

**HANDICAP  
INTERNATIONAL**



Arbeiter-Samariter-Bund  
Deutschland e.V.

## Lessons Learned

From the Project

# Mainstreaming Disability Into Disaster Risk Management Initiatives in Indonesia and Philippines



EUROPEAN COMMISSION



Humanitarian Aid and Civil Protection



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The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Commission.

# **Lessons Learned**

From the project

## **Mainstreaming Disability into Disaster Risk Management Initiatives in Indonesia and the Philippines**

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**TABLE OF CONTENTS**

LIST OF ACRONYMS ..... 2

INTRODUCTION ..... 4

SUMMARY ..... 4

SECTION I: UNDERSTANDING THE CONTEXT ..... 5

    1.1 Disability and Disaster .....5

    1.2 Disability and disaster in Indonesia and the Philippines .....6

    1.3 Legislation and policy framework .....8

    1.4 Handicap International approach to promoting disability-inclusive DRM.....10

    1.5 Presentation of the project .....11

SECTION II: METHODOLOGY ..... 18

    2.1 Objective of the Lessons Learned Exercise .....18

    2.2 The Intended Readers .....18

    2.3 Process and Tools .....19

SECTION III: LESSONS LEARNED ..... 21

    3.1 Community level .....21

    3.2 DRM practitioners .....32

    3.3 Policy makers.....47

Section IV: KEY RECOMMENDATIONS..... 55

SECTION V: CONCLUSION ..... 57

Section VI: GLOSSARY ..... 58

## LIST OF ACRONYMS

ACF	Action Contre la Faim
BAPPEDA	Badan Perencanaan Pembangunan Daerah / Local Development Planning Agency
BNPB	Badan Nasional Penanggulangan Bencana / National Agency for Disaster Management
BPBD	Badan penanggulangan Bencana Daerah/Local Agency for Disaster Management
BDRRMC	Barangay Disaster Risk Reduction and Management Council
BDRMT	Barangay Disaster Risk Reduction and Management Training
CBO	Community-based organization
CIS Timor	Center for Internal Displaced People's Services Timor / Perkumpulan Relawan
CRPD	Convention on the Rights of Persons with Disabilities
DRM	Disaster risk management
DRR	Disaster risk reduction
CSO	Civil society organization
DinSos	Dinas Sosial/Social Welfare
DPO	Disabled People's Organization
DPRD	local/district legislative
DOH	Department of Health
DRR	Disaster risk reduction
DSWD	Department of Social Welfare and Development
ECHO	European Commission Directorate General for Humanitarian Aid and Civil Protection
EWS	Early Warning System
HFA-DRR	Hyogo Framework for Action for Disaster Risk Reduction
HVCA	Hazards, Vulnerabilities and Capacities Assessment
IEC	Information-Education-Communication
LGU	Local Government Unit
MHO	Municipal Health Office
MOU	Memorandum of Understanding
MDRRM	Municipal Disaster Risk Reduction and Management
NCDA	National Council on Disability Affairs
NGO	Non Governmental Organization
NTT	Nusa Tenggara Timur
OISCA	Organization for Industrial Spiritual and Culture Advancement
PDRRMC	Provincial Disaster Risk Reduction and Management Council
PDRRMO	Provincial Disaster Risk Reduction and Management Office
PHVCA	Participatory Hazard Vulnerability and Capacity Assessment
SKPD	Satuan Kerja Perangkat Daerah / Local Government Working Unit
SRE	Search, Rescue, and Evacuation
TAGANA	Voluntary Disaster Corps
TOT	Training of Trainers
UNISDR	United Nations International Strategy for Disaster Reduction

## INTRODUCTION

Handicap International is an independent and impartial international aid organization working in situations of poverty and exclusion, conflict and disaster. Together with persons with disabilities and other groups in situations of vulnerability, Handicap International's action and testimony are focused on supporting them to improve their living conditions, responding to their essential needs and promoting respect for their dignity and fundamental rights.

With a network of eight national associations (USA, Belgium, Canada, France, Germany, Luxembourg, Switzerland, and UK), Handicap International, founded in 1982 and co-recipient of the Nobel Peace prize in 1997, has programs in more than 60 countries and acts in both emergency and development situations.

Handicap International has initiated a project on "Mainstreaming Disability in Disaster Risk Management (DRM) Initiatives in Indonesia and Philippines". The project has been implemented in Indonesia and the Philippines since June 2010 and is scheduled to conclude its activities in October 2011. This project has been conducted in partnership with stakeholders working in Disaster Risk Reduction.

After several interventions in South Asia and Central America, it is the first time that Handicap International introduces disability mainstreaming in DRM in the context of South East Asia. This intervention capitalizes on the design, tools and lessons learned of previous projects, and the opportunities and challenges identified during implementation will set the blueprint for future replication in the region.

With this publication, Handicap International aims to share practices and tools developed in mainstreaming disability in DRM initiatives in Indonesia and the Philippines. It can be equally used by disabled people's organizations (DPO), government offices and representatives, local, national and international organizations and cooperation agencies.

Handicap International's goal is to contribute to a development practice whereby persons with disabilities have equal access to DRM initiatives, thus exercising their fundamental rights and potential. Lessons learned were identified and selected with a potential for replication or adaptation by other actors, either as a full approach, or with a focus on a specific component. Although developed in the contexts of Philippines and Indonesia, this methodology is replicable if adapted to other contexts.

This document was developed to accompany a training manual for DRM stakeholders, which provides practical tools and modules on how to implement disability-inclusive DRM. Both documents can serve as resources for DRM stakeholders aiming at mainstreaming disability in their initiatives.

## SUMMARY

Persons with disabilities are particularly vulnerable when disaster strikes as they tend to be invisible. Along with women and children, they account for a significant percentage of the people injured or killed during a catastrophe. The specific needs of persons with disabilities, coupled with the barriers linked to the environment, information and communication, make it extremely difficult for them to access disaster risk management (DRM) initiatives. It is also acknowledged that disasters such as tsunamis, earthquakes, floods and volcanic eruptions do not only create impairment, but further marginalize and exclude persons with disabilities.

While persons with disabilities have the same rights as the rest of the population, and specific needs, they also have abilities and responsibilities. Disability-inclusive disaster risk management (DRM) focuses on addressing the rights and needs of persons with disabilities and ensuring that they become active actors in DRM.

Handicap International's project on "Mainstreaming disability into disaster risk management in Indonesia and the Philippines", aimed at reducing the vulnerability of persons with disabilities to natural hazards by enhancing their participation and inclusion in Disaster Risk Management activities. It also intended to increase the capacities of key DRM stakeholders of Philippines and Indonesia (local authorities, local NGO and International NGO) in mainstreaming disability in their activities through capacity building of stakeholders, raising awareness, and empowerment of persons with disabilities. This project was funded under the 7<sup>th</sup> DIPECHO South East Asia Action Plan by the European Commission Directorate General for Humanitarian Aid (ECHO) and in the Philippines, co-funded by Agencia Española de Cooperación Internacional para el Desarrollo,

This document has been developed to compile lessons learned during the mainstreaming of disability into disaster risk management (DRM) initiatives, through programs implemented in Indonesia and Philippines by Handicap International.

*The lessons learned presented are intended for community, Disaster Management (DM) and Disaster Risk Reduction (DRR) practitioners, development professionals, as well as government agencies. It is a reference on the experiences in Indonesia and Philippines fostering the mainstreaming disability into DRM initiatives. Prepared during the final implementation of mainstreaming disability into DRM, this document highlights operational and strategic lessons learned during the project's implementation.*

Lessons learned were identified through the development of case studies highlighting important steps of the project, a review of all available documentation, including project reports, proposal and Memorandum of Understanding (MOU) with project partners; notes of workshops, trainings and meetings; as well as interviews with key stakeholders.

The findings noted in this document are therefore intended to influence not only Handicap International's future implementation of mainstreaming disability into DRM initiatives, but support its advocacy among other humanitarian actors and the government for effective advocacy and disability-inclusive DRM.



## **SECTION I: UNDERSTANDING THE CONTEXT**

IN THIS SECTION, YOU CAN LEARN MORE ABOUT:

- 1.1 Disability and disaster
- 1.2 Disability and disaster in Indonesia and the Philippines
- 1.3 Legislation and policy framework
- 1.4 Handicap International approach to mainstreaming disability in DRM
- 1.5 Presentation of the project

### **1.1 Disability and Disaster**

According to the international Convention on the Rights of Persons with Disabilities (CRPD), “Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”.

In this context:

- Impairment is a physical, intellectual, mental or sensory characteristic or condition that places limitations on an individual’s personal or social functioning in comparison with someone who does not have that characteristic or condition. Impairment is related to the individuals and how they function, and may be caused by accidents, poverty (malnutrition, poor sanitation), conflict, mines/explosive remnants of war, etc.
- Attitudinal and environmental factors refer to external elements (social, political, economic and physical) that can act as barriers or facilitators for persons with impairments to fully participate in society. Barriers include: infrastructure that cannot be accessed by persons using wheelchairs; services where there is no means to communicate with persons with visual or hearing impairments; prejudices and discrimination from service providers against persons with disabilities, etc.

***Thus, disability is not considered a fixed state but rather a situation that is subject to change. Disability may be reduced by developing devices to address impairments, developing the capacities of persons with disabilities, reducing and removing attitudinal barriers and discrimination, and adapting the environment so everyone can participate on an equal basis.***

According to WHO (World Report on Disability, 2011), persons with disabilities make up around 15% of any population. They are also among the most vulnerable of vulnerable groups in society and are especially at risk when disasters strike. In disaster situations, persons with disabilities have the same needs as others, but may also have specific needs that should be considered due to their impairments and individual circumstances, increasing their vulnerability. In an emergency situation, they are often excluded. Some because they do not know or understand the disaster, others because they cannot

easily get around – especially when the landscape changes following a disaster and they may have lost their mobility devices. Persons with disabilities are often deprived from search and rescue services, relief supplies and safe, accessible shelter and services.

Generally, persons with disabilities are often overlooked and their resilience and capacities go unappreciated. Therefore, it is extremely important that persons with disabilities are included and ‘have a voice’ in all aspects of DRM to ensure that their needs and capacities are understood and included appropriately in disaster planning and response.

***Disability is a cross-cutting issue that can affect anyone - children, adults and older persons including men and women living in rural or urban setting and across all socio-economic situations of the society.***

Disability is not simply a health concern; it cuts across all sectors, including social welfare, education, health, employment and income generation, accessibility related to transport, infrastructure, buildings, as well as water and sanitation. As such, disability-inclusion is both a right and a need. And, the rights and needs of persons with disabilities have to be considered before, during and after a disaster.

There are a range of international conventions and national laws that provide formal direction for disability in development and disaster management. All persons affected by disaster have a right to live with dignity and therefore, a right to protection and assistance. This is reflected in the International Convention on the Rights of Persons with Disabilities (CRPD), the Humanitarian Charter and the Code of Conduct for the International Red Cross and Red Crescent Movement and Non Government Organizations (NGO) in Disaster Relief (Sphere, 2011).

DRM concerns the whole community. This means vulnerable groups including persons with disabilities need to be included. Indeed, the inclusion of persons with disabilities is a fundamental right – just as it is for all community members.

## **1.2 Disability and disaster in Indonesia and the Philippines**

### **INDONESIA**

- **Disability**

According to United Nations, approximately 20 million persons with disabilities were living in Indonesia in 2000. This number represents less than 10% of the total Indonesian population (2000 census). Despite the national surveys conducted by the Bureau of Statistics and Susenas, the Department of Social Affairs estimated that approximately six million persons are disabled or 3.11% of the total population in Indonesia. These numbers are far below the WHO estimate that 15% of any population is composed of persons with disabilities.

In Indonesia, Law number 4/1997 on Persons with Disabilities classifies types of disabilities into:

- Physical disabilities, which are caused by physical function disorder especially movement organs, vision, hearing and speech.
- Mental disability, which are mental and/or behavioral disturbance whether it was obtained since birth or caused by diseases.
- Mental and physical disabilities, a person with two types of disabilities (physical and mental).

- **Disaster**

Indonesia is situated in one of the most active disaster areas where several types of disasters such as earthquakes, tsunamis, volcanic eruptions, floods, landslides, droughts and forest fires frequently occur. According to a Global Assessment Report on Disaster Risk Reduction 2009, Indonesia is among the top 35 countries that have high mortality risks from multiple hazards with about 40 percent of the population at risk. For a country that has more than 230 million people, this percentage gives a very large nominal number of more than 90 million people potentially at risk.

The data of the United Nations International Strategy for Disaster Reduction (UNISDR) shows that based on the exposure of the population in fatal areas prone to disasters, Indonesia has very high risks. As regards to tsunami, Indonesia is ranked first out of 265 countries worldwide, with 5,402,239 people who may be affected. For landslides, Indonesia is also ranked number one out of 162 countries with 197,372 people affected. For earthquakes Indonesia is ranked third among 153 countries with 11,056,806 people affected. For floods, Indonesia ranked sixth of 162 countries with 1,101,507 people affected

<b>Major disasters in Indonesia within the last 5 years:</b>
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- |  |
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| <ul style="list-style-type: none"><li>• Earthquake and tsunami that devastated Nanggroe Aceh Darussalam and North Sumatra Province, 2004: 165,708 dead, and 4.45 trillion Indonesian Rupiahs loss of assets;</li><li>• Earthquake in Jogjakarta and Central Java Province, 2006: 5,667 dead, 156,662 houses damaged, and IDR 3.134 trillion loss of assets;</li><li>• Earthquake and tsunami in West Java Province, 2006: 658 dead, and IDR 137.8 billion loss of assets;</li><li>• Floods in Jakarta Special Capital Province, 2007: 145,774 houses flooded and created IDR 967 billion losses of assets.</li></ul> |
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## **THE PHILIPPINES**

- **Disability**

Based on the 2000 Census of Population and Housing results in the Philippines, the proportion of persons with disabilities in the Philippines was registered at 1.23%, which means a total of 942,098 Filipinos. This ratio is far below the estimated rate of United Nations numbering approximately 6.8 million Filipinos who have some form of physical, sensory or mental disability.

The registration system - established by the National Council on Disability Affairs (NCDA), in collaboration with local governments, the Department of Health (DOH), the Department of Social Welfare and Development (DSWD) and other organizations - is suffering from many constraints such as the lack of information about registrations, no access to public offices, unclear responsibilities of stakeholders and lack of means. In addition, at local levels, persons with disabilities do not have representative organizations that may assist them on matters such as registration for benefits. Reliable data would be the first important step towards better inclusion of persons with disabilities into the development of the country.

In the Philippines, Section 4c of Republic Act 7277 (An Act Providing for the Rehabilitation, Self-Development and Self-Reliance of Disabled Person and their Integration into the Mainstream of Society and for Other Purposes) defines disability as “(1) a physical or mental impairment that substantially limits one or more psychological, physiological or anatomical function of an individual or activities of such individual; (2) a record of such an impairment, or; (3) being regarded as having such an impairment.” Section 4a of the same law defines persons with disabilities as “those suffering from restriction of different abilities, as a result of a mental, physical or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being.”

A Philippine Plan of Action for the Asian and Pacific Decade of Disabled Persons 2003-2012, developed by the Philippines government, contains national priorities directed towards the maximization of opportunities available to persons with disabilities in all aspects of life in the community. The goal of the Plan is to upgrade, strengthen, expand and sustain activities aimed at realizing the full participation and equality of disabled persons.

- **Disaster**

A recently released Mortality Risk Index by the United Nations International Strategy for Disaster Reduction (UNISDR) ranked the Philippines 12<sup>th</sup> among the 200 countries that were analyzed with respect to tropical cyclone, flood, earthquake, and landslide risk. The typhoons and all their side-effects such as landslides, storm surges, and flash floods, are the most frequent and devastating events in the country.

The Philippines is considered as one of the most disaster-prone countries in the world because of its geographical location. It has 220 volcanoes, of which 22 are known to be currently active. The Philippines also lies at the junction of two large converging tectonic plates - the Pacific plate and the Eurasian plate. The Philippines lies in the path of turbulent typhoons, and the archipelagic nature of the Philippine coastal areas increases susceptibility to storm surges, tsunamis and sea level changes. Floods are common due to rains brought by typhoons and the monsoon. Located in the western part of the Pacific Ocean, the Philippines is also vulnerable to the El Niño Southern Oscillation (ENSO).

The impacts of natural disaster on the Filipino population are huge. The World Bank (2009) estimates that in the last ten years disasters have cost the Philippines up to 1.3 billion US dollars in damages and have affected up to 23 million Filipinos. Indirect economic and social costs and secondary effects are not systematically documented following a disaster event. These include, among others, environmental degradation, loss of natural habitats and destruction of ecosystems, disruption of community life, and loss of cultural heritage assets, unemployment, urban migration, hindered development, and worsened poverty.

<b>Major disasters in The Philippines (compiled from various sources)</b>
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| <ul style="list-style-type: none"><li>• Luzon Earthquake, 1990: killed 2,412, affected 1,597,553, and destroyed 100,000 houses with the estimated total loss of US\$ 250 million.</li><li>• Volcanic Eruption of Mt. Pinatubo, June 1991: 640 dead; 1,036,065 affected; 40,000 houses damaged; 70,000 houses destroyed.</li><li>• Destructive typhoon crossed the country, thirteen (13) in 1993 with 794 people dead and estimated 20 Billion Pesos of damages. In 1995, nine (9) of them killed 1,204 and destroyed P15 Billion worth of damages.</li><li>• El Niño Phenomenon, 1998: 985,000 families have suffered from starvation due to the severe lack of water, affecting mostly farmers which subsequently reduced their income unable to purchase food.</li><li>• Typhoon Durian and Mud Flow, 2006: 1,399 dead; 2,562,517 affected.</li><li>• Tropical Storm Ketsana, typhoon Ondoy and ensuing floods, 2009: 4,901,234 affected.</li></ul> |
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### **1.3 Legislation and policy framework**

There is a range of international conventions and national laws that provide formal directions for disability inclusive development and disaster management. They contribute to guide stakeholders to cope with disasters by:

- preparing for and managing disasters;
- addressing the situation and needs of vulnerable groups, including persons with disabilities;

- considering the needs and rights of persons with disabilities;
- protecting human rights.

#### At the international level

- ***UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, 1993***  
Persons with disabilities are members of society and have the right to remain within their local communities. They should receive the support they need within the ordinary structures of education, health, employment and social services.
- ***United Nations Convention on Rights of Persons with Disabilities, 2007 (signed by Indonesia, ratified by Philippines)***  
**Article 10: Right to Life:** Every human being has the inherent right to life and States shall take all necessary measures to ensure its effective enjoyment by Persons with Disabilities on an equal basis with others.  
**Article 11: Situation of risk and humanitarian emergencies:** State parties shall take, in accordance with their obligations under international law, including international humanitarian law, all necessary measures to ensure protection and safety of Persons with Disabilities in situation of risks, including situation of armed conflict, humanitarian emergencies and the occurrence of national disasters.
- ***The Millennium Development Goals (MDG)***  
It is internationally agreed that the MDG can only be achieved if persons with disabilities and their family members are included.
- ***The “Hyogo Framework for Action 2005-2015” (adopted by the Philippines and Indonesia in 2005)*** stated the resilience of nations and communities to disasters as their main priority. The community is considered as the key resource in disaster management as well as the primary beneficiary of the disaster risk management process.  
**Everybody**, as a potential victim of disaster, has to be informed of the warnings, to be actively included in the process of Community-Based Disaster Risk Management from identification to implementation of the appropriate response.

#### At the regional level

- ***The Biwako Millennium Framework (BMF 2002)***  
States have agreed to work towards an inclusive, barrier free and right based society for Persons with Disabilities. At the midterm review in 2007, an explicit strategy was introduced to recognize the importance of disability inclusive disaster management.
- ***Asian and Pacific Decade of Disabled Persons 2003-2012***  
Unique initiative of the Asian and Pacific region, the 1993-2002 decade had among its main strengths it’s Agenda for Action, blueprint to guide policy development and implementation by Governments and non-governmental organizations, and laid out specific targets in 12 key policy areas. Evaluation indicated that significant progress had been made in many policy areas, but that progress had been from such a low base, that the Decade was extended for a further ten year period, from 2003-2012.

#### In Indonesia

- ***Law No 24/2007 on Disaster Management***  
The Disaster Management Law 24/2007 recognizes the shift from a focus on Disaster Response to Disaster Risk Reduction while clearly identifying a systematic approach to disaster management. The systematic approach consists of three phases:
  1. pre-disaster planning and preparedness (including disaster risk reduction, mitigation, preparedness and contingency planning),
  2. during emergency response (SAR, relief) and,

3. post – disaster longer term recovery (including rehabilitation and reconstruction). In the Law, it is clearly mentioned that vulnerable group should also be included within disaster management.

- **Government Regulation No. 21/2008 on Implementation of Disaster Management**  
Section 1 General Provisions: Art. 1 point 15: Vulnerable groups are infants, under-five children, and children, pregnant or lactating mothers, disabled persons and elderly persons
- **Presidential Decision Number 39/1983**  
Inclusion of persons with disabilities in all the areas of the society
- **Law No. 4/1997 on Persons with Disabilities**  
Acknowledge persons with disabilities rights for education, employment, equal participations accessibility, rehabilitation, social assistance, social welfare support, and equal rights to develop personal talent, capacity and social life
- **Government Regulation Number 43/1998**  
Social measures for persons with disabilities concerning equality of status, rights, needs and role of persons with disabilities in the society
- **Presidential Decree Number 83/1999**  
Creation of a commission to coordinate and control welfare benefits for persons with disabilities to increase the efforts in this area

#### **In the Philippines**

- **Accessibility Law, R.A. 344 (1982)**  
“An act to enhance the mobility of persons with disabilities by requiring certain buildings, institutions, establishments and public utilities to install facilities and other device” It provides for minimum requirements and standards to make buildings, facilities and utilities for public use accessible to disabled persons.
- **Republic Act 7277, 1992 (Magna Carta for Disabled People)**  
Persons with disabilities must enjoy the same rights as any other citizens and relevant departments and agencies are mandated to meet their rights-based needs such as rehabilitation, health, employment and social participation through non-discriminating policies, programs, projects, provision of opportunities and special benefits.
- **Philippine Plan of Action for the Asian and Pacific Decade of Disabled Persons 2003-2012**  
National priorities directed towards the maximization of opportunities available to persons with disabilities in all aspects of life in the community. The goal of the Plan is to upgrade, strengthen, expand and sustain activities aimed at realizing the full participation and equality of persons with disabilities.
- **Philippine Disaster Risk Reduction and Management Act of 2010**  
In this act, the aim of developing and strengthening the capacities of vulnerable and marginalized groups to mitigate, prepare for, respond to, and recover from the effects of disasters is clearly mentioned. “Vulnerable and Marginalized Groups” are defined as those that face higher exposure to disaster risk and poverty including, but not limited to, women, children, elderly, differently-able people, and ethnic minorities.

### **1.4 Handicap International approach to promoting disability-inclusive DRM**

Handicap International focuses on access to services for all, equal opportunities, and on the prevention of any type of discrimination, with a right-based approach. This is reflected by the promotion of a two-pronged approach regarding mainstreaming of cross-cutting issues:

- Mainstreaming of persons with disabilities in disaster risk reduction through inclusion of disability in policies, legislations and programs, in all areas, at all levels, becoming an integral dimension of their design, implementation, monitoring and evaluation..

## Lessons Learned

### Mainstreaming Disability into Disaster Risk Management Initiatives in Indonesia and Philippines

- Empowerment of persons with disabilities and their organizations to participate in disaster risk reduction through capacity-building and access to relevant support and specialized services

Solution to overcome barriers faced by persons with disabilities in DRM can be done through:

Remove barriers (society level):

- Physical (e.g. make WATSAN systems accessible);
- Attitudinal (e.g. awareness campaigns to promote non-discrimination);
- Information and communication (e.g. make early warning reaching everybody);
- Enhance knowledge on how to work with persons with disabilities (e.g. task forces).

Promote equal and active participation:

- Include persons with disabilities in vulnerability capacity assessments, contingency planning, task forces, etc.;
- Empower persons with disabilities or/and their representative (e.g. through specialized services).
- Make stakeholders' development / DRM strategies and disability-inclusive programs

## 1.5 Presentation of the project

### 1.5.1 Project fact sheet

DURATION	
17 months (June 2010 to October 2011)	
OBJECTIVES	
Global:	Specific:
To reduce the vulnerability of people with disabilities to natural hazards by enhancing their participation and inclusion in Disaster Risk Management activities.	To increase the capacities of key DRM stakeholders of Philippines and Indonesia (local authorities, local NGO and International NGO) in mainstreaming disability in their activities.
Expected Results	
In both countries, key local stakeholders in Disaster Risk Management have increased their knowledge on disability and mainstreaming disability in DRM	
Support the integration of disaster risk management (DRM) in local governance and development (This result, specific to the Philippines, will be implemented by ACF)	
In both countries, persons with disabilities are effectively integrated in the targeted areas' Community Based Disaster Risk Management activities.	
A task force of disability focused organizations is prepared 1/ to meet persons with disabilities' specific needs in case of a natural disaster (Philippines) and 2/ to do guidance on how to mainstream disability in disaster preparedness (Indonesia)	
TARGET GROUPS	
<ul style="list-style-type: none"> <li>• 26 members of disabled people's organizations and/or organizations specialized in the field of disability</li> <li>• 150 staff of DIPECHO partners (or other international organizations more or less directly involved in DRR) and their direct partners</li> <li>• 169 Government representatives and local authorities</li> <li>• 1,245 persons with disabilities, children with disabilities (and their families) and/or other extremely vulnerable individuals</li> <li>• For ACF: An estimated total of 8,023 direct beneficiaries from the Barangays</li> </ul>	
MAIN ACTIVITIES	
<ul style="list-style-type: none"> <li>• Adapt existing training modules on "How to mainstream disability issues in CBDRM" and sensitization tools to the Indonesian and Philippines contexts and publish them.</li> <li>• Conduct training and awareness for DRM stakeholders on mainstreaming disability on DRM</li> </ul>	

initiatives, according to their needs and disseminate the information at local and national levels

- Accompany and monitor the effective inclusion of persons with disabilities in trained partners' activities
- Provide appropriate specific individual support for identified persons with disabilities (needs assessment, distribution of assistive devices, therapeutic care, etc.)
- Raise awareness of targeted communities on disability issues, rights and mainstreaming
- Collect and publish best practices and lessons learned
- Conduct awareness raising on DRR with all concerned stakeholders (local authorities, media, private/business sector) at provincial, municipal and Barangay level
- Support the necessary mechanisms (Provincial Disaster Management Office (PDMO), coordination meetings, disaster preparedness plans) to ensure the integration of DRM in local governance creation and capacity-building.
- Support for the integration, synchronization, and testing of school and Barangay disaster preparedness plans including early warning systems (EWS).
- Established specific support to meet persons with disabilities' specific needs in case of a natural disaster (Philippines), to provide guidance on how to mainstream disability in disaster preparedness (Indonesia) and to evaluate and identify the staff to be trained (15 in Philippines, 9 in Indonesia).

### **1.5.2 Mainstreaming disability in DRM in Indonesia and the Philippines**

While the project focused on common objectives and results, each country adopted specific implementation and partnership strategies, based on the context and identified needs.

- Support to DRM practitioners

In Indonesia, the support to DRM practitioners has been provided through the intermediary of a task force of trainers made up of members of a disabled people's organization (DPO) and a local NGO working in the field of DRR and emergency. In the Philippines, this has been done by building the capacities of Handicap International project team to deliver training and technical guidance.

While one has the advantage of participation of persons with disabilities as actors of the project and sustainability by building capacities in local civil society, the other allows closer control on the approaches and supervision by internal technical resources.

- Support to the participation of persons with disabilities

When it comes to the empowerment of persons with disabilities, both countries used a combination of direct support and referral to existing services, to facilitate their access to services. Identification of services and barriers (financial, legal, logistic, etc.) to access, and provision of solutions to overcome these barriers are common approaches to both countries.

In Indonesia, Handicap International provided assistive devices, supported families, facilitated peer support, and fostered the setting-up of community solidarity mechanism for financial access to rehabilitation services.

In the Philippines, Handicap International worked with the target communities to improve the accessibility of existing DRM systems including evacuation plans, evacuation centers and early warning systems. Through initiating and organizing stakeholder dialogues, Handicap International has also linked persons with disabilities to governmental service-providers such as the local Social Welfare and Development Offices and Health Offices.

- Work with DPO

The collaboration with DPOs was addressed differently in the two countries. While Indonesia focused on CIQAL, a well-established DPO as a member of the training task force but did not work with local



## Lessons Learned

### Mainstreaming Disability into Disaster Risk Management Initiatives in Indonesia and Philippines

DPO in the implementing area due to the scarcity of resources, the Philippines supported a local partner working on disability, Simon of Cyrene, in developing its capacities on DRM. Simon of Cyrene then transferred this knowledge to its own network of 16 DPO.

On the one hand, DRM actors were supported to include a specific issue through the support of a specialized organization, while on the other hand a specialized organization was supported to integrate an additional topic to cater to the needs of its target group.

This approach to work with DPO was largely dictated by their presence (or not) in the implementing areas, the resources (trainers) they could dedicate to the project, existing capacities and the will to develop new ones.

- Work with authorities

The work with authorities to advocate for inclusion of disability in DRM has been considered differently in both countries.

In Indonesia, the recent creation of BPBD (National DRM agency) pushed to focus activities on progressive engagement with the agency, at provincial and district levels. In the same time, Dinas Sosial at provincial level has been regularly involved in activities, in order to support their action towards persons with disabilities as well as in DRM. This has mostly been done through co-operation through awareness-raising activities and involvement of authorities' representatives in trainings and mock-drills.

In the Philippines where the DRM framework is well established and line of command are in place between the different levels, action has been taken at national level for advocacy regarding the inclusion of disability in the DRM framework. At the local level, where most barangays, municipalities and provinces are just starting to establish their DRM councils, engagement is through the integration of disability in mainstream actors' capacity-building and awareness raising activities focused on DRM. However, in cases where the DRM agenda is more advanced, Handicap International also works directly with local DRM councils. For example, this is the case for the province of Albay where the Albay Public Safety and Emergency Management Office (APSEMO) was established in the early 1990's.

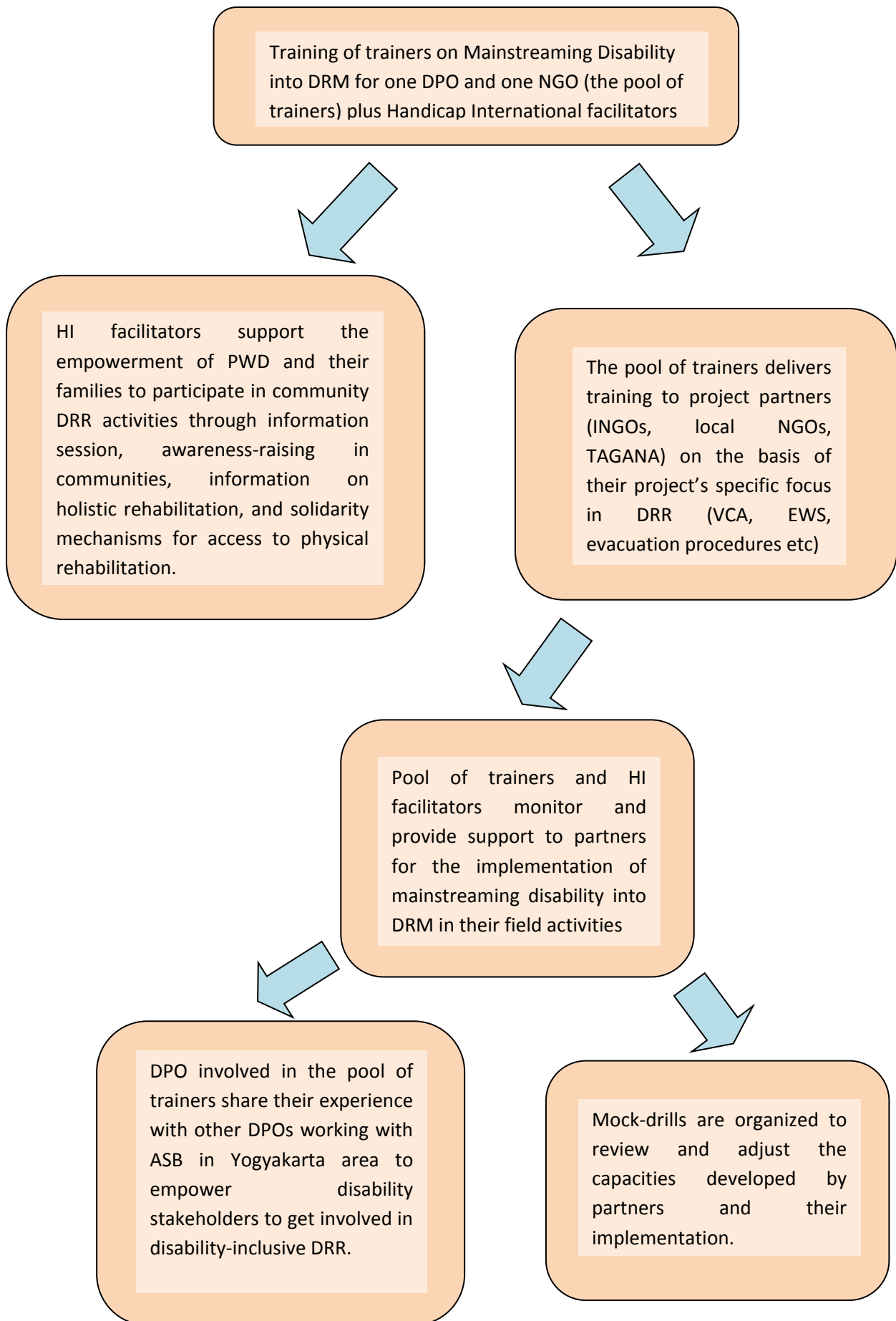
Besides the field activities, the project includes components shared between the two countries. These are exchange of practices and lessons learned, and the development of a common disability-inclusive DRM training manual.

#### **In Indonesia**

The project increased the capacities of key DRM stakeholders such as local authorities (Dinas Sosial, BPBD), communities (TAGANA volunteer groups, Village DRR Forums), local and international NGO, in including disability in their activities in the districts of Kupang and TTS. This was done through training and technical support provided by the pool of trainers from a disabled people's organization (Ciqal) and a national NGO (YEU) focusing on emergency relief and DRR. The project also directly supported the participation of persons with disabilities through the delivery of appropriate individual support.

The awareness of targeted communities on disability, specific needs and aptitudes of persons with disabilities and the need to include them in DRR, was raised via public events (International Day of Persons with Disabilities), as well as dissemination of newsletters and other relevant documentation. Finally, regarding raising awareness on the inclusion of persons with disabilities, information sessions were organized at the village level involving DPO and testimony of persons with disabilities from villages where inclusion was happening. In addition, information on rehabilitation care was also provided by physiotherapists from a local hospital.

Intervention strategy in Indonesia



**Partners and Stakeholders**

Based on the lessons learned from a previous DRM project, Handicap International in Indonesia adopted a strategy that met the need for an intensive “hands on” technical support facilitating the effective inclusion of persons with disabilities in the field.

The full details of the collaboration with the implementing partners was finalized during the first month of the project, being aware that the stakeholders listed hereunder were either considered as implementing partners and/or beneficiaries of this action.

- **Ciqal : a disabled people’s organization (DPO) and YEU: NGO working in DRR**

The two organizations were trained to deliver trainings and refreshers to DRM stakeholders at the community level on mainstreaming disability. They also participated in specific activities such as the development of IEC materials, meetings with the DPO and awareness raising activities.

- **CordAid (OISCA), World Vision Indonesia, Netherlands Red Cross (PMI), Care International Indonesia, CIS Timor:**

These organizations benefited from the trainings implemented by Ciqal and YEU pool of trainers, which gave them sufficient knowledge to ensure persons with disabilities were included in their initiatives.

- **ASB (Arbeiter-Samariter-Bund Deutschland): DIPECHO Partner**

ASB worked with Handicap International on the adaptation and the improvement the Handicap International inclusive DRM tools and documents, participated in experience sharing meetings and various workshops focusing on disability mainstreaming.

- **Social Welfare (Dinsos) through TAGANA (Taruna Siaga Bencana)**

The TAGANA are a volunteers’ body whose members are active in the communities. The TAGANA are in the front line in case of emergency. Localized at the level of the district, they are the first to be on the scene of disaster and respond to the first needs. TAGANA were trained on assessment, contingency plan, evacuation and first aid.

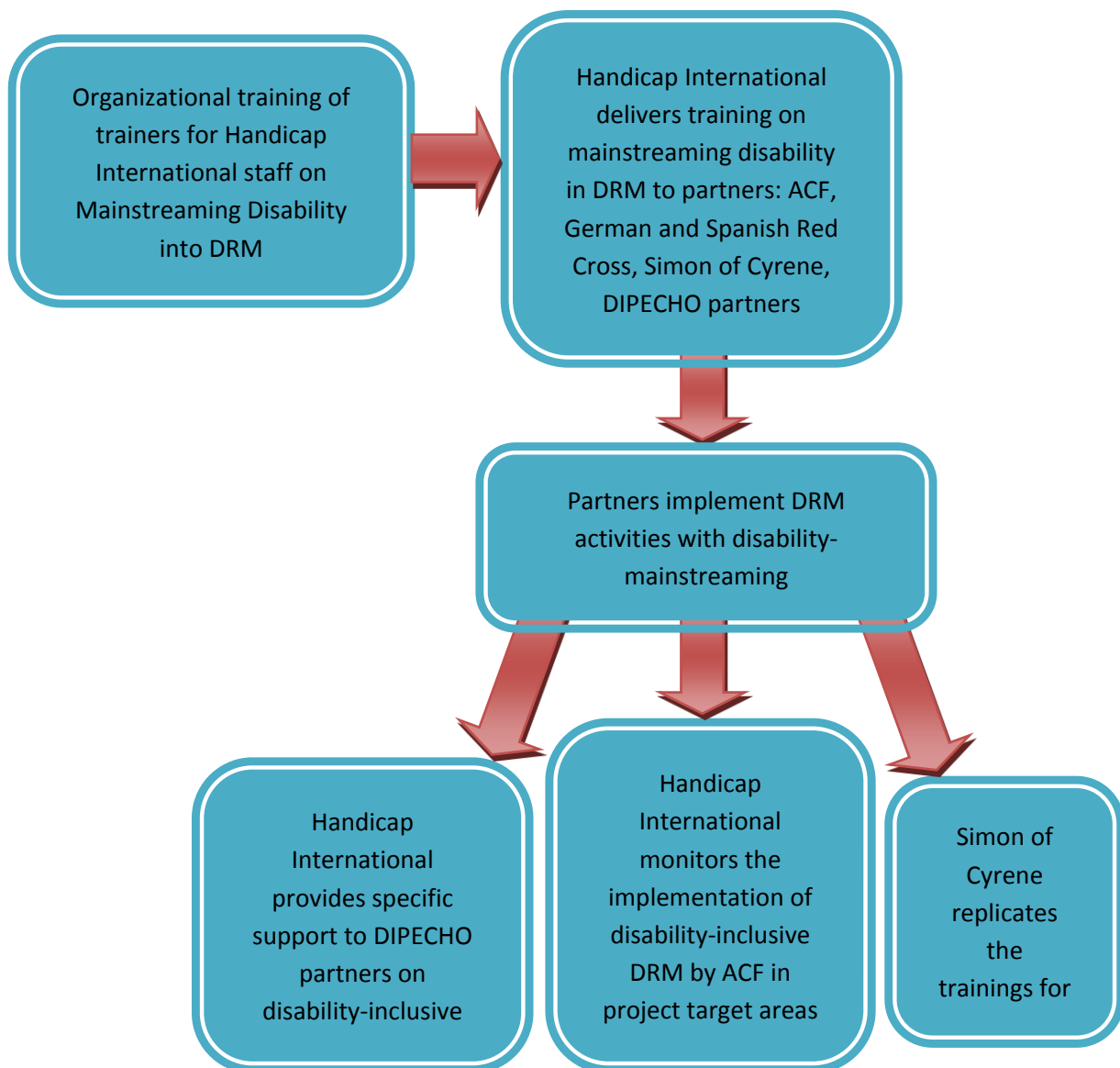
**In the Philippines**

The project raised awareness targeting government agencies (such as National Disaster Risk Reduction and Management Council, the National Council on Disability Affairs, the Office of Civil Defense), DIPECHO partners, local non-governmental organizations (NGO), and donor agencies in order to increase the understanding of disability issues in general and demystify the issue.

The project also built the capacity of stakeholders and provided technical guidance to those interested in immediate implementation of the learning (Provincial/Municipal/Barangay Disaster Risk Reduction and Management Council - DRRMC, Albay Public Safety and Emergency Management Office).

Finally, the project built the capacity of disability-focused organizations (Simon of Cyrene) to promote disability-inclusive DRM and be in position to provide timely and effective response to persons with disabilities’ specific needs in case of emergency.

Intervention strategy in Philippines



**Partners and Stakeholders**

As in Indonesia, Handicap International in the Philippines developed partnerships in implementing the project with DIPECHO partners, although capacity-building and awareness-raising was provided to all partners and stakeholders, while financial and material support were provided to key partners only.

**Key partners**

- **ACF Spain**

ACF was a direct implementing partner for Handicap International in the Philippines. The organization benefited from daily technical support in all its community-based DRM activities to include disability issues and persons with disabilities.

- **Simon of Cyrene**

**Simon of Cyrene is a local organization** promoting the rights and inclusion of persons with disabilities through a comprehensive Community-Based Rehabilitation (CBR) Program. Simon of Cyrene staff was trained to increase its capacity in disaster preparedness, including on contingency planning, and to coordinate with Albay province local authorities to ensure disability issues were included in the

## Lessons Learned

### Mainstreaming Disability into Disaster Risk Management Initiatives in Indonesia and Philippines

province disaster management plan. The organization also transferred its newly acquired knowledge to its network of partner DPO.

#### Key stakeholders

The following stakeholders benefitted from awareness-raising sessions and/or training on mainstreaming disability in DRM:

- **DIPECHO partners, other NGO and civil society organizations:** Christian Aid/Social Action Center and the ASCEND project, Save the Children, Philippine National Red Cross, Coalition of Services for the Elderly, Coastal Core, Marinduque Council for Environmental Conservation, German Red Cross, Spanish Red Cross, International Organization for Migration, International Committee of the Red Cross, Oxfam, GIZ, Liliane Foundation, Assistance and Cooperation for Community Resilience and Development Inc. (Accord Inc.), Christian Blind Mission, Community and Family Services International

The trainings and sessions completed under the project targeted both the managers of the organizations as well as their field teams. Following the trainings, several of the organizations reported that disability was included in their DRM activities, albeit in varying degrees.

- **Government agencies and offices:** National Council on Disability Affairs, Department of Social Welfare and Development, National Economic and Development Authority, Department of Interior and Local Government - Region VIII, Office of Civil Defense – National Capital Region
- **Donors:** ECHO, AECID Australian Agency for International Development,
- **UN Agencies:** OCHA, UNDP, UNFPA, UNHCR, WFP, WHO

## SECTION II: METHODOLOGY

IN THIS SECTION, YOU CAN LEARN MORE ABOUT:

- 2.1 Objectives of the lessons learned exercise
- 2.2 The intended readers
- 2.3 Process and tools

### 2.1 Objective of the Lessons Learned Exercise

#### General Objective

To share experience on the lessons learned from the project implementation in mainstreaming disability in DRM initiatives which will serve as an advocacy tool for practitioners, policy makers, and even community in developing disability-inclusive DRM.

#### Specific Objectives

The lessons learned documentation process was also intended to:

- Organize information about the experience of the project;
- Identify good practices and challenges in the implementation of the project;
- Process and elaborate information on good practices and challenges;
- Enumerate recommendations based on the lessons learned for possible replication of the project and building of organizational practical knowledge.

### 2.2 The Intended Readers

This document can be used by a broad range of stakeholders with diverse interests and responsibilities regarding the implementation disability-inclusive DRM activities: community, practitioners, and policy makers. These experiences are used to propose practical recommendations for action by the three different groups of stakeholders.

#### Policy Maker/Local authorities

- Decision-makers directly involved in the formulation of development policy and planning frameworks, including the approval and allocation of financial resources to such frameworks, at local, national, regional and global levels; elected officials; local government representatives; heads of administrative authorities, and decentralized state or private services.

The publication makes recommendations on how these stakeholders can promote an inclusive approach to DRM to ensure that persons with disabilities, through their representative organizations, can participate fully in local governance mechanisms.

#### Practitioners

- DRM practitioners

## Lessons Learned

### Mainstreaming Disability into Disaster Risk Management Initiatives in Indonesia and Philippines

From governmental organizations and civil society organizations (CSO), including non-governmental organizations (NGO) and community based organizations (CBO), engaged in various aspects and levels of the mainstreaming disability into DRM in program/project development and implementation.

- **Disabled People's Organization (DPO)**

DPO play a fundamental role in the promotion of the rights of persons with disabilities and in the representation of their rights and interests.. The document provides information on how DPO can strengthen their advocacy skills and engage in consultations and decision-making processes at the local level, using a solutions-oriented approach and constructive dialogue with policy-makers.

#### Community

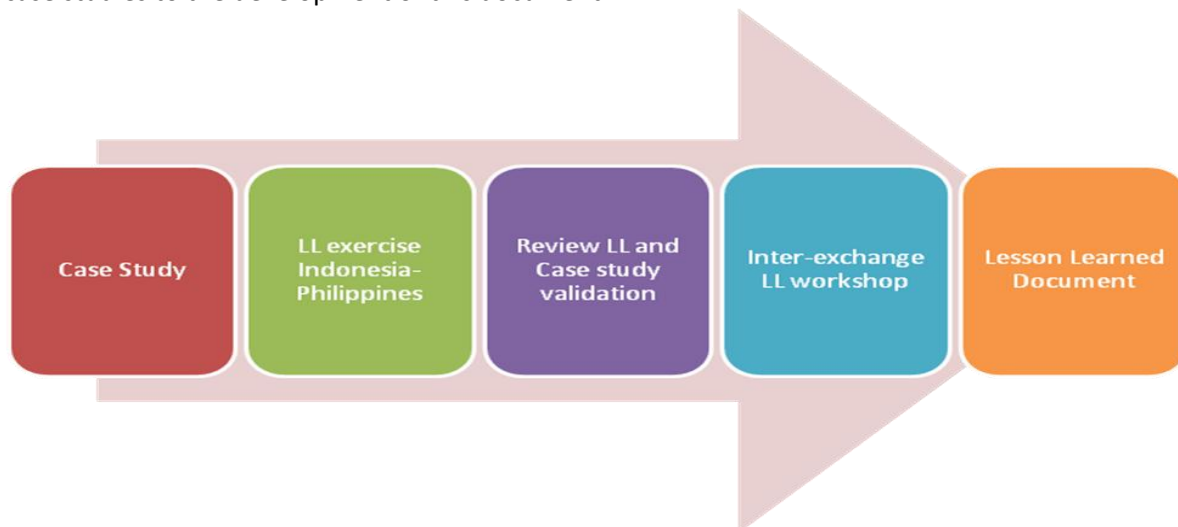
- Individuals, persons with disabilities, villagers.

This document provides information on how to build inclusive DRM in the community.

The document makes recommendations on how to mainstream disability into DRM projects and program undertaken by these stakeholders. It is also intended for the readers to integrate disability issues and implement measures to encourage the active participation of persons with disabilities in mechanisms for consultation and decision-making in DRM initiatives.

## 2.3 Process and Tools

The lesson learned process consisted of 5 steps as described in the figure below, from the collection of case studies to the development of this document.



#### Case Studies

The case studies were developed based on the interviews conducted by project team with the community, partners, and individuals on issues related to mainstreaming disability into DRM within the project. The case studies were identified and written during the implementation of the project and served as the basis for the formulation of the project's lessons learned.

#### Lessons Learned Exercise

The lessons learned process started with the development of the case studies to find out change, good practices, challenges, lessons learned and recommendation. Lessons learned were categorized into three levels of implementation: community, practitioners, and policy makers to highlight the importance of each stakeholder in making DRM initiatives disability-inclusive.

**Lessons learned Review and Case Study Validation**

Consultations were conducted with stakeholders to validate the case studies and review the lessons learned. Case studies were selected according to their illustration of significant changes in considering disability in DRM initiatives. Stakeholders from community, practitioners, and policy makers review the changes; good practices, challenges, lessons learned, and recommendations derived from the case studies.

**Inter exchange Workshop**

The objective of the inter exchange workshop was to share experience of promoting disability-inclusive DRM initiatives work between levels in two countries, to find commonalities and differences in the implementation of the project. The experience sharing was a learning opportunity for all to better understand the different strategies implemented by the two countries.

In summary, the lessons learned document resulted from the following process:

**A. Collection**

- Lessons learned are identified in the field by team and partners throughout project implementation:
  - They are discussed in each project team in project meetings (with team and with partners),
  - They are recorded through project minutes and framed using the proposed template,
  - Case studies are drafted to support the Lessons Learned
- Interview of key focal points on mainstreaming disability into DRM initiatives
- Project documents review

**B. Compilation and analysis**

At the end of the collection period, a national workshop is organized in each country to review the lessons learned and validate the case studies.

- All collected lessons learned and case studies are reviewed
- Further prioritization is proposed
- Selection is done for the lessons learned and case studies to be presented in the regional workshop according to their relevance.
- Once a final list is established, complete argumentation is developed for each selected lesson learned and case study

An inter-country LL seminar is organized between the two countries to:

1. Review the shared experiences,
2. Present the lessons learned; the final list established by each country is presented
3. Each lesson learned is presented with relevant case studies and key argumentation
4. Similarities and specificities are identified between experiences in the two countries
5. Discuss the relevance and prioritization of lessons learned; a final list is established
6. Relevance of lesson learned and overall prioritization are discussed, and a final list is established
7. Common recommendations are developed

On the basis of the outputs of the seminar, a lessons learned document is developed to be disseminated to relevant stakeholders.



## SECTION III: LESSONS LEARNED

IN THIS SECTION, YOU CAN LEARN MORE ABOUT:

- 3.1 Community level
- 3.2 Practitioners level
- 3.3 Policy Maker level

This section consists of the lessons learned during the project implementation, the challenges and good practices identified and key recommendations. The three sub-sections describe the lessons learned from the activities implemented with the different target groups of the project. They are segmented according to the three main groups targeted in the process of promoting disability-inclusive DRM: communities, DRM practitioners, and policy makers. Each sub-section is divided by specific country, as they used different approaches. Lessons learned are presented through the following steps:

- A case study illustrating the intervention and the occurred changes.
- The logic of intervention, which is a short description of the activity, approach or process from which the Lessons Learned is derived.
- A description of the changes occurred following the intervention: the tangible, immediate impact derived from this intervention.
- The lesson learned from these changes: activities and approaches that can be considered successful or that were challenging in the implementation of the project.
- Recommendations for future action: highlight of good practices to replicate and challenges to consider.

### 3.1 Community level

#### 3.1.1 Community level in Indonesia

In Indonesia, the mainstreaming of disability in DRM at community level was conducted in collaboration with other DRM practitioners in 11 villages of 2 districts in Nusa Tenggara Timur (NTT).

It was implemented through technical guidance addressing the field activities and tools within the projects of 3 NGO practitioners: CARE, CIS TIMOR and OISCA (Mitra Bina Swadaya). The Voluntary Disaster Corps (TAGANA), managed by Dinas Sosial, were also involved in activities such as mock-drills and experience-sharing workshops.

After an initial training phase (3 to 5 days per organization), each organization received technical support on mainstreaming disability into their DRM project according to the needs identified in their own DRM projects.

The main stake of mainstreaming disability into community based disaster risk reduction was the inclusion and active participation of persons with disabilities in DRM team/forum discussions at the village level. It is important to stress that some persons with disabilities became role models for

other persons with disabilities and played an important role in supporting them to be more actively involved in community activities

## Case study

### **Persons with disabilities have the right to be involved! Resettlement Area in Tanah Merah Village, Kupang District**

The CIS Timor program “Sustainable Community Development to New Citizens and Local Community in Kupang District”, implemented in Tanah Merah village and resettlement site, focuses on addressing water shortages caused by droughts, which is affecting food security and health condition of people who live in the resettlement site since 2007. This situation is also acknowledged as potentially leading to conflict within the community in this area, with other groups in Tanah Merah village, or outside the resettlement area.

“We hope that through clean water program from CIS Timor, problems in water supply for drinking, cooking food, sanitation and agriculture can be overcome; it can also influence agricultural and economic activities to strengthen our food security. We can also build toilets, so that we can have cleaner and healthier life” said resettlement site coordinator, Vicenti Pinto.

Vicenti has been inviting and engaging persons with disabilities living in the resettlement site since the beginning, before the implementation of the "Mainstreaming disability in DRM" project. However, following Handicap International intervention, the community acknowledges better understanding, and awareness on the rights of persons with disabilities to be involved in the community.

“Handicap International made the community aware about the importance of engaging persons with disabilities. We already engaged people with visual impairments living in this area; however with the support from Handicap International and CIS Timor we are more aware about their rights to be involved. Handicap International also provided assistive devices such as white canes, and eyeglasses to people with visual impairments in our community,” said Vicenti.

“Following the project, we plan to gather persons with disabilities from this area and support them to form a DPO because they have the same rights as other people. Therefore, we hope that we can all together have a better and healthier life. We also hope that people with visual impairment in this area can get support in improving their skills and getting job opportunities.” stated Vicenti Pinto.



“we plan to gather persons with disabilities from this area and support them to form a DPO because they have the same rights as other people” said Vicenti Pinto the coordinator of Tanah Merah Resettlement

## Intervention Logic

Cooperation was implemented as follow:

- Training on mainstreaming disability into DRM for CARE, CIS TIMOR and OISCA field teams, as well as TAGANA volunteers which received more emphasize on inclusive search, rescue, and evacuation

- Awareness-raising sessions to village DRM team and other community stakeholders on the rights of persons with disabilities and inclusion of disability into DRM initiatives during partners' activities, DRM teams meetings and community gatherings.
- Distribution of information, education and communication (IEC) material such as newsletter (Sahabat) and leaflets to DRM forum, village administrator, and persons with disabilities.
- Identification of persons with disabilities through community meetings and home visits
- Provision of assistive devices to support participation of persons with disabilities in the village DRM activities
- Support to access to rehabilitation care for persons with disabilities through referral and development of solidarity mechanisms
- Accompaniment and monitoring for the implementation of evacuation mock drills in 2 disaster prone villages (1 per district)
- Regular technical meetings with NGO partners and village DRM structures (on average every 2 weeks)
- Dissemination of Handicap International's Lessons Learned document to NGOs, TAGANA, disaster risk reduction (DRR) groups and DPOs

## Changes

The awareness-raising and identification of persons with disabilities processes that were implemented throughout the project clearly increased the information available about persons with disabilities in the communities. Community members experienced discussions and exchanges about the situation of persons with disabilities and expressed interest in learning more about inclusion of disability in their community activities. They also acknowledged that this would improve resiliency of the community as a whole.

Previously marginalized or under-considered, persons with disabilities expressed interest to attend and for some of them to participate actively in community meetings and DRM group sessions. Some persons with disabilities became champions for disability-inclusive DRM in their community. In some villages, compulsory representation of persons with disabilities in the DRM group has been officially acknowledged through village DRM regulations.

Finally, Tagana developed skills for inclusive emergency search, rescue and evacuation that they practiced through the mock-drills implemented during the project.

## Lessons Learned



Tagana member is conducting evacuation in the simulation of Search, rescue, and Evacuation in Tolnaku, Kupang District

### • "Community based organizations as advocate for inclusive DRM"

Tagana (Taruna Siaga Bencana), volunteer groups, under the supervision of Social Welfare Department, were trained by Handicap International in 2 districts on the inclusion of persons with disabilities and vulnerable people in disaster response.

As a voluntarily based organization, their members are recruited directly from the community. Tagana mostly provides specific service during emergency response at community level. However, the organization practices have already widened and Tagana now contribute to the "Desa Siaga Bencana" (Disaster Resilient Village) prevention initiative. Tagana has included disability as a cross-cutting issue in the program implementation in order to build

disaster resilient community. As an organization supported by the provincial authorities, Tagana is a relevant sustainability vector of disability inclusion in DRM within communities.

- **"Involvement of persons with disabilities in DRM group meetings"**

As the result of the awareness-raising in the communities, capacity building of partners and the empowerment of persons with disabilities in the villages, communities have started to change their perception of persons with disabilities. This shift resulted in persons with disabilities being considered as incapable to participate to community life, to them being included in the planning and implementation of DRM activities in the villages. Key factors in the empowerment process were building positive self- perspective through the development of role models, access to rehabilitation when needed, peer support and involvement of the families.

- **"Importance of role model for the empowerment of persons with disabilities"**



**Simon Beti, person with disability, a Disaster Risk Reduction (DRR) Forum member in Noebesa, Timor Tengah Selatan District**

Strong persons with disabilities are an asset in advocating for inclusion. As "role model" they are an important vector in the process of changing mindsets on disability from stigma to inclusion and motivating other persons with disabilities. Identifying strong or motivated persons with disabilities who can influence decision-making processes within the community is therefore very effective.

The identification of these persons can be done during the project's initial phase and can be followed by building their capacity in mobilizing other persons with disabilities through information sharing and peer

support. Improving persons with disabilities' capacity to become key resources creates an enabling environment and increases opportunity for other persons with disabilities to participate. These persons can also be instrumental in forming self-help groups or DPO at village level.

- **"Local leaders as vectors of change"**

Key figures in the local community have the capacity to influence other members to accept new ideas and can become role models in fostering and implementing inclusive local regulations and practices. They are relevant targets for advocacy and involving them in awareness-raising and inclusive activities can prove very effective.

- **"Institutionalization of inclusive DRM"**

One key factor in the sustainability of inclusive DRM is its institutionalization. It can be done by formally defining inclusion of persons with disabilities as a cross-cutting issue within existing local organizations or regulations. Using this system instead of creating new additional rules and organizations can be locally relevant and more acceptable for communities, particularly if the capacities of persons with disabilities to advocate and be actively involved are limited.

- **"Supporting self-help groups and families "**

The role of family is crucial in the process of increasing the motivation of persons with disabilities. It can be strengthened through peer support and family forums. Therefore, it is important to conduct awareness-raising and capacity building for the families as well as support persons with disabilities

themselves to conduct advocacy. Having peer groups and supportive families open opportunities for persons with disabilities to become more independent.

- **“Supporting empowerment of Persons with Disabilities by strengthening referral system to service providers “**

Capacity and motivation of persons with disabilities to participate in DRM community activities also depends on their capacities to fulfill their other needs. Even though this is not necessarily the objective of the current project, this can be effectively supported by building mechanisms for referral to service providers for rehabilitation services, livelihood, health, or education among others.

- **“Support the development of local disability movement to advocate for disability inclusive DRM”**

Beyond individual participation, organizations representative of persons with disabilities are important to do advocacy work and provide inputs in decision-making process (local development plans for example) with local leaders and government representatives. Therefore support to the development of local self-help groups and DPOs in communities is relevant in a mid-term perspective to support the inclusion of persons with disabilities in DRM.

## Good Practices

- **Inclusive DRR regulation**

In the village of Noebesa, in Timor Tengah Selatan (TTS) district, the institutionalization of disability inclusion into DRM took place through the drafting of an inclusive DR regulation at the village level. This was the result of continuous communication between DRM Forum, village administrator, and OISCA. The regulation acknowledges the right of persons with disabilities to be involved in village development, especially in DRM. It serves as the basis for the DRM structure and activities within the village, as well as for budget allocation. It also supports the empowerment of persons with disabilities.

- **Inclusive wells**

The activity of the "Sustainable Community Development to New Citizens and Local Community" project set-up by CIS Timor in Kupang District is intended to reduce water shortage risks. To ensure persons with disabilities' rights and needs are taken into account within the DRM activity, CIS Timor encouraged them to be members of the Potable Water provision group. One of the results of this participation was the building of accessible wells by the community.

- **Inclusive emergency procedures**

The inclusive emergency procedures, set-up in the village of Noebesa accommodate the needs of persons with disabilities and define their possible contribution in the event of emergency. These procedures are the consequence of joint work between the community, the DRM Forum and OISCA. Community members are now aware of the specific needs of persons with disabilities in case of emergency but also of their relevance as participants in certain DRM activities, following participation of persons with disabilities in meetings and discussions to determine inclusive emergency procedures taking into account the persons with disabilities present in the community.



An inclusive well in Naibonat village

## Challenges

The participation of persons with disabilities in DRM activities is still limited due in part to mobility limitations and self-confidence issues. Access to support services such as rehabilitation and individual support through the family and self-help groups is still largely underdeveloped and does not allow to effectively overcoming these barriers.

Village landscape remains a major challenge that limits access to information, communication between persons with disabilities and participation in community activities. This needs to be anticipated carefully at assessment stage to develop timely community support and solidarity mechanisms.

Identification of persons with disabilities remains a potentially challenging and time-consuming activity. It should be carefully anticipated and planned with the involvement of community structures and local organizations to allow timely implementation of other activities.

### 3.1.2 Community level in the Philippines

The mainstreaming of disability into DRM at community level in Philippines was conducted by Handicap International in partnership with ACF. The implementation took place in 8 Barangays in Catanduanes, in areas prone to typhoons, landslides, etc. ACF had previously implemented a DRM project in some of the Barangays and for the second phase, promoted the mainstreaming of inclusive DRM into local government systems.

## Case study 1

### **COUNT US IN, COUNT ON US. Persons with disabilities of Pagsangahan**



Eighteen year-old Alma Bulima has speech and mobility impairments and has been actively involved in DRM meetings in Pagsangahan Barangay

ACF has been working in Pagsangahan since 2007 under their disaster risk reduction project, providing training and assistance to municipalities to improve their DRM capacities. Following the partnership with Handicap International, activities were conducted to raise the community's awareness on disability, prompting an updating of their persons with disabilities registry and encouraging persons with disabilities participation in DRM activities. Trainings in Disaster Risk Reduction Management (DRRM) and Participatory Vulnerability and Capacity Assessment (PCVA) conducted in the community were attended by persons with disabilities and resulted in an increased awareness among community members on the inclusion of disability in DRM.

Eighteen year-old Alma Bulima has speech and mobility impairments. She was invited to participate in the PCVA training. She was happy that the community encouraged her to attend even if it takes some time for her to express her thoughts. It was her first time to participate in such training because aside from her communication difficulties, she also has weak legs that stop her from going to community affairs. The barangay secretary who saw Alma during the training observed that when asking for Alma's opinions, one should be patient and wait until she is able to compose her thoughts and speak. "She is a

bright kid,” Alma’s mother, Melba added. She said that attending the training made her realize that “Despite my disability I can still help others.” When asked if she’s willing to help other persons with disabilities in particular, she answered; “Absolutely!” Alma is now a member of the evacuation committee of the Barangay DRRMC, and she says that she’s doing this to show other persons with disabilities that they can do it too!

For Michelle delos Santos, Handicap International’s advocacy to ensure that persons with disabilities are not neglected gave their community a wider perspective and a better understanding of persons with disabilities. As mother to five-year old Eugene who has intellectual and speech impairment, she felt how their community became more welcoming and supportive of her son. She said that their neighbors realized that Eugene needed more time to understand things but can follow instructions. “They saw that a child with disability can still do other things.” Aside from that, she credits ACF and Handicap International’s trainings for allowing her to look beyond Eugene’s disability. Like most families in Pagsangahan, Michelle and her husband, Edwin has drawn up an evacuation plan wherein Eugene would be the first one to be evacuated. In this plan, they have assigned a task to him: “I can let him carry some water containers if we need to evacuate since he has no problem in moving around. His disability is only with his speech,” said Michelle. Likewise, Michelle’s husband believes in their son’s abilities. He said, “They have the ability to do things that we cannot do.”

## Case study 2

### AIMING FOR AN INCLUSIVE DISASTER-RESILIENT COMMUNITY

#### Barangay Pagsangahan

“Amazing!” said Grace Morales, secretary of Barangay Pagsangahan, of Handicap International’s intervention in their community. “It’s just amazing how one organization gives importance to persons with disabilities. We now have a broader idea of who a person with disability is. Before, we thought that persons with disabilities are only those who have difficulty walking.”

Pagsangahan is one of the eight target barangays of the project where inclusive DRR trainings and a disability survey has been done by Handicap International and partner, ACF, located in an area prone to landslides, floods and typhoons, “It’s only now that (issues of) persons with disabilities surfaced”, said Elena Bernal, a barangay official. She said that before Handicap International came, the list of persons with disabilities was just a document that needs to be submitted to the Local Government Unit (LGU). Now, Bernal said, they have finally seen its purpose which is to identify and map persons with disabilities, make them aware of their rights and to tap their capabilities.

ACF and Handicap International conducted trainings on disaster risk management (DRM) and hazard, vulnerabilities and capacity assessment (HVCA) in Pagsangahan. An awareness-raising event was also done in the barangay during the International Day of Persons with Disabilities. Through these activities, the community’s awareness on involving persons with disabilities in all aspects of disaster management was increased. Months after Handicap International arrived, an increase in persons with disabilities participation was observed. They were seen coming to meetings and trainings in the community.



Residents of Barangay Pagsangahan preparing for an evacuation drill

The barangay targets zero casualty and employs regular disaster preparedness measures like tree planting, community clean-up and weather monitoring. Previous DRM trainings given by Handicap International and ACF have allowed them to identify disaster-resilient structures where people can run to in times of typhoons and floods. Families especially those with persons with disabilities prepare emergency kits at the first sign of a bad weather. Each household also has its own evacuation plan.

After the trainings given by Handicap International and ACF, the barangay has also improved the inclusiveness of their early warning system (EWS), which used to be solely audio-based.

They used to rely only on face-to-face communication to inform those with hearing impairments and other type of impairments, with their BDRRMC assigning persons to notify each household of impending disasters, taking in consideration those houses where persons with disabilities live. Now, in addition to these house-to-house visits and their audio signals, the barangay also place flags in strategic places of the community, with colors indicating whether household need to observe, prepare or evacuate.

The barangay has also seen the importance of making structures accessible. “We want to build an evacuation center that is accessible, with ramps and all,” said Rosie Salvador, Barangay Secretary. Their Barangay Captain has also sought the assistance of Handicap International regarding the standard measurements of a ramp that they’re planning to add to their day care center. They also would like to ensure that every family in the barangay has enough knowledge on disability-inclusive DRM. They plan to do this by requiring one representative from each family to attend a DRM training which will be facilitated by council members previously trained by ACF and Handicap International.

The interest and the willingness to build an inclusive and disaster resilient community is apparent in Pagsangahan but a lot of challenges hinder them from achieving this. While persons with disabilities attendance has increased over the past months, the community feels that persons with disabilities have yet to find enough courage and confidence to express their thoughts and opinions. “They have not been giving much input during meetings,” commented Bernal. Further, persons with disabilities who are interested to participate are mostly hindered by their physical limitations, translating for example in an inability to walk without a caregiver or an assistive device. For other persons without disabilities, house chores and work in the farm do not allow them to take part in community activities. Political differences also hinder community members as well as persons with disabilities in participating in DRM activities. Differing attitudes of community members prevent the entry of new information regarding DRM and disability.

Regarding Handicap International’s intervention, the community thinks that the organization lacked in the provision of direct response to persons with disabilities’ specific needs, for example through distribution of assistive devices or medicines as well as support in the construction of accessible structures. They also believe that there is still a need for more information on how persons with disabilities and their caregivers can better prepare and respond for disasters.

Despite all the challenges, the community is bent on achieving their goal of ensuring the safety of its entire people in times of disasters. The barangay has allotted a budget for the construction of an accessible evacuation center and plans to continue sourcing funds to sustain their DRR activities.

## **Intervention Logic**

Community-based DRM activities were implemented by Handicap International and ACF with the following intervention logic:

- Training on mainstreaming disability into DRM was done for the ACF team in Catanduanes, together with the PDRRMO and the PDRRMC
- After the training, the Handicap International and ACF DRR teams discussed in which community-based DRM activities disability was to be mainstreamed in the target areas. Six key activities were selected:



## Lessons Learned

### Mainstreaming Disability into Disaster Risk Management Initiatives in Indonesia and Philippines

1. Barangay and Municipal Disaster Risk Reduction and Management Training, attended by members of the barangay and municipal DRRMCs.
  2. Awareness-raising activities including public awareness-raising sessions in the communities, a session for the private sector and a session for the media.
  3. Contingency planning
  4. Hazard Capacity Vulnerability Assessment
  5. Disaster preparedness planning
  6. Synchronized early warning systems and evacuation plans, tested through evacuation drills
- The above activities were implemented together by Handicap International and ACF in eight barangays, with Handicap International responsible for ensuring that persons with disabilities were included in each activity from the design stage and that they participated in each activity.
  - To facilitate the inclusiveness of the six activities above, Handicap International conducted a survey of persons with disabilities in the eight target communities. Lists provided by the Municipal Health Offices were utilized as a base and updated through house-to-house visits to persons with disabilities. The updated registry was provided to the barangay authorities, the Municipal Health Offices and to the ACF's Community Development Officers.
  - To complement the six activities mentioned above, Handicap International also conducted the following activities in the communities:
    1. Participatory accessibility audits of evacuation centers and early warning systems
    2. Stakeholders dialogue between persons with disability and representatives from relevant government offices including barangay authorities, Municipal Health Offices, and the Provincial and Municipal Social Welfare and Development Offices
    3. Coaching session for persons with disabilities, their families and caregivers, their BDRRMC on preparedness
    4. Distribution of a Personal Disaster Preparedness Guides for Persons with Disabilities, accompanied by individual preparedness kits
    5. Distribution of inclusive early warning system kits to the target barangays

## Changes

The implementation of the mainstreaming of disability into DRM at the community-level through the above intervention logic has brought visible changes in the life of the communities, not only for persons with disabilities but the community as a whole.

For persons with disabilities, their participation in project activities has helped them recognize that they too can contribute to their communities. Together with their families, a number of persons with disabilities started taking a more active role in DRM. For example, a number of persons with disabilities have joined DRM committees, assisting others during evacuations. With their experience in community DRM planning, some persons with disabilities have also taken the initiative to develop individual disasters evacuation plans.

For the communities, the project led to the realization that DRM plans need to include persons with disabilities to truly ensure the safety of the entire community. With this realization, many communities have now updated their hazard and evacuation maps to indicate households with persons with disabilities or older persons. All of the target communities have also added visual signals to their early warning systems. Some communities have also started thinking about the importance of accessible evacuation centers, leading to either plans to fit their centers with accessible features or to them ensuring that persons with disabilities are 'matched' with center that meet their accessibility needs and other needs. More importantly, the communities have recognized that persons with disabilities also have the capacities to contribute to community life.

Coupled with their increased knowledge on DRR, awareness on the rights and capacities of persons with disabilities and changes in attitudes of both persons with disabilities and the community in general have contributed to decreasing the level of vulnerability in the target communities.

## **Lessons learned**

- **“Identification of accessibility issues in the community ensure the development of a safer and inclusive evacuation center”**

Participatory accessibility audits were conducted to assess the accessibility of evacuation centers and early warning systems in the target barangays. Those audits established how accessible a particular ‘structure’ is to a wide range of potential users, including persons with disabilities. It serves as a starting point for an ‘accessibility action plan’, used to highlight areas for improvement.

Accessibility audit also looked beyond the physical barriers to inclusion to improve knowledge on accessibility and attitudes towards disability. It increased the community’s awareness on the importance of accessible evacuation centers and EWS in the barangay, and on the modifications that needed be done.

The participatory accessibility audit involved all DRM stakeholders in the community, such as members of the Barangay Disaster Risk Reduction and Management Councils, barangay officials and representatives of various sectors of the community including: persons with disabilities, older persons, as well as children, both women and men. Plans to build, renovate or modify existing evacuation centers and EWS to ensure that it is accessible and inclusive were developed based on the results of the accessibility audits.

- **“Intensive guidance to community leaders and Barangay Disaster Risk Reduction and Management Councils (BDRRMC)”**

Intensive and proper guidance through awareness-raising and capacity building to community leaders and **BDRRMC** helped in ensuring the process of mainstreaming disability into DRM within the community. Community leaders and **BDRRMC** have an important influence on the decision making process in the community.

- **“Practical information for persons with disabilities”**

More focus should be given on providing persons with disabilities, their families and caregivers, and the community information on how to prepare for disasters and how to work with persons with disabilities during emergencies. Communities will be more confident in dealing with persons with disabilities and be able to encourage their active participation in developing community action plans for DRM. Supporting materials such as booklets or guidelines need to be available early on to reinforce information provided during public awareness-raising sessions and can also serve as a reference for them later on.

- **“Mapping stakeholders in the early phase of mainstreaming disability in DRM”**

Often, persons with disabilities have been overlooked by their communities for years, and caregivers’ and communities’ *intervention mindsets are still about specialized services, for example physical rehabilitation*. . To help communities understand how easily disability can be mainstreamed in DRM initiatives, a stakeholder mapping including the definition of their roles should be conducted with the community with a strong focus on awareness-raising and capacity-building on the rights of and roles persons with disabilities can play in DRM interventions.

- **“Equally highlight issues on disability rights and empowerment of persons with disabilities”.**

Awareness-raising and capacity-building need to focus equally on disability rights and on empowerment of persons with disabilities. Focusing specifically on only one point might lead to concurrent understanding on the perception of persons with disabilities. With a focus only on rights, persons with disabilities can still be perceived as dependent people instead of empowered individuals. The goal is to change perceptions from a charity approach to a rights-based approach,

therefore also contributing to levelled expectations of material or financial support to persons with disabilities.

- **“Reinforce existing referral system for persons with disabilities’ access to services and disseminate the information to community”**

Develop disability-inclusive DRM within the community requires a holistic approach in order to encourage persons with disabilities to actively participate in the DRM activities. It means that the inclusion of persons with disabilities and their access to services also have to be taken into consideration. Therefore, it is important to identify existing service providers and referral mechanisms that can be used for persons with disabilities.

- **“Development of peer support groups”**

Persons with disabilities and their family members often risk being isolated, with little emotional and social support. The development of peer support groups will serve as a means to reinforce empowerment and participation in the community level. Persons with disabilities and their family will have more opportunities to gain knowledge on disability and share their experiences, either as someone with impairment or as a caretaker. Peer support groups can also serve as an initial forum to advocate for the rights of persons with disabilities.

## **Good Practice**

- **Participation as the first step towards involvement**

The project has led to a number of persons with disabilities taking an active role in their communities, getting to this point started with simply inviting and encouraging them to participate in the activities in the community. Their initial participation led to their own realizations of how they could contribute to the community, and also led to the communities recognizing their own unique capabilities. In the end, for many of them, simple attendance to activities has led to longer-term, deeper involvement in their communities.

- **Finding local solutions leads to inclusion**

Mainstreaming disability into DRM does not have to be complicated nor expensive.

After the awareness-raising and capacity-building activities, the target barangays wanted to find ways to make their early warning systems inclusive. They found that simple colored flags were effective as visual signals for persons with hearing impairments who could not hear the audio signals. Through using flags made from cheap, local fabrics and bamboo poles available in their communities, their early warning systems now reach everyone in the community.

- **Prepared evacuation plan of families with persons with disabilities**

Gaining knowledge from the Barangay Disaster Risk Reduction and Management Trainings, persons with disabilities and their families developed simple evacuation plans in case of disaster. For example, the parents of child with disability in Barangay Pagsangahan make sure that their child have sufficient knowledge of what to do and are informed well about the early warning of the coming disaster. They also involve the neighborhood by informing them of their evacuation plan.

## **Challenges**

- On a general level, the participation of persons with disabilities in DRM activities is still limited due to mobility and self-confidence issues. Various barriers are still present and hinder persons with disabilities’ participation.
- IEC material on advocacy and preparedness and assistance during emergencies for persons with disabilities were only produced towards the end of the project, which reduced the impact of the message delivered during the different awareness raising events.

- The culture of dole-out and reliance on financial support had an important impact on the project as the community still expected tangible outputs (distribution of assistive devices and/or direct assistance) from the project. Families of persons with disabilities expected material outputs in return for their participation in the project. This greatly affected the motivation of persons with disabilities in attending the project activities.
- Political dynamics in the barangay had impact in the project as this influenced the selection of members for the DRR committees and the BDRRMC.
- While all of the target communities added visual signals to their early warning systems (EWS) to make them more inclusive, systems still pose issues for other types of impairment. In particular, systems that can reach those with severe mobility impairments or multiple impairments still need to be improved. For these cases, the communities still rely heavily on face-to-face communication, which may not always be possible according to the disaster situation.

## 3.2 DRM practitioners

The work conducted with DRM practitioners is characterized by trainings to include disability in their activities, technical support for their community-based activities as well advocacy on inclusion of disability and support to make their tools and policies inclusive.

The intervention implied two parallel processes of change for those practitioners: they experienced changes in their organizations' practice concerning the inclusion of disability, while at the same time they promoted change within communities' practices related to disability inclusive DRM.

This section highlights two important aspects in the work with practitioners, the stakes related to partnership between Handicap International and these organizations (*working together in mainstreaming disability into DRM*) and the stakes related to field implementation of the project (*working closer to communities*).

### 3.2.1 DRM practitioners in Indonesia

#### A pool of external trainers

To mainstream disability in DRM initiatives, Handicap International in Indonesia established partnership with two NGOs: YEU, which has expertise in disaster risk management (3 trainers) and CIQAL, a DPO that has expertise in disability issue (6 trainers). The combination of both organizations made possible the constitution of a pool of trainers who provided capacity building (training) in inclusive DRM.

The pool of trainers conducted capacity building for partners involved in developing disability-inclusive DRM initiative through training and technical guidance. Handicap International implemented a Training of Trainer to allow these organizations to take-up their new roles.

## Case study

### DPO and NGO, a good combination for Disability Inclusive DRM

Partnership with YEU and CIQAL, both based in Yogyakarta, started with a 2 weeks (2-14 August 2010) Training of Trainers (TOT) on disability mainstreaming in disaster risk reductions. Following the training, the master trainer facilitating the TOT, Robert Sulisty, regularly monitored and coached the partners through evaluation and reflection on training from August to September 2010. The trainers (9 trainers) later joined a refresher training on practical aspects of disability mainstreaming in disaster risk reductions, conducted in October 2010, and a facilitation skills training in December 2010.

Initiating their mission, the 9 trainers were sent to build partners capacity across NTT Province. Considering the distinctive skills of the two institutions, trainer teams consisting of 3 people, 2

trainers from CIQAL and 1 trainer from YEU, were set. The composition of the team was decided to foster complementarities when conducting training and increase trainers' confidence.

Trainings facilitated by these 9 trainers were attended by 133 persons from 9 structures involved in DRM. These were volunteers from TAGANA (Voluntary Disaster Corps) at provincial level and Timor Tengah Selatan district level, staffs from both local and international partners (CARE International Indonesia, Indonesian Red Cross (PMI), World Vision International, OISCA/BSK, CIS Timor and FIRD) and staffs from government agencies (Dinas Sosial and BPPD).

Later on, 3 of these organizations, CARE, CIS TIMOR and OISCA, entered a technical guidance process in which Handicap International field facilitators and the pool of trainers supported their field activities to include persons with disabilities through regular field support visits and workshops.

During training and guidance process to partners, regular coordination meetings were conducted among the pool of trainers and facilitators. Guidance was provided by the master trainer. This was important since trainers from these two institutions and facilitators had different background and experience. Therefore, consolidation of approaches, material, tools was required regularly.

Through this combination of trainers' skills, trainees' knowledge on disability issues and how to implement disability-inclusive DRM increased. For disability issues, partners getting additional practical experiences from CIQAL as some trainers from this institutions are persons with disabilities. This was particularly powerful in changing partner's mindset, as well as strengthening motivation of persons with disabilities in communities when the trainer visited and met them.

Handicap International in collaboration with Arbeiter Samariter Bund (ASB) Yogyakarta also facilitated bimonthly meetings among the trainer involved with the two institutions. In this meeting, Handicap International partners-CIQAL and YEU, and ASB partners were reflecting and sharing their experiences on mainstreaming disability in DRM. Partners shared their experiences and skills on related issue.

Currently CIQAL and YEU have been providing assistance for almost one year. One of the challenges faced in this partnership is distance between CIQAL, YEU (which are based in Yogyakarta) and partners based in NTT. This has limited discussion between trainers and partners teams. It is clear that, if available, it would be more relevant to empower local institutions in building their capacity in disability mainstreaming in DRM.

Following the intervention, it is now important to disseminate information about this existing pool of trainers so that actors/stakeholders involved in DRM and disability field are aware of it and can refer to these organizations.

## **Intervention logic**

The activities of the pool of trainers were conducted through 6 steps:

- Initial capacity-building (TOT) on disability and DRM.
- Training on facilitation skills.
- Refresher training to work on further adaptation and contextualization of partners tools and plans based on trainees needs.
- Training of 9 DRM partner organizations and authorities by the pool of trainers. Trainees were volunteers from 2 Voluntary Disaster Corps (TAGANA) on Provincial and district level, staff from 5 local and international NGOs , and staff of 2 local government bodies.
- Field technical support regarding the inclusion of disability in DRM initiatives for 3 partners. Technical assistance and consultation were provided to partners to address challenge and gaps during implementation.
- Sharing experience meetings with trainers involved in a similar process of including disability within ASB (Arbeiter Samariter Bund) DRM project. These meetings provided opportunity to build trainers capacity and reflect on their activities by discussing issues, gaps, challenge, and good practices.

## Changes

The first notable change was that the capacity of the two organizations staffs involved in the "pool of trainers" increased regarding disability, DRM, and the link between these two topics. They develop in-depth skills on how to mainstream disability issues within DRM initiatives. Change in partners' thinking paradigm influenced both organization internal practices and supported the inclusion of one or the other topic in their mandate and activities. As the pool of trainers was a combination of partners who have complementary expertise, either in DRM or disability, working together allowed them to learn from each other's expertise and foster new practices in their respective organization. Both developed a specific expertise on disability-inclusive DRM and the process of mainstreaming disability that can be usefully re-invested in other projects, by these organizations themselves or for others.

## Lessons learned

- ***“Combination of DRM and disability actors in the pool of trainers”***

The combination of trainers skilled in disabilities and DRM issues proved to be a strong success factor. The composition was found effective in organizing training in mainstreaming disabilities in DRM, particularly with the presence of persons with disabilities among trainers. Both sides have expertise to share and created direct, tangible learning opportunity for trainees. In addition, DPO members gave insight and support to other persons with disabilities on the possibility to contribute actively in a project during their activities in communities.

- ***“Coordination before conducting the training”***

There were regular coordination meeting among trainers under the supervision of Handicap International. This ensured relevant preparation before conducting training to partners. This is particularly important as the trainers are from two organizations with different background, so there must be a discussion on how to combine tools, method, and facilitation in the training plan. This activity was also a chance to do team building, work sharing, and learning from each other.

- ***“Training on facilitation skills”***

After conducting the first TOT to partners and monitoring to partner's work in communities, the pool of trainers expressed the need to attend training on facilitation skills including simulation exercises. This contributed to build their facilitation skills further, prepare together and fine-tune their common language and approaches for future trainings.

- ***“Provide additional time allocation to practice training”***

One important element to build the capacities of pool of trainers and their self-confidence was to practice and rehearse training. Following facilitation skills training, additional practice in conducting training, finding what to improve in delivery training and adjusting with the material would be a great help for the trainers to gain more self-confidence.

- ***“Training Need Assessment as crucial part of the training”***

A Training Need Assessment was sent to partners and had to be returned to Handicap International before the training was conducted. Unfortunately the feedbacks were limited and sometimes long to come. Paying particular attention in raising partners' awareness and following-up their feedbacks is crucial to understand partners' needs in including disability in DRM and prepare the proper training. A dedicated session with partners could help them filling the assessment document and give comprehensive feedback.

- ***“Build strong coordination mechanism between Pool of trainers, Handicap International, and partners to ensure effective implementation”***

Roles of each party have to be clear from the initial phase of the implementation of the project. Strong coordination mechanisms are required to help each party play their role effectively. Handicap

International must pay attention and coordinate with the pool of trainers to conduct accompaniment or coaching to partners, to ensure coherent sharing of information and support activities.

- **“Empower local DPOs in order to provide trainings on disabilities in DRM”**

The pool of trainers was available upon request as the organization was not based in the implementing areas. For sustainability purpose, a local DPO could be progressively empowered to train and support stakeholders on inclusion of disability. This would provide greater opportunity to build the capacity of stakeholders on inclusion of disability in DRM locally and reduce time and cost limitations. Contextual /cultural knowledge and possibility of continuous accompaniment provided by the local pool of trainers would also benefit from this intervention.

- **“Disseminate information on the existence of a pool of trainers to have a wider audience”**

The existence of a pool of trainers needs to be widely disseminated to other stakeholders beyond the project. This would help building wider networking in mainstreaming disability into DRM and support awareness-raising in promoting rights of persons with disabilities.

## Good Practices

- Development of complementary skills

The combination of skills from organizations with disability and DRM backgrounds is effective in the set-up of a mainstreaming intervention, particularly with the presence of persons with disabilities among trainers.

- Create inclusive media

The pool of trainers proved innovative in implementing training .It adapted and adjusted the content of the training to make sure it would be accessible by persons with disabilities. The media can further inspire partners in considering accessibility in their own activities and trainings.

## Challenges

The distance between trainers and supported organizations can prove to be an issue for effective communication. The consultation process between partners and trainers was only conducted during the training and monitoring. It was thought insufficient as the implementation was continuously taking place in the field. Proximity and availability are key factors to consider in such support process which aims at changing mindsets and practices in an organization.

## Training of DRM practitioners

### Case study

#### WORKING WHILE CHANGING

Training given by Handicap International has been regarded as useful for partners since it increased their knowledge and changed their perspective on persons with disabilities. **“This training is changing my vision of disability, and it definitely will influence my personal behavior in the future”** said Josua Simanulang, CARE Project Manager.

For OISCA and CIS Timor, introduction to disability issues enriched their knowledge, especially regarding the consideration of persons with disabilities as a vulnerable group often neglected in DRM project. According to Absalom Tanonob, OISCA Program Coordinator, the introduction to disability issues made them aware about persons with disabilities’ presence in the community.

CIS Timor team, after attending the training on ‘disability mainstreaming in DRM initiatives’ conducted by Handicap International, shared they gained valuable knowledge during the training and mentioned it helped strengthen their attitude and stance in mainstreaming disability issues within their activities. “Inclusion of disability issue will become compulsory for CIS Timor activities. CIS Timor

is grateful for the opportunity provided through this mainstreaming process,” said Wendy Bullan, CIS Timor Advocacy Coordinator.

Following the training, Handicap International also provided technical assistance for problems faced in project implementation, such as developing a disability inclusive Standard Operational Procedure (SOP), Community Action Plan and Contingency Plan for CARE, formulating disability inclusive base line tools or designing inclusive wells for CIS Timor, and providing training on inclusive first aid for OISCA. **“We build some wells and design them to be inclusive so that they are accessible to all, including for persons with disabilities; and become a symbol for inclusion. These inclusive wells will remind all about the rights of persons with disabilities,”** Wendy Bullan” (Advocacy Coordinator, CIS Timor)

The collaboration process between Handicap International and CIS Timor brought various interesting development in implementing partners’ projects. For example, CIS Timor worked on a water supply project related to disaster risk reduction for droughts. In addition, the project worked on strengthening food security through agricultural and economic development programs. These three activities are considered as ‘community livelihood based disaster risk reduction’. CIS Timor is committed to mainstream disability into planning and implementation process of all these actions.

**“All vulnerable groups, including persons with disabilities, are now part of the planning and implementation process of activities; to make sure that these activities are accessible to all”** said Wendy Bullan. To implement this process, persons with disabilities are not only invited to planning meetings, but they also involved and assigned with important roles in working groups – such as ‘Committee for Water’ - and one is even chairman for ‘Farmers Group’. Parents of children with disabilities are also engaged to be members of ‘household economy development group’. The inclusion of disability into activities is also taking place through adjustment of documents and procedures used in community activities. Finally, the most spectacular change is maybe the accessible wells, a symbol of inclusion and concern to persons with disabilities’ rights.

**“As much as possible we engage persons with disabilities so that they are motivated to demonstrate their abilities. This is useful for them, and proves to others that they can participate usefully”** Absalom Tanono (Program coordinator OISCA)

OISCA also experienced positive changes in implementing their project. Besides engaging persons with disabilities in their activities, they also succeeded in promoting change in policy. Aware that persons with disabilities must be involved in disaster risk reduction activities in a sustainable manner, the organization supported the development of a disability inclusive village DRM regulation. This change increased the self-confidence of persons with disabilities, and awareness that they have the same rights as everybody else. In the community, acceptance of persons with disabilities also increased. They are now seen as persons with capacities, able to contribute to community life.

## **Intervention Logic**

In Indonesia, Handicap International, together with the pool of 9 trainers described in the previous section, supported 7 DRM practitioners to include disability in their activities. Of the 7 that were initially trained, 3 practitioners agreed, beyond the training, to enter a field technical guidance process. These practitioners were local and international NGOs CARE, CIS TIMOR and OISCA (Mitra Bina Swadaya). Each organization received training and technical support on including disability in DRM, according to the needs identified in their own DRM projects.

An MOU was signed with each organization to define the support to be provided and responsibilities of the parties. It is important to note that Handicap International in Indonesia did not provide financial support to partners. The partnership was purely based on capacity-building.

Handicap International, though the pool of 9 trainers and its own team of 4 facilitators supported these 3 organizations in the form of:

1. Initial training on mainstreaming disability into DRM. The training was given in sessions of 3 to 5 days according to the needs expressed and covered issues such as disability inclusive



- PVCA, disability inclusive SRE, disability inclusive shelter management, disability inclusive EWS, and disability inclusive livelihood.
2. Refresher training based on requests of partners and additional consultation focusing on participation of persons with disability and inclusion of disability in partners tools. The trainings last 1 to 2 days according to the requests of each organization.
  3. Technical assistance in including disability in their intervention in 11 villages, plans and policies. This is implemented through field visits and workshops implemented by facilitators on a weekly basis and by trainers from CIQAL and YEU once every two months.

## Changes

The program has brought changes in seven DRM practitioners through awareness about the rights of persons with disabilities, their situation in case of disasters as well as increased knowledge about how to include persons with disabilities in their DRM actions.

More specifically, the program has brought changes in the organizational practice of three DRM practitioners (CARE, OISCA and CIS Timor) through the field implementation of their current projects. Finally, notable changes were reflected in these three partners' tools and plans following their work with Handicap International. Adoption of disability issues within assessment tools and considering disability as one of their cross cutting issues are examples of organizations' new practice. Policies gradually became more inclusive and will impact future projects implementation.

## Lessons learned

### A. Working together on mainstreaming disability into DRM

- ***"Defining roles together with institutional partners"***

At the initial stage of the project implementation, interests of each partner organization have been discussed at managerial level and a strategy defined for the support provided by Handicap International. A MOU was agreed upon and signed to provide a framework for the partnership and define the roles and responsibilities of each party.

- ***"Close coordination between project teams"***

The ongoing support process implemented by Handicap International and the pool of trainers implied to maintain close coordination with field teams of CARE, OISCA and CIS Timor in Kupang and Soe. This close relationship between teams facilitated the organization of regular technical guidance and monitoring activities of the mainstreaming process, and fosters open exchange of practices that reinforce the efficiency of the inclusion of disability. This was only possible thanks to the common trust and in-depth understanding of each other's role and activities.

- ***"Strengthen partners' common understanding regarding the project"***

The process of defining roles among partners at managerial level has to be followed by building common perception and understanding in their field teams. Risks of misinterpretation in the implementation of the project related to insufficient understanding on the field level were identified by Handicap International facilitators and their counterparts in CARE through their coordination meetings and informal exchanges of information. Activities specifically dedicated to promote synergies between partners and Handicap International at field level could be usefully planned to prevent such risks.

- ***"Strengthen coordination between partners involving field and managerial levels"***

Field technical guidance and exchanges of practices were crucial to ensure how disability was included into CARE DRM tools in a sustainable manner. Activities in the field were very dynamic; adjustments were sometimes needed in short notice to fine-tune activities or documents to be used in these activities. This worked well between field teams but took more time to be reflected at

management level. Regular coordination attended by both managerial and field staff on both sides would serve the opportunity to tackle issues based on organization policy and the actual needs from the field.

- ***"Strengthen internal consolidation in the process of technical support to partners"***

Coordination and sharing of experience between the pool of trainers and Handicap International team is key to anticipate challenges related to coordination with partners in implementing the program. This would support optimal use and management of internal (facilitators) and external (pool of trainers) resources in the process of accompaniment.

- ***"In depth understanding of partners' policy, mandate, and activities"***

The capacity building and support process needs to be tailored to each partner's context. Each have a different mandate, strategy and processes that greatly affect the implementation of DRM activities, their grasp on disability but also the internal communication and decision-making. All these aspects influence greatly the partner's abilities to mainstream disability. They also influence the sustainability of this inclusion process. It is important to understand these stakes in the beginning of the implementation of the project in order to adjust accordingly.

- ***"Ensure agreement and respect on a work plan for field technical guidance "***

The accompaniment, coaching and monitoring by the pool of trainers and Handicap International has to follow the work plan written and provided by partners. Therefore, it is important to ensure that the work plan is clearly scheduled and agreed together. It facilitates the process of collaboration in implementing the project.

## **B. Working closer to communities:**

- ***"Encourage progressively the participation of persons with disabilities"***

One of the first signs of inclusion of persons with disabilities in DRM is the participation of persons with disabilities in the planning, implementation, and monitoring of DRM activities in the communities. However this level of participation needs to be increased gradually, so that persons with disabilities build their confidence, develop their understanding and knowledge, and finally take opportunities to contribute in the decision making process within community structures.



**Prof. Yustus, member of DRR Forum in Nakfunu, Kab. TTS, participating in the drafting of an inclusive contingency plan**

- Steps for a disability inclusive contingency plan
- Sensitization session on the importance of involving persons with disabilities into CBDRM, their rights and etiquette in interacting with them.
- Encourage participation of persons with disabilities by involving them as members of village DRR Forum and other relevant structures
- Involve persons with disabilities in risk mapping and PVCA : Identify their needs and capacities, map their houses and relevant infrastructures, include visit to persons with disabilities families in the assessment and transect walks
- Conduct capacity-building to DRR Forum: Disability is included in DRM planning topics (Inclusive Early Warning Systems, Inclusive evacuation, Inclusive Contingency Plan, Inclusive Emergency Standard Operating Practices, Inclusive Community Action Plan and Inclusive Mock Drills)

- ***"Ensure persons with disabilities participation in DRM structures"***

As an effort to encourage community to be more resilient to disaster as well as to ensure persons with disabilities' rights and needs are taken into account within the DRM activity, CIS Timor encouraged them to be a member of community DRM groups. One of the results was the building of accessible wells by the community.

**Steps for participation in "Potable Water provision group"**

1. Persons with disabilities were invited and participated in the community planning to define the water points.
2. CAP (community action plan): In the plan, wells are designed to be *inclusive & accessible*. In a participative way, the community selected the members of Water group.
3. Establishment of working groups: persons with disabilities were involved as member of Water group.

- **"Integrate disability issues in the local DRR planning process"**

OISCA considered that a village DRM regulation mentioning inclusion of disability would be a relevant mechanism to ensure sustainability of their inclusive DRM effort. On their proposition, the initiative had been included in the local DRM planning by the DRM forum, village administrator, and stakeholder in the village of Noebesa, in TTS district. Following consecutive validation steps, the regulation is now acknowledged by the authority at the districts and provincial levels.

**Inclusive Local DRM Regulation Development**

1. Identifying and building communication with motivated persons with disabilities and key persons in the village was the initial step in integrating disability issue in the DRM local planning.
2. Key message of inclusion was disseminated through awareness sessions. As a consequence, DRR forum acknowledged a person with disability as a member:
3. DRR forum socialized the need of having inclusive DRM local regulation to village administrator and related stakeholder in the village.
4. As a follow up, discussion on the inclusive local regulation were conducted with the involvement of village administrator, DRM Forum, and stakeholders. Representatives of persons with disabilities were invited to join the discussion on the draft.
5. The socialization of the draft of inclusive DRM Local regulation was conducted through public consultation. The socialization involved village administrator, sub district authority, local/district legislative (DPRD) and stakeholders in the village.



**Inclusive Local DRM regulation, involve person with disability in Noebesa, Kab. TTS.**

- **"Promote dedicated persons with disabilities as a role model to encourage active participation of persons with disabilities"**

To change negative perceptions about persons with disabilities within the community and also to encourage other persons with disabilities to be more self-confident in participating in DRM activity, motivated and empowered persons with disabilities living were supported to become role models or "champions" through actions such as the "Potable Water provision group" or the PRB Forum of the village, to show others that persons with disabilities also have capacities to contribute effectively to community life.

- **" Persons with disabilities baseline data"**

Though some data on persons with disabilities was available, it was not complete and accurate enough. Therefore it was necessary to conduct identification and profiling of persons with disabilities to have accurate data on their conditions and capabilities. Mainstreaming disability into DRM requires baseline data to develop inclusive DRM policy and regulation. This data was then disseminated to partner NGOs and local authorities in order to serve usefully for later initiatives and projects. However, the identification and support of persons with disabilities is a thorough, time consuming, process. It is instrumental in the capacity of the teams to later implement accurate empowerment activities but needs to be anticipated correctly to ensure smooth and timely implementation together with partners at project inception.

- ***"Broaden the scope of awareness raising session to community"***

Awareness raising in the project was focused on stakeholders with some level of involvement in DRM. It would have been good to broaden the scope of this activity to community as a whole in a comprehensive effort to change the negative perception about persons with disabilities in community, and therefore facilitate their inclusion in the whole community.

- ***"Support persons with disabilities empowerment through self-help groups"***

Strengthening the participation of persons with disabilities in community life and local governance, including DRM processes, can be done through support to the development of self help group in village level. Through this group, persons with disabilities and their families have the opportunity to share information, develop peer support and organize their action related to their rights, including in the field of DRM.

## Good Practices

Partner organizations have observed the interest of the mainstreaming process and re-invested the changes they experienced through the project into their organizational practices and tools. For example, CIS Timor has modified their field assessment tool to make it disability inclusive .The tool, used to provide baseline data for the organization projects, now includes persons with disabilities as a specific group. In a similar approach, CARE has included specific measures for persons with disabilities in its Standard Operational Procedures (SOP) for emergency situations.

## Challenges

Even though the inclusion of persons with disabilities in DRM is not as such a complex process, it was identified that more information is needed for partners regarding specific, technical topics. As an example, some of them were interested in retro-fitting public facilities through other projects and requested information regarding accessibility standard. This can be addressed via adequate guidance and information sharing. It needs to be anticipated through partnerships that are not necessarily constrained by the current project timeline.

Another challenge faced by partners is their limited resources and experience to conduct empowerment of persons with disabilities, either individually or collectively. The absence of DPO contributes to this challenge as persons with disabilities are often isolated in the community and eventually face discrimination, all factors which prevent them to get involved in community activities.

Finally, village landscape (mountainous or rocky) can be another challenge that makes it difficult for persons with disabilities to actively attend the meetings and other community activities. This needs to be anticipated carefully at assessment stage to avoid proposing irrelevant activities, and requires relying heavily on community support and solidarity to develop relevant and sustainable support to participation.

### 3.2.1 DRM practitioners in the Philippines

#### Case study 1: Direct partnerships

##### Handicap International and ACF Partnership

The contract agreement for the project was signed by both parties in July 2010, with a first partnership meeting conducted in August 2010. In order to strengthen partnership and ensure effectiveness and efficiency for both the implementing organizations, a partnership capacity assessment was done to focus on meeting capacity needs and drawing out expectations. The results were used to further strategize and enhance project implementation and management. Major activities were done by both of the partners;

- Institutionalization of quarterly project meeting through the Information and Consultation Committee (ICC). -The meeting primarily aimed to create a venue where the different parties can exchange information and ideas to facilitate the monitoring, evaluation and the implementation of the project including administrative-finance issues.
- Global planning for both of the partners. - The global planning was conducted on a monthly basis where both partners share their activities. This was also an opportunity for both of the organizations to strategize, maximize resources and coordinate with each other in implementing the activities on time while ensuring the quality of the process and outputs.
- Weekly meeting and updating from the field staff to the project management. -This primarily aimed to ensure a smooth implementation of the project.

The collaboration between ACF and Handicap International was presented to an ACF regional workshop with participants from ACF Asian offices. It demonstrated how ACF was able to mainstream disability into DRM, thanks to this specific partnership. Several countries, including Bangladesh, Nepal and India expressed their interest on learning about disability mainstreaming in DRM. The partnership between Handicap International and ACF also contributed to the revision of ACF DRM implementation model to ensure that persons with disabilities are clearly identified in the vulnerable groups. To date, ACF has mainstreamed disability through inclusive training modules, participation of persons with disabilities in their DRM implementation and integrating disability data in their monitoring tools. Both Handicap International and ACF had impact on each other's day-to-day activities and practices in the field especially on disability issues in the community level.

#### Case study 2: Indirect partnerships

##### RED CROSS NATIONAL SOCIETIES

The German Red Cross (GRC) in consortium with the Spanish Red Cross and their key partner, the Philippine Red Cross (the only non-governmental organization accredited by the government to respond to disasters up to now) implement the "Integrated Community Disaster Preparedness program" (ICDPP) project in four provinces (Palawan, Antique, Camarines Sur and Norte) supported by DIPECHO. The project aims to strengthen disaster action teams, DRM in schools, community mobilization, disaster coordinating councils and the Philippines Red Cross Chapters.

In November 2010, Handicap International conducted trainings of three days on mainstreaming disability in DRM. The first training targeted project managers of DIPECHO partners including

## Lessons Learned

### Mainstreaming Disability into Disaster Risk Management Initiatives in Indonesia and Philippines

Philippines Red Cross staff and the second, field practitioners with a more practical approach. As a result, the Philippines Red Cross (PRC) changed their perception of disability and included disability in their DRM activities. They also requested more support for it.

Persons with disabilities, being part of the vulnerable group, were supported by the PRC in relief assistance. But disability as a holistic and cross cutting issue was not integrated in their programs and was considered to be too difficult to include in DRM activities. The training provided a venue to raise their awareness and explore the possibility of including persons with disabilities in disaster plans.

Further to it, another training on mainstreaming disability in DRM was conducted for PRC staff, PRC and GRC partners and stakeholders including the Barangay Disaster Action Team (BDAT), members of the Provincial and Municipal Disaster Risk Reduction and Management Offices, Department of Social Welfare and Development Officer, Special Education (SPED) Teachers and volunteers and staff of Red Cross Palawan and Antique Chapters. Meanwhile, two municipalities in Camarines Sur, San Fernando and Garchitorena, have included persons with disabilities in their HVCA mapping for the evacuation protocols.

Parallel to these key milestones, another major achievement in terms of sustainability and widespread reach is the production of IEC materials on DRM including disability. The materials produced by the GRC for the Philippines Red Cross includes a training manual for PRC staff and volunteers, a training manual for school-based disaster management, flipcharts for volunteers and teachers, workbooks for primary and intermediate-level students and a game for children in school. All these IEC materials produced will be the standard IEC materials in DRM to be used by all the Red Cross national societies working in the Philippines including the International Federation of the Red Cross, the International Committee of the Red Cross, the Spanish Red Cross, the German Red Cross, Netherlands Red Cross and the Japanese Red Cross.

#### ASCEND: Christian Aid /Social Action Center (SAC)

The municipality of Jomalig is under a project called ASCEND - Advancing Safer Communities and Environment against Disasters, implemented by Christian Aid and the Social Action Center of the prelatore of Infanta (SAC – Infanta), in the province of Quezon and funded by DIPECHO.

Staff of the ASCEND project benefited from the trainings on mainstreaming disability into DRM, and subsequently transferred their newly acquired knowledge to the rest of their teams. This transfer of knowledge is evidenced by how disability has been integrated to their community-based DRM activities.



*Accessible evacuation center*



*Inclusive community hazards maps*

## **Lessons Learned**

### **Mainstreaming Disability into Disaster Risk Management Initiatives in Indonesia and Philippines**

From January 2011, SAC - Infanta earnestly began including disability issues in their DRM programs. This comprised integrating disability into their training modules on PCVA, highlighting disability and the Accessibility Law.

In April 2011, an evacuation and multi-purpose center was built taking in consideration accessibility requirements for persons with disabilities. A ramp was built in the main entrance, as well as accessible toilets, and handrails are in the process of being added to the structure.

Focus was given to persons with disabilities in the conduct of data collecting activities in April 2011. Enumerators identified persons with disabilities as well as lactating mothers and older persons in the survey and mapping. For this particular activity, ASCEND's community coordinator sought the assistance of the Municipal Social Welfare Officer and the Barangay Health Worker. As a result of the above activity, the community's hazard map for the five barangays of Jomalig has clearly identified the families with persons with disabilities, older persons and lactating mothers.

Specifically in the contingency plans of Barangay Casuguran and Gango, priority was given on persons with disabilities and other vulnerable groups in all kinds of emergency response.

To further allow them to mainstream disability, Christian Aid/SAC felt the need to have an organized group of persons with disabilities to enable them to fully and actively participate in their community. They found that while there is data on persons with disabilities, their needs have not been considered for funding and for other government projects. Christian Aid/SAC therefore also encouraged the development of DPOs at the barangay level.

To strengthen inclusion in their current and future projects, Christian Aid/SAC hopes that Handicap International can visit and evaluate their activities, to provide them with feedback on what was done well and what can be improved, giving them more confidence to continue implementing disability-inclusive DRM initiatives.

## **Intervention Logic**

Outside of activities conducted at the community-level with ACF, Handicap International in the Philippines worked with a number of DRM actors to raise awareness on disability in DRM and improve their capacity to implement DRM activities that were disability-inclusive. This was done through a number of training sessions targeted at decision-makers, managers and field teams of other NGOs with DRM activities including DIPECHO partners, and civil society organizations. Organizations benefiting from this training included: Christian Aid/Social Action Center and the ASCEND project, Save the Children, Philippine National Red Cross, Coalition of Services for the Elderly, Coastal Core, Marinduque Council for Environmental Conservation, German Red Cross, Spanish Red Cross, International Organization for Migration, International Committee of the Red Cross, Oxfam, GIZ, Liliane Foundation, Assistance and Cooperation for Community Resilience and Development Inc. (Accord Inc.), Christian Blind Mission, Community and Family Services International.

After the training, Handicap International continued to provide ad hoc support to the organizations implementing disability-inclusive DRM. Follow-ups were also made to the various organizations to find out how the concepts discussed during the trainings were being applied.

## **Changes**

Through increasing their awareness and capacities to include disability, several partners have changed their approaches to DRM. The case studies above show how disability has been integrated by partners as a cross-cutting issue in DRM.

At the start of the project, partners expressed doubts and reluctance regarding inclusion of disability, thinking that it would be complicated or would need specialized skills. However, through the training,

the possibilities of how persons with disabilities could be better included in their activities were opened up. The case studies above show the various ways that organizations adapted their existing activities such as HCVAs, hazard mapping and contingency planning to take disability into account. The example of Christian Aid further shows how the concepts about disability were extended and applied for other groups such as older persons and women.

More than just changing their current projects, the disability mainstreaming messages imparted during the training are having a wider reach. For instance, the inclusive training manuals and modules designed by the Red Cross National Societies ensure mainstreaming is replicated in their other projects. For ACF, their programs outside of the Philippines and outside of DRR have become more aware and interested in mainstreaming disability in their various activities.

## Lessons learned

### A. Working together on the mainstreaming

- **“Capacity Building: support a nationwide organization accredited by the government”**

Building a partnership with an organization with nationwide coverage and governmental accreditation, such as the Philippine National Red Cross, opens opportunities for a wider impact on disability mainstreaming. The German and Spanish Red Cross, through the Philippines National Red Cross have spread their disability-inclusive training modules and IEC materials nationally, being used by schools and their local partners in implementing DRM activities.

- **“Partnership as an avenue to develop new strategies in mainstreaming disability into DRM within organizations with different expertise”**

ACF and Handicap International recognize their own important role in project implementation. Working through the organizations’ differences, expertise and priorities through regular meetings and consultations has become an opportunity to develop new strategies in mainstreaming disability in DRM. Through the sharing of skills and expertise by both organizations, a new learning opportunity was created. The partnership between ACF and Handicap International increased the level of confidence among ACF staff to be inclusive in their DRM programming, while HI staff gained confidence regarding DRM.

- **“Awareness and knowledge as the first step towards inclusion”**

Handicap International provided training to partners but with different levels of support and involvement. While ACF benefited from daily technical support in all its activities, most partners worked independently after the training to mainstream disability in DRM within their organization and their project implementation. Despite not receiving daily technical support from Handicap International, their efforts at mainstreaming show that an increase in awareness and knowledge can already be an important step towards inclusion.

- **“Targeting both the managers and field practitioners in the training is an effective approach in mainstreaming DRM”**

The training on mainstreaming disability into DRM targeted both the partners’ managers and field teams. The training for field practitioners gave more emphasis on the practical implementation of inclusive DRM, while the training for managers was intended to change organization policy to be more inclusive. Targeting two different levels in the organizations resulted in an organization-wide increase in understanding of how to include disability in DRM. This contributed to the development of holistic approaches in mainstreaming disability in DRM.

- **“Adaptation of training and modules based on trainees’ needs”**

Training content was continuously improved through consultation with stakeholders. Additional time was allocated to specific topics based on stakeholders’ recommendations, such as allotting more time to deal with the practicalities of disability mainstreaming for field practitioners and to policy development and decision-making for organizations managers.



- **“Institutionalizing the training on DRM is necessary to ensure the sustainability of DRM”**

Exploring the possibility of having an external pool of trainers and conducting a training of trainers will ensure that information is passed on to a greater number of participants. Issues regarding the lack of available trainers or the sustainability of an internal training team can be addressed by this as TOT will also support the sustainability of local resource input in building stakeholder capacity in mainstreaming disability into DRM. Handicap International staff as trainers will not stay in the same project forever, therefore TOT for local DPOs or NGOs can contribute to the sustainability of input availability.

- **“Institutionalization of partnership”**

The links between Handicap International and other DRM actors need to be institutionalized and formalized to ensure better collaboration on including disability in DRM. Having formalized partnership can improve the commitment of other DRM actors and quality results. An institutionalized partnership can also help systematize the technical guidance provided by Handicap International, ensuring that information and support is available to those who need it. In addition, this can also open up opportunities for the sharing of knowledge and experience.

- **“Strengthen the quality of partnerships through team building”**

One of the challenges in collaborative work is to adjust strategies in implementing the program of organizations that have different mandates, such as Handicap International and ACF. To reach a common understanding, team building exercise can be one strategy to develop a supportive environment in partnership.

- **“Systemize coordination and monitoring of partners mainstreaming effort”**

A clear coordination and support mechanism between Handicap International and its partners needs to be established as a means to support mainstreaming efforts. It is important to create a system that will allow partners to send and receive feedback and coordinate in a regular and constant manner. Not only can this ensure that mainstreaming support is made available when needed, such a mechanism can also serve as a constant reminder to partners after the training to continue thinking about and mainstreaming disability.

## **B. Working closer to communities**

- **“Using legal frameworks to push communities to mainstream disability in DRM and development”**

Despite the presence of elaborate legal frameworks pertaining to disability, these remain often unknown by most communities and community leaders. In addition to showing them their legal responsibility to include persons with disabilities, introducing these laws to the communities can also show them how the law provides them means to do so.

For example, to address concerns regarding the lack of resources to mainstream disability, communities and policy-makers should be briefed on the General Provisions of the General Appropriations Act which states that “the plans, programs and projects intended to address the concerns of senior citizens and differently-abled persons shall be integrated in the regular activities of the agencies which shall be at least one percent (1%) of the respective budgets.” To support the need for accessible structures for evacuation, the implementation of the accessibility law (B.P. 344) can be reminded.

- **“Encourage the creation of self-help groups”**

One of the means for persons with disabilities to receive support from the government is to be part of a DPO. A DPO that is officially recognized and registered can submit projects and apply for funding at the municipal level. A possible step that can facilitate the formation of a DPO would be the development of self-help groups or peer support groups in the communities. Through these groups, more information can be passed on to persons with disabilities and their families on their rights and specific needs. These groups also promote exchanges for a population that is often isolated. They could also act as a forum to build knowledge on inclusive DRM and advocate for their rights.

- **“Encouraging resiliency through integrating socio-economic activities and DRM”**

Addressing the socio-economic needs of persons with disabilities and the community in general can not only motivate them to participate and be involved in DRM activities, but can also increase their resiliency during disasters. For example, livelihoods and security of livelihoods directly affect a household’s vulnerability and capacity to cope with disasters; and a lack of livelihoods can also mean that a household does not see DRM as a priority. In the same vein, the lack of a necessary assistive device can increase the vulnerability of persons with disabilities during a disaster and can also hamper their ability to participate in DRM activities in the community. The provision of one can therefore address both these issues, decreasing their vulnerability and enabling participation in DRM activities.

In addition to supporting DRM, it is important to map existing service providers in the community, be it government offices or other NGOs. A process of referral for persons with disabilities and the community can be identified and reinforced (if already existing), or put in place to address their basic and specific needs, thereby addressing sources of vulnerability and affording them the opportunity to appreciate and participate in DRM.

## **Good Practices**

- **“Information and knowledge sharing with other partners’ networks”**

The fact that ACF network found the Philippines experience to be compelling and manifested interest in learning how to mainstream disability in DRM demonstrates the impact this type of partnership can have. National and international organizations have been trained on mainstreaming disability in DRM and are now applying mainstreaming to their projects across the country. Other organizations have also expressed interest to mainstream disability in their project as a result of information sharing and awareness-raising conducted by the project.

- **“Inclusive monitoring tools”**

Inclusive internal monitoring tools were developed for the project by different organizations. This is a relevant innovation from usual practices as it has started to be applied to other projects of those organizations.

- **“Inclusive training modules and IEC materials”**

Before the partnership with Handicap International, the training module ACF used in DRM implementation focused only on vulnerable groups but did not identify persons with disabilities specifically. To date, ACF has mainstreamed disability in their module and persons with disabilities are prioritized in their DRM implementation in all its project sites. The project had similar impacts on other organizations, with the development of inclusive workbooks for children and training modules for partners.

- **“Inclusive DRM facility”**

Partner organizations and local governments have been integrating the issue of physical accessibility for evacuation centers and inclusive early warning systems in their activities, and have gained a good understanding of this issue. They have been promoting the development of accessible facilities and systems in order to ensure equal access for all.

## **Challenges**

In terms of direct partnerships, the different approaches of Handicap International and ACF to project implementation posed a challenge at the beginning of the project. Strategies to overcome this had to be developed at the initial phase of the project, through team activities and regular coordination that emphasized that the two organizations were implementing one common project and encouraged an exchange of capacities.

For indirect partnerships, the main challenge was trying to motivate other actors to include disability despite the lack of a formal partnership agreement. Different organizations have different priorities and approaches, on which Handicap International cannot impose. However, in spite of this challenge the case studies show some examples of how partners still chose to include disability in their DRM activities.

Another challenge to indirect partnerships was the lack of formal systems for coordination, which may have diminished the impact of the training on actual field activities of the partners.

### **3.3 Policy makers**

The work with policy-makers is targeting sustainable inclusion of persons with disabilities in DRM, through mainstreaming the issue in governments' strategies, policies, plans and tools.

This implies sustained advocacy efforts, involvement in the DRM for both at national and local level and the availability of field inclusive CDRM activities that support and demonstrate the advocacy messages put forward at governmental level. Activities such as mock-drills and lessons-learned workshops represent key occasions to demonstrate the validity of disability inclusive approaches through tangible examples and presentation of good practices.

#### **3.3.1 Policy makers in Indonesia**

In Indonesia, Handicap International built partnership at provincial level with government stakeholders involved in disability inclusive DRM, Disaster Management Agency (BPBD) and Social Welfare Department (Dinsos). BPBD ensures the implementation of the DRM policy and regulation defined by its national level (BNPB) and coordinates the action of other stakeholders involved in DRM. The Social Welfare Department, under its Unit for Social Assistance for Natural Disaster, supervises Voluntary Disaster Corps (TAGANA) dedicated to disaster management. It also has the task to define, supervise and implement social rehabilitation programs for Persons with Disabilities.

#### **Case study**

##### **DISABILITY MAINSTREAMING IN DRR NEEDS TO BE CONTINUED**

One of the partners from the government sector in the project is East Nusa Tenggara Provincial Social Welfare Department (DinSos NTT). This partnership has been built since the arrival of Handicap International in NTT, in 2009. DinSos mission is to improve community resilience, empower potential sources of social welfare, and develop social welfare services, including social rehabilitation programs for persons with disabilities. DinSos is also involved in DRM issues through the coordination of TAGANA, volunteer groups involved in quick responses and supports during Search, Rescue and Evacuation (SRE) activities in disasters. Due to DinSos mandate in both disability and DRM fields, Handicap International built a partnership with Dinsos NTT to develop cooperation through several activities such as awareness-raising and capacity building.

Public awareness-raising for the inclusion of disability in DRM initiatives was implemented through dissemination of information material to the general public and DRM stakeholders during events supervised by Dinsos and BPBD such as International DDR Day and International Day of Persons with Disabilities. TAGANA, volunteer groups were trained during 3 days on the disaster response for persons with disabilities and vulnerable people (elderly, pregnant women, children) and consequently involved in Handicap International activities in the field, particularly the mock-drills. Beyond the coordination of activities with Handicap International in its efforts toward general public and TAGANA, DinSos representatives also benefited from the project through participation in workshops and trainings, and dissemination of documentation.

According to the Head of Persons with Disabilities Rehabilitation section from Dinsos NTT, Dra. Eufracia Da Silva Barros, the collaboration between Handicap International and DinSos created

strong foundation for raising public awareness regarding the importance of engaging persons with disabilities in DRM activities. “It is extraordinary, though it is not yet optimum, since Handicap International is just recently working in NTT. On the disaster side, many things have been done by Handicap International which also cover activities that are not yet implemented by the government, such as training and simulation for disability inclusive search, rescue and evacuation. Before, Dinsos NTT was only focusing on mothers and children. Our collaboration with Handicap International has built the capacity of Dinsos NTT, specifically for TAGANA, in performing comprehensive disability inclusive disaster relief. Certainly, changes occurred in knowledge and behavior for DRM that includes disabilities”, said Barros.

Eva Barros also stated that the training manual provided by Handicap International has been useful for supporting disaster and rehabilitation sections of Dinsos. “The government does not have modules like Handicap International’s training module. It is very good. So far, we have used and adapted some materials in the meetings and campaigns on DRM, and when providing outreach services to persons with disabilities through Mobile Social Service Unit (UPSK) and Loka Bina Karya (LBK). It just needs some adaptation, so that it can be more practical, and provide additional examples relevant to DinSos action in NTT”, explained Barros.

In terms of raising public awareness, Barros stated that “When reading the media published by Handicap International, we become aware that it is important to engage and take persons with disabilities into account in DRM efforts. Moreover, the content is written using accessibility principles, so that it can be utilized by persons with disabilities. Campaign for raising public awareness should be expanded as most districts in NTT still have no NGOs that regularly engage with persons with disabilities. In TTS, it is only implemented after getting assistance from Handicap International and partners (OISCA/BSK and CARE). “People need information. So far as I can see, community response has been very positive. Moreover, by using simple language they can get the message easily”, she said.

Eva Barros is confident that collaboration with Handicap International contributes to build Dinsos’ staff capacities in performing their duties. She also hopes that disability-inclusive DRM will be sustained and improved. “Inclusion is not yet comprehended at all community levels and by most of NTT societies. Awareness is only being conducted for communities in Timor Island . Flores Island is a disaster prone area that has not received assistance. Therefore, we are ready to back-up Handicap International in this effort”, explained Barros. Still, Barros acknowledges that staff turnover both among sections and across institutions is a challenge and highly influencing the sustainability of disability mainstreaming.

However she acknowledged that several positive changes have occurred through Handicap International action in DRM, such as: the availability of additional reference related to disability mainstreaming in DRM (training manual) and improved knowledge on inclusive DRM. After following training on disability mainstreaming for DRM efforts, it is now required from DinSos staff to share the information to other staffs in their section and at district/municipality level, for engaging persons with disabilities in community activities whenever possible.

## **Intervention Logic**

In the implementation of the project, collaboration with government bodies ensured the coherence of the action with the existing DRM frameworks and allowed advocacy for disability mainstreaming within this framework in order to foster sustainable inclusive DRM.

Collaboration was implemented through:

- Involvement of representatives of BPBD and DinSos in the review process of the "Mainstreaming disability into DRM" training manual to the Indonesian context
- Organization of 3 days training sessions for TAGANA (Voluntary Disaster Corps) volunteers in Kupang and TTS districts

- Involvement of Handicap International in awareness raising events supervised by Dinsos and BPBD such as International DDR Day and International Day of Persons with Disabilities
- Regular participation of Handicap International in the provincial DRR forum coordinated by BPBD
- Capacity-building of representatives of these government bodies through attendance of workshops and trainings organized by Handicap International such as the socialization of the "Mainstreaming disability into DRM" training manual or mock-drills in villages

## Changes

The regular collaboration between Handicap International, BPBD and DinSos as well as the understanding of these government bodies regarding the link between disasters and disability and the stakes of inclusion of persons with disabilities in DRM has clearly improved. This has fostered a supportive change of attitude from government representatives directly involved in the project and laid ground for further action that would support institutional change towards the inclusion of disability in the province's DRM strategies.

## Lessons learned

- **"Use community based organization to advocate for inclusive DRM within local regulations and plans"**

Tagana (Taruna Siaga Bencana), community volunteer groups were trained by Handicap International in 2 districts on the inclusion of persons with disabilities and vulnerable people in disaster response. Tagana mostly provides specific service during emergency response at community level. However, organization practice have already widened and Tagana now contribute to the "Desa Siaga Bencana" (Disaster Resilient Village) prevention initiative in which inclusion of disability was adopted as one of the issues in order to build disaster resilient community. Tagana, as a community-based organization acknowledged by the provincial authorities, is a relevant vector to promote sustainability of disability inclusion in DRM with community decision-makers such as head of villages or traditional leaders.

- **"Get involved in coordination and joint activities for advocacy"**

The celebration of International DRR Day and International Day of Persons with Disabilities were part of the awareness raising activities within the project. These activities were hold under the coordination of BPBD and Dinas Sosial at provincial level. Moreover, Handicap participated actively to the provincial DRR Forum held under the coordination of BPBD. Through the close cooperation and forum offered by these activities, Handicap International could advocate for the inclusion of disability in DRM with these authorities. They consequently supported the action of Handicap International and accepted to disseminate information on this topic within their structures and to other government agencies within their networks.

- **"Government decision-makers as champions of the inclusion message"**

Identification of dedicated key figure within relevant government bodies can be used as a strategy to spread the message of disability inclusive DRM to other government stakeholders. Thanks to the support of Dinas Sosial, the Mobile Social Service Unit (UPSK) started using Handicap International training module to conduct socialization of inclusive to DRM at districts level.

- **"Widening the scope of advocacy to legislators and budget holders in regions"**

The advocacy activities implemented in NTT have already involved some key focal points from sectoral government structures. Still, this action needs to be strengthened by involving strategic focal points involved in legislation, budget and planning in the regions such as local chief legislative, local chief executive, and local chief planning board. Targeting these policy makers in addition to sectoral bodies will open more opportunity to mainstream disability into DRM through regional regulations, development planning and budgets.

- **"Involve government more actively in the capacity building process"**

Drafting relevant disability inclusive policy and regulation requires from government stakeholders to develop thorough capacities on disability and DRM. Involving a wider audience within authorities in the capacity-building component of the project would allow for a broader understanding of local authorities regarding the mainstreaming of disability into DRM and support this legal change. This could be done by involving in the capacity-building process technical staff from planning board, health and other sectoral authorities that support regional government in legislation development.

- **"Support the adaptation of IEC material to be used by local authorities"**



The IEC materials produced by Handicap International were later used by Dinas Sosial to conduct awareness-raising on mainstreaming disability in DRM to other stakeholders in the province, both in other departments of Dinas Social and in communities.

These tools would benefit to be more contextual in order to have a maximum impact for every specific target group. Handicap International could support this adaptation through its internal IEC staff.

- **"Engage Bappeda (Regional Development Planning Board) in the mainstreaming process"**

The regional development planning board has a key role in identifying development priorities for the province. Specifically targeting Bappeda in advocacy and capacity-building and link the development planning process with BPBD and DinSos plans could open opportunity for interesting synergies that could benefit in the longer term to the inclusion of disability in DRM programming.

## Good Practices

### **"Disseminating information through UPSK (Mobile social Service unit) and disaster resilient village (Desa Siaga Bencana) programs"**

Dinas Sosial started disseminating information on inclusive DRM in communities through its different programs and units. The UPSK units visit communities regularly in collaboration with health department, conducting assessments on persons with disabilities and support activities. It is a powerful vector of information and monitoring in the communities. Dinas Sosial disseminated material provided by Handicap International through socialization activities. Under the action of TAGANA, Dinas Sosial also contributed to the national program of Disaster resilient villages (Desa Siaga Bencana). It intends to improve the program to ensure the inclusion of persons with disabilities. These actions could be continued and strengthened in future interventions to up-scale the impact of the current intervention and contribute to its sustainability.

## Challenges

One of the major challenges faced by the project in its action with the government bodies is the staff turnover. The issue of staff turnover is particularly detrimental as it is affecting particularly managerial and decision-making levels of the hierarchy. Key figures in government agencies who have been supporting Handicap International action through advocacy and coordination can often be transferred under short notice to another position in the institution. This requires repeating regularly capacity building efforts and could only be solved if awareness on inclusion of disability is internalized by government bodies in their own induction and capacity-building processes.

Another challenge was staff limited initial capacity on the inclusion of disability in DRM. Willingness to learn about the new issue was usually high; however, it needs to be supported with consistent

capacity-building efforts. As an example, BPBD is a recently created government body. Despite being mandated to develop policy and regulation, the knowledge of its staff regarding the specific needs of vulnerable groups in case of disasters, and particularly persons with disabilities, is limited. Therefore, advocacy for change in regulations and plans towards the decision-makers needs to be supported with adequate training and technical support on disability and how to mainstream it in DRM towards relevant staff.

### 3.3.2 Policy makers in Philippines

In the Philippines, Handicap International, in collaboration with ACF, built partnerships at the provincial and municipal levels primarily through the DRRMO and DRRMC. Beside these partnerships, Handicap International also collaborated with the Provincial and Municipal Social Welfare and Development Offices, and the Municipal Health Offices.

#### Case study 1: Intervention at the municipal-level

##### **IT CAN BE DONE. BUT I CANNOT DO IT ALONE.**

###### **MHO-Caramoran**

Dr. Fay Tanael is the Municipal Health Officer (MHO) of Caramoran, one of the two project municipalities covered by the project. Her office is in-charge of implementing health programs such as tuberculosis control, maternal and child care and immunization in the municipal level. She also sits as member of the Municipal Disaster Risk Reduction and Management Council (MDRRMC) and is particularly responsible in monitoring health, medical and water and sanitation situations in times of disasters.



With the need for baseline data for the formulation of plans and policies for persons with disabilities especially in the field of DRM, Handicap International approached the Municipal Health Office and the Social Welfare and Development Office to ask for data on persons with disabilities, since those are the agencies in charge of their registration. However, no registry existed. It was for this reason that Handicap International urged Dr.Tanael and the Municipal Social Welfare Officer to identify and profile persons with disabilities in the municipality, especially in the four barangays where Handicap International and ACF are working. Admittedly, Dr.Tanael had a totally different perspective on disability prior to Handicap International's intervention. Sharing her experience with persons with disabilities in the health center, she says: *"I look at them based on their complaints and not as persons with disabilities .I look at them as a medical case. "* Handicap International's arrival was an eye opener, according to Dr.Tanael. *"It is only through the awareness given by Handicap International that I learned that they should be treated as human beings and not only as patients."*

Dr.Tanael, together with her Barangay Health Workers (BHWs) set out to identify and certify the Persons with Disabilities in the four barangays. *"To look for these people, I visited them personally to certify their disability. I was touched. I saw that they really need help."* As soon as she started her house to house visits, she was getting questions such as: *"Can we ask for wheelchairs? Medicines? No, no. This is not about that. This is about including you in disaster risk reduction plans, how we can help you. That's what they cannot understand."* Aside from this, she also faced communication problems particularly with persons with speech, hearing and intellectual impairments. Logistics issues also cropped up during her barangay visits, with no reliable service vehicle, she would ride a motorcycle to get to the barangay. After two months, her hard work paid off. In February, she presented Handicap International with a list of persons with disabilities. Caramoran now has identified and certified 94 persons with disabilities in the four target barangays.

Armed with her new disability perspective and the data from the four barangays, Dr.Tanael started advocating for persons with disabilities inclusion in the local DRRM office, urging the DRRMO officer,

to consider persons with disabilities needs and concerns during evacuation . At the moment, purchase of wheelchairs, stretchers and blankets is now being processed by the LGU. Accessibility is also being considered in the construction of an evacuation center in the town proper. The DRRM Officer has requested assistance from Handicap International with regards to standard measurements of ramps, hand rails, latrines, door width and other accessibility features. They also plan to devote an area specifically for persons with disabilities in the ground floor. Meanwhile, Dr.Tanael has also ensured that the new health center being constructed would have ramps and handrails.

Despite these “small victories”, Dr.Tanael feels that for them to be able to really compel the legislative and executive bodies to formulate disaster risk reduction plans including persons with disabilities, data should be representative of the 27 barangays. Profiling only four barangays is not enough. Citing political issues within Caramoran LGU as one negative factor , she also counts Handicap International’s limited scope and time as the project’s weaknesses together with the project’s mandate to not focus on the provision of medical services, assistive devices and livelihood opportunities. She credits Handicap International for raising the awareness on disability as well as for its persistence and support in profiling persons with disabilities. She believes that once all persons with disabilities are identified, a system can be devised so that their vulnerabilities to disasters can be reduced. With 23 more barangays to profile, Dr.Tanael now plans to tap the services of the barangay volunteers in identifying persons with disabilities. “Nothing is impossible. It can be done but we need help. I just cannot do it alone.”

## **Case Study 2: Intervention at the provincial level**

### **Provincial Disaster Risk Reduction and Management Office (PDRRMO)**

The Provincial Disaster Risk Reduction and Management Office (PDRRMO) is ACF and Handicap International’s partner in the implementation of the Mainstreaming Disability into Disaster Risk Management Initiatives project in the province. The PDRRMO conducts activities such as orientation of local officials on the new DRRM law, establishing coordination mechanisms with municipal and barangay disaster councils, and re-organization of the Provincial Disaster Risk Reduction and Management Council (PDRRMC), guided by the DRRM law. The PDRRMO also contributes to the training for the media and private sector by co-facilitating and supporting the organization of said trainings. In all these, PDRRMO have mainstreamed disability issues.

Handicap International came when the Disaster Risk Reduction and Management Law implementation was beginning. The organization’s timely arrival in the province was considered by the PDRRMO as a positive factor, as the new law reiterated the creation of disaster councils at all levels and also stipulated the protection of safety of vulnerable groups including persons with disabilities.

The PDRRMO counts Handicap International’s efforts in raising the awareness on disability as the greatest strength of the project. “It is big thing for us because the Provincial Social Welfare Development Office (PSWDO) is passive,” said PDRRM Officer Nieva Santelices, describing the social welfare office’s focus on providing assistance to persons with disabilities but not really empowering them. Handicap International’s persistence in ensuring inclusion and mainstreaming was also seen as having a positive impact. PDRRMO staff Bobby Monterola said: “With Handicap International coming, we were given a lot of knowledge how to handle them and how they can be integrated in disaster plans especially in the prevention phase”. The PDRRMO staff said that Handicap International’s awareness-raising efforts made them realize that persons with disabilities are not a problem but are untapped opportunities essential in the conduct of DRM programs.

The office conducted a Barangay Disaster Risk Reduction and Management Training (BDRRMT) in Barangay Bagatabao in the municipality of Bagamanoc. The training was facilitated by PDRRMO staffer Jorge Sarmiento who shared that persons with disabilities were taken in consideration in the drafting of the barangay’s contingency plan, an activity that was part of the training.



Funding and lack of information on DRRM of policymakers were cited as the challenges of the project. The PDRRMO has submitted to the Provincial Board a comprehensive plan of DRM projects ranging from the conduct trainings, construction of mitigation infrastructure to climate change adaptation activities. The PDRRMO chief however said that due to lack of knowledge on the new law, only a few of their plans were approved. Without the board's approval, the PDRRMO will have a problem sourcing for funds to finance its projects and activities.

The PDRRMO plans to conduct BDRRM trainings in all the barangays of Catanduanes. Through these trainings, they aim to ensure that every barangay have ample knowledge in disaster risk reduction. In these trainings, focus on persons with disabilities and other vulnerable groups will be highlighted. Currently, the training syllabus where persons with disabilities, mothers, children and the elderly will be integrated are being prepared. Aside from that, accessibility will also be considered in the proposed operation center of the office.

### **Intervention Logic**

Handicap International's collaboration with policy-makers in the target areas is done through ACF's existing partnerships at the provincial and municipal levels. Mainstreaming disability into DRM at the policy-maker level is therefore done within the framework of ACF's DRM activities. This includes capacity-building and awareness raising activities conducted with provincial and municipal offices such as the DRRMT and disaster preparedness planning.

In addition to the provincial and municipal DRRM and DRRMC, Handicap International also worked with other government offices at the provincial and municipal level such as those directly responsible for disability issues. These offices include the Social Welfare and Development Offices and the Health offices. Over and above DRM activities, Handicap International also collaborated with these offices for the identification of persons with disabilities in the target areas and for linking persons with disabilities with service providers for their basic and specific needs.

### **Changes**

Through their involvement in the project, government offices experienced changes in their approach to disability and to the inclusion of persons with disabilities. The Municipal Health Office went from looking at disability as only a medical issue to understanding it as a human right issue, while becoming conscious of the importance of mainstreaming disability in all its initiatives.

Another notable change was at the PDRRMO level where a disability-inclusive contingency plan was drafted. Government agencies started to be more aware of the needs for accessibility which enable persons with disabilities to have more opportunity to participate and exercise their rights as any other citizen. The provincial government of Catanduanes has approved the trainings on DRM in all the barangays of the province and plan to make it disability-inclusive. They aim to ensure that every barangay have ample DRM knowledge. In these trainings, aside from persons with disabilities, other vulnerable groups will also be highlighted.

### **Lessons learned**

- **“Close advocacy with key figures within the government to promote disability-inclusive policy and access”**

Through a raised awareness on disability and DRM, the PDRRMO of Catanduanes and the MDRRMO of Caramoran try to ensure that persons with disabilities are accounted for in all their activities. As both offices are still at their early stages it facilitates the introduction of disability issues into their plans and strategies, and both offices have requested Handicap International's assistance to ensure the accessibility of shelters and other structures. They are also working on taking into account

persons with disabilities needs and concerns during evacuation. At the moment, purchase of wheelchairs, stretchers and blankets is being processed by the LGU.

- **“Motivate government staff to spread widely the advocacy message on mainstreaming disability into DRM to other government bodies”**

Identifying dedicated government officials for the mainstreaming of disability into DRM facilitates conducting advocacy at the level of policymakers. Having such motivated individuals can help the process of including persons with disabilities in local DRM and development plans. For example, Handicap International tapped motivated government staff for the identification of persons with disabilities in the target areas. These individuals readily volunteered their time for this activity. Effective awareness-raising activities helped in motivating individuals to be involved. If coupled with adequate capacity-building on mainstreaming disability, these dedicated individuals can play an important role in supporting mainstreaming disability in DRM.

- **“Encourage local authorities to start working on mainstreaming disability in DRM by collecting baseline data on persons with disabilities”**

Having accurate and up-to-date data on persons with disabilities is the first step towards disability-inclusive DRM. These same can be said for development in general.

To effectively push for change, having quantitative data plays a significant role in convincing decision-makers. Baseline data on persons with disabilities will be the input for any political decision on development planning, including DRM planning. Being counted also makes persons with disabilities more visible, opening up opportunities for them to be taken into account and participate in their community. Handicap International, together with the Municipal Health Offices, has already started the process of identifying and assessing persons with disabilities. However, this initiative has to be extended to other areas in the province in order to have reliable data for developing inclusive DRM and inclusive development.

- **“Raising awareness and Capacity building for all government staff”**

Training on mainstreaming disability has been conducted for government bodies in charge of disaster management. However, to develop inclusive DRM policy, knowledge to commit and invest in inclusive DRM needs to extend to other government offices and agencies.

- **“Capacity Building: Develop capacities and skills of existing DPO”**

If DPO do not exist yet, it can be relevant to encourage persons with disabilities to work on forming a group or association, to facilitate advocating for their rights and needs. The government needs to work through these organizations as they represent persons with disabilities and can voice their needs as well as disseminate information.

## **Good Practices**

- PDRRMO has developed comprehensive disability-inclusive DRM plans. They applied for budget allocation for the inclusive DRR plan but this is still in discussions at the governmental level. However, this is a good start to accommodate inclusive DRR policy.
- PDRMMO will conduct disability-inclusive BDRRM training to all the barangays in Catanduanes. They will use the opportunity to include inclusive DRR in the training.

## **Challenges**

Disability is still widely considered a separate and specialised issue. Mindsets about persons with disabilities are often still focused on assisting them, fulfilling their immediate needs and not on empowering them and ensuring inclusive initiatives for equal rights and opportunities. Government faces a lack of knowledge on both disability and DRM. Though they have willingness to spread widely inclusive DRR through their regular activities, this lack of knowledge limits their confidence to do so.

Changes in leadership and staff is also another challenge faced by the government, as dedicated staff can be moved to other division in short notice. This situation influences the pace of including disability in DRM, as well as DRM development in general, as the presence of knowledge and skills is unpredictable. The local government of Catanduanes does not consider disability-inclusive DRM as a priority, meaning that budget allocation to support DRM plans is still under discussion and needs further advocacy to become part of development planning.

## **SECTION IV: KEY RECOMMENDATIONS**

Despite the different approaches applied by the project in Indonesia and Philippines, common key points have appeared through the different levels of implementation (community, practitioners and decision-makers) and the analysis of cross-cutting issues (awareness-raising, capacity-building of stakeholders and empowerment of persons with disabilities) for the inclusion of disability in DRM.

Foremost, as other services to society, Disaster Risks Management can be considered from the point of view of the community considered as users, the authorities considered as regulation body, or the DRM practitioners considered as service providers. In order to ensure access to this service by all, including persons with disabilities, it is important that actions be taken with regards to each of these stakeholders. **This comprehensive approach** to DRM provides the opportunity to consider and prioritize actions in order to foster the inclusion and participation of persons with disabilities.

When it comes to activities supporting the inclusion of persons with disabilities in DRM, it is important to consider two complementary axis: promoting an inclusive system for persons with disabilities to find answers to their basic and specific needs through ordinary/mainstream, support and specialised services, and ensuring empowerment of persons with disabilities through capacity building, support, or other. **This twin-track approach** to DRM, adapted for disability inclusive development from the DFID original model, provides complementary components for the full access of persons with disabilities to DRM, and re-emphasizes the need to focus not only on individuals but also to work on a system that would be inclusive of all.

Active **participation of persons with disabilities** in the projects and plans is an important aspect to consider in the inclusion process. Persons with disabilities know better than any other person about their capacities and vulnerability in case of disasters, and can bring highly valuable inputs when it comes to tackling situations of vulnerability. Therefore, it is important to take into account in programming, implementation and monitoring and evaluation, the participation of persons with disabilities and their families. This participation can take place in community-level activities such as VCA, design of contingency planning or early warning systems. This participation needs to be considered as a gradual process. Indeed, someone who has been systematically excluded from social activities will need additional support to enter group activities and be able to interact efficiently with local authorities or DRR practitioners. The support and participation of family members is often a key facilitator in that regard.

The access to reliable **data regarding persons with disabilities** is a considerable added value. DRM projects are frequently implemented in rural or remote areas, in countries where more than often census are implemented with limited focus on disability. Therefore it is important, in order to be able later on to support the inclusion of persons with disabilities in DRM plans, to identify precisely the number of persons with disabilities in the implementation area, their geographic situation, as well as other key elements to understand their basic and specific needs (age, gender, impairments, literacy and education levels, etc.)

Moreover, in order to be able later on to support in a relevant manner the active inclusion and participation of persons with disabilities in DRM plans and actions, it is important to assess in a participative manner the specific **needs and expectations of persons with disabilities** in health, social, economic and education fields. Doing so provides the opportunity to understand and address the priorities of these persons, and facilitate later on, through direct provision or referral, access to the necessary support activities (rehabilitation services, transportation, social services, etc.) These will in turn allow and support individual participation in your DRR actions.

Beyond the participation of individuals in community-level activities, persons with disabilities can also have relevant inputs in capacity-building for DRM practitioners or in advocacy activities towards decision-makers. In such activities, more than often they can be usefully represented by **Disabled Persons Organizations**. These organizations voice the concerns and expectations of persons with disabilities and organize their action. They can be more or less structured according to the experience and skills of their members but generally represent a relevant stakeholder to involve with institutions or authorities in decision-making processes.

**Sustainability** of actions and plans is another major concern when it comes to Disaster Risks Reduction. To ensure safety of communities in the long term, certain considerations need to be addressed carefully.

First of all, whenever possible, inclusive DRR actions should **involve existing processes, resources and structures** rather than try to create new ones. This would ensure that capacities and processes put in place are acknowledged by permanent structures and bodies that can internalize them. This applies also to the specific actions supporting the participation of persons with disabilities (support, referral to services, etc.) Whenever possible, projects should use existing supports services rather than trying to develop new ones in the specific timeframe of a project.

Other key aspects to consider are the **legal and budget dimensions of DRM**. In order to ensure the sustainability of actions and inclusion of persons with disabilities, projects should, whenever possible, try to secure the existence of developed DRM set-ups through their inclusion in legal and budgetary frameworks controlled by central or local authorities. In the context of the Philippines and Indonesia, where a certain level of decentralization has already taken place, local regulations and development budgets represent relevant entry points for the sustainability of disability-inclusive plans and actions.

When it comes to work at community level, disability and DRM represent two very different topics requiring intensive **awareness-raising**. It might be difficult to start from scratch simultaneously on these two topics. Experience through the project proved that it was easier to introduce disability-inclusive DRM in communities that already had some level of understanding about one or the other topic. Most of the time, communities that had already worked on CBDRM proved more eager to ensure inclusion of persons with disabilities and other vulnerable groups than communities that were completely new to the topic.

## SECTION V: CONCLUSION

There is no magic formula for mainstreaming disability in DRM. This is not surprising or necessarily negative – inclusion of disability can be a slow process, bringing about a deep cultural shift from looking at persons with disabilities as recipients of charity, to working with them as empowered individuals. However, the process of mainstream disability in DRM is achievable. It starts by encouraging the inclusion of persons with disabilities in every decision making process to enable them to have space for voicing their rights as well as their capacities and contribution to the community. From attending community meetings, the level of participation will then be gradually increased into influencing decision making.

To expect meaningful changes in planning and practices in a relatively short time frame is not realistic; especially when planning at the village level is constrained by restrictions, limitations, and regulations coming from higher levels. However, the twin track approach generates important changes in the approaches and behaviors of the stakeholders. Community starts to include persons with disabilities in DRM planning and provides spaces for sustainability through DRM local policy, budget, and regulation. Community knowledge, skills, and capacities in facing disaster have had added value in considering the needs and rights of persons with disabilities. Development partners in DRM developed inclusive strategy and practice within their organization, included persons with disabilities in their project implementation, developed inclusive assessment, monitoring and evaluation tools. Policy makers mainstreamed disability in their DRM initiatives and became aware of the importance of having baseline data on persons with disabilities as a base to develop inclusive DRM policy.

Mainstreaming is about including disability into existing agendas, frameworks and processes, **not adding on separate disability activities**. Effective mainstreaming requires strong management commitment. It needs a clear structure, with ongoing activities and follow-up, and appropriate budget and time allocated to it. It cannot be a ‘one-off’ activity, or left to individuals with no wider support. Furthermore, the essential function of mainstreaming disability in DRM is the process rather than the outcome. The planning process is an opportunity to pursue and deepen knowledge through the sharing of experiences between people from quite disparate areas and offers an opportunity to develop relationships and networks which can facilitate future action.

The active **participation of persons with disabilities** in the projects and plans is an important aspect to inclusion. There is a need for mapping stakeholders so that they understand their role. Intensive awareness raising and capacity building of government should be a strong focus, because the government is the primary responsible in developing inclusive DRM policies as well as opening opportunities of sustainability. It is essential also for persons with disabilities and their representative organizations to play an active role in all mainstreaming activities. These organizations voice the concerns and expectations of persons with disabilities and organize their action.

It is expected that the inclusion of disability issue will no longer be an exception but the norm in DRM and development activities at community, regional, national and international levels. Persons with disabilities have the fundamental rights to reach equal and full participation in the society. By taking into consideration the specific needs of persons with disabilities in every project or activity, persons with disabilities are able to uphold their dignity at family and community level, which take them forward to achieve their rights; and this will automatically create impressive and sustainable changes in the society.

## **SECTION VI: GLOSSARY**

**Accessibility:** An accessible environment allows for free and safe movement, function and access for all, regardless of age, sex or condition. It is a space or a set of services that can be accessed by all, without obstacles, with dignity and with as much autonomy as possible.

Accessibility can be defined on two levels:

1. Accessibility of the physical environment - which includes housing and private buildings, as well as public spaces or buildings. Particularly important is transport to enable people the right to move around and choose their means of transport.
2. Access to information and communication - accessible media, accessible dissemination of information and accessible message; for example, information on HIV/AIDs prevention.

**Advocacy** is an ongoing process aiming at change of attitudes, actions, policies and laws by influencing people and organizations with power, systems and structures at different levels for the betterment of people affected by the issue.

**Assistive devices:** The devices and equipment that assist people with disability, minimizing the impact of the impairment, to lead a more independent life, and take an active part in the community are called assistive devices. Example: Wheelchair, crutches, artificial limbs, hearing aid device, glasses for extreme visual impairments, stick for visual impaired people to orientate themselves in the environment etc.

**Capacity building:** The term capacity is defined as the ability of individuals and organizations to perform functions effectively, efficiently and in a sustainable manner. Capacity building and capacity development are often used as synonyms. Capacity development is the process by which individuals, groups, organizations and institutions strengthen their ability to carry out their functions and achieve desired results over time. It is a process of improving the ability of organizations and systems to perform their assigned tasks in an effective efficient and sustainable manner.

**Civil Society Organizations** are all civic organizations, associations and networks which occupy the "social space" between the family and the state who come together to advocate their common interests through collective action. It includes volunteer and charity groups, parents and teachers associations, senior citizens groups, sports clubs, arts and culture groups, faith-based groups, workers clubs and trade unions, non-profit think-tanks and "issue-based" activist groups (from DFID glossary).

### **Disability and persons with disabilities**

A disability is any restriction or lack resulting from the interaction between a society (and the people living in it), the person with the impairment and a given impairment. Disability is a state that may be minimized by adapting the environment. Persons with disabilities include those who have long-term physical (body, speech impairments), mental (resulting from a chronic mental illness), intellectual (e.g. Down syndrome, autism) or sensory (visual, hearing) impairments which in interaction with various barriers (see environment) may hinder their full and effective participation in society on an equal basis with others (CRPD). Handicap International recognizes that disability has various definitions in the social and legislative frameworks of different countries but proposes this CRPD definition as a universal reference.

**Disabled People's Organizations (DPO):** is an organization representing people with disabilities, focused on the promotion of their rights. In the majority of cases these organizations have to be mainly composed of and led by persons with disabilities. They can also be family based organizations, advocating for the human rights of people with disabilities.

**Self-help groups:** The formation of self-help groups has become in some countries the dominant tool for community development and poverty reduction. 'Self-help group' is the generic term for a group of people who come together for a common purpose. In many cases this is to save money through a group savings scheme. But the most important function of a group is that it brings people together for a common purpose, strengthens social relations, and makes the phrase 'community development' a reality.

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