INPUT OF INDONESIAN ORGANIZATIONS OF PERSONS WITH DISABILITIES IN THE PREPARATION OF GENERAL COMMENTS ON ARTICLE 11 OF CRPD

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# **Introduction**

1. This document is the submission of the Indonesian Disabled Persons Organization to the CRPD Committee which is preparing a new General Comment on Article 11 of the UNCRPD (Situations of Risk and Humanitarian Emergency). This report was prepared based on of discussions and workshops, including on 26-27 January 2023, in Yogyakarta.
2. Organizations for Persons with Disabilities who were involved in preparing the input were:
3. CIQAL (Center for Improving Qualified Activity in Life of People with Disabilities), Yogyakarta
4. OHANA (Organisasi Harapan Nusantara Indonesia), Yogyakarta
5. CAI (Cahaya Inklusi Indonesia), Bandung, Jawa Barat - Cahaya Inclusion Indonesia, Bandung, West Java
6. Sehati Sukoharjo, Sukoharjo, Central Java
7. PPDK (Perkumpulan Penyandang Disabilitas Klaten), Klaten, Jawa Tengah - Association of Persons with Disabilities Klaten), Klaten, Central Java.

# **Policies, programs or action plans aimed at protecting persons with disabilities in emergency and humanitarian situations.**

1. Regulations related to disasters and emergency situations are not fully inclusive, although there have been several regulations that emphasize affirmation of persons with disabilities in disaster situations.[[1]](#footnote-1)
2. In the context of disaster management, the number of regulations that could be said to be inclusive of persons with disabilities, include:
3. Law No. 24 of 2007 concerning Disaster Management. Protection of vulnerable groups is reaffirmed in Article 48 of the Law and Article 55 confirms that one of these vulnerable groups is persons with disabilities, apart from infants, toddlers, children, pregnant or breastfeeding mothers, and the elderly. Even though, Article 3 paragraph (2) of this Law does not include disabilities as a basis of discriminations, and only emphasizes the principle of non-discrimination based on gender, ethnicity, religion, race, and any political beliefs.
4. Law No. 8 of 2016 concerning Persons with Disabilities emphasizes disaster situations, namely in Article 20, that the right to protection from disasters for Persons with Disabilities includes the right to: a) obtain easily accessible information about a disaster; b) knowledge about disaster risk reduction; c) get priority in the process of rescue and evacuation in a disaster situation; d) obtain easily accessible rescue and evacuation means and facilities; and e) acquire priorities and facilities that are easily accessible at evacuation sites.
5. In addition to the policies above, a number of Actions and Programs are emphasized in regulations derived from existing laws, such as Government Regulation No. 70 of 2019 concerning Planning, Implementation, and Evaluation of Respect, Protection, and Fulfillment of the Rights of Persons with Disabilities, one of the strategic objectives of which emphasizes: "”*Providing an environment of barriers to Persons with Disabilities*", with an implementation strategy: “*Ensuring that the Minimum Service Standard indicators are in accordance with the principles of non-discrimination and proper accommodation for Persons with Disabilities*”, with the achievement target: “*Availability of standards and guidelines for disaster management services for Persons with Disabilities in accordance with the provisions of Minimum Service Standards*”. This is also regulated in the Regulation of the Minister of National Development Planning/Head of the National Development Planning Agency of the Republic of Indonesia Number 3 of 2021 concerning the National Action Plan for Disabilities.
6. Minimum Service Standards (regulation) have been regulated.[[2]](#footnote-2) However, Government Regulation 2/2018 and the Ministry of Home Affairs Regulations 101/2018 do not mention persons with disabilities or vulnerable groups. The Regulation must be revised and aligned with CRPD Convention.
7. Regulation of the Head of the National Agency for Disaster Countermeasures (Perka BNPB) No. 14 Year 2014 concerning Management, Protection and Participation of Persons with Disabilities in Disaster Management emphasizes the participation of persons with disabilities. Articles 4 to 7 of this Regulationregulate the Disaster Disability Service Unit. Furthermore, this Regulation regulates:

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| **Article** | **Aspect of Regulation** |
| Article 8 | All aspects of disaster management must provide easy access for persons with disabilities |
| Article 9 | Active involvement of persons with disabilities in the planning, implementation, monitoring, evaluation stages as well as in the Disaster Risk Reduction (DRR) Forum |
| Article 10 | Development of independence through capacity building of persons with disabilities |
| Article 11 | Early warning systems according to various disabilities, as well as preparedness at the household level |
| Article 12-19 | Emergency response, by taking into account the special needs of persons with disabilities, including the availability of special aids and companions |
| Article 20 | After the disaster, efforts are oriented towards DRR and meeting the special needs of persons with disabilities |

1. The regulation actually have specifically regulated how people with disabilities must be actively involved in the pre, during and post-disaster stages, but it needs to be ensured in the context of its implementation.
2. In the implementation of disaster prevention (pre-disaster), practice in the field is still not inclusive. This is illustrated by the following conditions:
3. Access to disaster information is not evenly distributed and easily accessed by persons with disabilities and does not pay attention to the needs of all types of disabilities;
4. Access to capacity building for persons with disabilities in disaster is still minimal, training is still mostly for non-disabled persons;
5. Safety signs still do not accommodate all types of disabilities. For deaf people and blind people it is almost nonexistent;
6. There is a low involvement of persons with disabilities in making Disaster Risk Maps and preparing other documents such as Disaster Management Plans, Contingency Plans, Disaster Emergency (Evacuation) Management Plans, etc. However, there has been involvement of persons with disabilities in preparing disaster documents, such as in Kepuharjo Village, Glagaharjo Village, and Wukirsari Village in Cangkringan Sub-District, Sleman Regency (province of Yogyakarta Special Region), and several areas in Klaten Regency (province of Central Java);
7. There are inadequate safety tools available that suit persons with disabilities in all their diversity;
8. DRR activists still do not know how to interact with persons with disabilities, and;
9. Government and public buildings have not made safety briefings on DRR a standard/SOP, especially for persons with disabilities, including accessible building structures.
10. In the event of a disaster (emergency response), in practice there is still no inclusion. Conditions that often occur are as follows:
11. The rescuers do not understand how to interact with persons with disabilities covering all the range of disability constituencies including their self-rescue techniques; in practice, they use some methods that are not in accordance with the rights of persons with disabilities, such as violence and coercion.
12. Disaster emergency management still does not meet the needs of survivors with disabilities, such as ensuring accessible shelter, types of emergency assistance, and support for basic needs of persons with disabilities.
13. Inadequacy of data, especially disability disaggregated data, at the lowest level of government structure, such as villages, regarding the management of data of persons with disabilities by name and address. For example, during the Cianjur earthquake in 2022, the CAI Institute on D+6 (6 days after earthquake/disaster) confirmed data on survivors with disabilities to the Emergency Response Command Post, the Women, Children, and Disability Cluster Post and the Health Cluster Post, and all of them stated that it was not available.
14. Persons with disabilities survivor groups are often positioned as parties who must be helped (charity perspective), not as people who have the ability to carry out rescues independently.
15. There is no mechanism for providing assistance based on the diversity of needs s during disaster situation, such as ensuring accessible access and distribution of food aid.
16. In addition, at the post-disaster level, in practice it is also not fully inclusive, for the following reasons:
17. Relevant leading sectors tasked with carrying out rehabilitation and reconstruction support often do not pay attention to the rights and needs of survivors with disabilities, for example: offering inaccessible housing, family kit support that does not match the needs of persons with disabilities, etc.
18. Survivors with disabilities are often excluded from planning rehabilitation and reconstruction programs, in that persons with disabilities do not get priority in restoring their livelihoods after a disaster and general policies prioritise and are catered to people without disabilities.
19. In Central Java, there was an initiation for the formation of a Disability Service Unit for Disaster Management (ULD-PB) at the National Board for Disaster Management at Provincial and District levels. In Klaten District, ULD-PB was formed in 2017. The volunteers were persons with disabilities and non-disabled people. ULD-PB carries out capacity building on DRR such as training for certified DRR facilitators. As a follow-up to the training, the trained ULD-PB volunteers carried out DRR socialization to special needs schools with materials such as; hazard mapping of earthquake, flood, and wind disaster. And ULD-PB encourages these activities to become part of the extracurricular activities at the special needs schools.
20. Yogyakarta already has Disaster Alert for the Disabled team (DIFAGANA) initiated by the Social Service whose volunteers are taken from 5 districts/cities and receive the Capacity Building program. However, the obstacles faced include that DIFAGANA has not been disseminated to all people with disabilities so that disaster management skills cannot be transferred to other residents/persons with disabilities. At first DIFAGANA was formed to fill the void in disability perspective and involvement in the TAGANA Organization, but in reality DIFAGANA has not been able to mainstream disability in disaster management.
21. The Government of Indonesia also formed the Disaster Resilient Village (DESTANA), which consists of volunteer members from elements of hamlet heads, youth, Family Welfare Development (PKK), etc.; not all DESTANA are inclusive; in Sukoharjo, they finally made DESTANA Inclusion, initiated by the National Board for Disaster Management. Some regions require participants who are persons with disabilities.
22. Through the Ministry of Education and Culture, the Government of Indonesia has also integrated disaster education, including for persons with disabilities, in the Scouting Education curriculum at schools. This was initiated by a number of organizations of persons with disabilities at lower levels and was later adopted as a national policy. However, the challenge is that development is still needed on how to operationalize the curriculum and it is necessary to ensure that the rights of persons with disabilities in disaster situations are truly understood by teachers, assistants and students.

# **Obstacles faced by the persons with disabilities**

**General Obstacles**

1. In general, the absence of disaggregated data by name and address is one of the biggest obstacle in ensuring the protection of persons with disabilities in disaster and humanitarian emergency situations, both data in disaster-prone areas/humanitarian emergencies, as well as data on the increase in the number of disabled people after a disaster. Data collection still does not provide information about victims (of disaster or humanitarian situation) who are people with disabilities and those who are not. Initiatives for data collection have been carried out, such as after the earthquake in Palu, Central Sulawesi, but were not followed up.
2. The national data collection platform owned by the Government, namely the Integrated Social Welfare Data (DTKS), does not include disaggregation by disability nor does it gather information on barriers that persons with disabilities face. This has resulted in the absence of policy priorities for ensuring assistive devices, inclusive evacuation processes, and post-disaster/emergency humanitarian recovery for persons with disabilities. In addition, the necessary evacuation tools/safety tools are inadequate. The lack of understanding and knowledge of data collectors/assessors about persons with disabilities is also the reason for the difficulty of collecting data at the village level.
3. The 10-year Census and 5-year National Socioeconomic Survey have integrated the Washington Group Question on Disability. However, each agency has its own data and has not been compiled nationally and a single identity policy has yet to materialize, including for persons with disabilities. Data at the Population and Civil Registration Service at the lowest level is also not updated, only recorded once every 10 years or even for a lifetime. This has an impact on the disability situation which sometimes changes, and the inability to accurately identify vulnerabilities and potential disasters. This resulted in the mapping of disaster risk that could not be raised.
4. Data in evacuation sites is not yet systematic, there is no disaggregated data, about victims with disabilities and without, so that facilities and services are often inappropriate and not accessible for various groups of people with disabilities, such as evacuation sites, toilets, etc. The same thing also happened in the locations of disaster-prone villages and IDPs villages (called Sister Villages), when a disaster occurs, persons with disabilities who are evacuated to the nearest safe villages do not get accessible housing/dwelling.
5. There are no easy and widespread guidelines and sources of information related to disaster mitigation and disaster management that are inclusive for volunteers. Similarly, there are no comprehensive guidelines related to resilience and the resilience of persons with disabilities during disaster situations.
6. Early warning information is not yet fully accessible to all persons with disabilities in disaster-prone areas; assurance of information and follow-up of information, for example, information from persons with disabilities from disaster locations can be provided to volunteers who can indeed provide a quick response. However, because it is not done, there is no quick response that can be done when a disaster occurs.
7. The technology used in disaster is actually not known/accessed/accessible to/understood by persons with disabilities. In a number of areas, this initiative was carried out by creating applications that provide access for a variety of people disabilities, but this was not fully implemented at the level of disaster-prone areas or nationally.
8. There is no post-disaster recovery (rehabilitation and reconstruction) based on a variety of disabilities. In the process of returning from the shelter to their homes, there has been no attempt to return persons with disabilities systematically after the disaster according to the rights and needs of this diverse group. Trauma recovery for the disability community is also not complete. So far, recovery has only been limited to providing basic necessities, without any psychosocial intervention.

***Women, children, and older persons with disabilities***

1. The lack of access to information about the women, children and older persons with disabilities, their lack of involvement in training or strengthening programs on disaster mitigation and the lack of budgeting in disability management means that the specific needs of a variety of persons with disabilities are often not accommodated.
2. In practice, the evacuation of persons with disabilities is left to the family, especially those with persons with psychosocial disabilities or persons with intellectual disabilities and high support needs. The reason is due to ignorance of the procedures and procedures for meeting their needs when they are in shelters or IDPs camps, as well as the lack of adequate and accessible accommodation for them. Another obstacle is that families also often do not pay attention to persons with disabilities, especially children, women and older persons with disabilities in disaster situations, such as their basic needs that must be provided for them.
3. Access to security and protection for women with disabilities during the emergency response, such as special facilities and infrastructure, is still lacking, making them vulnerable to physical violence and sexual violence due to a lack of facilities and infrastructure in evacuation sites or shelters.
4. Access to health (providing facilities for examination, sanitation, assistive devices, special medicines) is also inadequate in IDPs camps or shelters. Several facilities are still not accessible to, nor inclusive of persons with disabilities making it increasingly difficult to access medicines or routine therapy for children with cerebral palsy and intellectual disabilities.
5. Access to food is still equalized with IDPs in general, access to food is not accessible to nor inclusive of people with disabilities.
6. Access to protection and fulfillment of the rights of persons with disabilities: accessibility and accommodations have not been fully met, for example bathrooms in IDPs camps or other facilities that are inadequate and not accessible for women, children and the older persons with disabilities.
7. Access to education for children with disabilities in inclusive schools is impeded. For example, during the eruption of Mount Merapi, children who fled to nearby villages (sister villages) had to attend schools (buffers) which were not fully accessible to them.
8. The lack of capacity building and knowledge programmes for volunteers, especially related to the rights of women, children, and older persons with disabilities.
9. Procedures for health services, security and disaster emergency response are not fully aware of the rights nor do they fully understand the needs or pay attention to children with disabilities, such as their fear and sensitivity to sounds of ambulance sirens, the use of uniforms when handling, etc. this has resulted in children being even further traumatized.

# **Participation of Persons with disabilities in Disaster Management**

1. In general, persons with disabilities have been involved in a number of disaster management and humanitarian emergency programs, both at the central and regional levels. However, participation is not fully effective in promoting inclusive policies, programs and disaster management.
2. At the regional level, participation will be determined by the presence and groups of persons with disabilities in the area. In the event that the Regional Apparatus Organization) is organized and understands disaster issues, the region usually involves the organizations of persons with disabilities (OPD). However, there are many areas where OPD is not involved at all. The same thing happened in the countryside. In terms of budgeting, the involvement of persons with disabilities in Village Development Planning Meetings, including those regarding disaster planning, occurs when there is already a village disability group. In several areas, to encourage this participation, the Village makes Village Regulations and then includes aspects of participation in it.
3. The knowledge and ability of persons with disabilities to encourage inclusive policies and budgeting is still not optimal. Strengthening the capacity of persons with disabilities and the community related to the decision-making process and budget politics, at the lowest level to the national level is still not maximized, especially in conflict-prone areas.

## **Participation of Children and Women with Disabilities**

1. Children have not been much involved, both in decision-making and policy formulation, preparation of protocols and prevention mechanisms. The government needs to find methods and strategies for involving children's participation in disaster processes that are in accordance with the best interests of children, especially children with disabilities who require more support to express their views.
2. Women with disabilities have been involved in disaster programs, although not optimally. For example, in terms of prevention, response and recovery, very few women with disabilities have been exposed to or involved in these discussions and decision-making spaces.
3. In practice, disaster management in the regions, such as in DIFAGANA and ULD-PB Disaster Management, have involved organizations of persons with disabilities and include women with disabilities. However, this practice is not evenly distributed in all regions and there is no systematic SOP or standard that must be followed.
4. Older persons do not yet participate in both decision-making and policy formulation, preparation of protocols and prevention mechanisms. Whereas during prevention/pre-disaster and recovery/post-disaster, they have the right to know and what measures are taken to outreach to them. The goal is for older people with disabilities to anticipate and be better prepared to face disasters, at least for themselves.

# **Recommendations**

* + - 1. Redouble efforts to increase the active participation of all persons with disabilities in all decision-making processes related to policies, protocols, mechanisms for disaster prevention, response and recovery, to ensure that these policies are inclusive and at the same time implemented according to the rights of persons with disabilities. Also included in this is establishing Minimum Service Standards for Disaster Management in accordance with CRPD principles and provisions for implementation across all regions. National and regional disaster management agencies need to carry out regular accessibility audits in existing evacuation barracks, so that accessibility and accommodation can be ensured if disaster strikes at any time. This includes ensuring safety and security guarantees for children and women with disabilities in site of and during evacuation, and ensuring infrastructure and facilities that are accessible and safe, so as to avoid things that make them vulnerable to physical and sexual violence.
      2. Ensuring the development of disaggregated data based on disability barriers, completely by name by address, especially in disaster-prone areas, to ensure identification of their needs in disaster situations, dissemination of disaster-related information and knowledge in accordance with a variety of communications, development of appropriate early warning systems and access for all persons with disabilities, as well as ensuring priority efforts for persons with disabilities in the evacuation process when a disaster occurs.
      3. Review, study and revise specific regulations and rules related to disasters, including programs and budgets are not inclusive of persons with disabilities in disaster situations, so that they comply with CRPD principles and provisions. This includes the formulation of rules of the game (SOP) that uphold inclusion, accessibility and provide accommodations for persons with disabilities which can be used as a reference in socialization, monitoring and evaluation.
      4. Develop guidelines for handling disasters and humanitarian emergencies that can be used by other policy makers and field implementers to ensure the rights and basic needs of persons with disabilities in times of disaster and emergency. This also includes making a guide that can be accessed by all people with disabilities in all their diversity as initial information for them in dealing with disaster and emergency situations.
      5. Maximize and duplicate technology that can be used in disasters and disseminating it to all persons with disabilities, especially those in disaster and conflict-prone areas, including the need to use cultural, language and character methods, which are in accordance with the culture people in their respective regions.
      6. Incorporate information and material about disasters into the education and extracurricular curricula of all children as has been implemented in scouting education. This also includes education for children with high support needs, and across all schools.
      7. Mainstreaming the rights of people with disabilities issues and involving persons with disabilities in disasters, for example involving them in carrying out activities as resource persons in socialization activities, capacity building in disasters etc. This is to ensure that there is a full understanding of persons with disabilities in disaster situations for all stakeholders involved. An example is that all parties must understand that assistive devices are an important and inseparable part of persons with disabilities in a disaster situation.
      8. The need to encourage budgeting for persons with disabilities in disaster programs, both in pre-disaster/mitigation, disaster events/emergency response, and recovery/post-disaster processes to ensure that resources are available to ensure that persons with disabilities are included, participate and benefit from available services in all phases of emergencies on an equal basis with others.
      9. Encouraging collaboration and cooperation networks between actors involved in disaster, development, and organizations of persons with disabilities. This aims to ensure that an inclusive approach can be implemented in every process of disaster management. Also included in this is synergy between actors at the provincial/district/city level down to the villages, both in terms of planning, budgeting, implementation, monitoring and evaluation.

# **Short Profile of CIQAL**

CIQAL or Center for Improving Qualified Activities in Live of People with Disabilities is a center for developing the potential and quality of life of persons with disabilities in an inclusive society. To achieve this, CIQAL has a missions: 1) Encouraging inclusive public policies; 2) Carry out economic empowerment of Persons with Disabilities in an inclusive manner; 3) Providing assistance services for women with disabilities and children with disabilities who are victims of violence; 4) Carry out the development of inclusive Disaster Risk Reduction. Email: [ciqaljogja@gmail.com](mailto:ciqaljogja@gmail.com) | website: ciqal.or.id

1. such as: Law 24/2007 concerning Disaster Management, Law No. 8 of 2016 concerning Persons with Disabilities, Government Regulation No. 70 of 2019 concerning Planning, Implementation, and Evaluation of Respect, Protection, and Fulfillment of the Rights of Persons with Disabilities, Government Regulation 42/2020 concerning Accessibility to Settlements, Public Services, and Protection from Disasters for Persons with Disabilities, Regulation of the Minister of National Development Planning/Head of the Planning Agency National Development of the Republic of Indonesia No. 3 of 2021 concerning Implementation of Government Regulation Number 70 of 2019 concerning Planning, Implementation and Evaluation of Respect, Protection and Fulfillment of the Rights of Persons with Disabilities, Regulation of the Head of the National Agency for Disaster Countermeasures (Perka BNPB) 13/2014 concerning gender mainstreaming in the field of disaster management, Perka BNPB 14 /2014 concerning the Handling, Protection and Participation of Persons with Disabilities in emergency and humanitarian situation. [↑](#footnote-ref-1)
2. E.g. in Government Regulation Number 2 of 2018 concerning Minimum Service Standards (on Disaster Handling Management) and Regulation of the Minister of Home Affairs of the Republic of Indonesia Number 101 of 2018 concerning Basic Service Technical Standards in District/City Regional Disaster Sub-Agency Minimum Service Standards [↑](#footnote-ref-2)