertise. DPOs should be engaged with as a priority through the recovery process (see box 1).

DPOs may not exist in all recovery locations. Where DPOs do exist, they are unlikely to work directly in all affected communities. Not all DPOs represent all persons with disabilities and multiple DPOs should be engaged in the recovery and reconstruction process to ensure diverse representation. Local DPOs may be

identified by national-level DPO networks or departments of social affairs. Where DPOs are not present in a working area, persons with disabilities should be engaged in the recovery process with consideration to diversity, including gender, age, and disability type.

Summary and action points

- **Post-disaster recovery provides the opportunity to create more inclusive and resilient societies.**
- **Lived experiences of disability are diverse and will vary according to type(s) of disabilities, gender, age, indigeneity, and household income.**
- **Disability-inclusive recovery is primarily concerned with creating equal opportunities for persons with disabilities through the removal of barriers.**
- **Barriers are not just physical and should be addressed holistically.**
- **DPOs are key allies for ensuring disability inclusion and should be engaged throughout the recovery and reconstruction process.**

21 World Bank. 2017. “The World Bank Environmental and Social Framework,” page 46 World Bank, Washington DC. pubdocs.worldbank.org/en/837721522762050108/Environmental-and-Social-Framework.pdf

3. Data for inclusive post-disaster needs assessment and recovery

a. Disability data and sources

While global estimates suggest disability prevalence to be 15 percent, national disability figures vary and are often far lower. For example, prevalence figures for Asia and the Pacific vary between 24 percent for New Zealand to 1.1 percent for Brunei Darussalam.²² This variation is due to differences in how disability is defined and counted. Direct questions, such as “do you have a disability?”, are frequently used in national surveys and underreport prevalence due to stigma associated with disability. The use of medical categorizations or impairment types may also underrepresent the extent of disability.²³

Despite recognition of the need for sex, age, and disability disaggregated data for effective recovery planning and delivery,²⁴ data on disability is neither routinely collected in post-disaster needs assessments (PDNAs) nor incorporated in disaster recovery frameworks (DRFs). There are two key reasons why data on persons with disabilities is required:

- i. To understand impact, recovery, and reconstruction requirements, we need to know how many persons with disabilities there are in the affected area and their needs.
- ii. To ensure services are equitably delivered during recovery and reconstruction, we need to know where persons with disabilities are.

If disability data has not been collected in the PDNA, a rapid survey may need to be conducted to establish a baseline. National or local, statistical offices may be appointed as the lead agency and should be appropriately resourced. Departments of health and social affairs may have access to community workers that can assist in data collection. Data on the number of persons with disabilities may also be available from existing sources; however, each has limitations.

■ Population and household surveys

Increasingly, disability prevalence data is collected in population and household surveys by national statistical offices (NSOs). Disability surveys may also have been conducted by NSOs, local statistical offices, or other agencies. Disability surveys include the World Health Organization’s Model Disability Survey or Disability Assessment Schedule 2.0.^{25,26} The UN Children’s Fund (UNICEF) has also included questions on disability in Multiple Indicator Cluster Surveys in some countries.²⁷

Data from population and household surveys can provide information on prevalence in an affected area, but usually will not identify individuals or households for service delivery purposes.

■ Administrative data

Administrative data is used to manage and deliver a program or service. Disability data may be stored in health or education

22 UNESCAP. 2019. “Disability at a Glance 2019: Investing in Accessibility in Asia and the Pacific.” Bangkok, United Nations Economic and Social Commission for Asia and the Pacific. <https://www.unescap.org/publications/disability-glance-2019>

23 Berghs, Maria. 2015. “Radicalising ‘Disability’ in Conflict and Post-Conflict Situations.” *Disability & Society* 30(5): 743–58.

24 Robles, Cindy Patricia Quijada, and Melody Benvidez. 2018. “Gender Equality and Women’s Empowerment in Disaster Recovery: Disaster Recovery Guidance Note.” GFDRR, Washington, DC. <https://www.gfdr.org/sites/default/files/publication/gender-equality-disaster-recovery.PDF>

25 World Health Organization Model Disability Survey. <https://www.who.int/disabilities/data/mds/en/>

26 World Health Organization Disability Assessment Schedule 2.0. <https://www.who.int/classifications/icf/whodasii/en/>

27 UNICEF Multiple Indicator Cluster Surveys. <https://mics.unicef.org/>

management information systems or be available for persons with disabilities receiving disability benefits or social insurance. This data may contain identifiable information, including addresses. However, there may be legal restrictions and privacy considerations on what data can be shared. Administrative data only includes individuals with disabilities who are accessing a service and not the wider population of persons with disabilities.

■ Key informants

Due to stigma and low awareness, persons with disabilities may be hidden by their families and not identified in traditional household surveys. Trusted key informants in affected communities may be able to identify persons with disabilities. Key informants may include teachers, health workers, women's groups, and DPO representatives. Due to the stigma associated with disability, seeking information on disability from community leaders can result in underreporting. Data collected from community leaders, therefore, should be cross-checked with other sources.

DPOs may have membership data and are likely to be able to facilitate identification of persons with disabilities in affected areas. However, it should not be assumed that DPO membership data will include all persons with disabilities in an area. Including DPOs in disability data collection and the identification of persons with disabilities is increasingly recognized as good practice. Technical support and appropriate training should be made available to any DPOs engaged in data collection.

b. Measurement tools: the Washington Group Questions

The Washington Group on Disability Statistics was established in 2001 to improve the quality and comparability of disability data collected in national censuses and surveys.²⁸ The Washington Group has developed several question sets. These include an extended set with additional questions, including those that can improve the identification of persons with intellectual disabilities, and a module on child functioning developed with UNICEF.^{29,30} The Washington Group short set of questions (see box 2) is designed to be simple to use and follow a functional approach to disability based on the difficulties a person may experience conducting everyday activities.

The Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action recommend use of the Washington Group questions in response and recovery efforts.³¹ Where the importance of disability data is currently noted in DRFs, such as Sri Lanka's 2017 flood and landslide DRF, no guidance on how to collect disability data is provided.³² However, there are an increasing number of guidance resources available from the Washington Group's website.³³ Detailed guidance is also contained in the World Bank's guide to Disability Measurement in Household Surveys, 2020.³⁴ A summary of considerations for using the Washington Group questions is provided in box 3.

28 See: <http://www.washingtongroup-disability.com/about/history/#note-808-1>

29 Washington Group Extended Set, see: <http://www.washingtongroup-disability.com/washington-group-question-sets/extended-set-of-disability-questions/>

30 UNICEF Module on Child Functioning, see: <https://data.unicef.org/resources/module-child-functioning/>

31 Inter-Agency Standing Committee. 2019. "Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action." Inter-Agency Standing Committee, New York. <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

32 Government of Sri Lanka. 2017. "Post-Disaster Recovery Plan: Sri Lanka Floods and Landslides." May. <https://reliefweb.int/sites/reliefweb.int/files/resources/Sri%20lanka%20Recovery%20plan.pdf>

33 See: <http://www.washingtongroup-disability.com/>

34 Tiberti, Marco, and Valentina Costa. 2020. "Disability Measurement in Household Surveys: A Guidebook for Designing Household Survey Questionnaires." World Bank, Washington DC. <http://surveys.worldbank.org/publications/disability-measurement-household-surveys-guidebook-designing-household-survey>

Box 2. Key information: the Washington Group Short Set

The Washington Group short set of questions on disability

- Do you have difficulty seeing, even if wearing glasses?
- Do you have difficulty hearing, even if using a hearing aid?
- Do you have difficulty walking or climbing steps?
- Do you have difficulty remembering or concentrating?

- Do you have difficulty (with self-care such as) washing all over or dressing?
- Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

Responses to the above questions

- No difficulty
- Yes, some difficulty
- Yes, a lot of difficulty
- Cannot do at all

Source: The Washington Group on Disability Statistics, 2016.

Box 3. Considerations: use of the Washington Group questions

- The Washington Group questions are not designed to identify all persons with disabilities. The identification of persons with disabilities should be ongoing throughout the recovery process.
- The Washington Group Short Set will identify some persons with intellectual disabilities. The extended set of questions has additional questions to improve the identification of persons with intellectual disabilities or cognitive difficulties. The Extended Set is available from the Washington Group website.
- The Washington Group questions do not identify impairments or health conditions. However, the questions can be used as a screening tool for referral for medical assessment to ensure specific health needs are met.
- The Washington Group recommends “a lot of difficulty” as the cut-off for identifying persons with disabilities in censuses and surveys. Including “some difficulty” responses may identify more persons with disabilities if the objective is broader inclusion in recovery programming.
- It is recommended to use all six Short Set questions. In a resource-poor humanitarian situation, such as in a rapid PDNA, there may be justification for using the first four questions of the Short Set as a second-best option. However, this will result in missing some persons with disabilities and should be transparently reported.
- Before collecting data, ensure resources are available to analyze it.
- Plan sufficient time to train data collectors. The questions are designed to be simple, but the underlying functioning approach to disability can be unfamiliar. Data collectors need to be comfortable not mentioning “disability” before asking the questions. Any direct reference to disability before asking the Washington Group questions can skew findings.

c. Data on barriers and accessibility

Tools, such as the Washington Group questions, can help collect sex, age, and disability disaggregated data at the individual level, but do not provide a complete understanding of disability. Disability data in recovery and reconstruction must also include data on barriers and improved accessibility. Efforts to remove barriers to inclusion should also be documented and monitored (also see box 8). Crucially, barriers must be actively removed regardless of the availability of prevalence data.

Monitoring improved accessibility can include accessibility audits of buildings, programs, and communications (see section 7.c). Retrospective reviews can be used to form an accessibility baseline by identifying barriers prior to the disaster event. This can aid planning and the prioritization of interventions to improve accessibility during recovery and reconstruction. To ensure relevance, the identification of barriers should be in collaboration with persons with disabilities and their representative organizations. The recovery process should also improve the collection and use of disability data more broadly (see box 4).

Summary and action points

- **How disability is measured varies and results in a broad range of prevalence figures. In the majority of cases, disability prevalence remains significantly underestimated.**
- **Post-disaster situations present the opportunity to improve the availability of current and future disability data.**
- **Suitable data to assess the impacts on, and recovery needs of, persons with disabilities may not exist. Disability data should be collected in the PDNA. If not, a rapid disability survey will need to be resourced and conducted. Despite limitations for use in recovery, existing sources of disability data may need to be used.**
- **Use the Washington Group Short Set to collect disability data and monitor disability inclusion in recovery and reconstruction.**
- **Collecting data on individuals with disabilities is not enough. Data on barriers and accessibility improvements also need to be collected to understand and assess disability inclusion in recovery and reconstruction.**

Box 4. Considerations: future disability data preparedness

Collecting data on persons with disabilities in post-disaster situations is an exercise in identifying who survived and, possibly, who was injured. Having robust data on disability prior to a disaster, or pre-placed, can contribute to preventing injury and deaths and minimizing disaster impacts.

The recovery process should contribute to improving the collection and future application of disability data. This includes better understanding disability prevalence; identifying persons with disabilities for participation in

recovery processes; and knowing who may require assistance, such as evacuating, in future situations of risk.

To use pre-placed data, strategies that address privacy and confidentiality concerns need to be considered. This may include voluntary mechanisms where DPOs act as custodians of information about persons with disabilities. With agreement, information about the location of persons with disabilities may then be shared with first responders.

4. Enabling policies and legislation for disability-inclusive recovery

Legislation and policies establish the necessary enabling environment for disability-inclusive recovery and reconstruction. A suitable enabling environment facilitates the tasking, prioritization, and allocation of resources necessary for inclusive recovery (see box 5).

Awareness of the need for disability inclusion is increasing, but is not yet fully reflected in national policies. Although 181 countries had ratified the CRPD by early 2020, there are few examples of specific policies addressing disability-inclusive recovery.³⁵ However, there are examples of national disability legislation that address the inclusion of persons with disabilities in disaster risk management and recovery. Indonesia's 2016 disability law requires national and local government to ensure "proper and accessible

accommodations" for, including with the participation of, persons with disabilities in disasters, post-disaster recovery, and reconstruction.³⁶

Pre-dating Pakistan's 2020 Disability Rights Act, the National Disaster Management Authority published National Policy Guidelines on Vulnerable Groups in Disasters in 2014. The guidelines emphasize the inclusion of persons with disabilities and of enabling "these communities to rebuild their lives in a holistic and integrated manner."³⁷ The guidelines also note the imperative of addressing inclusion as a crosscutting issue. The drafting of Bangladesh's National Plan for Disaster Management 2016–20 included consultative stakeholder workshops on disability-inclusive disaster management.³⁸ The plan recognizes social inclusion as

Box 5. Key information: frameworks and standards for disability-inclusive recovery

- Convention on the Rights of Persons with Disabilities, 2006. Article 11: Situations of risk and humanitarian emergencies.
- Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific, 2012. Goal 7: Ensure disability-inclusive disaster risk reduction and management.
- Sendai Framework for Disaster Risk Reduction 2015–30.
- Charter on Inclusion of Persons with Disabilities in Humanitarian Action, 2016.
- Minimum Economic Recovery Standards, 2017.
- Humanitarian Inclusion Standards for Older People and Persons with Disabilities, 2018.
- Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Response, 2019.

35 United Nations Treaty Collection. Accessed 13 April 2020. https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=_en

36 Government of Indonesia. 2016. "Undang-undang Republik Indonesia Nomor 8 Tahun 2016 tentang penyandang disabilitas." Government of Indonesia, Jakarta. <http://www.dpr.go.id/dokjdi/document/uu/1667.pdf>

37 Government of Pakistan. 2014. "National Policy Guidelines on Vulnerable Groups in Disasters." National Disaster Management Authority, Islamabad. p.20 https://reliefweb.int/sites/reliefweb.int/files/resources/gcc_policy.pdf

38 Government of Bangladesh. 2017. "National Plan for Disaster Management 2016-2020." Ministry of Disaster Management and Relief, Dhaka. [https://modmr.portal.gov.bd/sites/default/files/files/modmr.portal.gov.bd/policies/0a654dce_9456_46ad_b5c4_15ddfd8c4c0d/NPDM\(2016-2020\)%20-Final.pdf](https://modmr.portal.gov.bd/sites/default/files/files/modmr.portal.gov.bd/policies/0a654dce_9456_46ad_b5c4_15ddfd8c4c0d/NPDM(2016-2020)%20-Final.pdf)



A white cane on tactile ground surface indicators. Photo: Shutterstock.com.

foundational to building resilience and that a “whole of society” approach should be employed across recovery.

Disability-inclusive disaster management policies and strategies lay the foundation for inclusive recovery and reconstruction and the development of an inclusive DRF. Policies and strategies will either supplement existing disability legislation or guide inclusive recovery in the absence of appropriate legislation. Where national legislation and policies addressing disability inclusion do not exist, or are incomplete, international frameworks and standards can be referred to.

Summary and action points

- **The legislative and policy environment can enable, or hinder, disability-inclusive recovery and reconstruction.**
- **Suitable disability legislation facilitates the prioritization and allocation of resources to disability-inclusive recovery.**
- **Some countries may have disability legislation that addresses inclusion in disaster risk management and recovery or specific policies on disability inclusion in disaster risk management.**
- **The majority of countries have ratified the CRPD, which, alongside other international frameworks and standards, can be used to guide disability inclusive recovery and reconstruction.**

5. Institutional mechanisms for disability inclusive recovery

National governments are ultimately responsible for ensuring disability inclusion in recovery. Guidance on deciding the lead agency for recovery and reconstruction is provided in the Guide to Developing Disaster Recovery Frameworks, 2015.³⁹ In nondisaster situations, responsibility for disability lies across ministries, including health, social affairs, and education. Some countries, such as the Philippines, have a disability affairs office to coordinate disability inclusion across government. A similar model may be used in recovery and reconstruction to support the lead recovery agency. Any such coordination mechanism must not divert attention away from the shared responsibility all agencies and recovery stakeholders have for disability inclusion.

A number of mechanisms have been established by local and national governments to ensure disability inclusion in recovery. Persons with disabilities were actively involved in recovery following the Christchurch earthquake in 2011.⁴⁰ The Earthquake Disability Leadership Group was established and advocated for a concerted focus on improving accessibility during reconstruction. This included legislative proposals to ensure all commercial and public buildings were accessible. A community forum, including persons with disabilities, was

established to provide inputs to the Earthquake Recovery Minister. Christchurch City Council also benefits from a standing Disability Advisory Group of persons with disabilities and family members to ensure engagement between the council and the wider disability community.

An alternative mechanism has been established in Indonesia. In 2014, the Head of the Indonesian National Disaster Management Agency issued a regulation on disability and disaster management.⁴¹ The regulation instructs local disaster management agencies to establish disability service units. In Central Java, disability service units have been established at the provincial and district levels with accompanying guidance developed in collaboration with persons with disabilities. The guidance tasks disability service units with coordinating the participation of DPOs within recovery and reconstruction processes.⁴² In this role, the disability service units are an integral part of the provincial disaster management agency.

Following the 2015 Nepal earthquake, a National Reconstruction Authority (NRA) was established with a steering committee chaired by the prime minister.⁴³ The NRA developed Nepal's Post-Disaster Recovery Framework with broad stakeholder engagement, including with DPOs. The framework prioritizes

39 World Bank. 2015. "Guide to Developing Disaster Recovery Frameworks: Sendai Conference Version." World Bank, Washington, DC. <https://www.gfdr.org/sites/default/files/publication/DRF-Guide.pdf>

40 Hay, Kathryn and Kathryn Margaret Pascoe. 2018. "Disabled People and Disaster Management in New Zealand: Examining Online Media Messages." *Disability & Society* 34(2).

Also see: Disability Advisory Group: <https://ccc.govt.nz/culture-and-community/inclusive-christchurch/disability-advisory-group/>

41 Government of Indonesia. 2014. Peraturan Kepala Badan Nasional Penanggulangan Bencana No 14 Tahun 2014 Tentang Penanganan, Perlindungan Dan Partisipasi Penyandang Disabilitas Dalam Penanggulangan Bencana. BNPB, Jakarta. <https://bnpb.go.id/uploads/regulation/1085/Perka%20No%2014%20Tahun%202014.pdf>

42 Government of Central Java. 2018. "Panduan Layanan Inklusi Disabilitas Penanggulangan Bencana Provinsi Jawa Tengah." BPBD, Semarang.

43 Government of Nepal. 2016. "Post-Disaster Recovery Framework 2016-2020." National Reconstruction Authority, Kathmandu. https://www.undp.org/content/dam/nepal/docs/reports/PDRF%20Report_FINAL10May.pdf

Box 6. Considerations: lead recovery agency tasks to ensure disability inclusion

Resource identification

- Identify and map sectoral disability expertise within government. This may include special and inclusive education; social protection; health and rehabilitation; or accessible infrastructure.
- Identify and collate existing government policies and guidelines relevant to disability inclusion. This may include building codes and accessibility standards or workplace regulations on anti-discrimination.
- Identify gaps in resources with respect to disability expertise and government policies and guidelines.

Coordination

- Identify a lead agency for coordinating disability affairs in recovery and reconstruction. This agency should be endorsed and resourced at the ministerial level, or higher, to ensure credibility and effectiveness.
- Allocate a disability focal point to each sector or thematic area within the recovery process. For example, a focal point from the Ministry of Education with experience in inclusive or

special education should be appointed to the education cluster. The focal points should report to the disability affairs lead.

- Establish a coordination mechanism, group, or forum to ensure the perspectives of persons with disabilities are included and communicated.

Standard setting

- Ensure existing standards, such as those for accessibility in building codes, are applied across the recovery and reconstruction process. Where sectoral guidelines do not exist, interim guidance and standards should be drafted with DPOs.

Monitoring and compliance

- Task the disability affairs lead and focal points to monitor disability inclusion across the recovery and reconstruction process.
- Monitoring should be conducted with persons with disabilities, such as DPO representatives.
- Ensure the disability affairs lead has the authority and procedures to enforce standards for disability inclusion.

assistance for at-risk groups with specific reference to persons with disabilities in reconstruction, employment, training, and health care support. Social inclusion is emphasized, as is the need for mechanisms to ensure access to recovery services for persons with disabilities and other at-risk groups in remote areas via the establishment of community-based organizations.

Box 6 provides detailed action points for ensuring disability inclusion in recovery. Overall responsibility for delivering on these action points lies with the lead recovery agency.

Summary and action points

- **Identify and designate an agency with responsibility for coordinating and overseeing disability affairs in recovery and reconstruction. This agency should be endorsed at the highest level and provide guidance and support to the overall lead recovery agency.**
- **Establish disability focal points across line ministries with responsibility for reporting and communicating between ministries and the disability affairs lead.**
- **Ensure standards for disability inclusion in recovery and reconstruction are established and communicated.**
- **Establish mechanisms to ensure the participation of persons with disabilities in the planning and designing of recovery and reconstruction processes.**



Flood waters on a parking lot marked with the International Symbol of Access. Photo: Shutterstock.

6. Financing mechanisms

The inclusion of persons with disabilities in recovery and reconstruction processes can increase workforce participation and household incomes, generate tax revenue, and reduce social welfare dependency. Improving accessibility also “future proofs” investments by ensuring infrastructure remains fit for purpose over time. This is particularly important for countries with aging populations or increasing incidences of noncommunicable diseases that will intensify demand for accessible infrastructure in the future.

The Government of Vanuatu’s PDNA following Tropical Cyclone Pam in 2015 notes the

importance of targeted financing for persons with disabilities during recovery.⁴⁴ The PDNA recognizes the disproportionate impact of the cyclone on persons with disabilities and their limited ability to self-recover. As such, the PDNA recommends the strategic allocation of government and donor funds to groups that cannot quickly self-recover alongside the requirement for at-risk groups, including persons with disabilities, to be included in recovery- and clean-up-related employment. Two-year waivers of fees, including school and medical fees and taxes, are also recommended as well as the provision of micro-grants and training to restore livelihoods and incomes.

⁴⁴ Government of Vanuatu. 2015. “Vanuatu Post-Disaster Needs Assessment Tropical Cyclone Pam, March 2015.” Government of Vanuatu, Port Vila. <https://www.gfdr.org/sites/default/files/publication/pda-2015-vanuatu.pdf>

Box 7. Considerations: budgeting for disability-inclusive recovery

Informing recovery and reconstruction financing

- Budget for inclusion of the Washington Group questions in the PDNA and for the analysis of findings.
- Budget for training enumerators on how to use the Washington Group questions, including how disability is conceptualized in the questions.
- Budget for supplementary data collection to identify barriers and accessibility requirements.

Financing accessibility

- Set standards and ensure disability inclusion is budgeted across all sectors of recovery by all stakeholders (see box 6).
- Prioritize households with limited means to self-recover, including those with household members with disabilities.
- Target financial support toward improving equality of opportunity between persons with disabilities and persons without disabilities.

- Apply principles of universal design and ensure accessibility from the outset to be far more cost-effective than retrofitting accessibility.

Budgeting to ensure DPO representation

- Ensure DPOs are financially resourced to contribute to the recovery process and that their professional contributions are recognized.

Disability-inclusive procurement policy

- Prioritize service providers, contractors, or similar vendors managed by, or employing, persons with disabilities.
- Ensure all providers of goods and services contributing to the recovery process have a disability-inclusion policy in place.
- Ensure all suppliers and service providers follow the principles of universal design.

The need for rapid disbursement of recovery funds means that standards for disability-inclusive budgeting and procurement need to be set quickly. Experience shows that if disability inclusion is not mandated in recovery and reconstruction budgets, improvements to accessibility will not be prioritized and opportunities for building back better will be missed. Where possible, budgeting and procurement should be guided by existing national policies and regulations on accessibility, such as building codes and accessibility-related legislation. Coordination is required to ensure financial investments and contributions from varied stakeholders meet disability-inclusion objectives, such as across government (on-budget) funds, including contingency funds, and nongovernmental (off-budget) sources. Key considerations are outlined in box 7.

Summary and action points

- **Investments in disability-inclusive recovery can bring long-term benefits by ensuring infrastructure and services remain fit for purpose over time.**
- **Target financial support and related interventions to households and groups that have limited ability to self-recover, including households with persons with disabilities.**
- **Set standards for disability inclusion in budgeting and procurement quickly and ensure they are applied across the recovery and reconstruction process.**
- **Require full consideration of accessibility, including the principles of universal design, as a condition of financial contributions and assistance by all recovery actors.**

7. Implementation arrangements

a. Twin-track approach

While a twin-track approach is not specific to disability inclusion, the method is recognized as critical for ensuring disability inclusion in recovery programs and services.⁴⁵ The twin-track approach should be integrated across recovery and reconstruction interventions. The two components, or tracks, of the tactic are:

■ Mainstreaming

Mainstreaming is the removal of barriers to allow persons with disabilities to participate in, and benefit from, all aspects of recovery and reconstruction. That is, all mainstream recovery programs and services should be accessible to, and usable by, persons with disabilities.

■ Targeting

Targeting refers to providing interventions and investments specifically for persons with disabilities. Targeted interventions may include empowering persons with disabilities to participate in the recovery process or providing assistive technologies through disability-specific programs. Mainstreaming alone is insufficient to ensure no one is left behind.

Mainstreaming includes ensuring universal design principles are followed and accessibility is a requirement in the reconstruction of buildings and infrastructure. A related targeted intervention would be training and equipping DPOs to monitor and ensure compliance with accessibility standards and related building codes.

b. Barriers, design considerations, and diverse needs

As has been emphasized, the social understanding of disability focuses attention on the removal of barriers to equalize opportunities between persons with and without disabilities. Directing attention to the removal of barriers in recovery and reconstruction provides benefits to a broad range of persons with disabilities. While reasonable accommodations (see section 2.d) will still be required to ensure all persons with disabilities can participate in and benefit from recovery, this approach is well-suited to complex recovery and reconstruction environments.

An alternative approach would be to begin with an individual's impairment, or disability, as a basis for guiding recovery planning. This alternative is complex for the nonspecialist and can be difficult to apply to identifying and addressing diverse needs. While in no way downplaying the importance of addressing disability-specific needs, this note emphasizes the removal of barriers as central to disability-inclusive recovery and reconstruction. The following table provides examples of how this approach may be applied to benefit individuals with a range of functioning difficulties.

The functional difficulty categories in the final column of table 1 are based on the Washington Group Short Set (see box 2) and are not exhaustive. The examples provided are illustrative and are not a substitute for consultation with DPOs and persons with disabilities.

⁴⁵ Inter-Agency Standing Committee. 2019. "Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action." Inter-Agency Standing Committee, New York. <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

Table 1. Barriers, design considerations, and functional difficulties.

Barriers	Build back better priority	Design considerations	Functional difficulty
Environmental	Public spaces, walkways, transportation, and buildings, including internal rooms are accessible and navigable. Ensure barrier-free evacuation in emergency situations.	<ul style="list-style-type: none"> • Ramps and handrails. • Width of doors and entry ways. • Floor space and positioning in toilets and bathrooms. • Position of switches, alarms, and handles. • Height of service counters and workspaces. • Fire lifts and elevators in high rise buildings. • Stairway evacuation devices. • International Organization for Standardization (ISO) 21542:2011 Building construction—Accessibility and usability of the built environment https://www.iso.org/standard/50498.html. 	<ul style="list-style-type: none"> • Mobility • Upper body/fine motor • Seeing
		<ul style="list-style-type: none"> • Guiding blocks. • Global positioning system and waypoint technologies. • Digital signage. 	<ul style="list-style-type: none"> • Seeing • Cognitive
		<ul style="list-style-type: none"> • Workspaces and education facilities equipped with adapted tools and accessible systems and processes. 	<ul style="list-style-type: none"> • All
Information / Communication	Information and communications, including early warning systems, are delivered in accessible formats.	<ul style="list-style-type: none"> • Braille. • Large print. • Audio. • Text to speech. 	<ul style="list-style-type: none"> • Seeing
		<ul style="list-style-type: none"> • Closed captioning or sign language interpretation across television, video, and related media. • Visual media. • Text messaging services. 	<ul style="list-style-type: none"> • Hearing
		<ul style="list-style-type: none"> • Plain language. • Visual media. • Digital and interactive technologies. 	<ul style="list-style-type: none"> • Cognitive
		<ul style="list-style-type: none"> • Picture-based communication boards. • Digital applications and devices. 	<ul style="list-style-type: none"> • Communication
	Websites are accessible and in line with international standards.	<ul style="list-style-type: none"> • IW3C Web Accessibility Initiative (ISO/IEC 40500:2012). Web Content Accessibility Guidelines (WCAG) 2.1. https://www.w3.org/TR/WCAG21/ 	<ul style="list-style-type: none"> • Seeing • Hearing • Cognitive • Communication
Institutional	Disability inclusion is institutionalized across government, sectors, and business.	<ul style="list-style-type: none"> • Existing regulations, such as accessibility and building codes, are enforced. • New standards and guidance are developed as required. • Disability inclusion is budgeted and resourced as an integral part of building back better. 	<ul style="list-style-type: none"> • All
Attitudinal	Public officials and private sector service providers are disability aware.	<ul style="list-style-type: none"> • Guidelines and standards on disability etiquette. • Trainings by DPOs. • Increase interaction with persons with disabilities at all levels. 	<ul style="list-style-type: none"> • All

c. Monitoring and evaluation

With commitments to leave no one behind, there is a need for disaggregated disability data for monitoring and reporting progress against the Sustainable Development Goals and related frameworks, such as the Sendai Framework. The Washington Group questions are widely recommended by disability stakeholders for this purpose.⁴⁶ The inclusion of the Washington Group questions in monitoring and evaluating recovery processes aligns with broader disability data collection efforts and can contribute to improved disability data collection over time. However, the Washington Group questions alone are insufficient for measuring disability inclusion.

Washington Group data should be combined with data on improved accessibility and the extent to which barriers have been reduced or removed (see box 8). Data on both individual participation by persons with disabilities and on improved accessibility is required to fully evaluate efforts to build back better.

Further, disability inclusion requires changes in systems and structures. The institutional and policy changes required to form an

enabling environment for disability-inclusive recovery and reconstruction also require monitoring. It is these systematic changes that enable inclusive, resilient, and sustainable societies. Disability-inclusive recovery and reconstruction presents the opportunity to do just this.

Summary and action points

- **Apply a twin-track approach that invests in disability inclusion in mainstream recovery programming and disability-specific interventions.**
- **Focus disability-inclusive recovery and reconstruction around the removal of barriers to benefit as wide a range of persons with disabilities as possible. At the same time, do not overlook specific individual needs and the importance of reasonable accommodation.**
- **Persons with disabilities are best placed to evaluate whether recovery processes are inclusive or not.**
- **Do not lose sight of the overall aim of disability-inclusive recovery. That is, to enable equality of opportunities and to build resilience for all.**

⁴⁶ International Disability Alliance. 2017. "Joint Statement by the Disability Sector: Disability Data Disaggregation." International Disability Alliance, Ottawa. <http://www.internationaldisabilityalliance.org/data-joint-statement-march2017>

Box 8. Considerations: budgeting for disability-inclusive recovery

- Number of public buildings and workplaces reconstructed with improved accessibility.
- Number of officials completing disability-awareness training.
- Number of mixed media recovery messages communicated.
- Quality and comprehensibility of recovery messages communicated.
- Number of recovery-related television broadcasts including sign language and closed captioning.
- Number of recovery-related forums including persons with disabilities.
- Number of policies and standards revised or developed to ensure disability inclusion in recovery.

Overview

The **Process Note for Developing Disaster Recovery Frameworks** is part of GFDRR's **Disaster Recovery Guidance Series**. This Note builds on GFDRR's **Guide to Developing Disaster Recovery Frameworks**. It provides advice to senior government officials who face the challenge of mobilizing a recovery effort after a major disaster. It explains the key decisions related to recovery policy, planning, financing, and implementation that contribute to an effective and efficient recovery process. The Process Note reflects the World Bank's extensive experience in helping governments plan and execute post-disaster recovery programs.

For more information on implementing recovery programs, please visit the GFDRR Recovery Hub:

<https://www.gfdrr.org/recovery-hub>



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