CENTER FOR IMPROVING QUALIFIED ACTIVITIES IN LIFE OF PEOPLE WITH DISABILITIES (CIQAL)

TABLE OF CONTENTS

ACRONYMS

ADRRN	Asian Disaster Reduction and Response Network
BPBD	Local Disaster Management Agency (Indonesian: Badnan Nasional Penanggulangan Bencana)
CIQAL	Center for Improving Qualified Activities in Life of People with Disabilities
CLIP	Community-Led Innovation Partnership
DIFAGANA	People with Disabilities Disaster Response Task Force (Indonesian: Difabel Siaga Bencana)
DRF/DRAF	Disability Rights Fund/Disability Rights Advocacy Fund
DRR	Disaster Risk Reduction
FCDO	UK Foreign Commonwealth and Development Office
FGD	Focus Group Discussion
FKWA	Forum Komunikasi Winongo Asri
FPRB-GK	DRR Inclusive Digital Discussion Web for People with Disabilities
IDEAKSI	Ideas, Innovation, Action, and Inclusion (Indonesian: Ide Inovasi Aksi Inklusi)
KDD	Wukirsari Village Disability Group (Indonesian: Kelompok Disabilitas Desa)
KNPRBBK	National Conference of Community Based DRR (Indonesian: Konferensi Nasional Penanggulangan Risiko Bencana Berbasis Komunitas)
KOMDIK	Kepuharjo Village Disability Group (Indonesian: Kelompok Disabilitas Desa)
MDMC	Muhammadiyah Disaster Management Centre
MIS (SIM)	Management Information System (Indonesian: Sistem Informasi Management)
MRC	Merapi Rescue Community
PWDs	Persons with Disabilities
SEKOCI	Emergency Host Family Relationship (Sinarkarat)
SOP	Standard Operating Procedure
STS	SEEDS Technical Services
YEU	YAKKUM Emergency Unit

EXECUTIVE SUMMARY

Introduction

Center for Improving Qualified Activities in Life of People with Disabilities (CIQAL) is an established Indonesian NGO, whose innovation addresses the critical issue of exclusion of persons with disabilities (PWDs) in disaster preparedness programmes near Mount Merapi, one of the world's most active volcanoes. CIQAL's innovation aimed to improve the inclusion of PWDs in disaster preparedness and response, through the development of an information management system to provide data on PWDs, and through the creation of a formal advocacy group for PWDs at the village level. The innovation also included participatory processes to formulate inclusive evacuation plans and specialised training for local disaster response teams, ensuring that PWDs had a voice in the planning process, and that their specific needs were addressed in emergencies. Through support from the CLIP-IDEAKSI programme, CIQAL developed and tested an innovation prototype in Kepuharjo village between 2021 and 2023. The innovation was then replicated in Wukirsari village, which serves as Kepuharjo's designated evacuation point during emergencies.

Gaps Identified

During their involvement in emergency relief efforts in 2010 in response to a major eruption of Mount Merapi, CIQAL observed significant gaps in disaster preparedness and emergency contingency/response plans, particularly in relation to people with disabilities:

- The PWD community had little knowledge or structured plans for disaster mitigation.
- There was no active communication channel for PWDs in the village, limiting targeted interventions.
- Evacuation and rescue plans were developed without consultation from PWDs in the community, leading to them being ineffective in addressing their specific needs in disaster management.
- There was limited participation of PWDs in the development and implementation of disaster preparedness and response programming.

Key Achievements and Challenges

The testing and replication of CIQAL's innovation led to a number of key outcomes for the community:

- CIQAL's participatory data collection identified 112 PWDs across Kepuharjo's eight sub-villages. This is an almost eightfold increase from the initial official record of 15 PWDs. In Wukirsari, 221 PWDs were identified, much higher than the village government's original record of only 3 PWDs.
- The resultant data on disability characteristics and related social information has been embedded into the new information management system, which has since been integrated into the local government's systems. This data provides valuable insights for empowering PWDs in both villages, to help with strategic evacuation planning and ensure the inclusion of PWDs in disaster response plans.
- The Kepuharjo and Wukirsari Village Disability Groups have been formalised, and both have representation from the village government. These groups serve as advocacy platforms to ensure continued participation of PWDs in village disaster planning. These advocacy groups have resulted in both villages developing comprehensive standard operating procedures (SOPs) aimed at ensuring the safety and well-being of PWDs during disasters.
- Concurrent training and awareness programmes, led by CIQAL, have resulted in a greater awareness of the specific needs of PWDs among local duty bearers, which has led to the interest in, and involvement of, village leaders in the drafting of village regulations concerning disability rights.

INTRODUCTION

The Broader Humanitarian Crisis

Mount Merapi, located 30km north of Yogyakarta's city centre, is one of the most active volcanoes in the world, with over 70 eruptions since 1548[1]. Located on the slopes of Mount Merapi, the districts of Sleman, Magelang, Klaten and Boyolali in the Special Region of Yogyakarta, Indonesia, are vulnerable to multiple volcanic hazards, including pyroclastic flows. These avalanches of hot volcanic gases, ash, and rocks descend rapidly and violently, causing near-total devastation. In areas prone to these pyroclastic density currents, evacuation is considered the most effective way to minimise risk and loss of life.

With hazard maps, constant monitoring, early warning, and evacuation plans in place, trust in the current disaster management system is reported to be very high. However, the larger-than-usual eruptions in 2010, which caused internal displacement of around 400,000 people from a 20km radius, and more than 350 fatalities, underscored the need to expand evacuation plans and preparation to include all hazard zones, rather than focusing solely on the highest perceived danger zones[2]. Although the populations of elderly and persons with disabilities face significant challenges in evacuation during eruptions, existing protocols do not account for the special needs of these vulnerable groups. Key gaps in the existing system are underlined by the following:

- Government-provided temporary housing and evacuation shelters lack accessibility for elderly and PWDs.
- Disaster teams are not specifically trained to assist vulnerable groups.
- The absence of data on vulnerable groups makes it even more difficult for the current disaster management system to understand the unique needs of these at-risk groups.

Considering the area's dense population, need for rapid response, and sometimes larger-than-expected evacuations, there is an urgent need for an inclusive evacuation plan to ensure effective and safe evacuation for all residents.

The Innovator and the Community

CIQAL is an established local NGO focused on improving the quality of life for PWDs and operates in villages near Mount Merapi. During the major eruption in 2010, CIQAL carried out emergency relief efforts in Kepuharjo village, Sleman District, providing rescue kits, food, and clothing to disabled residents. The village, with an area of 2.1km^2 and a population of 6,370, is located on the southern slope of Mount Merapi, within 10km of the volcano summit, in its most hazardous zone. The village regularly faces fires and heatwaves due to its proximity to the volcano, and homes are not well equipped to handle these conditions. During the relief efforts in Kepuharjo village, CIQAL observed significant gaps in disaster preparedness, particularly in relation to people with disabilities:

- The PWD community had little knowledge or structured plans for disaster mitigation.
- There was no active communication channel for PWDs in the village, limiting targeted interventions and resources.
- Evacuation and rescue plans were inadequate and developed without consultation from PWDs in the community, and hence ineffective in addressing their specific needs in disaster management.
- Limited participation of PWDs in the development of disaster preparedness and response programming.

This firsthand experience of the vulnerability of PWDs in disaster situations motivated CIQAL to develop innovative strategies to engage both the government and the community in improving disaster preparedness and ensuring the inclusion of PWDs in disaster management plans.

[1] F Lavigne, J.C Thouret, B Voight, H Suwa, A Sumaryono,Lahars at Merapi volcano, Central Java: an overview, Journal of Volcanology and Geothermal Research, Volume 100, Issues 1–4, 2000, Pages 423-456, ISSN 0377-0273, https://doi.org/10.1016/S0377-0273(00)00150-5.

[2] Estuning Tyas Wulan Mei et al, 2013. Lessons learned from the 2010 evacuations at Merapi volcano, Journal of Volcanology and Geothermal Research 261, 348-365

The Innovation Journey

YAKKUM Emergency Unit (YEU), launched the IDEAKSI (Idea, Innovation, Action and Inclusion) programme in Indonesia in 2020 to develop locally-driven solutions for disaster management, with a focus on vulnerable groups, as a national programme of the Community-Led Innovation Partnership (CLIP). CLIP is funded by the UK Foreign, Commonwealth, and Development Office (FCDO), and supported by Elrha, Start Network, and the Asian Disaster Reduction and Response Network (ADRRN).

Following a series of four innovation workshops held between May–June 2021, the IDEAKSI programme invited local innovators to submit proposals focused on addressing the needs of identified at-risk groups. Out of the 15 local innovation teams that submitted proposals, nine were selected for incubation. The selection criteria included the involvement of the at-risk groups (PWDs/elderly people) in the innovator team, a focus on strategic partnerships, potential for sustainability and replication, and effective team management. YEU facilitated an incubation process for the prototype development phase, which continued from October 2021–April 2022.

Prototype Development Phase – Kepuharjo Village

This incubation process began with an initial workshop to orient the selected teams on innovation development. They also received training and guidelines for financial management, risk mitigation, reporting mechanisms, and documentation practices. This ensured that innovators understood the requirements for financial reporting and documentation of their journey.

The innovators were mentored by consultants and experts who participated in reflective meetings held every two months. Specific workshops and training sessions on storytelling, branding, social media use, and digital innovation were held to fine tune the innovation and build the capacity of local innovators.

CIQAL was among the nine innovation teams selected by the programme to develop and implement inclusive disaster management solutions. These solutions needed to focus on addressing the needs of at-risk groups, ensuring that innovation in disaster domains considered accessibility and inclusivity for all community members. CIQAL's innovation, titled 'Integrated Information Management System for Inclusive Disaster Preparedness', centred on improving the participation of PWDs in disaster preparedness and response in Kepuharjo village, particularly through evacuation processes and data collection.

CIQAL's innovation to address the identified issues included the establishment of:

A. A digital information management system for PWDs, integrated with the Kepuharjo village website.
B. A legally registered Village Disability Group (KOMDIK) to involve people with disabilities in disaster preparedness programmes.
C. A SOP for the evacuation of PWDs.
D. A capacity strengthening programme for the village government, village disaster preparedness team, and PWDs in inclusive disaster management.

Scale-Up Phase – Wukirsari Village

The initial incubation phase was followed by an innovation scale-up phase, from June 2022 with the scale-up project titled, 'Optimising the Role of Wukirsari as Sister Village of Kepuharjo in an Inclusive Disaster Preparedness Programme for Disabilities'. During this phase, the innovation developed in Kepuharjo village was strengthened and replicated in its sister village[3], Wukirsari. New components introduced during this phase included accessibility audits of evacuation shelters in both villages and the drafting of a village regulation for the empowerment of PWDs in Kepuharjo village.

The success of CIQAL's innovation attracted additional support from the CLIP-IDEAKSI programme in March 2023, to address stakeholder demands for the socialisation of the village information systems and the SOPs developed for both villages. CIQAL concluded their innovation and scale-up journey, and their directly funded involvement in the CLIP-IDEAKSI programme, in March 2023.

[3] 'Sister Villages' are a form of cross-community cooperation in the context of Mount Merapi disaster crises. If a disaster occurs in one village, the sister village's function is to help residents in the affected village, for example in providing shelter and assisting in the evacuation process.

Partnerships and Support Received

In this 20-month long partnership, YEU provided the understanding and experience of operating in the disaster management context, while CIQAL brought a deep understanding of disability and inclusion, creating a coherent and impactful partnership. CIQAL partnered with Muhammadiyah University of Yogyakarta to develop the digital information system, and with Muhammadiyah Disaster Management Centre (MDMC) and Lingkar Association (another innovation team in the CLIP-IDEAKSI programme) to create SOPs. They also received tailored guidance from Rahma Utami of Suarise Indonesia – an Indonesian digital inclusion social enterprise – on making their digital innovations accessible and inclusive for PWDs.

The CLIP-IDEAKSI programme facilitated several networking opportunities for CIQAL, connecting them with other stakeholders, disaster forums, and innovation teams at local, regional, and global levels to present their innovation. A notable achievement from these networking opportunities was a grant of approximately £5,600 that CIQAL received from Australian Volunteers International to replicate the innovation in another village (Glagaharjo) near Mount Merapi. As a result of ongoing advocacy efforts within IDEAKSI, in collaboration with YEU, CIQAL was also admitted as a member of the provincial sub-cluster for Older People, Disability, and Other Groups at Risk (Subklaster LDR) for disaster management coordination in the Special Region of Yogyakarta.

CIQAL received additional capacity-building training from YEU, which helped them establish a feedback mechanism and a whistleblowing policy within their organisation, inspired by the wider CLIP process. CIQAL also received mentoring on financial sustainability, which enabled them to meet the reporting and accountability requirements of IDEAKSI.

The CLIP-IDEAKSI programme provided financial support for development and replication of CIQAL's prototype. CIQAL received IDR 85 million (£4,200) for prototype development in Kepuharjo village (October 2021–April 2022) and IDR 120 million (£5,900) for their scale-up phase (June 2022–March 2023). Additionally, CIQAL was granted a further IDR 22 million (£1,000) in November 2022 for socialising the inclusive SOPs and village information systems in both villages.

Approach and Methodology

The approach to this case study has been developed following a broad understanding of the innovation and its journey. This case study employs a detailed methodology to assess the effectiveness of CIQAL's innovation in improving disaster preparedness for PWDs in Kepuharjo by investigating the innovation based on specific questions. The case study aims to address several key research questions, using a combination of primary and secondary data collection methods, such as written reports, key informant interviews with innovators, community members, village government officials, and focus group discussions at site visits to gather relevant insights.

Research Questions:

1. What issue does the CIQAL innovation aim to solve?
2. How was the aim achieved and what were the outcomes?
3. How effective is the innovation, based on pre- and post-implementation conditions?
4. How does the innovation fare against selected key performance indicators (KPIs)?
5. What successes, challenges, and failures were encountered during the implementation?
6. How sustainable is the solution and what is the potential for scaling the innovation to other regions?
7. What is the way forward for the community, and what are the next steps for innovation?

Limitations of the Study

- Time Since Innovation Closure: The time gap since the project ended (March 2023) has affected recall of specific details and data by the innovation team as well as the community, indicating a need for an active communication channel.
- Challenges with Community Participation: Due to mobility and health issues, it was difficult for some members of the disabled community to participate in data collection activities.
- Knowledge Retention: Over time, some of the knowledge and training provided during the innovation may have faded, affecting the ability to measure long-term impacts.
- Evolving Community Dynamics: Changes in the community since the innovation's closure, especially evolving needs and issues, made it challenging to isolate the originally reported needs and how they were resolved by the innovation programme.

PROBLEM IDENTIFICATION

Pre-Innovation Scenario

Before the implementation of CIQAL's innovation, several needs and missed opportunities were identified during past emergencies, particularly the 2010 Merapi eruption. These needs spanned multiple sectors and affected vulnerable groups, especially PWDs, the elderly, women, and children.

1. Standard evacuation procedures/contingency plans lacked PWD-specific guidelines, leading to confusion during volcanic eruptions. This highlighted the need for inclusive evacuation protocols in disaster preparedness.
2. Disaster education programmes were primarily focused on high-risk areas, not high-risk vulnerable groups, missing an opportunity to enhance disaster preparedness for the whole community, including PWDs.
3. The perpetual exclusion of PWDs from disaster-related decision-making, coupled with the lack of comprehensive data on their needs for first responders, resulted in failed attempts at strategic evacuation planning.
4. Insufficient infrastructure for PWD-friendly facilities made evacuation and disaster response more challenging.
5. Emergency health services were not adapted to the needs of PWDs, creating care gaps during the crisis.

These issues from past experiences highlighted the critical need for more inclusive approaches in disaster preparedness and response, addressing specific requirements of vulnerable populations.

Problem Identification

1. The Symptom: The immediate issue addressed by CIQAL's innovation is the exclusion of PWDs. Lack of inclusion in evacuation, disaster response and preparedness planning, created an immediate risk for PWDs. The SOPs used in disaster response by the government did not account for the unique and specific needs of PWDs, largely due to a lack of knowledge about their specific challenges.

2. The Root Cause: The root cause of this problem lies in the lack of awareness and inadequate policy frameworks for PWDs in disaster scenarios. Local governments had not integrated PWD-specific needs plans due to a lack of knowledge about the specific challenges faced by PWDs during emergencies and the absence of formal policies ensuring their inclusion in disaster plans.

3. The Domino: The domino effect is an increased risk for PWDs, leading to higher casualties during disasters. While PWD casualties have not specifically been tracked in previous Merapi disasters, a total of 42 visually impaired people were recorded to have been affected in the 2010 Merapi eruption[4]. The total death toll was around 350 people in total.

[4] Humas Disabilitas Wyata Guna Bandung. (2021, January 27). *Ministry of Social Affairs sends Resus team to Merapi.* Ministry of Social Affairs of the Republic of Indonesia. https://kemensos.go.id/index.php/en/ministry-of-social-affairs-sends-resus-team-to-merapi

IMPLEMENTATION AND OUTCOMES

Components of the Innovation Implementation

Prototype Development Phase (October 2021–April 2022)

CIQAL implemented a series of interventions in Kepuharjo village aimed at making disaster preparedness and response inclusive, especially for persons with disabilities. This included field activities, communications, partnerships and delivery of technology as well as policies. Major components of innovation are discussed below:

Data Collection and Compilation: CIQAL held focus group discussions (FGDs) to better understand the community's needs and collected social and disability data across the eight sub-villages of Kepuharjo. The data collected included information on geo-location, types of disabilities (vision, speech, hearing, physical and intellectual disabilities, as per the 2016 Indonesian Law on Disabilities No. 8), causes and characteristics of disabilities, and occupational, educational, social and family background. The door-to-door approach enabled the gathering of the social and disability-specific data that was otherwise difficult to record remotely due to low turnout of people with disability.

Development of Management Information System: With support from YEU experts, and in partnership with the Muhammadiyah University of Yogyakarta, CIQAL developed a MIS. The website quality control test was done by PWD partners. Followed by a training for website administrators consisting of four persons (three persons with disabilities and one village government staff member), the Kepuharjo village information system was integrated with the village's website. The MIS contained a map of disability data, disaster education, and a link to the BPBD (the national disaster management agency) regarding the latest information on conditions.

Formation of KOMDIK: CIQAL established the Kepuharjo Village Disability Group (KOMDIK), representing disabled individuals, to advocate for their needs and ensure their participation in disaster related policy discussions. This group included representation from the local government along with the community. Much of the future sustainability of the intervention rests with how KOMDIK takes it forward. Examples of their activities are described later.

Formulation of SOPs: CIQAL organised workshops and FGDs involving PWDs and local government representatives to create SOPs for evacuation and rescue plans that catered to the specific needs of people with disabilities. CIQAL collaborated with MDMC and Lingkar Association in this activity. These discussions communicated the specific challenges faced by PWDs and how they can actively contribute to improved response efforts during disasters for evacuation and rescue during emergencies. FGDs also focused on improving accessibility in evacuation areas and shelters, advocating for stronger policies and budget allocations for PWDs. The key aspects of the SOP are as follows:

- **Community Involvement in Evacuation**: Emphasising the role of the community in evacuation strategies, PWDs are encouraged to evacuate to designated gathering points with the assistance of family members and a dedicated team of village volunteers.
- **Medical Assistance Collaboration**: A formal collaboration with Ghrasia Pakem Hospital is noted for evacuating residents who require medical assistance.
- **Family Unity During Evacuation**: A stipulation that families must remain together throughout the evacuation process, which is critical for the emotional well-being of at-risk groups.
- **Home Visits and Assistive Devices**: Regular home visits ensure that at-risk groups receive necessary assistance and that their assistive devices are available during evacuations.
- **Use of Local Transportation**: Promoting the use of local transportation to move residents from gathering points to evacuation shelters, underscoring the importance of community resources during crises.

- **Effective Communication Strategies**: Employing various communication tools during emergencies, including two-way radios, WhatsApp, phone calls, Kentongan (traditional bamboo percussion instruments), and mosque loudspeakers to ensure timely and effective broadcasting of information.
- **Hazard Warning and Evacuation Procedures**: Clear hazard warnings and evacuation protocols are outlined, detailing levels of volcanic activity and corresponding responsibilities for alerting residents and coordinating evacuations.
- **Health Screenings and Incident Reports**: Daily health screenings and incident reports for evacuees to monitor their well-being during emergencies.
- **Health and Logistical Support**: Emergency response measures stress the importance of providing health and logistical support to evacuees.
- **Community Education and Drills**: The importance of community education and regular disaster drills to familiarise residents with emergency procedures, and enhance community resilience.
- **Ongoing Coordination and Preparedness**: The need for continuous coordination, including regular meetings of disaster preparedness teams and the collection of data on vulnerable groups, such as PWDs, to ensure adequate support during emergencies.

Training and Awareness Programmes

CIQAL conducted disaster preparedness training for PWDs, village leaders and Village Disaster Mitigation Teams to raise awareness, particularly focusing on the needs of disabled and elderly residents.

Innovation Exhibition

- CIQAL showcased its innovation at the Global Platform for Disaster Risk Reduction (GPDRR), in Nusa Dua, Bali, and at the Indonesia House of Resilience, held in conjunction with GPDRR, organised by Government, CSOs, NGOs and District Disaster Forums. This event facilitated an idea exchange with the broader community.
- CIQAL participated in the National Conference of Community Based DRR (KNPRBBK: Konferensi Nasional Penanggulangan Risiko Bencana Berbasis Komunitas), which served as a platform for advocacy, information dissemination and networking opportunities for innovators.
- CIQAL was invited to speak on the role of an inclusive society in handling and recovering from the COVID-19 pandemic.
- At the National Learning Event of the Center for Disaster Preparedness (CDP), CIQAL shared its experiences fostering inclusion in DRR and learned about innovations from Filipino counterparts through online participation.
- In Kepuharjo village, the CIQAL team, the village officials and leaders of KOMDIK welcomed a visit from CBM Global and two other partner institutions specialising in disability inclusion within DRR.
- CIQAL was also visited by delegates from the Ministry of National Development Planning regarding their innovation on the inclusive village information system. CIQAL used this opportunity to advocate for a national integrated information system from the village level upwards for enabling targeted support across sectors such as education, social services, employment, and health.
- YEU, through the CLIP-IDEAKSI programme, participated in the Ministry of Social Affairs' Displacement and Protection National Cluster for its adaptation in Yogyakarta Province, and CIQAL was invited as a member of the provincial sub-cluster for Older People, Disability, and Other Groups at Risk, for disaster management coordination in the Special Region of Yogyakarta.

As a precursor to the innovation's implementation, CIQAL established strong connections with the village government and village social department. The innovation was carried out under the leadership of the village head, with active support from these social groups. PWDs, village governments, and social organisations played pivotal roles in the development and implementation of the innovation.

The CLIP-IDEAKSI programme provided support to CIQAL to facilitate innovation development. In addition to the funding, guidance from a diverse cohort also known as Local Innovation Advisors (LIA) consisting of NGOs, academics, government organisations, and media professionals was made available. Capacity-Building Modules focused on enhancing skills in areas such as social media engagement and digital innovation. Reflective meetings and exchanges held twice, once in the middle and once in the end of the first phase helped in iterations and feedback integration in the innovation programme.

Scale-Up Phase (June 2022–March 2023)

During the scale-up phase, with a grant of IDR 120 million (£5,900) from the CLIP-IDEAKSI programme, CIQAL focused on optimising the role of Wukirsari as the Sister Village of Kepuharjo in the Inclusive Disaster Preparedness Programme for disabilities. In addition to replicating the earlier mentioned components in Wukirsari, the scale-up phase had the following additional components:

Village Regulations for the Empowerment of PWDs: CIQAL facilitated the drafting of village regulations to empower PWDs and protect their rights in both Kepuharjo and Wukirsari villages. A training on Inclusive Policy and Budget Advocacy was conducted to raise awareness of disability rights, general advocacy strategies and inclusive planning.

Accessibility Audit of Evacuation Shelters: CIQAL facilitated accessibility audits in both Kepuharjo and Wukirsari, focusing on facilities used as shelters during emergencies. This process involved active participation from the village government, community representatives, and PWDs. The audits identified several challenges, such as inadequate toilet facilities, hazardous ditches around shelters, limited guidance for visually impaired, and insufficient parking and accessibility features. Based on the findings, recommendations were proposed, including improvements to toilet facilities, installation of safe access ramps, guidance systems for the visually impaired, accessible information boards, wash basins, designated parking areas, handrails for stairs, and accessible signage.

Extended Scale-Up Phase

CIQAL made significant progress during the scale-up phase. However, there was a need for additional socialisation events to familiarise stakeholders with the village information system, SOPs and village regulations. The CLIP-IDEAKSI programme extended its support by providing a top up grant in addition to the scale-up grant in November 2022. A grant of IDR 22 million (£1,000) for ‘Community Strengthening to Optimise the Role of Sister Village in the Inclusive Disaster Preparedness Programme for People with Disabilities’. This extended phase focused on:

Socialisation of Village Regulations, SOPs and MIS in Kepuharjo: CIQAL organised events to socialise the newly developed village regulations on disability, disaster mitigation SOPs, and the disability MIS in Kepuharjo. These sessions targeted village government staff, hamlet heads, community leaders, village disaster preparedness teams, and members of the village disability groups to ensure a thorough understanding of the regulations and systems.

Socialisation of SOPs and MIS in Wukirsari Village: In Wukirsari, similar socialisation efforts were carried out to introduce the disaster mitigation SOPs for disability, and the disability MIS. The target audience included village government staff, hamlet heads, community leaders, the village disaster preparedness teams, and members of the village disability group, highlighting Wukirsari's role as a sister village to Kepuharjo.

Key Outcomes for the Community

- **CIQAL's** participatory data collection efforts covered all eight sub-villages of Kepuharjo and identified 112 PWDs. This is an almost eightfold increase from the initial official record of 15 PWDs. In Kepuharjo's sister village, Wukirsari, 221 PWDs were identified, much higher than the village government's original record of only 3 PWDs. The resultant data on disability characteristics and related social information provides valuable insights for empowering PWDs in both villages.
- MIS has been embedded into and handed over to local government digital systems, to help with strategic evacuation planning and to ensure the inclusion of PWDs in disaster response plans in both Kepuharjo and Wukirsari)[5].
- The Kepuharjo Village Disability Group (KOMDIK) was formalised through a village decree for the 2022–2027 term and has representation from the village government. Similarly, the Wukirsari Village Disability Group (KDD) was formalised for the 2023–2027 term. These groups serve as advocacy platforms to ensure continued participation of PWDs in village development planning, particularly in relation to DRR.
- The training and awareness programmes led to greater awareness of the specific needs of people with disabilities among stakeholders, including the heads of both villages, disability group leaders from each village, the heads of sub-village units, and members of women's and disaster management groups. The presence of a village leader to participate in discussions at the site visit made in September 2024 as part of case study data collection, is a testament to their continued interest and support. The knowledge gained has been effectively used by local authorities to improve accessibility, such as providing wheelchair access and installing a ramp at the village hall.
- Both Kepuharjo and Wukirsari have developed comprehensive SOPs aimed at ensuring the safety and well-being of PWDs during disasters. However, recommendations to ensure accessible refugee camps remain unimplemented, requiring continued advocacy from the disability groups.
- The governments of Kepuharjo and Wukirsari have been supported in drafting village regulations concerning disability rights and protection. While this marks progress, the implementation of these regulations, particularly on inclusive policies and budgeting, are still pending, highlighting another area for continued advocacy.
- As part of the inclusive disaster management and capacity strengthening in the targeted communities, CIQAL coordinated with Wukirsari village for disaster contingency plan formulation. Wukirsari and Kepuharjo village governments signed a formal Memorandum of Understanding (MOU), stating that the people of either village can evacuate to its corresponding sister village during situations of emergencies. However, the innovation team noted that the MOU does not adequately address the unique needs of PWDs. This underscores the need for continued advocacy in this area.
- The accessibility audit reports offer clear, evidence-based recommendations for enhancing accessibility features in evacuation shelters. These reports have drawn attention of local stakeholders to key areas where exclusion issues need to be addressed.

[5] Surwanti, A., & Purwaningsih, T. Innovation in Disaster-prone Villages and Sister Villages: Disability Community-Based Disaster Mitigation. Universitas Muhammadiyah Yogyakarta & CIQAL Foundation, Indonesia.

Unintended Outcomes for the Community

- KOMDIK's advocacy led to improved accessibility, such as installation of ramps in the village hall and a commitment to provide disabled-friendly toilets at the village government office. They are also now invited to participate in local development roundtables and speak about inclusion in provincial meetings, including the need for special education. They have partnered with a university including scholarship awarding and supporting persons with disabilities.
- Through the collaboration with MDMC, the community received emergency equipment in the form of drag bars for evacuation.
- KOMDIK has received support from the Department of Social Sciences of Selman Regency. The members of KOMDIK have received assistance in the form of wheelchairs and prosthetic legs.
- KOMDIK is now led by a woman with a disability marking a notable shift in inclusivity in terms of women holding positions of power.

Key Outcomes for CIQAL

- YEU noted significant improvements in CIQAL's organisational capacity, particularly in financial reporting and documentation. CIQAL reports that their internal management systems have become more efficient as a result of their training and involvement in the CLIP-IDEAKSI programme.
- CIQAL has enhanced its disaster management and disability inclusion skills, demonstrated through the various components of the innovation such as the MIS, SOPs, KOMDIK and training for village disaster mitigation teams. With networking support from CLIP and YEU, CIQAL is now recognised globally as a best practice example. They have presented their innovation at international platforms, as detailed above.
- The risk mapping aspect of CIQAL is being replicated along with some customisation by YEU in the Bantul Regency under the Disability Rights Fund/Disability Rights Advocacy Funds (DRF/DRAF). CIQAL is also curating a similar disability information system for Glagaharjo village in the Selman Regency funded by the grant from Australian Volunteers International.
- As a result of continuous advocacy efforts within IDEAKSI, in collaboration with YEU, CIQAL was also admitted as a member of the provincial sub-cluster for Older People, Disability, and Other Groups at Risk, for disaster management coordination in the Special Region of Yogyakarta.

INNOVATION ANALYSIS

The goal of the innovation initiative in Kepuharjo village is to enhance inclusive disaster preparedness by increasing the participation of people with disabilities in disaster management and integrating their specific needs into local disaster preparedness and response programmes. This initiative aims to ensure that people with disabilities are actively involved, improving overall safety, resilience, and well-being during emergencies. This chapter analyses the effectiveness of the outcomes through evaluating the changes achieved.

The following Theory of Change, crafted collaboratively as a part of the case study development process, outlines the key areas of change that the innovation might have possibly brought about, and the corresponding assumptions made, before the actual changes achieved across each of these sectors are analysed.

Area of Change	Assumption
Empowerment and capacity building	would lead to the development of functional and inclusive disaster preparedness innovations
Institutionalisation of inclusive practices through tools like the MIS and SOPs	would embed these innovations into the village's disaster management framework.
Stakeholder and community engagement and awareness	would foster a culture of inclusivity and preparedness, reducing resistance and promoting adoption.
Reflective sessions and iterations	would allow for continuous improvement, ensuring that the innovations remained effective and adaptable.
Scalability and replication	would extend the impact to other communities, contributing to broader systemic change.

Empowerment and Capacity Building: *Realised to a Great Extent*

CIQAL was significantly supported through the CLIP-IDEAKSI programme, receiving tailored mentoring, financial training, and training focused on digital accessibility and disaster management. As observed from the community interviews, putting this training to practical use in the long term requires periodic reminders and updates to maintain capacity. While there has been commendable empowerment, confidence and ownership among the PWDs, the system is still slightly dependent on key leaders from the community for operations and implementation. However, with the village disability groups, there are significant strides being made towards training these groups to be completely independent.

Institutionalisation of Inclusive Practices through Policy: *Realised to a Great Extent*

Institutionalising inclusive disaster preparedness practices is achieved by integrating the MIS into the village website and formalising PWD needs in the SOPs. The document outlines key strategies for disaster preparedness and evacuation in Kepuharjo and Wukirsari. It highlights the requirements for accessible facilities and support systems in emergency shelters. Coordination strategies between the villages are outlined along with stakeholder responsibilities to ensure smooth operations, with trained volunteers, family members, and community support. Infrastructure improvements like ramps and accessible toilets are highlighted, alongside the importance of conducting simulations to test the effectiveness of these SOPs in real-world scenarios. However, the villages have yet to see the recommendations implemented by the local stakeholders.

Stakeholder and Community Engagement and Awareness through village disability groups: *Realised to a Satisfactory Extent*

CIQAL effectively raised awareness about the needs of PWDs in disaster preparedness through training programmes for Village Disaster Mitigation Teams and local governments. Efforts are being continued through advocacy by KOMDIK and KDD consisting of representation from village government and PWDs, headed by a woman from the PWD community. These efforts include regular meetings, and SOP drafting and discussion sessions. The group conducts community-mapping, preparedness simulations, and collaborates with sister villages on joint training. Additionally, accessibility audits are performed at evacuation shelters to ensure it meets the needs of PWDs during emergencies, making the villages more resilient and inclusive.

Reflective Sessions and Continuous Improvement: *Partially Realised.*

Reflective workshops played a vital role in helping CIQAL iterate and adapt its disaster preparedness solutions by incorporating feedback from local stakeholders. Based on feedback from the initial series of workshops, CIQAL revised their concept note to clearly define community areas for implementing the innovation. New insights and reflections led to adjustments in the innovation's design, including the addition of Accessibility Audits at evacuation sites in both Wukirsari and Kepuharjo villages – an element not part of the original plan. The community also recommended socialisation of the village data system, regulations, and SOPs to both the general population and village government, alongside the PWD community. Consequently, the scale-up phase was extended to implement these activities in both villages. Most of the feedback received as part of the case study development was based on simulations and hypotheses, as the SOP and infrastructural improvements have not been put to test yet. While the reflective sessions contributed to short-term improvements, continuous engagement and further refinement of strategies are needed to ensure long-term responsiveness to PWDs' evolving needs.

Scalability and Replication: *Partially Realised.*

During the scale-up phase, the innovation in Kepuharjo village was successfully replicated in its sister village, Wukirsari. The innovation is now being extended to another village in Sleman district, Glagaharjo, demonstrating its scalability and replication potential. However, for wide-scale adoption, national-level cooperation and integration are essential due to the high resource requirements. While the innovation's components can be adapted for different vulnerable communities and regions, customisation is necessary to meet specific local needs.

Comparative Analysis Across Indicators

This section analyses the innovation across key performance indicators, some of which are drawn from the OECD framework. The existing local disaster management system, along with other IDEAKSI innovations which focus on disability and disaster, are selected and compared with CIQAL. This approach situates the CIQAL innovation in the context of the persisting culture of innovation in Yogyakarta. The indicators considered are:

- Relevance: Is the intervention doing the right things?
- Coherence: How well does the intervention fit?
- Effectiveness: Is the intervention achieving its objectives?
- Efficiency: How well are the resources being used?
- Impact: What difference does the intervention make?
- Sustainability: Will the benefits last?
- Scalability: Is the innovation fit for wider adoption?
- Inclusivity: How accessible is innovation?

The other IDEAKSI innovations in comparison are the following:

People with Disabilities Disaster Response Task Force (DIFAGANA): The DIFGAN-DES app provides accessible early warning systems and disaster information for people with hearing and visual impairments.

LINGKAR: The team created an inclusive early warning and evacuation planning system for people with hearing disabilities in Girikerto village. The system integrates an app with the village's existing Early Warning System (EWS), providing alerts via vibrations and mapping evacuation routes.

Merapi Rescue Community (MRC): Developed a visual and sound-based self-evacuation guidance system powered by solar energy. This system aids PWDs in identifying evacuation routes, even in low-visibility conditions during volcanic eruptions.

Orientation for the Emergency Host Family Relationship (SEKOCI): This innovation organises host families to support at-risk individuals, including PWDs, during emergencies, ensuring direct assistance and protection.

Disaster Risk Reduction Inclusive Digital Discussion Web for People with Disabilities (FPRB-GK): This innovation created a digital platform for surveying accessibility, educating and providing a marketplace for products from the disabled community. The web-based platform facilitates direct communication of accessibility needs and policy feedback, with data used to inform local government planning in Gunungkidul Regency.

The comparative analysis of CIQAL with respect to the above is as below:

Relevance

General disaster-related programmes, which are widely adopted in Kepuharjo, lack a specific focus on PWDs and are highly relevant to those who are less vulnerable. These programmes primarily target the general population and geographic high-risk areas, generalising PWDs as any other group. CIQAL's innovation directly tackles this exclusion, ensuring that the specific needs of PWDs are recognised and addressed, filling a critical gap in the current governance and policy systems for disaster preparedness and response.

DIFAGANA's DIFGAN-DES app, offers accessible early warning systems through government servers, and LINGKAR integrates mobile technology to deliver PWD-friendly warning systems in the existing warning system, addressing communication challenges for hearing-impaired people.

Both LINGKAR and DIFAGANA are relevant in a comparatively shorter emergency timeframe following disasters. CIQAL's broader approach to community mobilisation, empowerment, and advocacy gives PWDs greater opportunities to influence policies, infrastructure and protocols for a longer timeframe of preparedness and response.

Coherence

Existing strategies encourage PWD participation, but have seldom been able to achieve it, which is indicated in the lack of actual inclusion present in the existing system. For example, shelters and evacuation procedures in Kepuharjo are not designed to accommodate PWDs, which highlights that existing initiatives have failed to meet their own targets on inclusivity. CIQAL's innovation ensures coherence by integrating inclusion into existing village governance structures through formal methods like KOMDIK, training programmes for rescue teams, and policy reform through SOPs. However, more work is needed to address gaps in accessible infrastructure, such as the lack of suitable evacuation shelters for PWDs.

LINGKAR integrates its PWD-friendly early warning in the existing systems. MRC supports evacuation needs by offering visual and auditory signals that help people with hearing and visual disabilities during volcanic eruptions. Both innovations ensure alignment with existing systems mainly in the digital and physical infrastructure space. CIQAL focuses on improved disaster preparedness and response, with a strong emphasis on policy and advocacy alignment with government and community.

Effectiveness

Current systems generally serve non-disabled populations well but often fail to protect PWDs, increasing their risks during evacuations and recovery. CIQAL has successfully identified PWDs in target villages, while KOMDIK actively tests and refines SOPs through regular emergency simulations. Now formalised by a legal decree, KOMDIK participates in policy discussions at the village level, advocating for inclusive practices in finance, infrastructure, and protocols.

KOMDIK is also dedicated to building capacity within the PWD community by providing leadership training aimed at generational knowledge transfer and long-term impact. All these initiatives are guided by a female member of the PWD community, ensuring that both disability and gender concerns are effectively addressed.

Efficiency

Existing programmes can be deployed quickly but often leave out PWDs, leading to costly consequences during emergencies, such as increased injuries or fatalities. This is because the existing system has never leveraged data to inform action. CIQAL's innovation, particularly the use of the MIS and home visits to gather data on PWDs, ensures inclusivity but requires more time and resources to collect and upgrade databases. DIFAGANA's digital approach, on the other hand, provides a low-cost solution for communicating critical disaster information to PWDs, requiring minimal infrastructure and being highly effective for its target users.

CIQAL's model requires efforts in leveraging existing resources for infrastructure and policy changes and its efficiency rests more on practised preparedness and response strategies. DIFAGANA offer more immediate, low-cost interventions that are highly targeted, but they are sophisticated technology interventions which require exported backups.

Impact

The impact of general disaster programmes on PWDs is minimal, as their needs are not taken into consideration during planning. CIQAL's broader impact has the potential to change local governance structures, bringing about qualitative changes that increase confidence, dignity, and self-reliance among PWDs. Alternative innovations such as FPRB-GK provide a platform for PWDs to raise their concerns and directly impact policy decisions.

FPRB-GK might offer better visibility and documentation for PWDs due to its component for prompt digital communication, however it does not ensure action. CIQAL's communication aims for collective, structural and long-term action, focusing on institutional change and building the capacity of PWDs, leading to large-scale, sustainable improvements.

Sustainability

CIQAL promotes sustainability by empowering people to take an active role in disaster preparedness through KOMDIK's policy advocacy, infrastructure improvements, and continuous updates to the MIS and SOPs. Long-term sustainability will depend on ongoing capacity-building efforts for PWDs and consistent government support and funding to maintain and adapt inclusive practices. For instance, though the website is managed and updated by staff, it requires technical experts to address bugs and glitches. However, that is not a concern during emergencies.

Similarly, DIFAGANA's app is hosted on government servers, but it requires continuous updates to remain functional especially during emergencies. LINGKAR's app, integrated with existing early warning systems, also requires these systems to work effectively during emergencies.

DIFAGANA and LINGKAR's solutions are aimed towards enhancing individual capacity towards disaster response, while CIQAL's model for emergency evacuation use requires involvement of rescue responders and hence their additional training.

Scalability

CIQAL's scalability is seen in its ability to extend and adapt its initiatives across different regions. CIQAL has successfully replicated the MIS, SOP, village disability group formation and accessibility audits in Kepuharjo's sister village, Wukirsari, where 221 PWDs were documented. The risk mapping aspect of CIQAL is being replicated with customisation by YEU in Bantul Regency under the Disability Rights Fund/Disability Rights Advocacy Funds (DRF/DRAF). Additionally, CIQAL is developing a similar disability information system for Glagaharjo village in Selman Regency, funded by a grant from Australian Volunteers International. This expansion demonstrates CIQAL's adaptability to different local contexts, while maintaining the core focus on inclusive disaster preparedness. Furthermore, CIQAL has strengthened disaster management capacity by coordinating with Wukirsari village, which has a mutual evacuation agreement with Kepuharjo, ensuring that both communities can support each other in emergencies. These efforts highlight the potential for CIQAL's model to be sustained and replicated in other vulnerable communities with the right support and resources.

However, CIQAL's policy structures and advocacy systems are dependent on the involvement of key individuals at the village and regional level, and any form of replication in a new context will involve identifying and training those individuals.

Inclusivity

CIQAL's innovation is highly inclusive, involving PWDs in all aspects of disaster preparedness, from data collection to decision-making through KOMDIK. This ensures that PWDs are empowered to advocate for their needs and are no longer passive recipients of aid.

DIFAGANA focuses specifically on communication needs for PWDs, including those with hearing and visual impairments, while SEKOCI's Emergency Host Family system ensures inclusivity by providing direct support to at-risk individuals during emergencies at a family level.

CIQAL's enhances inclusivity within the policy space, including all levels of decision-making, while DIFAGANA and SEKOCI focus on specific inclusivity aspects, namely self-use evacuation tools and family shelter systems respectively.

CHALLENGES AND LEARNINGS

Challenges

Community innovations are not without challenges. CIQAL had its own share of obstacles that were a part of the project implementation. The major challenges are given below:

Resource Limitations

- **Funding**: Once the CLIP-IDEASKI support had ended, insufficient available and dedicated funding hindered the ability to scale and sustain the innovation. Government funding for the disability sector in Indonesia is a fixed amount and has limitations. Lack of funding assurance, as noted by the village government, restricts long-term implementation in the disability sector.
- **Financial Sustainability**: The innovation is not a market-sellable product. Its user is the community, but the buyer is either the government or a funder, which creates a divide across expected outcomes from the innovation. The programme therefore constantly requires a communication channel between buyer and user to promote clarity on expectations and goals.
- **Technical Expertise**: Limited access to specialised technical expertise and IT developers led to delays and technical conflicts. This continues to be a dependence, as sophisticated websites are difficult to fix without external intervention, which can be an issue.
- **Human Resources**: Reliance on a few key individuals within the community created a bottleneck for long-term sustainability. Operations and delivery remain dependent on this, affecting the scalability of the solutions in other areas.

Time Constraints

- The **20-month duration** of the project was a limiting factor for ensuring the government's full adoption of new systems. The programme is limited to village local government and is yet to involve regional and national government interests. Unlocking the latter would help address concerns regarding government funding.
- Time constraints also affected the transmission and retention of knowledge. Community members in general require a longer time to grasp and apply new approaches. This limited the opportunity for information to trickle down to the wider community.

Community Participation

- **Low Self-Confidence Among PWDs**: PWDs initially faced challenges participation due to low confidence, requiring further motivation and empowerment from community leaders for them to mobilise. Door-to-door data collection was one of the major reasons for enhanced interactions.
- **Accessibility Issues for PWDs**: Physical challenges and a lack of proper infrastructure hindered PWDs' participation in disaster preparedness activities and attending offices.

Sustainability and Long-Term Retention

- **Limited Long-Term Knowledge Retention**: The short project duration and lack of follow-up contributed to the difficulty in retaining knowledge over time. There is no physical asset to remind the community of the sessions.
- **Need for Continuous Training**: There is a continuous need for ongoing training to ensure PWDs and the community stay prepared. Prompt action during emergencies requires practice.
- **Monitoring and Evaluation**: Lack of tracking and regular monitoring post-project closure affected its ability to demonstrate long-term impact.

Evacuation Agreements

- The existing **evacuation agreements between villages** did not fully cater to the exhaustive needs of disabled residents, highlighting a gap in addressing inclusivity during disasters. While the SOPs have addressed the concerns specific to PWDs, the recommendations have yet to be implemented, leaving weak spots in the safety and well-being of PWDs during disasters.

Infrastructure and Support

- **Lack of Proper Infrastructure**: Poor infrastructure further limited the mobility and participation of PWDs. A lot of the activities, such as data collection, needed to be door-to-door as community spaces are not disability-friendly.

Lack of Evidence from Emergency Application

- The innovation currently has little evidence to prove its efficiency, as its real-life validation can only happen during an emergency or disaster. As of now, the validation is based on community judgements and simulations. Hence, convincing and securing funding is based on testimonials, communication and networking, rather than on the presentation of quantitative evidence gathered during an emergency.

Key Learnings

- The project has shown that accurate, up-to-date data on PWD is crucial for both preventing social exclusion and is a strategic step towards convincing authorities for effective disaster policy change. Updating disability data has laid the groundwork for designing targeted disaster preparedness and response SOPs and creating formalised village disability groups.
- Recognising PWD as active participants, and not merely beneficiaries, in disaster management builds on the perspective of community-led innovation. Their inclusion in data collection and evacuation planning has led to the formulation of a separate SOP for evacuation. Simulations for evacuations are now conducted by KOMDIK to account for PWDs in emergencies.
- Local government representatives underline the importance of national-level involvement to ensure that evacuation shelters are accessible, and resources during emergencies are adequately allocated to prevent any emergency resource crunch. This was particularly important during the 2010 Mount Merapi eruption, where both Kepuharjo and Wukirsari villages were impacted. Full evacuations were required within a 20km radius, forcing the disaster response team to utilise facilities not typically designated as evacuation shelters. Such scenarios highlight the importance of considering multiple contingencies in DRR planning and pairing high-risk villages with multiple sister villages. This experience also emphasises the need for all public facilities to be disability-friendly.
- Village Disaster Management Teams must be trained to meet the needs of PWDs and the elderly during emergencies, and they should be well acquainted with local needs and resources. Such training should be regularly practised both to enhance expertise and ensure swift action in times of need.
- Constant efforts are required to build self-confidence and encourage participation among residents with disabilities, who initially lacked confidence. A sensitive door-to-door data collection strategy acted as an icebreaker for this.
- The project highlighted the need for sustained funding, continuous training, and deeper engagement with the community to ensure long-term resilience and the inclusion of PWDs in disaster preparedness. If, as in this case, an innovation does not come with a ‘sellable product’, its longer-term sustainability has to be achieved either through grants or through national government support.

CONCLUSION

Recommendations for Way Forward

Village Governments and Disability Groups

Improve Accessibility: Upgrade public spaces and healthcare facilities to ensure PWDs can access them, focusing on infrastructure such as ramps and accessible toilets.

Budget & Policy: Secure national government funding for PWD-related activities, integrate budget allocation into planning, and update disability data annually to support specific policies for PWDs.

Engagement & Communication: Develop formalised partnerships with regional and national government entities to ensure adequate funding, oversight and support for scaling the innovation.

CIQAL and Disability Groups

Capacity Building: Develop new training programmes for both government officials and PWDs, with an emphasis on livelihood opportunities and self-reliance. Address barriers like mobility issues through advocating for infrastructure development to encourage more diverse participation in Disability Groups and local disaster planning efforts. Older modules can be periodically revised by the Disability Groups and any material or recordings pertaining to older training can be shared with these groups to help them lead the knowledge transfer in the community.

Advocacy: Maintain persistent advocacy at multiple levels of government to ensure that inclusive evacuation plans are implemented and supported through village regulations, policy changes and funding.

Community Resources: Leverage local resources, such as disability-friendly programmes and community leaders, to sustain long-term initiatives.

Leadership: Disability Groups should identify and train a next level of leadership from the community to streamline operations and support of the physical, digital and community ecosystem.

CIQAL and YEU

Institutionalisation: Institutionalise training for both local disaster teams and PWDs to ensure continuity and up-to-date knowledge. Institutionalise reflection sessions to adapt solutions based on real-time feedback from PWDs and the community to make the innovation responsive and relevant.

Timeline: The implementation period should be longer to allow for deeper government engagement, infrastructure improvements and institutionalisation of inclusive practices.

Concluding Remarks

The CIQAL innovation achieved transformative change by integrating PWDs into disaster preparedness and response frameworks in Kepuharjo village, and its sister village, Wukirsari. One of the most notable changes was the shift from a system that largely excluded PWDs to one that actively involved them in disaster management processes. This was achieved through improved data collection systems, the establishment of formal advocacy platforms for PWDs, and the creation of inclusive SOPs for evacuations. The local government's awareness and responsiveness to the needs of PWDs significantly increased, marking a cultural and operational shift toward inclusivity in disaster management.

However, the journey wasn't without its challenges. The innovation faced difficulties in sustaining long-term engagement and securing consistent government support. The reliance on key individuals also raised concerns about sustainability. Furthermore, gaps in infrastructure and the need for continuous training and support to maintain preparedness among PWDs and local teams highlighted areas requiring further development.

Looking forward, the future of this innovation lies in sustaining the outcomes, scaling its successes deeper in existing locations, expanding out to other regions, and ensuring stronger institutional integration at the district and national levels. Building sustained financial and policy models, alongside continued training and capacity building, will be critical in ensuring that the changes fostered through the innovation are long-lasting and grow to benefit other vulnerable communities.

Funded by UKaid from the British people

elrha | ADRRN | START NETWORK | YEU

WRITTEN BY:
Shreyasi Neogi (SEEDS Technical Services),
Shabin Paul (Independent Consultant)

October 2024

Commissioned by Elrha's
Humanitarian Innovation Fund

INTERVIEWS AND ENGAGEMENT:
Zoya Kidwai, Kh Samuel Poumai,
Aishwarya Jayan

ADVISOR:
Anshu Sharma

ABOUT CLIP

Launched in 2020, the Community-Led Innovation Partnership (CLIP) is a collaborative programme that brings together a group of like-minded humanitarian innovation organisations to explore how communities can be placed at the heart of humanitarian response. These organisations are: Elrha, Start Network, Asia Disaster Reduction and Response Network (ADRRN), Yakkum Emergency Unit (YEU) in Indonesia, the Center for Disaster Preparedness (CDP) in the Philippines, Start Network Hub in Guatemala (hosted by la Asociación de Servicios Comunitarios de Salud), and Start Network Hub in South Sudan. The CLIP is funded by the UK Foreign, Commonwealth & Development Office.

elrha.org

@Elrha

/Elrha