How Prepared Are We for Disaster Risks?

A Module on
Human Rights-Based Approach to Inclusive
Disaster Risk Reduction

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How Prepared Are We for Disaster Risks? A Module on Human Rights-Based Approach to Inclusive Disaster Risk Reduction

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About CLIP IDEAKSI

Community-Led Innovation Partnership (CLIP) aims to support the emergence of locally-driven solutions to humanitarian problems in Democratic Republic of Congo (suspended), Guatemala, Indonesia, and the Philippines. YAKKUM Emergency Unit (YEU) has implemented a program called IDEAKSI (an Indonesian acronym for Idea, Innovation, Action, and Inclusion) as a CLIP project in Indonesia. As part of the partnership, IDEAKSI strives to find innovative and inclusive solutions to disaster management for groups at-risk, including Persons with Disabilities and older people.

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Glosarium

Basarnas   *Badan Nasional Pencarian dan Pertolongan/* National Search and Rescue Agency

BNPB   *Badan Nasional Penanggulangan Bencana/* National Disaster Management Agency

BPBD   *Badan Penanggulangan Bencana Daerah/* Local Disaster Management Agency

CLIP   Community-Led Innovation Partnership

CRPD   Convention on the Rights of Persons with Disabilities

DIFAGANA   *Difabel Siaga Bencana Daerah Istimewa Yogyakarta/* Disability Disaster Emergency Task Force

DM   Disaster Management

DRR   Disaster Risk Reduction

IDEAKSI   *Ide Inovasi Aksi Inklusi/*Idea, Innovation, Action, and Inclusion

Kaltana   *Kalurahan Tangguh Bencana/*Disaster Resilient Village

KDD   *Kelompok Disabilitas Desa/*Village Disability Group

OPD   Organisation of Persons with Disabilities

PKK   *Pemberdayaan Kesejahteraan Keluarga/*Family Empowerment Program

PMI	*Palang Merah Indonesia/*Indonesian Red Cross
PP	*Peraturan Pemerintah Republik Indonesia/* Regulation of the Government of Indonesia
SADDD	Sex, Age, Disability Disaggregated Data
Tagana	*Taruna Siaga Bencana/*Youth Disaster Preparedness Unit
UDHR	Universal Declaration of Human Rights
ULD	Unit Layanan Disabilitas/Disability Services Unit
UN	United Nations
UNDRR	United Nations Office for Disaster Risk Reduction
UU	*Undang-Undang Republik Indonesia/* Law of the Republic of Indonesia
WGQ	Washington Group Short Set of Disability Questions
WHO	World Health Organization
YAKKUM	*Yayasan Kristen untuk Kesehatan Umum/* Christian Foundation for Public Health
YEU	YAKKUM Emergency Unit

About the partners

Elrha is a global charity that finds solutions to complex humanitarian problems. Our Vision is of a world equipped to mitigate the impact of humanitarian crises. We are an established actor in the humanitarian community working in partnership with humanitarian organisations, researchers, innovators and the

private sector to tackle some of the most difficult challenges facing people all over the world.

Start Network is a global network of non-governmental organisations, made up of more than 50 national and international aid agencies from five continents. Its mission is to create a new era of humanitarian action that will save even more lives through innovation, fast funding, early action, and localisation. Visit our website to see a full list of members.

The Asian Disaster Reduction & Response Network (ADRRN) is a network of national civil society organizations across the Asia-Pacific region. Since 2002, ADRRN has rapidly evolved from an awareness focussed network to a regional voice in advocacy and capacity building issues as well. Its main aims have been to promote coordination, information sharing and collaboration among CSOs and other stakeholders for effective and efficient disaster reduction and response in the Asia-Pacific region.

YAKKUM Emergency Unit (YEU), Indonesia, has a mandate to deliver inclusive emergency response where community participation in needs assessment and relief distribution are encouraged. YEU works to articulate initiatives to build community resilience through community-led disaster risk reduction and climate change adaptation.YEU is also part of various networks, National Coordinating Organization for GNDR in their Views from the Frontline, a key member of the National DRR Platform, Provincial DRR Platform in Yogyakarta and Sigi (Central Sulawesi), Humanitarian Forum Indonesia, National clusters including the health cluster, and YEU is also member of Core Humanitarian Standard (CHS) Alliance. YEU is also working closely with older people associations and organizations of people with Disabilities.

Preface

"For Sumarno, the Covid-19 pandemic period was one of the darkest moments in his life. After finally managing to rebuild his life following an accident that made him a Person with Disability, what he had achieved was threatened to be lost.

Sumarno is a Person with Physical Disability and has been in a wheelchair as a result of an accident at the workplace a couple of years back. After losing his job in the company where he worked, he managed to get back on his feet again and ran a sound system rental and event/party documentation business. From this business, his economic condition improved and he could hire some staff.

However, when the pandemic struck, his business was on the brink of bankruptcy because no more parties were held that needed his services. This forced him to lay off his employees and

sell some of his business assets just to survive. Things got worse when he contracted the virus; with his physical condition, he was more severely affected. What was more, he had to face the ordeal on his own.

As a former personal assistant who used to have other people at his service when completing his job, Sumarno found the days during Covid isolation very hard. Never in his life was he prepared for such disease nor to have people around him to be prepared and to help in time of sickness."

The above was the story of a Person with Disability who struggled to survive during the pandemic. In addition to suffering from a decline in income, he was also affected by the impact of the pandemic by contracting the virus and undergoing medical isolation with limited assistance. This was possible due to the lack of involvement of Persons with Disabilities in disaster management. Nothing has been done to prepare Persons with Disabilities as well as people around them for any emergency situation that can happen at any time.

This module is developed as a simple guide towards inclusive disaster management. Disaster can happen anytime and to anyone. Therefore, disaster management efforts where no one is left behind need to be built from now on.

Persons with Disabilities and elderly people are among the groups with high vulnerability to disaster, both as a result of their Disability as well as their inability to enjoy their rights. The fulfilment of the rights of Persons with Disabilities and elderly people is mandated by Article 20 of the National Law No. 8 of 2016 on Persons with Disabilities, Law No. 24 of 2007 on Disaster Management, and Government Regulation No. 42 of 2020 on Persons with Disabilities' Accessibility to Settlement, Public Services and Protection from Disaster.

The Government Regulation No. 42 of 2020 further stipulates the protection of Persons with Disabilities from disaster risks that take into account the participation of those Persons with Disabilities in socialisation, simulation, evacuation, and response to disaster-affected people activities. In compliance with this, a Human Rights approach should be fostered to promote inclusive disaster management.

Finally, to establish a disaster-resilient community, Persons with Disabilities and elderly people should no longer be placed as objects but instead play active subjects with an optimum contribution to minimising the impact of disasters.

Yogyakarta, 2 October 2022
Author

Section A: Introduction

About This Modul

This Module guides organisations, public institutions, the government, and other stakeholders interested to study independently the principles of inclusion in disaster management. The sections in this module have been developed to prioritise the tenets of human rights in ensuring inclusion in disaster management.

Terminology

Persons with Disabilities

Since 2010, a number of community organisations and experts have brainstormed to change the existing terminology of 'a handicapped person' into a more humanistic, human rights-based term laden with a social perspective. Such a change of term is considered essential since the use of a specific term can affect one's perspective of a particular subject.

In 2016, Indonesian Law No. 8 of 2016 on Persons with Disabilities was passed that uses the term 'Person with Disability' in replacement of the 'a handicapped person' term. The Law defines a Person with Disability as any person with long-term physical, mental, intellectual, and/or sensory impairments who may face various challenges and barriers in their interaction with their surroundings to be able to fully and

effectively participate with other citizens on the basis of equal rights.

The term Person with Disability is used by taking into consideration the principle of upholding the human rights of Persons with Disabilities and language convention. Furthermore, the term also conforms with the one used in the Convention on the Rights of Persons with Disabilities, which has been ratified through Indonesian Law No. 19 of 2011 on the Ratification of the Convention on the Rights of Persons with Disabilities.

This is the background on the use of the term 'Persons with Disabilities" in this module while acknowledging other terms used by the government, community, and society, including the term 'the Diffable'.

Older People

The Indonesian Law No. 13 of 1998 on the Welfare of Older People classifies older people as those aged 60 or more.

According to the World Health Organization (WHO), ageing poses challenges and opportunities at the same time. Challenges can include an increase in the demand for primary healthcare services and long-term care, an increase in the need for more experienced caregivers, a more intensive need to accommodate physical and social environments to be more older-people-friendly, and the need to promote the involvement of all sectors to fight against *ageism*.

Meanwhile, opportunities that ageing brings with it include better responses to allow older people to contribute both at the family and local community levels (for instance as volunteers or labour force in the formal and non-formal sectors), and even at the wider society level.

Ageism or age discrimination refers to the stereotypes and discrimination towards individuals based on age. It is a set of beliefs, attitudes, norms, and values used to justify prejudice and acts of discrimination.

Disaster

The Indonesian Law No. 24 of 2007 on Disaster Management defines a disaster as an event or series of events that threatens and disrupts the lives and livelihoods of the community as a result of natural and/or non-natural as well as human factors that lead to human fatalities, environmental damage, loss of material possessions, and psychological impact.

The United Nations Office for Disaster Risk Reduction (UNDRR) refers to disaster as a serious disruption of the functioning of a community or a society involving widespread human, material,

economic, or environmental losses which exceed the ability of the affected community or society to cope using its own resources.

Human Rights

The Indonesian Law No. 39 of 1999 on Human Rights refers to human rights as a set of rights bestowed by God Almighty in the essence and being of humans as God's creation which must be respected, held in the highest esteem, and protected by the state, law, Government, and everyone in order to protect human dignity and worth.
Human Rights cannot be denied and taken away. Human Rights are also indivisible or cannot be categorised based on interests.

Persons with Disabilities are humans with equal human rights as any other Persons without Disabilities. Therefore, Persons with Disabilities are also entitled to human rights that cannot be denied and taken away.

Inclusive

Literally, the term 'inclusive' *(adjective)* or 'inclusion' *(noun)* means the act of involving someone, being transparent, or embracing any differences and diversities.

How to Use This Module?

The sections in this module have been developed to understand better how to build inclusive disaster management interventions with an emphasis on the involvement of all elements of society, including older people, Persons with Disabilities, and vulnerable groups. Anyone using this module is expected to read and understand all sections of the module to allow the module to guide all stakeholders in implementing effective, comprehensive, and holistic disaster risk reduction works.

Coverage

The module roughly covers the following:

01 Understanding Disability Inclusion

02 the Principles of Human Rights in Achieving Inclusion

03 Necessary Reasonable Accommodation and Adaptation in Inclusive Disaster Management

04 Guide to Assessment for Module Users.

The module is a guide to achieving disaster management that is inclusive to Persons with Disabilities and older people. Other aspects of diversity other than Persons with Disabilities and older people are not going to be discussed in much detail although some aspects like vulnerable groups and gender may well intersect with human rights aspects.

Section B: Understanding the Inclusion of Disability and Older People

Picture: *Provision of friendly disaster services Disability begins with raising awareness stakeholders (Image: CIQAL)*

The Concept of Disabilitiy

Disability is part of human life. Most of us will, during our lifetime or at some point in our life or in our old age, experience Disability in this phase of life. As a result, studies on Disability have developed in a dynamic, complex, and intersectional manner that cover the multidimensional aspects of human lives.

The Indonesian Law No. 8 of 2016 on Persons with Disabilities stipulates that Disability can occur when individuals experience barriers in their interaction with their environment, which hinder their full and effective participation. It can also mean that Disability is not inherent to the individual and therefore the participation of Persons with Disabilities can be improved by eliminating any individual and environmental barriers.

Do you know?

Barriers refer to physical as well as intangible obstacles that hinder Persons with Disabilities from full access or participation in daily activities. The following are the five types of barriers for Persons with Disabilities:

01 *Physical barriers*
Physical barriers are related to obstacles in accessing buildings and the physical environment.

02 *Communication barriers*
Communication barriers concern the ways and means of communication. For example, oral language may be inaccessible to the Deaf, brochures with many visual presentations may hinder those with Vision Disability, and the presentation of information in complex sentences may become an obstacle for those with Intellectual Disability.

03 *Social and cultural barriers*
These include negative attitudes such as prejudice, pity, overprotection, and stigma.

04 *Institutional barriers*
These barriers refer to policies, legislation, and institutional factors that do not enable everyone in the community to enjoy their rights.

To ensure Persons with Disabilities enjoy their rights, it is important to take notes of the following:

The Environment – environmental factor is significantly influential on Persons with Disabilities. An inaccessible environment can make someone become a Person with Disability due to their inaccessibility to participation and inclusion. The environment can be altered to improve health conditions, prevent the Disability from deteriorating, and improve the quality of life of Persons with Disabilities. Environmental changes can be achieved through legislation, changes in policies, capacity building, as well as technology development.

Knowledge and Attitude – knowledge and attitude directly correlate with the provision of services and social lives. Improved awareness and changing negative attitudes can often become the first steps in creating an accessible environment for Persons with Disabilities. In most cases, Disability is closely associated with insufficient knowledge of the environment.

Stigma and Discrimination – negative perception towards Disability that most people in society still believe is a significant factor in preventing Persons with Disabilities from active participation and involvement in society.

The Indonesian Law No. 8 of 2016 refers to discrimination as the distinction, exclusion, restriction, harassment, or alienation on the basis of Disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment, or exercise of all rights of Persons with Disabilities.

Types of Disabilities

The Indonesian Law No. 8 of 2016 classifies Disabilities into five, as follows:

01 **Physical Disability:** the impairment of motor functions. This includes amputation, paralysis, stiffness, and paraplegia.

02 **Intellectual Disability:** deficit in intelligence and retardation of mental ability. This includes slow learning and brain damage.

03 **Disabilitas mental:** : the impairment of cognitive, emotional, and behavioural functions. This includes depression, personality disorder, autism, and hyperactivity.

04 **Sensory Disability:** the impairment of one of the senses. This includes vision impairment, hearing impairment, or speech impairment.

05 **Multiple Disability:** the condition of having two or more Disabilities. This includes deaf-mute Disability and blind-deaf Disability.

Washington Group Short Set of Disability Questions (WGQ)

Washington Group Short Set of Disability Questions or the WGQ is a set of short questions designed to identify types of Disability. WGQ consists of six questions developed to identify persons with functional barriers. WGQ sets of questions can quickly and easily be used in various conditions to generate disaggregated data on Disability.

The six core Washington Group set of questions are:

01 Do you have difficulty seeing, even if wearing glasses?

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

03 Do you have difficulty walking and climbing steps?

04 Do you have difficulty remembering or concentrating?

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

06 Using your (local) language, do you have difficulty with communicating, for example understanding or being understood?

For every question, there are four choices of answers:

No difficulty	A lot of difficulty
Some difficulty	Cannot do it at all

If the respondents answer with 'a lot of difficulty' or 'cannot do at all' to one or more questions, they will be identified as Persons with Disabilities.

In terms of data collection on Disability, WGQ has the advantage compared to mentioning the types of Disability because some respondents may feel reluctant to reveal their functional limitations due to their level of knowledge and stigma. On the other hand, the WGQ set of questions has not addressed the barriers facing Persons with Psychosocial or Intellectual Disabilities.

To promote inclusive disaster management, the WGQ can be used to:

- Help understand bodily function impairment without Disability labelling or categorising
- Help understand functional difficulties to be used in identifying vulnerabilities in different situations, such as in conducting evacuation, active participation, accessing the information on safety, accessing services and facilities, and identifying persons with specific functional restrictions
- Help identify disaggregated needs and the capacity of persons with functional barriers
- Help identify services and facilities that persons with functional restrictions need
- Help identify activities and programs adapted to the existing functional restriction.

Disability, Older People, and Inclusion

Picture: Provision of disaster-related services that is Disability-friendly begins with raising stakeholders awareness. (Image: YEU/Dika)

Generalising Persons with Disabilities or older people can be inappropriate because they also have other identities attached to them in relation to age, gender, social economic status, cultural and ethnic background, and so on. Therefore, to understand further about inclusion, one has to establish an understanding of the concept of diversity.

Diversity can be broken down into four dimensions of human identities, as follows:

01 **Personality,** for example, trait, ability, Disability

02 **Internal,** for example, gender, race, ethnicity, age, level of intelligence, sexual orientation

03 **External,** for example, culture, religion, nationality

04 **Keorganisasian,** for example, job title, division, joining /not joining an organisation

When it comes to Persons with Disabilities and older people and other marginal groups, there are more identities that closely correlate with the level of their vulnerability. For example, a Woman with Disability has double vulnerability attached to their identity, i.e. as a Person with Disability and as a woman. Furthermore, Persons with Mental and Intellectual Disability often face a higher level of vulnerability compared to those with Physical or Sensory Disability.

Inclusion is not only concerned about involvement or integration; it is more about upholding rights, identifying specific needs and barriers to inclusion, as well as taking steps in addressing any emerging problems. As the new foundation for perceiving Disability, while at the same time promoting Disability inclusion, the Convention on the Rights of Persons with Disabilities is based on the following principles:

01 Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons

02 Non-discrimination

03 Full and effective participation and inclusion in society

04 Respect for difference and acceptance of Persons with Disabilities as part of human diversity and humanity

05 Equality of opportunity

06 Accessibility

07 Equality between men and women

08 Respect for the evolving capacities of Children with Disabilities and respect for the right of Children with Disabilities to preserve their identities

Do you know?

+2.1M

+1.4M

+1M

| 2019 | 2030 | 2050 |
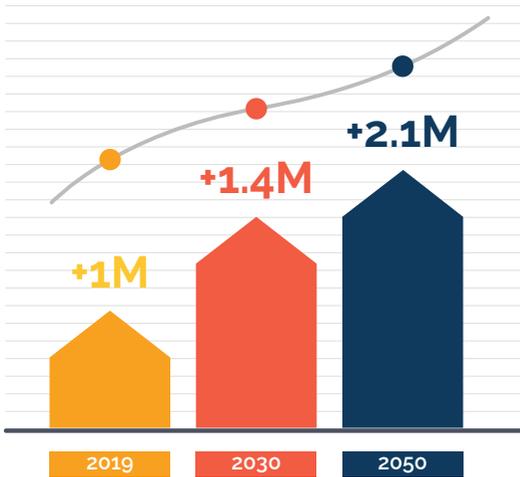
Chart: Growing number of elderly people in 30 years. (Chart: Adilah)

WHO indicated that the number and proportion of people aged 60 years and older in the population is increasing. In 2019, there were 1 billion older people in the world, which was estimated to increase to 1.4 billion by 2030 and 2.1 billion by 2050. This estimated increase in the population of older people will accelerate in the coming decades, especially in developing countries.

WHO has collaborated with member countries, UN agencies, and policymakers from various sectors to improve the health of older people. Improving the health of older people can be achieved by increasing and maintaining their functional ability to be able to live well in old age.

WHO has implemented the following measures in compliance with the Global Strategy and Action Plan on Ageing and Health 2016–2020 and in relation to the UN Decade of Healthy Ageing (2021–2030), with a focus on:

- Changing the perspective, feeling, and action towards age and ageing

- Ensuring that the society increases the capacity of older people

- Establishing community-centred integrated healthcare that is responsive to older people

- Providing access to long-term care to older people in need

Do you know?

Number of Population

8,26%

8.26% or 21.9 million people live with Disabilities (2020 National Socio-Economic Survey)

Causes of Disability

| Diseases & Accidents | 76% |
| Congenital | 17% |

300

disaster events in the last 30 years

Chart: *Growing number of elderly people in 30 years. (Chart: Adilah)*

In Indonesia, 8.26% or 21.9 million people live with Disabilities (2020 National Socio-Economic Survey) and need at least one form of assistive devices such as a wheelchair, walking cane, or hearing aid. Indonesia is the country in Southeast Asia with the most population with Disabilities resulting from diseases and accidents (76%) and congenital factors (17%). With a high prevalence of disaster events, more than 300 events during the last 30 years, Indonesia has become the country with the highest potential to increase the population with Disabilities.

Section C: Human Rights Principles in Achieving Inclusion

Picture: *The right to work is a human right of every individual. (Image: YEU)*

In the legal sense, Human Rights is a universal concept stipulated in the Universal Declaration of Human Rights since its adoption in 1948. The Human Rights of all Indonesian citizens are guaranteed by the state. The Five Principles of Pancasila as the basic philosophy of the state and the 1945 Constitution strictly guarantee the respect, protection, and fulfilment of the Human Rights of every citizen without exception.

Specifically, the Convention on the Rights of Persons with Disabilities (CRPD) is one of the international instruments that has been ratified by the Indonesian government by means of Law No. 19 of 2011, which guarantees the Human Rights of Persons with Disabilities.

The enjoyment of Human Rights shall be based on the following 3 main principles:

- Equality and non-discrimination
- Participation and empowerment
- Transparency and accountability

Basic Rights in the Universal Declaration of Human Rights

The basic rights in the Universal Declaration of Human Rights are:

01 The right to life
02 The right to a nationality
03 The right to own property
04 The right to marry and found a family
05 The right not to be subjected to interference with privacy
06 Legal protection
07 Equality before the law
08 Freedom from violence/persecution
09 Freedom of thought, conscience and religion
10 Freedom of opinion and expression
11 Freedom of peaceful assembly and association
12 The right to a fair hearing by an independent and impartial tribunal
13 The right to take part in the government of his/her country
14 The right to social security
15 The right to work
16 The right to rest
17 The right to food, clothing, housing, and appropriate healthcare
18 The right to education
19 The right to participate in the cultural life of the community
20 The right to an effective remedy for violations of their rights

Human rights are interrelated and interdependent in a way that they form a framework where the rights complement each other. For example, the ability of an individual to play an active and direct role in development depends on the rights to self-expression, access to education, or even fulfilment of life necessities such as food and housing.

CRPD is the basis for the changes of perspective on Persons with Disabilities, from being considered as objects to being recognized as 'rights-holders' and active parts of society. This change of perspective has made the concept of Disability continue to evolve as a result of the interaction between impairment (functional barrier) with behavioural and environmental barriers that exclude Persons with Disabilities from full and effective participation in society in an equal manner with other members of the society.

This perspective has also put the state as the 'duty bearer' with obligations to meet mandates. It means that the Government of Indonesia has the responsibility for ensuring efforts for the universal respect, protection, and enjoyment of the rights of Persons with Disabilities that encompass all aspects of life.

Disability Issue Is a Human Rights Issue

Disability is an issue of Human Rights because:

Persons with Disabilities face inequality in the long term in many areas, for example, being denied access to health, denied access to schooling, or denied access to vote due to their Disabilities.

Persons with Disabilities are subjected to violence that undermines their honour and dignity as human beings, Persons with Disabilities are often the target of violence, harassment, prejudice, bullying, or even lack of respect as a result of their Disabilities.

Some Persons with Disabilities are not provided with the liberty to make decisions on their own, for instance through forced use of contraception, shackling, or are not considered capable before the law due to their Disabilities.

Unequal power relations make some elements of the society unable to enjoy their rights, which leads to marginalisation, discrimination, and social exclusion that eventually lead to what is commonly called structural poverty. Structural poverty will continue as long as unequal power relations remain and in the absence of serious efforts in advocacy and empowerment of the marginalised groups of the community.

The Human Rights approach identifies inequalities in power relations facing Persons with Disabilities and older people. Some of the measures that can be taken to reduce ongoing inequalities include:

01 Respect for Persons with Disabilities and older people as elements of human diversity, in the same way gender, religious, cultural, and ethnic diversities are perceived. In this way, prejudice, attitude, and other Disability-related barriers can be reduced and Persons with Disabilities can enjoy their rights.

02 Recognition of equal rights of Persons with Disabilities and older people with any other people. This can lead to the empowerment of Persons with Disabilities and older people to participate in all aspects of society and to make their own choices as well as to take control of their own lives.

03 Perceiving the government at the national, provincial, as well as district/city level and village levels as the policy bearers responsible for creating an enabling environment in support of full inclusion for Persons with Disabilities and older people in the society.

04 Promotion of dialogues between Persons with Disabilities, older people, and all relevant stakeholders for the realisation of the rights of Persons with Disabilities and older people.

Right-Based Realisation

Human Rights Approach is the framework for the implementation of programs and activities that benefit Persons with Disabilities and older people that are based on rights, not needs. The approach details how programs and activities are formulated, planned, implemented, monitored, and evaluated.

The following table illustrates the differences between the rationale based on rights and needs.[1]

Need-based	Right-based
Personal contribution	Responsibility, obligation, general tasks of the society, politics, morals, and law
Voluntary	Mandatory
Group characteristics, general	Individual characteristics
Related to charity, welfare	Related to legal rights, demands, assurance, justice, equality, freedom
Addresses some of the problems and provides temporary solutions	Addresses the root problems

[1] From Child Rights Programming, International Save the Children Alliance with some adaptation

Short-term solution	Long-term solution
Follows a hierarchy of needs. Some needs are more important than others (for example, the need for food comes first while the need for education comes later)	Rights are indivisible and interdependent (because they complement each other)
Not equally applicable everywhere, depending on the situation and the environment	Equally applicable everywhere (universal)
Addresses some of the objectives expected to be achieved	Has a comprehensive goal that Persons with Disabilities have equal rights
Care-based	Empowerment-based and rights-strengthening based
Provides services	Increases awareness in all groups (older people, children, policymakers)
Specific project targeting specific group(s) of Persons with Disabilities (partial approach)	Comprehensive approach
Persons with Disabilities	Persons with Disabilities

and older people **deserve** to be provided with assistance	and older people are **entitled** to be provided with assistance
The government has the duty to take action but there is a lack of clarity on who and how such duty should be implemented	The government has a legally binding duty and moral duty to be met
Persons with Disabilities and older people can participate to improve services provided for them	Persons with Disabilities and older people can have active participation by rights in all aspects of life
Due to limited resources, some Persons with Disabilities and older people may have to be left out	All Persons with Disabilities and older people have the potential to play their roles in society and to have equal opportunities to fulfil such potential
Every task has its own objective but there is not any umbrella goal	There is a shared umbrella goal that all tasks play a role in achieving it

Disabilities clearly stipulates that Persons with Disabilities are entitled to the right to be protected from disaster, as follows:

- To be provided with disaster-related information

- To be provided with disaster risk reduction-related knowledge

- To be prioritised in rescue and evacuation during a disaster situation

- To be provided with accessible rescue means and facilities

- To be provided with priority, and accessible facility and means in an evacuation centre

Section D: Necessary Reasonable Accommodation and Adaptation in Inclusive Disaster Risk Reduction

Disaster risk reduction is now recognized as significant to all elements of society and a basic important knowledge on what to understand and do in terms of disaster. This owes to the fact that Indonesia's geographical position makes it very prone to disaster risks, coupled with climate change-related hazards that make disaster risk reduction even more crucial.

Discussion on aspects of disaster risk reduction has also evolved from a previous predominant focus on physical aspects of disaster management through exact science studies. Disaster risk reduction has also expanded to cover social science studies with a focus on human behaviour towards and perception of disaster.

The Sendai Framework for Disaster Risk Reduction (2015-2030) which was launched by the United Nations Office for Disaster Risk Reduction (UNDRR) and adopted by UN member countries underlines the shift of paradigm from a focus on emergency response to disaster risk management.

Disaster events are no longer perceived as a rapid-onset phenomenon. Disasters are now, instead, seen as events that can be analysed and managed and which risks can be reduced by putting the emphasis on people as the centre of disaster risk reduction. People-centred disaster studies emphasise the aspect of safety, where vulnerability is a key consideration to ensure safety of all groups at risk.

From the perspective of human rights, power inequalities facing Persons with Disabilities and other marginalised groups put them as groups with high levels of vulnerability as far as the concept of disaster is concerned.

Four Principles of Inclusion

Awareness

Picture: The support provided for Persons with Physical Disabilities in communities around Gadjah Wong River began with awareness. (Image: PB Palma)

Awareness is a major factor in achieving the inclusion of Persons with Disabilities and older people in disaster risk reduction. For a long time, Persons with Disabilities experience stigma and discrimination that they are hidden and not commonly met in public spaces.

Many parents hide their Children with Disabilities due to the negative perspective that society still believes in. Sometimes, Persons with Disabilities themselves even believe in that

perspective, leading to their lack of self-confidence and independence. What is more, physical accessibility remains an obstacle for Persons with Disabilities to carry out activities outside of the home.

The principle of awareness is essential to ensure stakeholders involved in disaster risk reduction programs have sufficient knowledge and recognize the barriers that Persons with Disabilities and older people are facing to have active participation. In addition to that, raising awareness on the principles of human rights is the basic rationale for necessary steps in mapping inclusive disaster management programs.

Pelibatan

Picture: Involvement of Persons with Disabilities through a declaration of stakeholders' joint commitment. (Image: YEU/Dika)

Nothing about us without us is the foundation for everything concerning Persons with Disabilities. Persons with Disabilities are active subjects and rights holders at the same time and must be involved in everything related to Disability. When full and effective participation is achieved, the implemented program can represent their needs and interests. Ideally, involvement should happen comprehensively, from planning to monitoring and evaluation to ensure the aspect of the fulfilment of the rights of Persons with Disabilities and older people.

This has not only ensured the enjoyment of rights of Persons with Disabilities and older people but also the opportunity for stakeholders involved in disaster risk reduction to collectively learn to ensure inclusion, where everyone is accommodated without exception. Persons with Disabilities can also be involved

through persons closest to them such as family members and caregivers or Organisations of Persons with Disabilities as well as other Disability communities to represent the interests of Persons with Disabilities.

Accessibility

Accessibility can mean the provision of opportunity and availability of facilities and infrastructure that allow Persons with Disabilities and older people to participate.

Desain universal

Picture: *Accessibility audit of an emergency shelter in Kepuharjo Village. (Image: CIQAL)*

Universal design is the design of products, environments, methods, systems, buildings, technology, program, or assessment to be usable by all people to the greatest extent possible. It is aimed at ensuring an environment that is accessible, easy to understand and used by anyone without distinction of age, gender, social status, and Disability status. Ensuring universal design in disaster risk reduction will ensure everyone involved uses and benefits from all facilities provided.

Reasonable Accommodation

A reasonable accommodation is defined as the proper and necessary modification and adjustment to ensure the enjoyment of all human rights and fundamental freedom of Persons with Disabilities based on equality.

This principle aims to provide an equal opportunity that allows Persons with Disabilities and older people to be actively involved in disaster management programs. Reasonable accommodation does not alter the essential function of location, program, or product. Adjustment for reasonable accommodation is done based on the rationale and needs of each and every individual.

Support

Image: Ngudi Mulya's elderly farmers receive support to stay active in agriculture. (Image: YEU/Lorenzo)

This principle is based on the different needs of Persons with Disabilities and Persons without Disabilities. Even the needs of each individual Person with Disability can also vary. For this reason, the necessary support for Persons with Disabilities and older people to ensure their active participation should be based on their specific and individual needs. Specific support does not necessarily mean special treatment because support is an inherent aspect of the realisation of rights. In society, Persons with Disabilities and older people still need to be treated equally with other members of society.

Section E: Promoting Inclusive Program

Step 1: Identify and Collect Data on Persons with Disabilities and Older People

Image: Inclusion begins with data collection of Persons with Disabilities, elderly people, and other groups. (Image: PB Palma)

The first step in promoting inclusion is the careful identification of Persons with Disabilities and older people. This will involve not only the identification of types of Disabilities and the corresponding needs but further the inventory of necessary steps to promote effective participation of Persons with Disabilities and older people.

This step needs to be implemented in a specific and case-by-case manner based on the principles of Human Rights. It means that the identification and approach made in this stage

vary between individuals although they may share the same types of Disabilities and age range.

Case Study 1

Sudimoro Village is located in a cool mountain region. Most of its population rely their livelihood on vegetable farming. Lying close to the peak of a volcano has made this village very prone to volcanic eruptions. In fact, this village has so many times been showered with ash from the eruptions of the volcano. In times of major eruptions, villagers had to be evacuated.

Despite living with such risk, the villagers have declined to be relocated because they live on fertile land on which they can rely their main livelihood from growing vegetables.

With the support from organisations working specifically in disaster, the head of Sudimoro Village organised training sessions as part of the efforts in building a Disaster-Resilient Village. One of the activities included a series of training to build the capacity of the village population. Among the villagers, two Persons with Physical Disabilities were found that were invited to participate in the training. Their profiles are as follows:

Mrs. Aminah, aged 40, is a Person with Physical Disability who works as a farm hand. She was infected with polio in her right leg when she was under five. Over the years as she gets older and has to do heavy labour work, she has to use an armpit crutch to carry on with daily activities.

The woman with three children only went to grade 6 of primary school and did not even complete it. She decided to drop out of

school as she could not stand being ridiculed about her Disability at school. Mrs Aminah lives with her husband, who is also from the neighbourhood. Together they cultivate their farm and rarely go out of their village; they only occasionally go to the market to sell their produce from their farm.

02 **Mr. Abdullah,** aged 43, is a Person with Physical Disability who raises cows. He was also infected with polio when he was little and has to wear braces on his left leg. To carry on with daily activities, Mr Abdullah does not need the aid of a walking cane but sometimes he has to grab his knee when walking.

Married with two children, Mr Abdullah graduated from an Islamic public high school (madrasa). He married his high school sweetheart. In addition to raising cows, Mr Abdullah also sits as the head of the village-level Disability Group. He often participates in the meetings on Persons with Disabilities at the district level. His exposure has earned him a number of training activities on organising, leadership, as well as the rights of Persons with Disabilities.

The above profiles clearly show that even though both Mrs Aminah and Mr Abdullah share the same type of Disability, the results of the need assessment prior to their participation in Sudimoro Village capacity-building activities indicated different needs.

Exercise Sheet

The following table can be used to complete the assessment of the two individuals above. Please fill in the table with the indicators used to assess Mrs Aminah and Mr Abdullah for their participation in the training.

	Aminah	Abdullah
Age		
Gender		
Disability		
Educational background		
Existing capacity		
Necessary facilitation to be able to participate effectively		
Other points of assessment (use blank space below if necessary)		

How to Make an Analysis of Exercise Sheet Results

The case study above shows two individuals with the same type of Disability but with different backgrounds that make them have different needs to be able to participate in training activities. .

The intersectionality factor plays a key role in analysing the answers in the exercise sheets. The more intersectionalities, the more vulnerable an individual is and it takes multiple approaches to ensure their participation.

The case study also indicates that despite sharing the same Disability, a different assessment was exercised to identify Mrs Aminah's and Mr Abdullah's need to participate in capacity-building training.

In terms of type of Disability and age, Mrs Aminah and Mr

Abdullah are in relatively the same age range so their age difference does not affect the analysis. They both are within the 40-year age range and Persons with Physical Disabilities.

However, their lives can be of significant difference in terms of gender. Unequal gender relation imposes women to vulnerability. With or without Disability, women in general have a lower level of education. In many cases, they also have less role in decision-making at the smallest level of the environment, i.e. the household. In the above case, the bullying against Mrs Aminah was one of the reasons for her to drop out of school, which was not the case with Mr Abdullah.

In terms of primary health care, Mr Abdullah has better access to the provision of leg brace support. Meanwhile, Mrs Aminah, who never received any assistive device, suffers a decline in bodily function and has to use an armpit crutch to support her body. Access to primary healthcare is also associated with the quality of life of Persons with Disabilities.

Another factor that contributes to the optimum participation of Mr Abdullah is his experience in the Organisation of Persons with Disabilities. His experience earns him access to improve capacity as well as regular participation in similar activities. Based on these differences, different approaches have been used. The more factors of intersectionalities that can be explored from the above stories, the more we can understand and design the best assessment to develop the approaches that will ensure the participation of the two Persons with Disabilities above in the design of training, program, or other activities.

Direct interviews with Persons with Disabilities and older people can be used as the method for conducting the assessment. Other methods include interviews with family members or neighbours, community leaders, and village administration officials. The assessment will help identify what needs to be

taken into account to ensure optimum participation of Persons with Disabilities and older people.

During this identification process, observation can be done of the environment around Persons with Disabilities and older people, for example, accessibility of the location for the training. Data at the village level should also be reviewed on social conditions and locality factors of the village population. The identification process sometimes cannot be completed in just one or two meetings in complicated cases. When Persons with Disabilities and older people are faced with more than one barrier, it takes a continuous approach and more time to ensure their participation.

Another process that is also of no lesser importance is to design training methods that can easily be understood by all participants and provide sufficient opportunities for all participants to be actively involved in the process.

Step 2: Build Capacity

Image: : A training session with elderly farmers on how to make organic fertiliser and pesticide. (Image: Ngudi Mulya)

Capacity building of Persons with Disabilities and older people is essential in fostering an inclusive disaster management program. So far, Persons with Disabilities and older people have been significantly left out of social life as a result of unequal enjoyment of rights, for example in access to education, healthcare, and political participation.

Therefore, measures should be taken to build the capacity of Persons with Disabilities and older people to have a voice and express their opinion. In many cases, they choose to remain silent as a result of a lack of knowledge about their rights. In addition to that, existing myth-based prejudice in society has made Persons with Disabilities suffer from stigma. Better knowledge about their rights can help Persons with Disabilities and older people to have a better say on what their needs are because they know exactly what they need.

On the other hand, increasing the capacity of the community, government and other stakeholders on the human-rights approach in meeting the principles of inclusion is also

Picture: *The government needs to understand how to adequately accommodate elderly people like Ibu Senen, an elderly farmer in Gunungkidul. (Image: YEU/Lorenzo)*

important. With sufficient knowledge about Persons with Disabilities and older people, relevant stakeholders can open their minds to have better knowledge in accommodating Persons with Disabilities and older people as part of society. In addition to that, capacity building is also essential in establishing appropriate perceptions of Persons with Disabilities to prevent negative and inappropriate perceptions that most populations still have until now.

In increasing the capacity, media and ways of presentation that are accessible and easy to understand need to be given proper attention. Materials with a lot of visual images will not be accessible to Persons with Visual Disabilities or the blind while a long presentation of materials with complex language will be less accessible to the Deaf, Persons with Mental and Intellectual Disabilities, as well as older people. Therefore, materials and ways of presentation should be adjusted to the recipients of the materials to ensure they are received well.

Step 3: Participation of Persons with Disabilities and Older People

Picture: *Persons with Disabilities can meaningfully participate in many ways, not only as beneficiaries. (Image: CIQAL)*

Using the results of adequate identification through a series of detailed and thorough assessment processes, it is expected that there will be optimum participation of Persons with Disabilities and older people. With sufficient capacity, Persons with Disabilities and older people can have a better say in expressing their opinions and becoming part of the disaster-informed community.

Care should be taken to prevent standardising individuals in their participation in programs or activities. The participation of each and every individual of Persons with Disabilities as well as without Disabilities varies. Any program approach to standardise participation of every individual means a setback in the application of the principle of inclusion.

Case Study 2

During a training activity on community-based disaster risk reduction in Sudimoro village, a total of 30 participants participated consisting of 10 men without Disabilities, 10 women without Disabilities, 5 men with various types of Disabilities, and 5 women with various types of Disabilities.

Two of the participants were Deaf. They are:

01 **Tumini,** is a 35-year-old woman who graduated from Special High School for people with hearing impairment (SMALB). She currently works in a sewing division of a garment factory. Tumini is fluent in Bisindo (Indonesian sign language) and therefore, during her participation in the training, she was accompanied by a sign language interpreter. Tumini also has an Android cellphone and used that to communicate with other participants who did not speak sign language through text messages. Although sometimes Tumini made grammatical errors, she could communicate well with other participants who understood what she meant. During the discussion, Tumini gave a lot of feedback on what the Deaf needs in a disaster risk reduction program.

02 **Jayanti,** is a 30-year-old woman who never went to school at all. She lives with her family and assists her sister in taking piece-rate sewing jobs at home. Jayanti does not speak Bisindo sign language; she only communicates using her native language spoken only by her family and the nearby neighbours. Therefore, her sister accompanied her in the training to

facilitate communication purposes as well as explained what was taught during the training. During discussions, Jayanti was silent most of the time and observed the goings-on during the training. When addressed, she would just nod or shake her head. However, she was always all smiles because she was happy to be able to leave the house and join the training.

Exercise Sheet

	Tumini	Jayanti
Type of participation		
Constraints		
Lessons other participants learnt from their participation		
Lessons training organiser learnt from their participation		

Analysis of Results of Exercise Sheet

The stories in Case Study 2 enrich your understanding of how the human rights approach is used in managing inclusive activities or programs. Although Tumini and Jayanti share the same Disability and gender and both are almost in the same age range, a different approach is needed to ensure their optimum participation.

Therefore, an individual-based approach should be used as the basis of activity or program implementation. In addition, the participation of each and every individual varies; some can be very active in providing comments and responses while on the other hand, some others can be less confident in expressing opinions before the public. Therefore, there is not any single standard of participation of individuals.

On the other hand, different levels of participation also help enrich activity or program implementers in analysing activities. The exercise sheet above contains two questions that will guide you to make a self-assessment on how you will draw lessons from the participation of each individual and how this can inform the analysis of the inclusion processes that you are currently implementing.

In the Case Study 2 above, we learn about two deaf women who joined a training activity with very different levels of participation. Tumini gave a lot of meaningful input for the development of a deaf-sensitive disaster risk reduction program to promote a more inclusive disaster risk reduction program. Meanwhile, Jayanti did not contribute as significant input as Tumini and merely nodded and shook her head.

It is not by all means that Jayanti did not have full and effective participation. What she contributed during the learning process may have shown her most optimum participation. It does not necessarily mean that by certain standards Tumini had better

participation than Jayanti because they experienced different ways and processes of participation. Accommodating the participation of each and every individual is a step toward inclusion itself because the type of participation of every individual can vary significantly.

On the other hand, Jayanti's involvement has become a lesson that other participants learnt on how to ensure a program accommodates the rights of people like Jayanti or those of other Persons with Disabilities who have similar communication barriers.

Step 4: Develop a Sense of Ownership of the Program

Image: *Involving the partner community of DIFAGANA DIY to build a sense of ownership. (Image: YEU)*

The locality is a significant factor that should be given attention in building inclusion in disaster management because the local community and local government will play more active roles in disaster management program activities.

For this reason, full engagement of local stakeholders in the program is essential by putting the emphasis on their sense of ownership of the ongoing program. This can be achieved by involving them in all aspects of program implementation and making them the owners of the program. Persons with Disabilities and older people in the area need to be included in these activities because they are part of the local actors.

Program donors, program idea initiators, organisations facilitating the community, or whoever playing the role in

initiating disaster management programs basically play their roles during the initial and program implementation stages only. In the later stage, the sustainability of the program will rely heavily on these local actors to establish a sense of ownership of the program, which should be built consistently from the initial stage of the program to ensure inclusive and sustainable implementation of the disaster management program.

Case Study 3

The residents of the Gunung Asri housing complex are currently running a "Waste Program Social Services" program for sorting waste generated from the households in the residential complex. In this program, each household deposits waste already sorted into three categories: organic waste, inorganic waste, and waste for recycling. The residents simply deposit the sorted waste into the appropriate containers already labelled according to the category of the waste.

The deposited waste is regularly managed according to their categories. Organic waste will be processed into fertilisers; non-recyclable inorganic waste (plastic) will be delivered to a friends-of-the-environment youth community to be made into paving materials. The waste for recycling will be sold to collectors. The income from waste management will be used to fund social activities in the residential complex.

The women in the complex play a more active role in the management of this activity; they collectively sort, collect, and manage household waste. Most of the residents are very familiar with the program but they have a complaint about Mrs Maryam (65-year-old) and Mrs Samini (72-year-old).

Due to dementia that she has been diagnosed with since last year, Mrs Maryam often gets confused and disposes of the wrong category of waste into the containers. As a result, people

have to re-sort the waste already collected in the containers. Meanwhile, Mrs Samini finds it difficult to understand how the program works. A number of times she sorts the waste in the wrong way, for example by putting fruit peels into a plastic bag and disposing them into the container for organic waste.

In response to this, the Head of the Family Welfare Program (PKK) invited everyone to discuss this through a WhatsApp group. Some recommendations were made and discussed to find the best solution. Finally, they agreed to two different solutions:

01 Residents began to paint the waste bins from black to different bright colours: green for organic waste, red for inorganic waste, and yellow for recyclables. This helps Mrs Maryam to remember waste categorization.

02 Mrs Fatimah, Mrs Samini's daughter who lives in the neighbouring housing complex, was also invited when the program implementer explained the program rules. Mrs Fatimah will also be involved in assisting her mother in sorting waste and explaining the system until her mother can do it right.

Questions for Discussion:

01 From the above stories, what lessons have you drawn from the participation of Mrs Maryam and Mrs Samini in the "Waste Bank Social Services" program?

02 Has the recommended solution by the residents been appropriate in addressing the existing problem and why?

03 If the solution is not appropriate in addressing the existing problem, please recommend another solution that you think is more appropriate.

How to Analyse the Answers to the Discussion Questions

In answering the above question, you need to categorise two basic differences between the two older people above. Although younger than Mrs Samini, Mrs Maryam has a Disability related to dementia she develops. Mrs Samini, although without Disability, needs to be approached in a special way to make her understand something that could be new to her.

Answering question 2

The recommended solution to the problem experienced by Mrs Maryam is inspired by the WHO 50 types of assistive products, in this case, the colour-coded medication organiser. This specific assistive product is coded with different colours to make it easier to remember medication schedules.
For Persons with Disabilities with difficulty in understanding complex information, simplification through colour helps unravel the complexity. In the same fashion, painting the waste containers in different colours is expected to make it easier for Mrs Maryam to remember the different categories of waste that should be sorted instead of having to read the labels on the containers.

The recommended solution to address Mrs Samini's problem draws from the good practice of Ngudi Mulya, one of YEU's innovators. This farmers' group in Gunungkidul district has increased the participation of elderly farmers in using technology by involving family members. Such replication of good practice for solving the problem is expected to increase the participation of older people.

This is an open question that gives you the opportunity to offer solutions to problems related to older people. If you have the experience, stories, or good practices on this, you could write them down and make them evidence-based solutions.

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Good Practices from the Field

Developing a Disaster Management Program Does Not Necessarily Create a New Program

Picture: *Doddy Kaliri introduces Difgandes during ALL4DR in Brisbane. (Image: SEEDS India/UNDRR)*

Yogyakarta Special Region is noted as one of the regions in Indonesia that are prone to disasters. This province is in fact susceptible to various hazards, including drought, tornados, earthquake, and mostly eruptions of the Merapi volcano.

Doddy Kaliri, one activist on Disability in Jogja, has recorded that at least three major disasters hit the region, i.e. the earthquake in 2006 and the Merapi eruptions in 1993 and 2010.

"The most terrifying (disaster) for me was the earthquake in 2006. It was the first time for me to experience an earthquake of such a large magnitude; as a Person with Disability, I had no idea how to evacuate myself," he said.

Most of the population was also in fear during the disaster. They did not have adequate knowledge of earthquakes and did not know what to do. The misleading information that people shared on potential disasters following the earthquake made the affected population panic more.

One year after the earthquake, disaster risk reduction measures began to be implemented. Doddy was actively involved as a trainer on disaster risk reduction for Persons with Disabilities and their families. Frequently involved in capacity-building training and educational activities on politics, Doddy has established more awareness of the importance of meeting the principles of inclusion in disaster management.

Through the Yogyakarta Province Task Force for Disability Disaster Emergency (DIFAGANA DIY), until today Doddy has been consistently promoting inclusion in disaster management. However, he admitted challenges remain since disaster-related issues are not priority issues in national development and are still left behind compared with other basic issues like education, employment, and health.

Besides that, the government also still believes that developing an inclusive disaster management program means developing a whole new program on disaster management, which means another need for allocation in the budget. However, the government only needs to incorporate the aspect of Disability into existing contingency schemes.

For this reason, Doddy hopes that there will be more Persons with Disabilities actively involved in disaster-related issues. "We cannot prevent disasters from happening but we can manage them. Therefore, the role of Persons with Disabilities as peer support is essential. This is the area where we still need to do more," he explained.

DIFAGANA is one of the local innovators of the YAKKUM Emergency Unit (YEU) that introduces the DIFAGANA Disaster Emergency Support (Difgandes) mobile application. This application facilitates access to disaster-related information for Persons with Vision Disabilities and Persons with Hearing Disabilities. In the Asian Local Leaders Forum for Disaster Resilience (ALL4DR) international forum in Brisbane, Australia on 20 September 2022, Doddy had a chance to introduce DIFAGANA and Difgandes. In the forum, he received the award as the local champion for innovation, bravery, spirit, and continuous commitment to community-based disaster management works.

Doddy Kaliri, Disability Activist, DIFAGANA, YEU Local Innovator

Are We Really Far from Disaster?

Ilustration: *Map of Solo. (Image: Wikimedia Commons)*

The city of Solo is considered a region that is safe from disaster because of its low vulnerability to disaster risks. Nevertheless, the city is still prone to flooding, drought, and water pollution. Despite the existing risks, disaster risk reduction efforts are still limited.

As a result, disaster risk reduction measures are lacking when in fact disaster risk reduction measures should be in place to prepare the community for potential disaster events in the future. A Disaster-Related Disability Services Unit (ULD) of Solo City was established in 2019 to involve Persons with Disabilities in disaster management programs. The Unit is managed by the Local Disaster Management Agency (BPBD).

"In Solo, you can find many high-rise buildings with a lack of sensitivity among building management to emergencies. When a disaster like a fire or an earthquake happens, these buildings

will be significantly affected. And Persons with Disabilities will be especially affected," said Misbahul Arifin.

The importance of raising the awareness of all relevant stakeholders on sensitivity to Persons with Disabilities in disaster risk reduction has been the reason for the ULD to conduct a series of socialisation activities for BPBD, the Indonesian Red Cross, the fire department, and the National Search and Rescue Agency (Basarnas). Socialisation activities were also conducted for humanitarian action communities.

Socialisation has led to improved capacity of society in disaster risk reduction. People are now more aware of the referral system when a disaster occurs. Persons with Disabilities have also established the knowledge of appropriate responses during disasters and referrals when there are household incidents such as gas leaks or bee attacks.

"During the pandemic, we have also taken some measures on the importance of disinfecting Persons with Disabilities' assistive devices. We have also organised Persons with Disabilities to be involved in vaccination programs," he further added.

However, the ad-hoc manner of the activities conducted by the disaster-related ULD has made it difficult for the activities to lead to optimum achievement. It is expected that in the future, the Disaster-Related ULD of Solo City will have the opportunity to manage programs to ensure more optimum and sustainable disaster risk reduction measures.

Misbahul Arifin, Head of Disaster-Related ULD of Surakarta City.

Empowering Older People in Modern Agricultural System

Picture: Control panel of Ngudi Mulya's smart mist irrigation system. (Image: YEU/Lorenzo)

Smart Mist Irrigation is a smart technology and smartphone-based irrigation system initiated by Ngudi Mulya Farmers' Group from Gunungkidul District. With the support of the YAKKUM Emergency Unit (YEU), the Farmers' Group has developed a digital irrigation system to make it easier for older people to continue farming.

Sarjito, one of Ngudi Mulya's local innovators, indicated that elderly farmers were the reason and at the same time the challenge in the development of the system.

Water scarcity has been the main challenge in ensuring irrigation is in place for the agriculture business. The irrigation

system by traditional farmers still relies on a lot of labour and cost when most of the farmers are older people. It is a result of the urbanisation phenomenon where younger people tend to work in industries in the cities. Although in the past few years, the rate of urbanisation has declined, the lack of young people in agriculture remains an issue.

"This irrigation system was initiated to address issues facing farmers, who were mostly older people. The use of this technology can make irrigation easier and more affordable. The challenge is that elderly farmers are not used to using smartphones," said Sarjito.

Sarjito further explained that during the early stage of the YEU innovation program, farmers still relied on manual irrigation systems where they had to install water faucets for rice field irrigation. During the scale-up stage later, the project has been expanded by adding internet-based agricultural technology that can be operated using smartphones.

The challenge of familiarising elderly farmers with technology was successfully addressed by Ngudi Mulya Local Innovation Team. Sarjito explained that at least three approaches have been used in increasing the participation of elderly farmers in program implementation. The approaches are:

01 **First,** optimising the role of the family as the smallest environment of the elderly farmers in using smartphones

02 **Second,** bringing the process of knowledge transfer closer to elderly farmers through discussions and direct learning on the rice field. Experience with farmers' groups has indicated that in formal learning forums, farmers tend to be passive participants. On the contrary, direct learning in the field tends to

make farmers more active and express more of their ideas by asking questions.

03 **Third,** managing regular discussion among farmer groups for intensive facilitation and monitoring as well as evaluation at the same time.

Smart irrigation has contributed to the increase in the quality of agriculture among the members of the farmers' group. Farmers can now plant all year long. This was not the case before the integrated irrigation system was introduced where farmers could not grow anything during the dry season. Now, during the rainy season, farmers do not apply the smart mist irrigation system to grow rice. But in the second planting season, farmers use the smart mist irrigation system to grow other food crops such as chilli, onion, tobacco, vegetables, and corn. The integrated irrigation system also helps minimise the cost of irrigation.

For program development, Sarjito expressed his wish to have an independent source of irrigation. He mentioned that currently 3 wells have been made available in his area by the government but they are specifically designated for household use. It is his hope that wells will be built to specifically meet irrigation purposes.

Sarjito, Ngudi Mulya Farmer Group Activist, YEU Local Innovation Team Member

Optimising the Role of Female Mobilisers in the Collection of Data on Persons with Disabilities at the Village Level

Picture: CIQAL initiates Village Disability Groups and mobilises women in villages.(Image: YEU/Lorenzo)

Arni Suwarni, an activist in Disability issues working with CIQAL (Center for Improving Qualified Activity in Life of People with Disabilities) Foundation, dreams of developing a community-based rehabilitation system for Persons with Severe Disabilities. The system can facilitate the treatment of Persons with Severe Disabilities, who need accompaniment and who do not have any family members, to receive home care.

Female community mobilisers at the village level are the leads in this system while financing mechanisms are still not in place. She said that it all originated from her experience in collecting data on Disability in four villages in Argodadi, Kepuharjo, Panggungharjo, and Wukirsari, where female village mobilisers are high-spirited and very dedicated to carrying out community-based social activities.

CIQAL is one of the local innovators of the YAKKUM Emergency Unit (YEU) that is provided with funding support from IDEAKSI to develop an inclusive village information system that is integrated with existing systems at the village level. The project was carried out among other things by ensuring data was disaggregated to ensure Persons with Disabilities not to be left out in disaster management programs or any other development programs at the village level.

"During the data collection process, village PKK mobilisers played the most significant role under the guidance of village government officials like the ones responsible for the village security (Jogoboyo) or the head of sub-village (Kamituwo). Dedicated PKK mobilisers and committed village government administration have contributed to the success of the data collection. Data on Disability has helped to increase the performance of the village administration. Attention to Persons with Disabilities has also improved," he said.

She further added that instruments used in the data collection adopted the Washington Group Short Set of Questions (WGQ) combined with other questions. Although in much detail, data collection went well with the guidance of the village administration and facilitation by CIQAL.

Changes have been made through this program. In the past, the population of the areas on the slope of Mount Merapi were not aware of Persons with Disabilities. Arni noted that at least five major impacts have resulted from the program intervention:

01   **first,** village data is disaggregated by Persons with Disabilities;

02   **second,** the village government is committed to allocating funding for Persons with Disabilities and providing accessibility facilities at the village administrative office;

03 **third,** an inclusive village information system has been recently developed in Kepuharjo, which allows for update and data verification;

04 **fourth,** a Village Disability Group (KKD) has been established by means of the Head of Village's Decision Letter;

05 **fifth,** there is an improved awareness among Disaster Preparedness Youth (Tagana) and village government. Before the program intervention, Persons with Disabilities were supposed to be under the responsibilities of their respective families; now, it has become everybody's business and responsibility.

Despite a number of achievements, what CIQAL has achieved together with the village government does not end here. Arni indicated her hopes for the future, including:

01 More training on disaster-related issues.

02 Strengthening of Persons with Disabilities and KDD in the village, owing to the fact that there are a limited number of active mobilisers on Disability. She felt that it is a common responsibility of all to increase their participation.

03 Village commitment to be stipulated in the Village Regulation currently under development.

Arni Suwarni, CIQAL Program Staff, Lecturer of Economics and Business Faculty of Muhammadiyah Yogyakarta University (FEB UMY), YEU Innovator

Flood Emergency Response That Is Sensitive to Persons with Disabilities and Vulnerable Groups

Gajah Wong River is one of the rivers in the Yogyakarta Special Region that often overflows and creates floods. A high level of water discharge that goes beyond the capacity of the river, which has become narrow as a result of settlement in river banks, is the cause of the flood. During heavy and prolonged rain, the river will overflow. Although river flooding in this area is characterised by brief occurrences, the impacts have made the people to be prepared.

Picture: *Evacuation simulation for groups at risk by river care groups. (Image: YEU/PB Palma)*

PB Palma Disaster Management and Community Service Unit is part of Ambarrukma Javanese Christian Church (GKJ) which focuses on disaster risk reduction and contributes to the preparedness of the residents living around the church as part of its services to the community. Yonathan Denny Subrata, one of PB Palma's activists, indicated that the Ambarrukma Church

has long established interaction with the community, especially in supporting church activities during important events. The church has also provided some facilities to be used by community members, including assistive devices for Persons with Disabilities.

Picture: Special markers made in collaboration with river communities. (Image: YEU/Lorenzo)

PB Palma is one of the innovators provided with funding support by the YAKKUM Emergency Unit (YEU) through IDEAKSI to implement emergency response to floods as a result of Gajah Wong overflowing. Denny indicated that the program was initiated following the results of a need assessment of the residents on Gajah Wong River banks, who are mostly middle to low-income households. The program was implemented in an inclusive and effective manner. An early warning system (EWS) built by the program was effectively implemented because of its ability to detect potential flood occurrences, which can happen at any time and especially during the night time. It was inclusive in manner because it was developed using the approach of sensitivity to residents with Disabilities and vulnerable groups.

"Flood-prone houses are indicated with special marks. Additional marks will be applied if there are members of the vulnerable group in the household, such as Persons with Disabilities, children, elderly people, and pregnant women. The marks will include codes that only the residents understand," he explained.

The program was initially implemented in two sub-villages in Caturtunggal Village; i.e. the Sub-Villages of Papringan and Nologaten. In the scale-up phase, the program coverage was expanded to cover a total of five sub-villages with the addition of Mrican, Nologaten and Gowok sub-villages. Two communities were involved by PB Palma in program intervention; they were the Friends of the Gajah Wong Community (KPGW) and the Ambar Siogo Community. In addition to the EWS, the program was also implemented through capacity building of local residents on flood response that takes into account the needs of vulnerable groups and the development of disaster standard operating procedures.

In addition to that, PB Palma has also collaborated with the village government on an inclusive disaster management program, which was achieved by providing training to the Village Resilience Team (Kaltana). The Team was already in place but had not implemented many activities. Cooperation was also established to foster the availability of disaggregated data. The village demographic system only provides disaggregated data by gender. PB Palma has started to introduce Sex, Age, and Disability Disaggregated Data (SADDD) in the attendance sheet of each activity conducted.

Yonathan Denny Subrata, Coordinator of Innovation Team of PB Palma Disaster Management and Community Service Unit, YEU Local Innovator

Self-Assessment Form

You can use the form below to assess on your own whether you or your organisation is already inclusive. The assessment aims at determining the appropriate approach so that you or your organisation can play better roles in program or activity programming in Inclusive Disaster Risk Reduction.

Form 1: Assessment of Individuals in Charge of Program Implementation

Name :
Organisation :
Date of assesment :

No	Question	Answer		
		Yes	Partially	No
1.	Do you have any special needs? – if you answer **no,** proceed to question 4			
2.	During training or program implementation, can you express your opinion without constraint? – if you answer **yes**, proceed to question 4			
3.	When participating in training or other activities, do you have to be accompanied by a facilitator or be provided with special			

	treatment to be able to express your opinion without constraint?			
4.	Are you one of the members of the board of executives of your organisation/group of Persons with Disabilities or older people or women?			
5.	Have you participated in or organised training on Disability sensitivity?			
6.	Have you ever participated in or organised training on how to communicate and interact with Persons with Disabilities and Older People?			
7.	Do you ensure reasonable accommodation becomes a priority in planning activities or programs?			
8.	Do you take into account the balance of the participants by types of Disability, gender, and age when inviting participants?			
9.	Do you ensure that participants with special needs are provided with a facilitator to ensure they can participate in an activity?			

10.	Are participants with special needs provided with the opportunity to express their opinions, which are recorded in the minutes?			

The more 'yes' answers to the 10 questions above indicate the more aspects of inclusion in your program.

When conducting the assessment, it is worth noting if you are:

- A program implementer from a Disability group, elderly people group, or any other vulnerable group

With a background in the vulnerable group, you have a better understanding of what is part of your life on a daily basis. However, you may face constraints that can prevent you from understanding the principle of inclusion, such as a lack of self-confidence in expressing opinions. Such constraints can be addressed by regular practice and interaction with members of society with various backgrounds. Expressing opinions is one of the keys to promoting inclusion because you have a whole rich experience as part of the group.

- A program implementer from outside of the vulnerable group

Engaging and getting along properly with the community from different backgrounds is key to establishing your own understanding of inclusion. You need also to be aware that each and every individual exists with many identities attached to them as part of their intersectionalities, which can also be the case with you although you are not from the vulnerable group. Therefore, to be present and earnestly listen to and be willing to learn from them is a good step in developing an inclusive individual.

Form 2: Program Assessment

No	Question	Answer		
		Yes	Partially	No
1.	Does your organisation have a resilience plan in place for your beneficiary group? **a resilience plan means the strengthening of most-at-risk group(s) to be more prepared and resilient as part of disaster risk reduction efforts**			
2.	Are there any Risk Analyses in place and ways to mitigate the risks in relation to the needs of Persons with Disabilities, older people, and other groups at-risk during an emergency?			
3.	Is there any direct involvement as the actors in disaster simulation activities, including Persons with Disabilities, older people, pregnant and breastfeeding women, children, and adolescents?			
4.	Do you consult group(s) at-risk who are the subject			

	of the program during the project or program planning?			
5.	During the implementation of disaster risk reduction activities or programs, are there any specific measures to ensure full and effective participation of group(s) at-risk?			
6.	During activity or program planning, is there any planning for reasonable accommodation such as sign interpreters for the Deaf, construction of ramps with grab rails for Persons with Physical Disabilities, or guiding paths in buildings for Persons with Vision Disabilities?			
7.	In program or activity implementation, do you employ a specific approach (for example need assessment or other useful approaches to increase participation) to individuals from group(s) at-risk?			
8.	When planning activity or training methods, do you ensure that every			

	is provided with information and is capable of responding to the information?			
9.	When developing monitoring and evaluation tools, do you involve the participation and ask the opinion of Persons with Disabilities, older people, and other groups at-risk who are the beneficiaries of the program?			

The more 'yes' answers to the above nine questions indicate the more inclusive your disaster risk reduction program is. The above questions are based on the principle of inclusion in disaster risk reduction programs. You can also add your own questions, which will be useful for analysing your own program. Any additional questions should be based on the real implementation of either your program or any other program with reliable proof.

Form 3: Organisational Assessment

Organisation   :
Date of assesment   :
Person assigned for assessment :

No	Question	Answer		Follow Up
		Yes	**No**	
1.	Do your organisational documents (organisational vision, mission, objectives, strategic plan) mention and/or take into account gender, age, and Disability?			
2.	Is there any specific budget allocated for the development, preparation of, and support of efforts of inclusion in the organisation, including in its programs?			
3.	Is there any job description of members of your organisation that mentions attention to vulnerable groups? And is it included as one of the points to be evaluated in the performance evaluation in your organisation?			
4.	During program implementation, do staff members/volunteers consult or discuss with older people			

	and Persons with Disabilities how to find simple and practical ways to address barriers to participation, access to services, and protection?			
5.	Do program implementations use various methods of communication, media, and information channels that allow older people and Persons with Disabilities to access and respond to important information?			
6.	Are there any induction sessions for staff/members of the organisation on the rights of Persons with Disabilities and older people and the importance of involving them in humanitarian response (including in efforts in reducing risks to disaster, both natural hazards such as earthquakes, flood, etc. as well as non-natural ones like Covid-19 pandemic)?			
7.	Is the management of data used by program/field staff based on disaggregation by gender, age, and type of Disability?			

8.	Have program monitoring and evaluation provided induction on gender, age, and Disability?			

The more you answer "Yes" to the questions, the more inclusive your organisation is. The last column serves as a reference for you and your organisation in implementing follow-up actions for better application of the principles of inclusion in an organisation that focuses on humanitarian issues.

Users' Evaluation

The author of this module was fully aware that the ways, materials, and visual aids that Community Facilitators use in achieving inclusive disaster management programs greatly vary. It is essential to guide and start to use an inclusive approach to help community facilitators and humanitarian actors to be able to:

01 Establish the knowledge of Persons with Disabilities as part of human diversity;

02 Stimulate their curiosity to ask about important issues for the community, government at the village level, and higher levels;

03 Have the freedom and comfort to give opinions and contribute in any way they can; and

04 Have a sense of ownership of the process and the outcomes of their work.

It is also fully recognized that the approach that this module has offered is far from perfect. Therefore, the author greatly welcomes any input and feedback from the users of this module to improve the use and accessibility of this module.

Please send your input via email to

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ida.puji.astuti@gmail.com

yeu@yeu.or.id

Response Form

This form should be completed by YEU staff and partners, third parties, and those with practical responsibilities to ensure inclusion in disaster management activities.

Name	:
Organisation	:
Type of Organisation	:
Adress	:

No.	Pertanyaan – Lingkarilah jawaban yang sesuai
1.	Were the contents of the module applicable to your work? a. Applicable b. Less applicable c. Not applicable
2.	Was the module easy to understand? a. Easy to understand b. Not so easy to understand c. Difficult to understand
3.	How were the topics presented in each chapter? a. Clearly presented b. Occasionally clearly presented c. Confusing d. Lots of aimless repetitions
4.	Was the module suitable for learning about inclusion in Disaster Risk Reduction? a. Yes b. No

5.	What do you think about the language used in the module? a. Clear and simple b. Not consistent – some chapters were presented in more complicated language than the others c. Generally, the topics were too complicated for this module
No.	**Please give your comments on the following questions! Use additional paper when necessary.**
1.	If there are any, which themes of the module need to be clarified and developed further?
2.	Recalling the module's objective of use and coverage stated in the introduction part, are there any additional specific issues that should be addressed?

3.	Which section(s) of the module that you think is/are the most useful to you and why?
4.	Which section(s) of the module that you think is/are the most useless to you and why?
5.	Please give example(s) of how you have applied the module!

6.	Do you have anything else to add?

Picture: *Ensuring the accessibility of emergency shelters in cooperation with the Social Affairs Agency of Yogyakarta Provincial Government as a form of inclusive disaster management. (Image: YEU/DIFAGANA DIY)*

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