Cyclone Amphan: Inclusive Rapid Needs Assessment

May 23-25, 2020

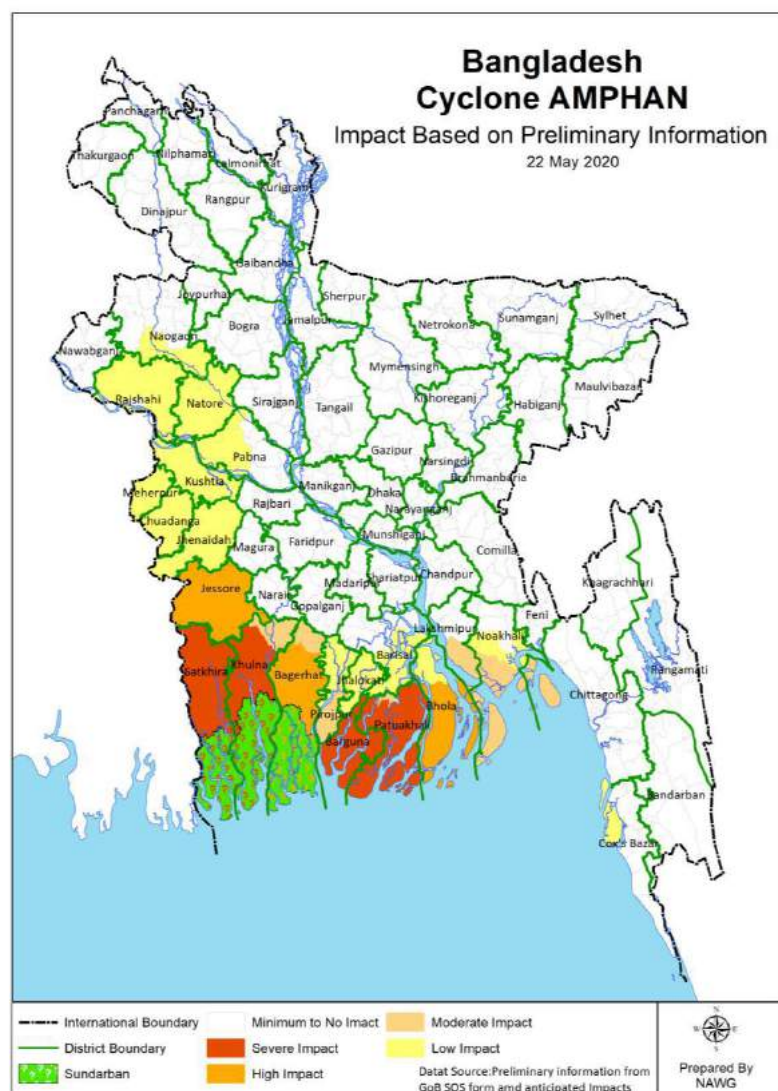Bangladesh: Satkhira, Patuakhali and Bagerhat Districts

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Cover Photo: A community volunteer (left), is describing using a mixture of sign language and local gestures about the upcoming Cyclone Amphan and need to evacuate to Marium, a women with a hearing impairment (right).

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Introduction

On May 20th Super Cyclone Amphan passed through Bangladesh, leaving behind devastation in the costal south west region of the country. Preliminary findings from the Needs Assessment Working Group indicate that over 2 Million people have been affected[1].

CBM in partnership with the Centre for Disability in Development (CDD), Disabled Rehabilitation and Research Association (DRRA) and ADD International conducted a rapid needs assessment in the districts of Satkhira, Patuakhali and Bagerhat from May 23-25, conducting interviews with 161 of the most at-risk individuals in the affected regions along with key informant interviews.

The purpose of the RNA was to assess both how well persons with disabilities and other at risk groups were included in preparedness measures and also generate initial data regarding impact and identify unmet needs to inform inclusive response programming. This report highlights the findings from the RNA and provides practical recommendations to promote inclusion of persons with disabilities in preparedness and response measures

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[1] https://reliefweb.int/report/bangladesh/needs-assessment-working-group-bangladesh-cyclone-amphan-preliminary-impacts-and

Executive Summary

Persons with disabilities have the right to be included in humanitarian preparedness measures and access humanitarian assistance, which is appropriate for their needs, however are frequently left behind in situations of crisis as relief and recovery efforts are not inclusive.

The rapid needs assessment indicates that while gains have been made to make preparedness efforts more inclusive, such as engagement of organizations of persons with disabilities in disaster management committees and awareness raising in the community, some early warning systems and evacuation measures are still inaccessible for underrepresented and invisible groups such as persons with hearing impairments and persons with intellectual disabilities. Inclusive preparedness systems are essential for saving lives in times of crisis.

Initial findings from the assessment highlight the needs for a multi-sectoral inclusive response, targeting those who are at the highest risk. Food security and livelihood remained a top priority among those interviewed, with over three quarters of respondents stating that they had less than one weeks supply of food or cash to purchase food and over half reporting that their livelihoods had been lost due to the cyclone and opportunities to earn a living was very limited due to COVID-19 restrictions.

Any response efforts must ensure that persons with disabilities are included not just as passive recipients of aid but also as active participants in decision making which affects their lives. Active engagement with persons with disabilities and their representative organizations in both preparedness planning and response is essential for this. Sex, age and disability disaggregated data needs to be collected to inform appropriate response planning. Barriers that prevent persons with disabilities and other at-risk groups from accessing humanitarian assistance must be analysed and removed. Humanitarian assistance must consider specific measures are put in place to ensure persons with disabilities access humanitarian assistance on an equal basis with others and must consider the specific requirements of persons with disabilities.

Methodology

The rapid needs assessment was conducted in the districts of Satkhira, Patuakhali and Bagerhat from May 23-25, 2020. The RNA involved review of secondary data sources including the data from the Needs Assessment Working Group, conducting interviews with 161 of the most at-risk individuals including persons with disabilities from different impairment groups in the affected regions and key informants interviews with organizations of persons with disabilities, disability specific organizations, mainstream humanitarian organizations, disaster management committees and cyclone preparedness programs.

Due to the risk of COVID-19, the majority of interviews were conducted by phone by CDD, DRRA and ADD and then entered into an online survey form. Interviews were conducted by proxy in cases where the respondent was not able to answer the questions directly.

The respondents were identified by on-site project team members in consultation with Local Government Administration, Cyclone Preparedness (CPP) volunteers and DRR & CCA practitioner organizations. In areas, where organizations of persons with disabilities, APEX Body of persons with disabilities and local partner organizations are functioning the identification were done with them, also in consultation with local government, authorities and other actors.

It is evident, that local presence, existing bodies of persons with disabilities, connectivity with local agencies, community credibility and previous work in the area and capacity of partner organizations were key factors to identify respondents and to effectively conduct the inclusive RNA.

Demographics of Respondents

Respondents were divided evenly by gender, with 50% of respondents being women and 50% being men. Respondents were selected across the age range.
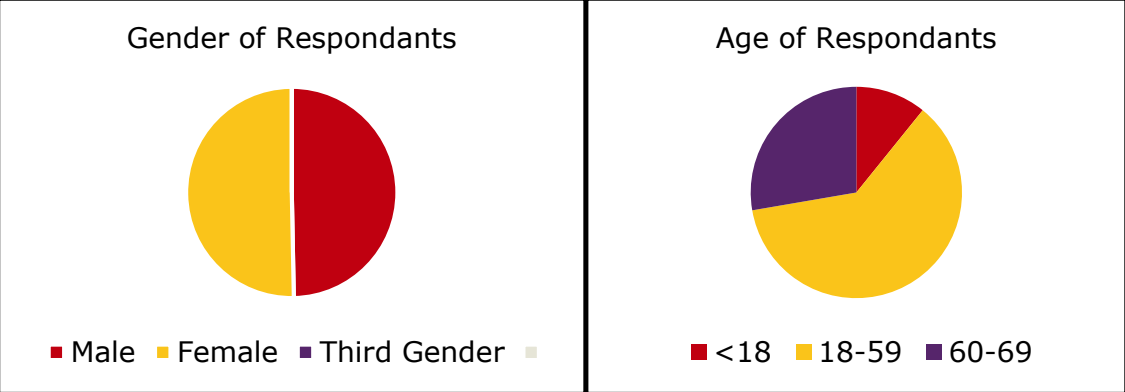
The RNA was designed to target the most at risk individuals, including older persons, pregnant and lactating women, female or child headed households and persons with chronic conditions as depicted in the chart below:

Household Risk Characteristics
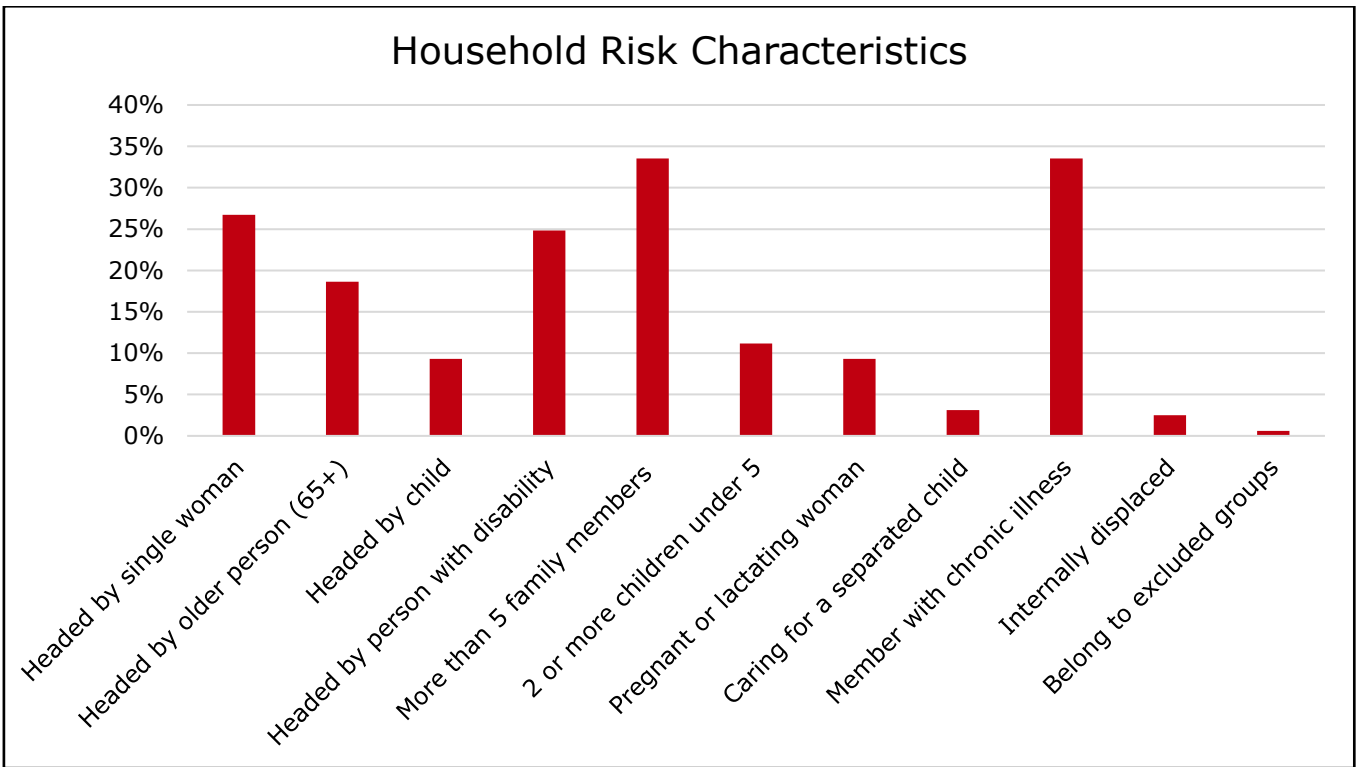
The **Washington Group Short Set of Questions (WGSSQ)** were used to identify persons with functional limitations.

40% of respondents were identified to have reported "A lot of Difficulty" or "Cannot do at all" <u>in at least one</u> of the six functional domains of the six WGSSQ as depicted in the graph.
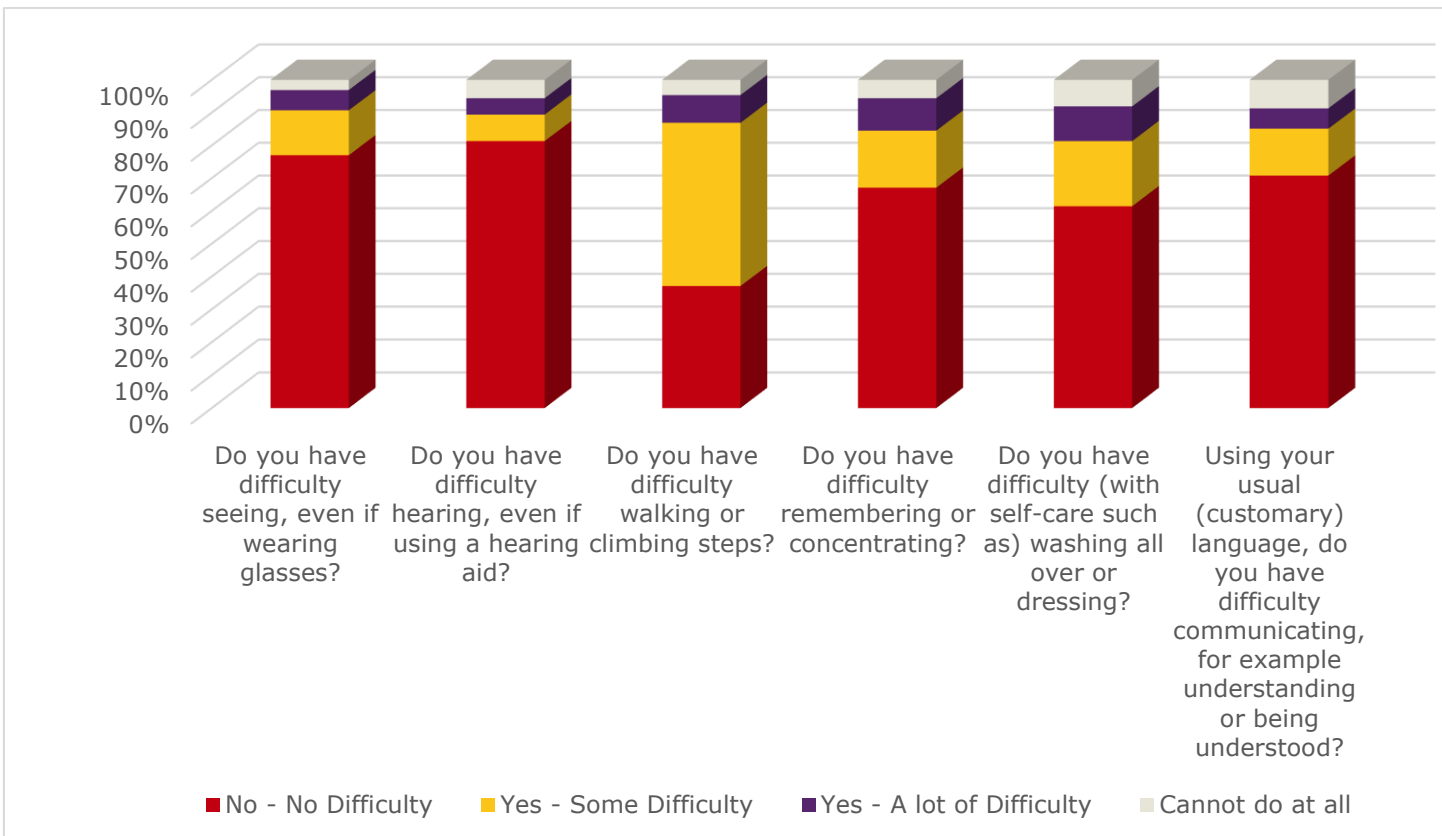
The following pie chart depicts the highest level of difficulty given by participants to at least one of the six WGSSQ:

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

Recommendations on Conducting Inclusive Rapid Needs Assessment:

It is essential that any needs assessment is inclusive of persons with disabilities and other at-risk groups. This can be done through:
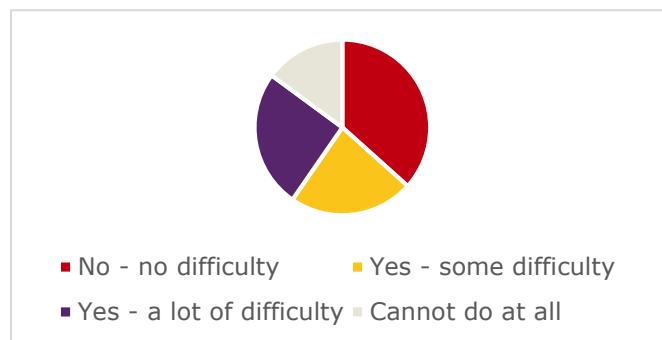
- Engagement of persons with disabilities and their respective organizations in planning and implementation of needs assessment
- Identification of persons with disabilities to participate in the assessment. Having sex, age and disability disaggregated data available prior to the crisis will make it easier to identify participants for the assessment.
- Ensure that the needs assessment includes questions regarding any barriers persons with disabilities may face to access information and services
- Provide reasonable accommodation for participation of persons with disabilities in assessment. In the case of conducting assessments virtually, it may be necessary to use a proxy to have someone interpret the questions. In this case, it is important to reinforce that the questions are asked to the person with a disability and allow enough time for translation.

Six Questions on Short Set

Do you have difficulty seeing, even if wearing glasses?

Do you have difficulty walking or climbing steps?

Do you have difficulty (with self-care such as) washing all over or dressing?

Do you have difficulty hearing, even if using a hearing aid?

Do you have difficulty remembering or concentrating?

Using your usual language, do you have difficulty communicating, for example understanding or being understood?

Data collected in assessments should be disaggregated by sex, age and disability. The Washington Group Short Set of Questions[2] should be administered to identify people with functional limitations.

More resources on inclusive assessments can be found on the CBM HHOT app: https://hhot.cbm.org/en/card/assessment

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[2] http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/
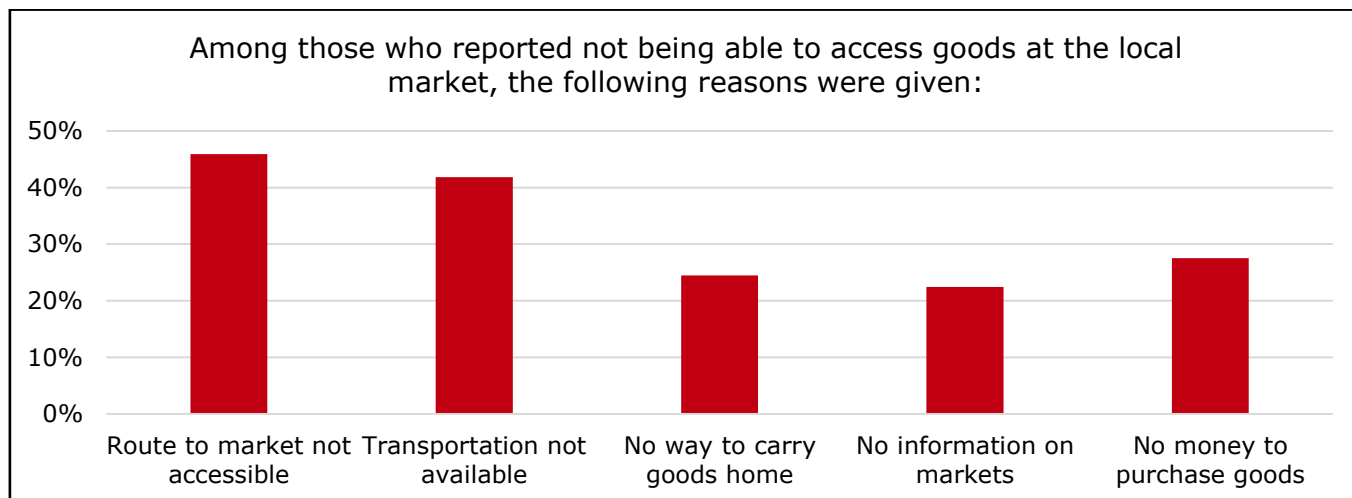
Part 1: Needs Identified

Finding #1: Food security and Livelihoods was identified as primary priority area for assistance

Food security and livelihoods was identified as priority area for assistance by respondents to the questionnaire and in the KII:
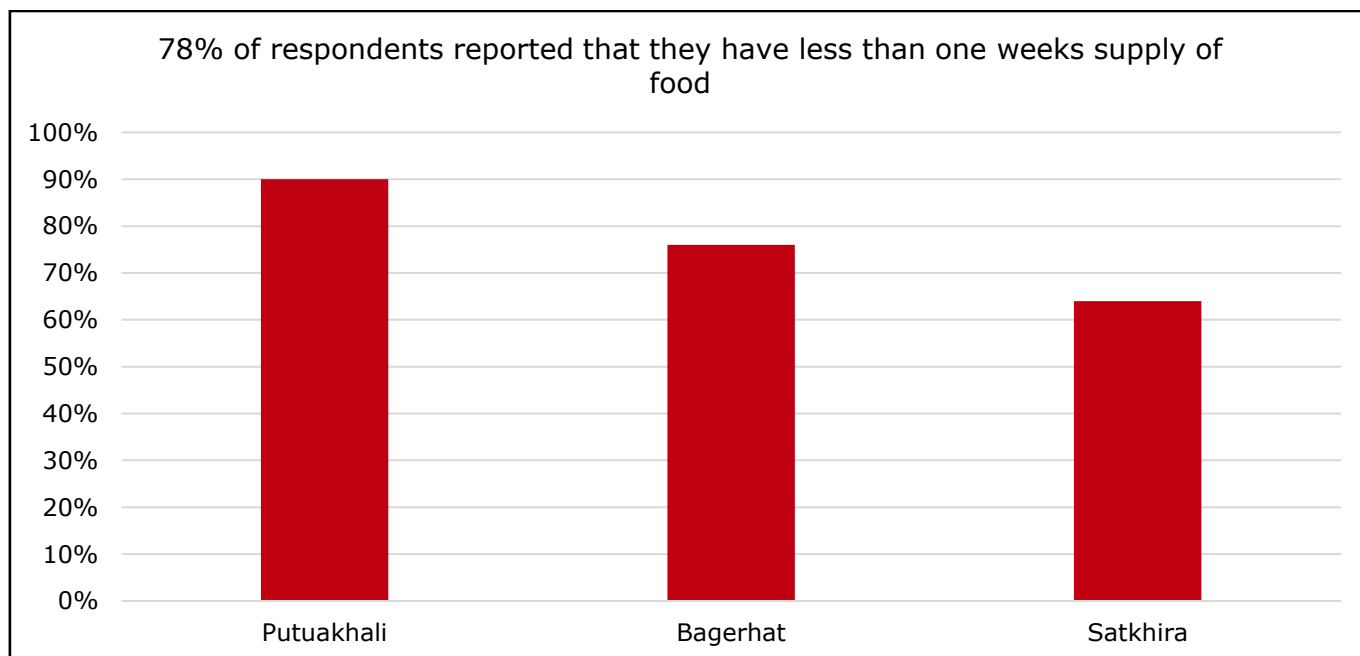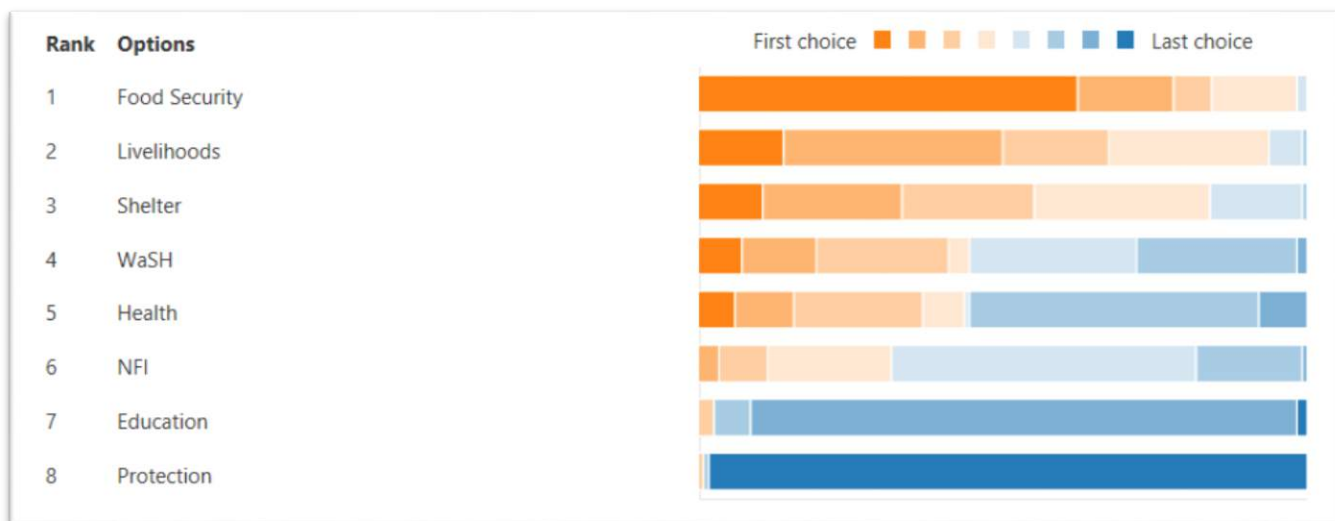
Access to Market: Only 9% of respondents reported access to goods in the markets at present time. Among the respondents who replied not being able to access goods in the market, closure of market due to COVID-19 restrictions was cited as a major reason. Mobile banking is operational and banks partially opening.

Among those who reported not being able to access goods at the local market, the following reasons were given:

Reason	Percentage
Route to market not accessible	~46%
Transportation not available	~42%
No way to carry goods home	~24%
No information on markets	~22%
No money to purchase goods	~27%

Loss of Livestock and Livelihood: 25% of respondents reported that livestock had been lost and 54% reported that livelihoods had been lost due to cyclone.

Among the respondents reporting loss of livestock, majority reported loss of poultry.

Among the respondents reporting loss of livelihood, sources of livelihood lost include:

- Agricultural field washed away or lost productivity due to saline water intrusion
- Fish farm was washed away
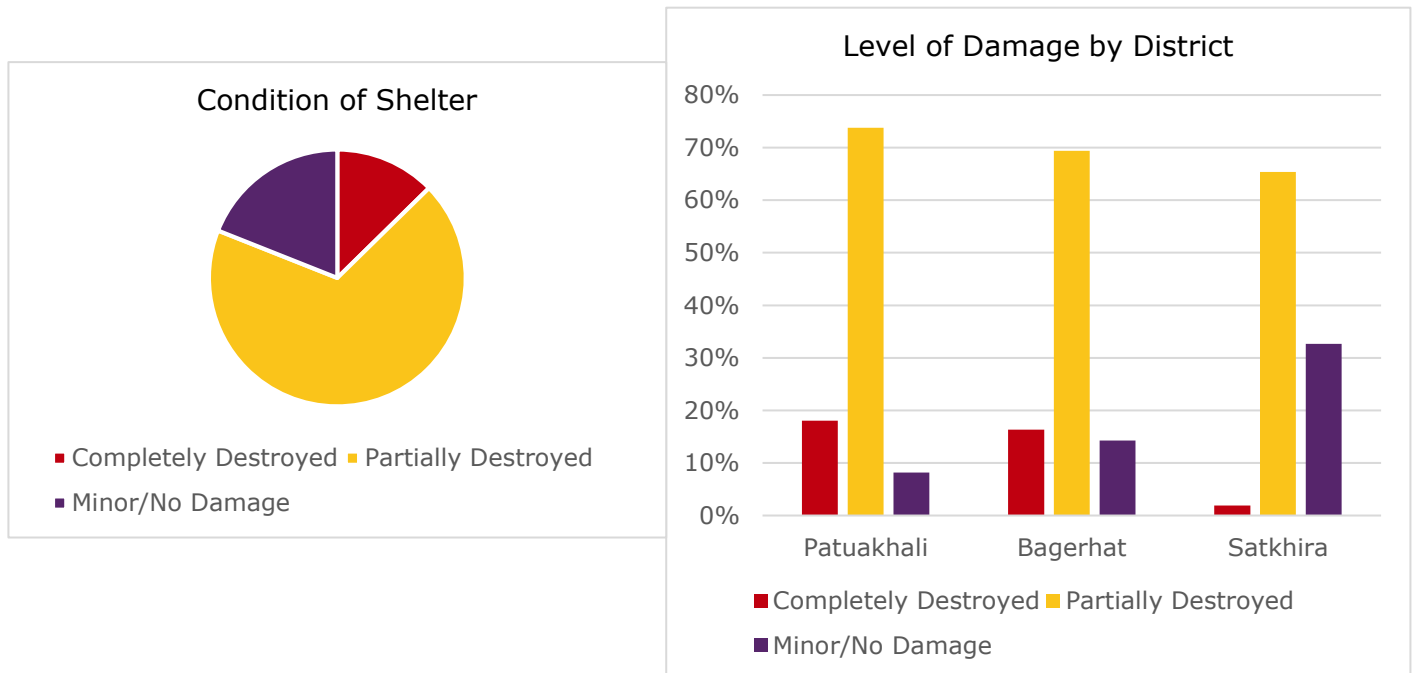- Loss of daily work
- Small business destroyed

Recommendation #1: Food security and livelihoods interventions must be inclusive

- Liaise with organisations of persons with disabilities to help identify persons with disabilities
- Targeting criteria must be inclusive and consider risk factors such as disability
- If providing cash assistance, many need to consider top up to cover specific needs of persons with disabilities
- Any food distributions need to be accessible – consider home delivery, etc.
- Support to early livelihood through conditional cash and voucher assistance must include variety of options that are accessible to persons with disabilities

More resources on inclusive food security can be found on the CBM HHOT app: https://hhot.cbm.org/en/topic/food-security

Finding #2: Significant Impact on Shelter and WaSH caused by the cyclone.

Shelter: 81% of respondents reported partial or complete damage to their shelter

Condition of Shelter

Level of Damage by District

WaSH: Over 50% of respondents reported that drinking water sources have been contaminated and sanitation facilities destroyed, while over 30% reported that safe drinking water was available and sanitation facilities exist but they are unable to access them due to inaccessible routes or inaccessible structures.

Impact on WaSH
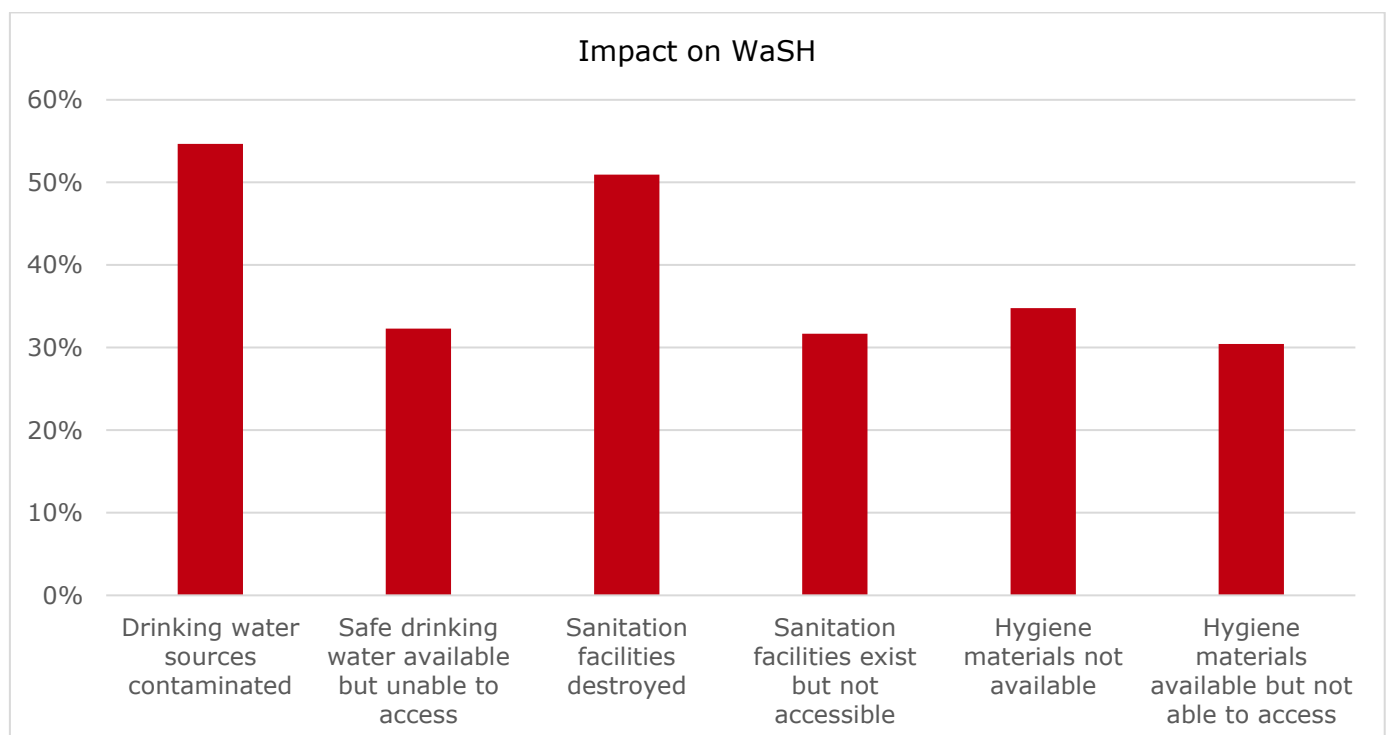
Recommendation #2: Shelter and WaSH interventions need to be inclusive

Shelter: Shelter design and targeting must be inclusive

- Liaise with organisations of persons with disabilities to help identify persons with disabilities
- Targeting criteria for shelter assistance must be inclusive and consider risk factors such as disability
- Accessibility must be considered in shelter design including the access route to the shelter and from the shelter to the latrine (communal or private).
- Consider constructing/renovating an accessible latrine as part of shelter reconstruction package for persons with disabilities.
- If providing cash to rebuild, may need to consider top up to ensure accessible construction and contracting daily labour to help rebuild shelter

More resources on inclusive shelter can be found on the CBM HHOT app: https://hhot.cbm.org/en/topic/shelter

WaSH: WaSH design and targeting must be inclusive

- Liaise with organisations of persons with disabilities to help identify persons with disabilities
- Accessibility must be considered in renovation or construction of latrines and water points.
- Access routes to latrines and water points needs to be considered. Consider locating communal facilities close to the home of persons with disabilities and ensuring that there is an accessible route from their home to the latrine or water points.

More resources on inclusive WaSH can be found on the CBM HHOT app: https://hhot.cbm.org/en/topic/wash

Finding #3: 67% of respondents said they did not have access to appropriate primary health care should they need it (even if there was no immediate need)


Immediate health needs identified
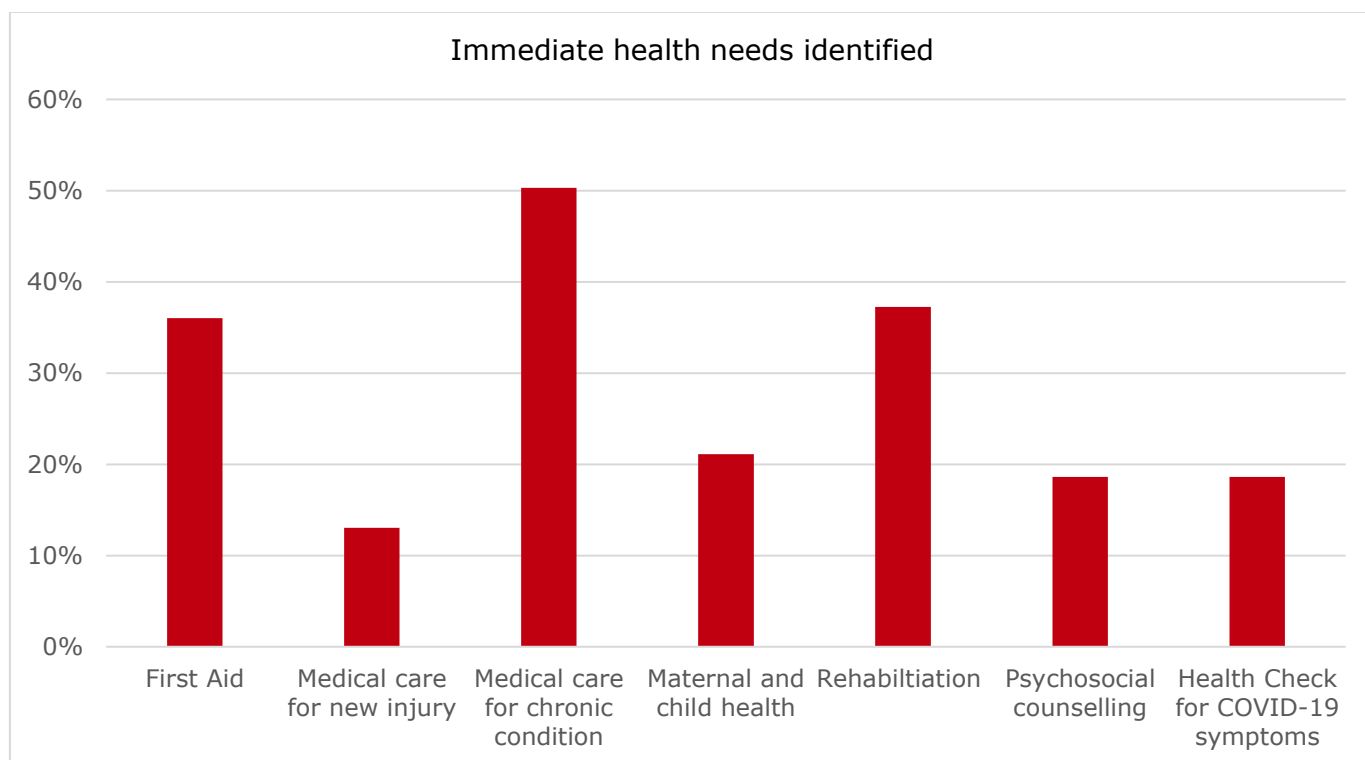
Recommendation #3: Health interventions need to be inclusive. Rehabilitation (including provision of assistive devices), treatment for pre-existing health conditions and MHPSS services should be accessible during and after disaster.

More resources on inclusive health services can be found on the CBM HHOT app: https://hhot.cbm.org/en/topic/health
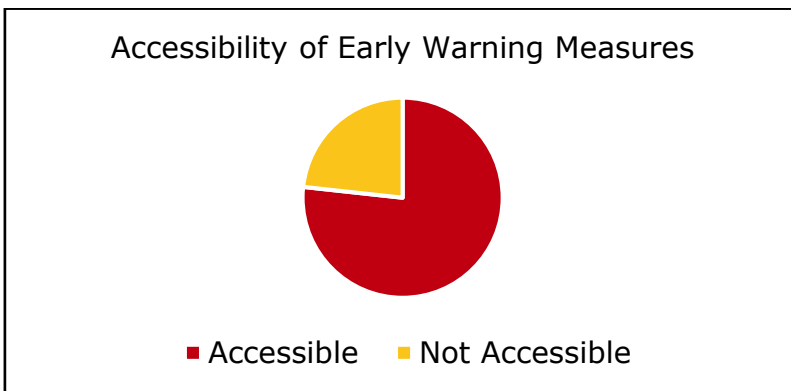
Part 2: Access to Preparedness Measures

Finding #4: Early Warning Systems were not Accessible for All

This is how people received early warning:
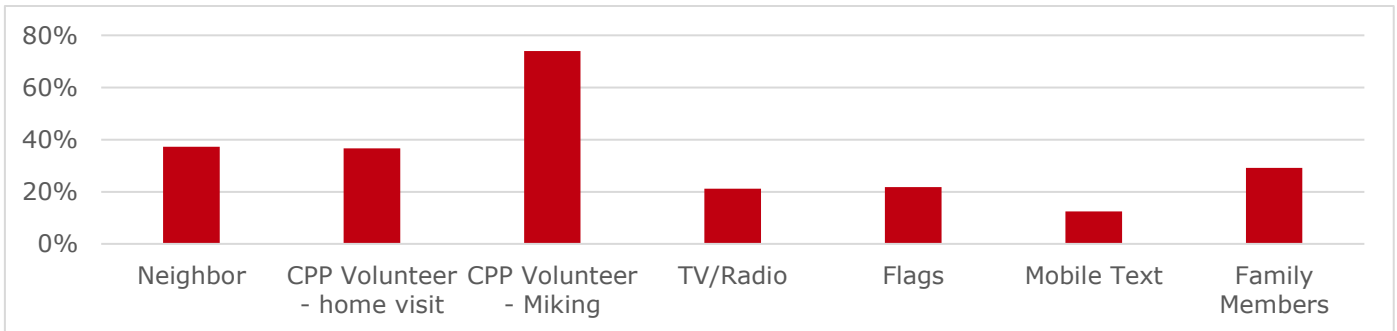
However, 23% of respondents said early warning systems were not accessible:

Accessibility of Early Warning Measures

- Accessible
- Not Accessible

Specifically, persons with difficulties hearing or seeing predominantly found that the early warning measures were not accessible:

71% of persons who reported a lot of difficulties hearing or cannot do at all said the early warning systems were not accessible (of which the majority stated that they could not hear the CPP volunteer miking).

- Accessible
- Not Accessible

66% of persons who reported a lot of difficulties seeing or cannot do at all said the early warning systems were not accessible

- Accessible
- Not Accessible

Recommendation #4: Early Warning Systems need to be Accessible for all

Ensuring better accessibility of early warning can be done through the use of a combination of different audio and visual mechanisms for warning dissemination, including:

- Audio signals such as bells, alarms, sirens, drums, radio/TV or loudspeaker announcements to reach people who are blind or have low vision
- Visual early warning with flags or lights flashing together with alarms and sirens and text messages on TV or by mobile phone to reach people who are deaf or hard of hearing

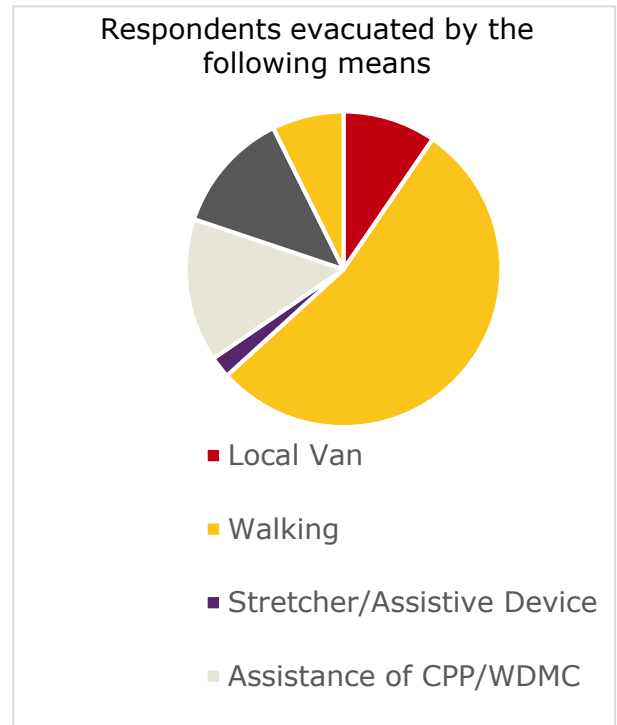More resources on inclusive early warning systems can be found on the CBM i-DRR app: https://idrr.cbm.org/en/card/warning-dissemination-0

Finding #5: Inaccessible evacuation measures and shelters create barriers for persons to safely evacuate

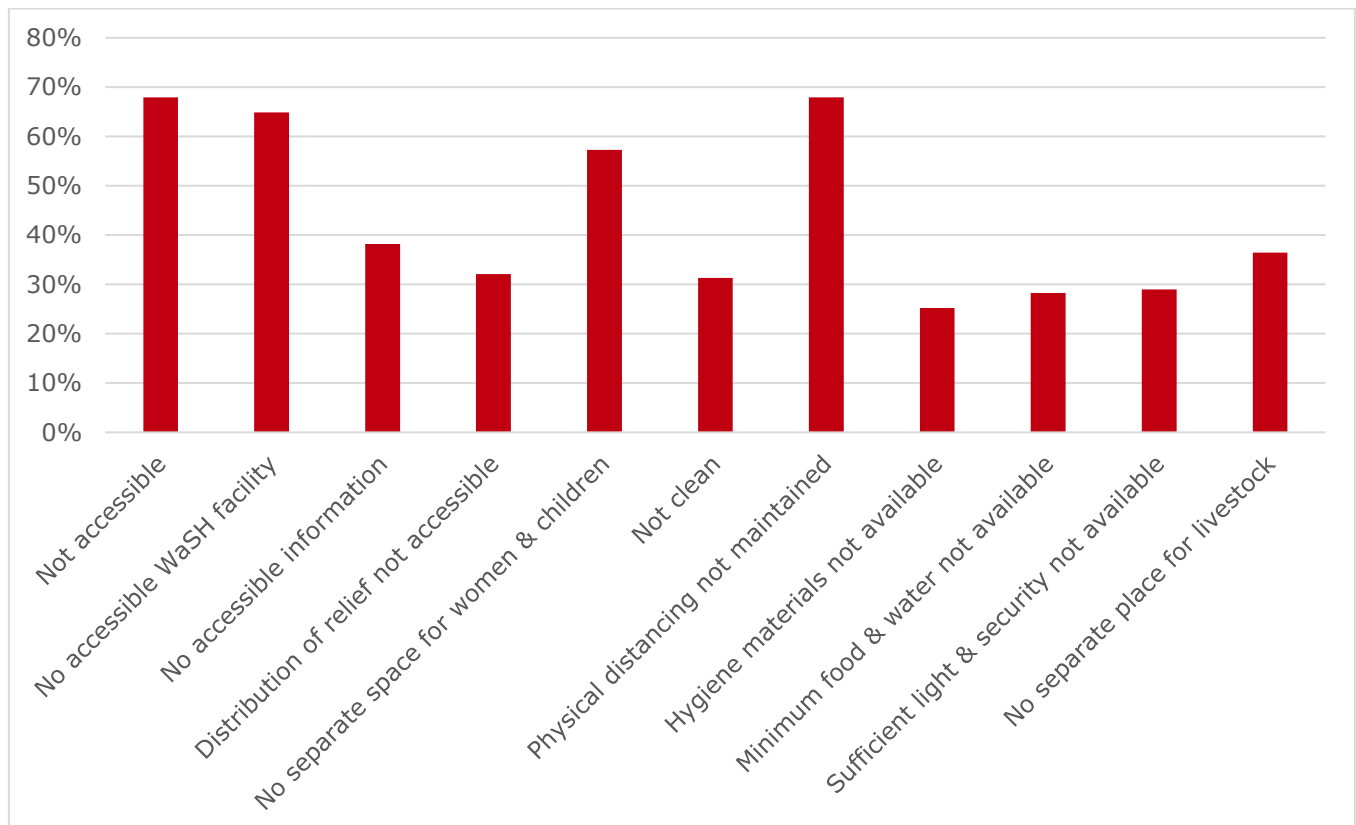**Evacuation:**

20% of respondents did not heed the warnings to evacuate:
- Fear of COVID-19 was one main reason for not evacuating
- Other reasons included:
    - Lack of transportation or assistance to evacuate
    - Evacuation directions were not accessible
    - Early warning signals were not received in enough time to evacuate
    - There was no evacuation centre within reach
    - The cyclone shelter was not accessible

Respondents evacuated by the following means

- ■ Local Van
- ■ Walking
- ■ Stretcher/Assistive Device
- ■ Assistance of CPP/WDMC

Situation of evacuation centre – Out of respondents who evacuated they reported the following situation in the evacuation centre:

90% of persons who reported a lot of difficulties walking or climbing stairs or cannot do at all said the evacuation centre and/or the toilet at the evacuation centre was not accessible.

Recommendation #5: Evacuation measures and centres need to be accessible for all

Disaster preparedness programs should include persons with different types of disabilities to raise awareness on inclusive disaster preparedness.

Evacuation measures must be accessible:
- Accessible early warning messages distributed in timely manner
- Assistance with transportation pre-arranged by local government
- Pre-identification of evacuation centres within reach

It was found to be taken for granted that family members would assist persons with disabilities with regard to communicating early warning messages and evacuation to shelters. However, this should not be assumed as if family members are not able to perform this function or the person does not have family, this could lead to them being left behind in the evacuation.

More resources on accessible evacuation measures can be found on the CBM i-DRR app: https://idrr.cbm.org/en/card/evacuation

Cyclone shelters must be accessible:
- While newly built cyclone shelters have been constructed in accessible manner, renovations are needed to make existing cyclone shelters accessible. This includes the latrine in cyclone shelters.
- Information in cyclone shelter must be communicated in accessible manner
- Relief items must be distributed in accessible manner

More resources on accessible evacuation centres can be found on the CBM i-DRR app: https://idrr.cbm.org/en/section/preparedness/topic/evacuation-shelter

Contact Information

For more information, please contact:

cbm together we can do more	**drra** DISABLED REHABILITATION & RESEARCH ASSOCIATION	**Centre for Disability in Development** Bringing hope, dignity and meaning to life	**ADD** International
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