

# PROMOTING THE INCLUSION OF PEOPLE WITH DISABILITIES IN DISASTER MANAGEMENT IN INDONESIA



CENTRE FOR  
DISABILITY  
RESEARCH  
AND POLICY



THE UNIVERSITY OF  
SYDNEY

## SUPPLEMENT TO TECHNICAL REPORT 2 PRACTITIONER GUIDELINES FOR CAPACITY BUILDING FOR DISABILITY INCLUSIVE DISASTER RISK REDUCTION IN INDONESIA

## Supplement to Technical Report 2

### Capacity Building for Disability Inclusive Disaster Risk Reduction in Indonesia

#### Practitioner Guidelines for Capacity Building for Disability Inclusive Disaster Risk Reduction in Indonesia

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**Further information:** <http://sydney.edu.au/health-sciences/cdrp/projects/pipddmi.shtml>

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## ACRONYMS

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ASB Indonesia	Arbeiter-Samariter-Bund Germany, Indonesia Office
DIDR Tool	Disability Inclusive Disaster Resilience Tool
DiDRR	Disability Inclusive Disaster Risk Reduction
DiDRRN	Disability Inclusive Disaster Risk Reduction Network for Asia and the Pacific
DPO	Disabled People's Organisation
DRR	Disaster Risk Reduction
HFA	Hyogo Framework for Action
ICF	The <i>International Classification of Functioning, Disability and Health</i>
NGO	Non-government Organisations
SFDRR	Sendai Framework for Disaster Risk Reduction
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNISDR	United Nations Office for Disaster Risk Reduction
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs

## EXECUTIVE SUMMARY

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Disability inclusive disaster risk reduction (DiDRR) is increasingly recognised as an important component of community resilience in the event of a natural disaster as documented in the recent outcome of the 3<sup>rd</sup> World Conference, the *Sendai Framework for Disaster Risk Reduction 2015-2030*. Central to disability inclusive disaster risk reduction is people with disabilities themselves and their capacities to participate in, and contribute to disaster risk reduction policies, practices and programs.

These **Practitioner Guidelines** provide orientation to the **Work Packages** undertaken to build the capacity of people with disabilities in disaster risk reduction in Indonesia as part of the Australian Government Department of Foreign Affairs and Trade Australian Development and Research Awards Scheme funded project, 2013-2015, *Promoting the Inclusion of People with Disabilities in Disaster Management in Indonesia*. These Work Packages formed one component of the project with knowledge transfer and capacity building supplemented by other methods within the project, including coaching and sponsoring participation of select trainees at key post-2015 DRR policy events.

The structured Capacity Building component, as described herein, involved 5 work packages each with a different thematic focus. Each work package involved presentations, workshops and skills building for DPO representatives, with pre and post tests and opportunities for workshop evaluation. DPO representatives were encouraged and supported to extend their learning in their own communities and DPOs outside of the formal capacity building activities.

Although the process of capacity building was mainly targeted for disabled people's organisations, the process involved participation of village volunteers (cadres) and DRR-related government officials. It is important to build working linkages between DPOs with government and the community to enable implementation of DiDRR at the community level within a whole-of-community approach.

## WHAT DO THESE GUIDELINES COVER?

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The Practitioner Guidelines (referred to from here on as ‘the guidelines’) provide information on the Disability Inclusive Disaster Risk Reduction Work Packages 1-5 designed specifically for the *Promoting the Inclusion of People with Disabilities in Disaster Management in Indonesia*. The Work Packages were designed to build the capacity of persons with disabilities to understand, implement and contribute to Disaster Risk Reduction. The guidelines share experiences from implementing these Work Packages and tips and content that can be adapted and applied in other trainings and contexts.

It is also important to note that the Work Packages described herein were one part of the overall capacity building component of the project. We encourage readers to consider which parts may be applicable and easily integrated into your work. While the Work Packages can be replicated as is, we are also aware that some may want to integrate the Work Packages material into their existing work and trainings. As such, we trust the guidelines provide tips and pointers that will assist with the materials being used in this way.

**Work Packages 1-2** provide information for participants on Disaster Risk Reduction, including the national and international policy context, with the aim of increasing participants’ contextual knowledge and overall understanding of this topic.

**Work Packages 3-4** introduce participants to disability data, the Washington Group (WG) Short Set of questions and develop data collection skills to implement the WG questions to identify persons with disabilities in their communities. The second component addresses learning to use the Disability Inclusive Disaster Resilience (DiDR) Tool in interviews with people with disabilities or their carers. The purpose of the DiDR Tool is to identify the resilience and capabilities of people with disabilities to natural disasters in their family and community setting.

**Work Package 5** provides the findings on the DiDR tool field test and supports participants to bring together the findings from the research and integrate this with their new knowledge about disability inclusive disaster risk reduction, disability identification, using the DiDR tool to apply all this in their work.

# HOW TO USE THESE GUIDELINES

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Before you begin implementing the Work Packages

**Step 1: Collaborating and building networks**

**Step 2: Considering accessibility**

**Step 3: Monitoring and evaluation by using a portfolio**

**Step 4: Reflecting on your practice**

## **Step 1: Collaborating and building networks**

The first step prior to delivering the Work Packages is to ensure the active engagement of the right stakeholders and participants. DRR and disability are both cross-cutting issues, so it is important to identify and involve key stakeholders who will participate in workshops and trainings well in advance. Engaging all stakeholders before the workshops begin is also a critical first step towards creating a support network for participants that can continue after the trainings have been completed. Early discussions will also help better raise awareness on disability and DRR and contribute to shared goals and expectations.

### **Who should be involved?**

- **Disabled people's organisations**

Disabled people's organisation (DPOs) is the key stakeholders for the implementation of a program regarding disability rights issues. In almost all countries there is an established DPO representing the voice of people with disabilities in that country. Based on our experience in Indonesia, we selected DPOs to participate in our training in the following way:

In our project we coordinated with the Indonesia Association for People with Disabilities (PPDI). PPDI is an umbrella organisation for DPOs in Indonesia. PPDI has sub-offices in all provinces, although not yet in every district in the working areas for our project. ASB coordinated with PPDI as the umbrella organisation wherever possible. To identify DPOs in districts where PPDI was not present we used lists that were available from the local Department of Social Affairs.



- **Key government stakeholders**

Government has the core responsibility for development programming. Ensuring the involvement of government from the beginning of a project can also help sustain activities into the future. From experience in Indonesia, the key government stakeholders with responsibilities for disability-inclusive DRR in our working areas are as follows:

- (1) Disaster Management Agency
- (2) Social Affairs Department
- (3) District Planning Department
- (4) Community Empowerment Department.

The above list is not exhaustive. As noted, both DRR and disability are cross-cutting issues, so you may need to choose key government stakeholders in your working area in line with available resources.

After identifying the relevant government stakeholders, it is very important to discuss the roles they will take in the training in advance. This will help in the selection of government personnel who will attend and contribute in line with expected outcomes of the trainings.

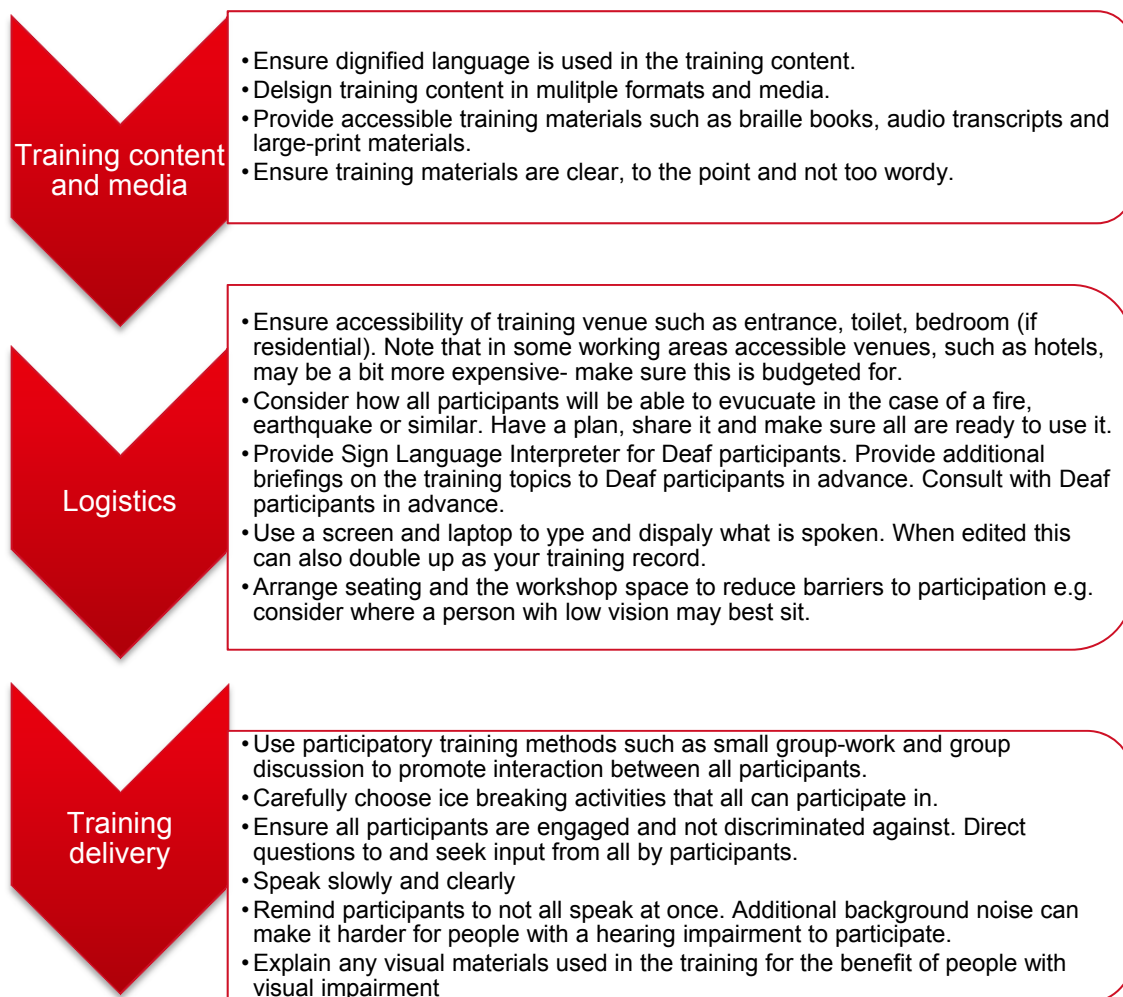
- **Community volunteers**

If your project design requires DPOs to conduct activities in communities or villages, experience has shown it is good practice to pair DPO members with village community volunteers. In our working area these volunteers, mostly women, are known as cadres. Cadres work with their community on social or health issues. We found partnering DPO members and cadres in teams to be an effective strategy.

This partnering helped overcome stigma towards people with disability in a community. Pairing DPOs with cadres also opens the door to inclusion within project activities by facilitating working interactions between DPOs and non-disabled cadres. The community volunteers, as insiders, are trusted within the community and, therefore, provide a smooth entry point for DPOs. It can be difficult for DPO members to start working in a new village and to gain acceptance and cadres help facilitate this. Equally, in our project disability was new to many cadres and at first they were not sure how to interact with community members with disabilities and the DPO members helped here greatly. The partnerships proved to be valuable to both DPO members and cadres and these partnerships have proved to be ongoing.

## Step 2: Considering accessibility

Conducting inclusive trainings for person with disabilities means making adjustments in order to ensure that all can participate easily and comfortably. Ensuring access means we need to consider both physical access (e.g. to the training venue) and access to the training content (i.e. information you will share). The removal of barriers to active participation is the key to a successful inclusive activity. The following practical steps and tips can be taken to improve accessibility:



Further considerations to make training more inclusive are outlined below. You may need to make more time available for planning and preparation to ensure your training is inclusive and a success. While it is preferable to plan accessibility into trainings and activities from the start, it is never too late to start. If you are already running a training program, it is very useful to think about which initial steps you could take to make your next training more inclusive.

## Training Media/ Toolkit

- For training materials do not use serif font (i.e. font with 'tails' or flourishes). Sans serif font, such as Arial, is easier to read. Font size at minimum 11.
- Ensure spacing between text and paragraphs is sufficient to make reading easier.
- If you use coloured text boxes, ensure there is sufficient contrast between the colours to help with readability.
- All text and visual materials, including slides, should be clear, easy to read and not cluttered.
- Prepare a braille version of material to be presented in the training to accommodate participants with visual impairment. However, do not assume that all Blind individuals can read braille. Consult with participants with visual impairment in advance. Some may prefer to have material available in audio format.  
Also, before printing all braille materials, make sure you have one set for proof reading with a participant with visual impairment to check.
- Remember to prepare copies of text materials in large print to accommodate participants who have visual impairments. This may also be helpful for others in the training.
- Descriptive videos combining the same information in both visual and audio format may be suitable for both Deaf participants and participants with visual impairments. However, this may take time to produce so make sure you plan in advance to achieve this.
- The important point is to find out before the training about participants' preferences so they can be planned for and accommodated in advance. If in doubt, ask.

## Venue

- Make sure you identify and choose an accessible training venue for participants with mobility impairments including wheelchair users.
- Visit each potential venue in advance to choose the best venue. Check the rooms, the toilets and bathroom and the restaurants. If participants are likely to require a place to pray for example, this should also be checked.
- You may find that accessible rooms are not always on the ground floor. In this, and all cases, you will need to visit before the training to also help you make an evacuation plan in the event of a fire or earthquake. In terms of evacuation in the case of fire, earthquake or other emergency, accessible rooms on the ground floor are preferred.
- Make sure you discuss evacuation plans and any particular needs of participants in advance with the venue management and security. This will also help build their awareness on inclusion and access.

- If possible, try and choose a meeting venue where all rooms and facilities such as, meeting room, toilet, prayer room and restaurant are on the same floor.
- In some working areas it is hard to find an accessible venue. For example, it is sometimes only more expensive hotels that have accessible meeting rooms. This may need to be considered in planning and budgeting.
- You may also want to consider having a portable ramp or two that you can use when no other options exist. However, we would encourage you to discuss with venue managers how they can provide accessibility solutions themselves; again, this is good awareness-raising and helps them plan for future disability-inclusive meetings and trainings.
- Ensure there is a responsible venue staff member to give a proper briefing on safety and security for hazards such as earthquake and fire at the beginning of the training. You may need to brief the person in advance to ensure they are prepared for evacuating people with different functioning limitations. It is also useful to have a staff member from the venue to stand by to provide any assistance for participants if required.

### **Classroom management**

- Identify participants well before the training is planned to start. Discuss with participants what their requirements are. Consider who may need assistance with mobility, going to the toilet, walking long distances, climbing stairs, and eating.
- Plan in advance seating arrangements and the layout of the classroom. Is there enough space for people using wheelchairs to move around and to participate in group activities? Can everyone see what will be written on white boards or displayed on screens? Can everyone get into the room and leave easily, to go to the toilet for example?
- Mix up your groups and where people sit. The aim should be to maximize interaction and collaboration between people with disabilities and people without disabilities and, of course, gender and age. It can also be helpful to organize groups so people have a chance to interact, and learn more, from a range of people with disabilities, that is, do not sit all people with a particular disability together.
- The exception to mixing up groups may be for Deaf participants. It is an advantage if Deaf participants can sit with people with other disabilities however this will need to be balanced with ensuring that Deaf participants can see the Sign Language Interpreter and fully benefit from the training. Again, discuss their needs and preferences with Deaf participants in advance.
- Remind participants and trainers to state their name each time they speak to ensure participants with visual impairments are clear about who is speaking e.g. 'Mary speaking. I'm not sure I understood what you just said ...'

## Examples of accessibility issues and solutions

### Sign language interpreters

- Providing sign language interpreters for Deaf participants is important to ensure equal participation in trainings. Make sure you anticipate this and identify suitable interpreters in advance. Also, do not forget to budget for this during project design. Also, consider that there may be variations in the sign language used in different working areas within the same country. Again, seek recommendations from Deaf participants in advance.
- Consider that it is good practice to have more than one sign language interpreter so they can alternate, as sign language interpretation is very tiring.
- It can also be helpful to keep the same sign language interpreter/s for all trainings in a particular working area. This will help ensure familiarity with the topics of the training and help with consistency of interpretation.
- Make sure you brief the sign language interpreter/s well in advance. A list of key terms to be used in the training can be helpful.
- Some Deaf participants told us that, at times, they found it hard to keep up with other participants. This is harder in a large class and if technical language is used. Therefore, consider having a separate session in advance and a follow up session after the workshop with Deaf participants and the interpreter. This can also give an opportunity to consider what signs they may decide to use for key terms in advance as there are a number of technical or foreign words that you might need to use. Of course, try to keep any technical language or terms to a minimum for the benefit of all.
- In our working areas we also found understanding of sign language was not consistent among Deaf participants. Some Deaf participants had more prior experience of and opportunities to develop and learn sign language. Again, we found that additional briefings allowing Deaf participants time for further consideration and discussion were helpful.
- Deaf, and other participants, also told us they found it helpful if what was said was also simultaneously typed and displayed on a screen. A number of Deaf participants in Indonesia said they actually preferred this. Again, the key point is to discuss in advance and ensure you have planned sufficient time for consulting and preparation with Deaf participants before your training.
- Another consideration, if possible, is to appoint a Deaf trainer who understands the training topic to assist Deaf participants. A Deaf trainer can often explain things in a way that Deaf participants can understand better compared to using a sign language interpreter. But, of course, you will also need to provide a sign language interpreter for the Deaf trainer.

### **Step 3: Monitoring and evaluation using a portfolio**

Monitoring and evaluation is a core part of any good training design. This will include seeking ways to improve the trainings in line with better understanding of how participants are benefiting from the training. As with other trainings a mix of methods and tools can give better information and be more effective. These may include pre and posttests, observation and classroom monitoring, focus group discussions and questionnaires and evaluation forms. For inclusive DRR trainings, whichever method you choose to use, the aim is to ensure all participants can complete their personal evaluation as independently as possible.

During the trainings described in this document we used a participants' workbook. We call this a 'portfolio'. Every participant was given their own portfolio. These included an initial assessment of participants' prior knowledge and experience for each work package. These were completed before each workshop. The portfolios also included additional material to provide more information on topics so that these portfolios could be used as a handbook that could be referred to after the trainings. This was also helpful if any participants missed a training session.

Participants were also expected to write a personal summary of learning from each training session. This proved very helpful in guiding and adapting trainings and identifying individual needs that we could respond to. The information in the portfolios helped us better gauge the participants understanding and also gave an indication of how well participants would be able to apply information from the trainings. As the portfolios were 'living' documents they provided personal records and helped to reinforce learning as they were regularly referred back to. Crucially, these personalised portfolios helped us to better anticipate, adapt and respond throughout the trainings. The portfolios provided us with information on where participants faced difficulties, where they would like further information and where participants felt most comfortable. An example of a portfolio format is provided in Annex I for reference.

### **Step 4: Reflect on your practice and improve- inclusion is a process**

There is no one solution that fits all in terms of ensuring inclusion and the equal participation of people with disabilities in trainings. Each participant will likely have different support needs, functioning difficulties and capacities to engage within training. In fact, all participants, whether they are people with disabilities or people without disabilities, will have their preferred way of learning. You may also find that in different working areas there are different cultural considerations that may affect your training. The key point is that becoming inclusive is a process of learning for both trainers and trainees. As such, regular reflection and adaptation is the key to delivering more inclusive and successful trainings that all can benefit from.

Make sure that regular reflection and evaluation sessions are planned for and conducted with both the training/project team and externally with your trainees. Sometimes trainers think they are expected to have all the answers. This is not the

case. The role of trainers is essentially to facilitate a process of mutual learning and discovery. Remember that people with disabilities know best what their needs and capacities are. Therefore, regular discussions and consultations with your training participants is by far the best way. Make sure you plan sufficient time for these discussions when you are planning and evaluating your trainings.

### **Case Study: Re-training for early Work Packages following participant evaluations**

At first, we combined some initial work packages in a short workshop. This is because we assumed that participants were fairly familiar with the topics of basic DRR and DRR policy frameworks from previous experiences. Following these sessions we conducted focus group discussion with participants to gain feedback on the quality of training delivery.

In the evaluation, participants mentioned that not all of them were comfortable with DRR. This was particularly the case with some technical terms. The most difficult topic was DRR frameworks as there were quite a few new terms and (foreign) names and words.

Training participants suggested another longer training especially on the DRR policy frameworks. Training participants also requested more interactive methods for the policy framework session and in particular games.

Interestingly, DPO participants also regretted that in the initial training there were no key government stakeholders involved. DPOs said they saw disability inclusive as an important topic and they wanted to engage with government more in the trainings. They also hoped this would generate more mutual interest in the topic and contribute to working relationships in the future.

From the evaluation meeting we agreed to conduct re-trainings taking into account all the ideas suggested by participants. In the re-training DPO participants were more engaged in the discussion. We were also more pro-active in making sure that officials came to the trainings and DPOs were then able to start building better linkages with key government stakeholders. This was really appreciated by DPO members in subsequent evaluations. We also learned that although we understood that many participants had some prior knowledge of DRR we had overestimated this. In general, DPOs have many priorities competing for their time and attention. What was encouraging from the first evaluation was that participants saw DRR as an important topic and really wanted to get into depth, explore and understand more about DRR.

(The details of each Work Package and the evaluations are in the accompanying Technical Report 2: *Capacity Building for Disability Inclusive Disaster Risk Reduction in Indonesia* )

In the section that follows are outlines of the Work Packages that we used for the training component of this project. Of course, these are not set in stone and can and should be improved over time and through experience. The training outlines are provided to give an overview of topics and approaches that may be helpful to others. Needless to say, these should be adapted to the situation, context and aims of your particular trainings. For example, in trainings in our working areas additional emphasis was placed on earthquake safety due to the particular risks that earthquakes pose in these areas.

Importantly, do not forget that inclusion, and becoming inclusive, is a learning experience for us all. We hope it will be an experience that you will find as interesting, engaging and exciting as we have.



# WORK PACKAGE 1

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## Basic disaster risk reduction (DRR)

### Objectives:

- To raise awareness on the importance of DRR.
- To provide information on safety procedure (what to do) in the events of disaster, such as earthquake, whirlwind, landslide, and floods.

### Expected output:

- Participants aware of DRR and its significance for people with disabilities.
- Participants able to demonstrate basic safety procedures for natural hazards.

### Training content:

- What is DRR and current government-led DRR activities in each area.
- Risk, participation and inclusion
- Practical safety and evacuation procedures for people with disability; earthquake, tsunami, volcanic eruptions, landslides and tornadoes (module is according to potential hazard risk in each area)
- Introduction to hazards, capacities and vulnerabilities
- House risk mapping and safe room setting.

## Training outline

Session	Material
<b>Session 1:</b> Introduction to DRR and local hazards risk and DRR activities	<b>Topic 1.</b> Introductory explanation on what is meant by Disaster Risk Reduction. <b>Topic 2.</b> Explanation of local hazards risk and DRR activities implemented by local government <b>Topic 3.</b> Dialogue and discussion between the local government and DPOs on topics related to DRR
<b>Session 2:</b> Safety procedures for other priority disasters based on the local condition	<b>Topic 1:</b> Safety procedures during a land-slide <b>Topic 2:</b> Safety procedures during a cyclone <b>Topic 3:</b> Safety procedures during a volcanic eruption <b>Topic 4:</b> Safety procedures during a flood  Note: Procedures common to all hazards emphasized- self-protection and evacuation.

<b>Session 3:</b> Safety procedures during an earthquake	<p><b>Topic 1.</b> Suggestions for safety procedures during an earthquake: Drop, cover, hold.</p> <p><b>Topic 2.</b> Safe-room setting</p> <p><b>Topic 3.</b> Safety tips for earthquake</p> <p><b>Topic 4.</b> Evacuation simulation</p>
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## Description of activities

### Session 1: Introduction to DRR and local hazards risk and DRR activities

**Topic 1:** Introductory explanation on what is meant by Disaster Risk Reduction.

**Topic 2:** Explanation of local hazards risk and DRR activities implemented from government disaster management agency

**Topic 3:** Dialogue and discussion between the local government and DPO members on topics related to disability and DRR

Total Duration	90 minutes
Objectives	<ol style="list-style-type: none"> <li>1. Participants understand what is meant by Disaster Risk Reduction</li> <li>2. Participants know the priority disasters in the area where they live</li> <li>3. Participants introduced to DRR activities conducted by local government</li> <li>4. Positive dialogue between local government and DPOs on topics related to inclusive DDR.</li> </ol>
Why is this session important?	Representatives of DPOs often have limited opportunities to meet and speak directly with local government. This may be for various reasons such as: not being invited, lack of accessibility, or the ineffectiveness of information transfer from past experiences. This session is intended to create a space for the dialogue. It is expected that the dialogue will bring positive effects and will focus on the framework of inclusive DRR.
Activities Summary	<ol style="list-style-type: none"> <li>1. Speeches from each representative of local government.</li> <li>2. Explanation on what is meant by hazards, capacity and vulnerability.</li> <li>3. Explanation on what is meant by disasters, natural hazards, and disaster risk reduction.</li> <li>4. Explanation on the potential disasters in the area as well as the priority disasters.</li> <li>5. A description of DRR activities that have been performed by government in the regency.</li> <li>6. Discussion (question and answer session).</li> </ol>
Media	<p>PowerPoint:</p> <ul style="list-style-type: none"> <li>- Material on disasters from disaster management agency.</li> <li>- Presentation from other government institutions, such as: Social Services and Workforce and Village Community Empowerment Agency.</li> </ul>

	<b>Tools:</b> <ul style="list-style-type: none"> <li>- LCD projector and screen</li> <li>- Flipchart</li> <li>- Marker</li> </ul>
Method	Presentation and panel discussion

## Session 2: Safety procedures for natural hazards

**Topic 1:** Safety procedures during a land-slide

**Topic 2:** Safety procedures during a cyclone

**Topic 3:** Safety procedures during a volcanic eruption

**Topic 4:** Safety procedures during a flood

Total Duration	30 minutes
Objectives	<ol style="list-style-type: none"> <li>1. Participants understand the safety procedures when a disaster happens (according to the type of disaster in local area)</li> <li>2. Participants are able to identify the signs of a disaster in order to anticipate the time for evacuation (for the types of disasters of which signs can be recognized, for example; landslides, cyclones).</li> <li>3. Participants know the preventive ways to reduce the risk of losses in a particular disaster.</li> </ol>
Special objectives	In this session, ASB involved trainers from DPOs who had previously completed a DRR training of trainers' course. The participation of trainers with disability sought to encourage other participants to take an active role in DRR and to provide feedback regarding the content of the material about specific considerations for persons with disabilities in a disaster setting.
Why is this session important?	Material and non-material losses that occur in a disaster is not directly caused by hazards. They are due to people not being aware of signs or of the preparedness measures they should take. The unpreparedness of people to disasters also leads to panic that can result in greater risk and loss. By recognizing signs (if available) and understanding safety procedures when a disaster happens we can reduce panic and prevent injury and loss.
Activities Summary	<ol style="list-style-type: none"> <li>1. Introduction by a trainer with disability about the agenda of the session.</li> <li>2. Watching a video on ways of rescuing, signs of disasters and ways of disaster prevention based on the typical disaster of the local area.</li> <li>3. Review and discussion (question and answer session) about the content of the video.</li> <li>4. Closing and concept checking.</li> </ol>

Media	<ul style="list-style-type: none"> <li>- ASB Multihazards VCD/DVD</li> <li>- Large-sheet of papers</li> <li>- Marker</li> <li>- Index cards</li> </ul>
Method	Reviewing the videos, discussion, quiz (for checking understanding)

### Session 3: Safety procedures during an earthquake

**Topic 1:** Safety procedures during an earthquake: Drop, cover, hold-

**Topic 2:** Safe room-setting

**Topic 3:** Safety tips for earthquake preparedness

**Topic 4:** Evacuation simulation

#### ***Topic 1: Safety procedures during an earthquake: Drop, cover, hold (DCH)***

Total Duration	60 minutes
Objectives	<ol style="list-style-type: none"> <li>1. Participants understand and are able to practice appropriate earthquake safety procedures; drop, cover, hold (modified for people with disabilities as needed).</li> <li>2. Participants know the principle of how to protect themselves both for persons with disabilities and for people without disabilities.</li> </ol>
Why is this session important?	Different safety practices are known to exist in working areas. Common messages and practices are needed that are reinforcing and do not cause confusion amongst communities. Some community practices, such as trying to run in an earthquake, may increase risk or simply not be possible. Familiarity with, and practice of, simple safety procedures reduce potential panic and, therefore, reduce risk. Consideration of where people live is also needed to increase safety in the home environment, such as preventing the risk of being hit by falling objects.
Activities Summary	<ol style="list-style-type: none"> <li>1. Participants are divided into groups. The trainer says that when the whistle is blown (and visual signal shown e.g. flag), it is a sign an earthquake has occurred. Then ask participants to reenact what they did in a previous earthquake (or future if no experience).</li> <li>2. The types of actions are listed, but no judgment yet given e.g. running (common), staying motionless, taking cover under a table, taking a shelter in a corner of the room, etc.</li> <li>3. The trainer shows videos about safety procedures during an earthquake where in the video there will be shown the wrong and right procedures.</li> <li>4. Based on the on the video, the trainer prompts participants to consider possible impacts of each action.</li> <li>5. Appropriate (DCH) safety procedures are then shown.</li> </ol>

	<ol style="list-style-type: none"> <li>6. Facilitate discussion on why DCH is the best available action.</li> <li>7. The trainer and DPOs discuss alternative positions and certain conditions for persons with disabilities who are not able to perform the standard DCH.</li> <li>8. Participants to practice DCH together. Repeat.</li> <li>9. Further check participants' understanding and ability to practice and introduce different scenarios such as what if you were in bed at the time?</li> <li>10. Review and clarify as necessary.</li> </ol>
Media	<ol style="list-style-type: none"> <li>1. ASB DVD Video of Ayo Simulasi Gempa-Tsunami</li> <li>2. ASB Picture story on safety procedures during an earthquake</li> <li>3. ASB Right-Wrong Cards for earthquake safety</li> <li>4. Plano and markers</li> <li>5. Whistle, visual prompt (e.g. flag)</li> </ol>
Method	Watching and reviewing video, storytelling, simulation, discussion, practice.

### ***Topic 2: Safe room setting***

Total Duration	60 minutes
Objectives	<ol style="list-style-type: none"> <li>1. Participants are able to identify hazards and methods of reducing risks in the home / residence.</li> <li>2. Participants understand the steps to create a simple evacuation map.</li> </ol>
Why is this session important?	Organising the space you live in can reduce risks, such as from falling objects. This is a simple and economical way of reducing risks in the home where many people with disabilities may spend much of their time.
Activities Summary	<ol style="list-style-type: none"> <li>1. Groups are prepared.</li> <li>2. Pictures showing risks and safer situations in homes are distributed with each group having both categories.</li> <li>3. Groups imagine they are in the place shown in the photo and consider if they would be safe or not in an emergency.</li> <li>4. Groups discuss what may reduce risk and or increase risk in their own homes.</li> <li>5. Groups report back for class discussion and the photos are grouped- high risk and low risk.</li> <li>6. A model plan of a house with furniture and in groups participants consider how they can arrange furniture, such as where people sleep (not near tall furniture that can fall) to make the home safer. Is it better that some people sleep in different rooms from where they sleep currently to aid evacuation? Encourage participants to refer to</li> </ol>

	<p>their own homes.</p> <ol style="list-style-type: none"> <li>7. Introduce the importance of securing large objects and other objects that could fall e.g. secure cupboards with screws (not nails), can pictures or items on shelves fall, can they be moved or secured?</li> <li>8. Introduce groups to thinking about how they would evacuate. Are the exit routes clear from obstacles?</li> <li>9. Participants then draw a plan of their own home and work together in groups to plan their own evacuation routes with consideration of any barriers they may face and how these can be overcome.</li> <li>10. Discuss and encourage participants to agree what measures they can introduce in their own homes after the training. Participants should commit to discussing with their families during the training and be set tasks to put learning into action at home. Follow up and review what they did or didn't do in later sessions.</li> </ol>
Media	<ol style="list-style-type: none"> <li>1. Photos/pictures</li> <li>2. Model plan of house or plans drawn on paper.</li> <li>3. Models of furniture or pictures that can be placed in and moved in the house plan</li> <li>4. Red post-it, green post-it.</li> <li>5. Flip charts</li> <li>6. Markers</li> <li>7. Tape</li> </ol>
Method	Group work, visual prompts, presentation and discussion.

### ***Topic 3. Safety tips for earthquake preparedness***

Total Duration	30 minutes
Objective	Participants determine the practical and simple steps which can be done before, during, and after an earthquake.
Why is this session important?	There are many steps that people can take to increase their safety. Most of these are simple and practical, but not everyone knows about them. This session is intended to introduce additional steps for earthquake preparedness.
Activities Summary	<p>1. Prepare 9 cards with each card containing one tip for earthquake safety as follows:</p> <ul style="list-style-type: none"> <li>• Drop, cover, hold (to prevent injury being thrown to the ground and then to protect head and neck from falling objects)</li> <li>• Hold a family meeting to discuss household emergency plan and ensure every family member understands the plan. Discuss and plan for assistance for any family members with disabilities or others that may need assistance. Discuss with neighbours and friends and ensure someone is always ready to assist if needed.</li> </ul>

	<p>Discuss and agree where you will all meet in an emergency.</p> <ul style="list-style-type: none"> <li>• Prepare an emergency bag containing emergency necessities you might need when evacuating. Keep it near your exit door. Do not forget to include any prescription medicines that a family member may need.</li> <li>• Do not panic and run out of the house.</li> <li>• Stay away from walls and glass windows</li> <li>• Wear shoes so your feet are not hurt by debris</li> <li>• Turn off the stove or fire as soon as possible and make sure that they are completely extinguished.</li> <li>• Look for reliable and accurate information about the earthquake. Avoid rumours and seek accurate information from government agencies.</li> </ul> <p>Prepare the safety of the room by arranging the furniture to be more earthquake safe</p> <ol style="list-style-type: none"> <li>2. Divide the cards to participants in groups.</li> <li>3. Participants discuss their cards (use grouping or ranking of the cards) according to: <ul style="list-style-type: none"> <li>• Why are the tips important?</li> <li>• For each tip is it to be done before, during or after an earthquake?</li> <li>• Which are you going to do first with your family and why?</li> </ul> </li> <li>4. Groups report back to the class.</li> <li>5. Discuss and review.</li> </ol>
Media	9 cards with tips as described above.
Method	Group work, ranking and discussion

#### **Topic 4: Evacuation Simulation**

Total Duration	60 minutes
Objectives	<ol style="list-style-type: none"> <li>1. Participants recognize that simulation is a way to familiarize themselves and family members and to reduce panic.</li> <li>2. Participants understand the steps to conduct an evacuation simulation</li> <li>3. Participants learn simple evacuation considerations for persons with disabilities.</li> </ol>
Why is this session important?	<ol style="list-style-type: none"> <li>1. In a disaster people tend to panic and act instinctively without thinking. This is often due to a lack of prior practice. Procedures need to be practiced regularly so the correct action becomes instinctive. One way of doing this is through regular simulations with</li> </ol>

	<p>households, groups and communities.</p> <p>2. The session also introduces the importance of having a household emergency plan. This is particularly important for persons with disabilities to ensure that no one is left behind and that any assistance that may be required is discussed and planned in advance with household members and neighbours.</p>
Activities Summary	<p>1. Prepares earthquake simulation role-play scenarios.</p> <p>2. Participants are divided into groups. Each group will play a role in the family. In each group, ask participants to determine the role of each group member, for example:</p> <ol style="list-style-type: none"> <li>The head of the family</li> <li>Family member with disabilities (Ensure different disabilities are represented in the overall group).</li> <li>Other family members</li> </ol> <p>3. Each group discusses safe room setting and then makes an evacuation plan for all members of the family.</p> <p>4. The trainer provides the scenario for each group. Each scenario contains the situation of each family and family members' activities before an earthquake strikes. Sample of a scenario:  Father and one child with physical impairment using a wheelchair are in the living room watching TV while mother is cooking in the kitchen. An older child is in his room on the second floor studying for his final exam. Grandmother is resting in her room near the kitchen. There is also a family cat accompanying grandmother in her room.</p> <p>Each group to act on the scenario they have received.</p> <p>5. The trainer explains when there is a whistle sound and visual prompt that means an earthquake is happening and they need to take the appropriate safety procedure.</p> <p>6. The trainer sounds the whistle and flags a visual prompt. During the simulation the trainer monitors participants whether: (a) they have performed appropriate procedure (DCH) and other tips or not; (b) has assistance been given to family members with disabilities? Once participants finish conducting the evacuation simulation, the groups self-evaluate what needs to be improved. Provide input as needed. Repeat the simulation once again just to be sure. As a closing and conclusion, invites participants to review the steps to conduct an evacuation simulation. Write the participants' answers on the flipchart. Have a further discussion and determine the best actions.</p>
Media	Whistle and flag (for signs of danger), plano and flipchart
Method	role-play, group discussion



### ***Anticipated Issues and Risks***

- DPOs may be new to DRR, avoid using jargon and try and base examples on real situations.
- Provide examples for participants on how to do drop, cover and hold properly by demonstration.
- Allow participants with visual impairment to sense by touching the posture of the person (if appropriate) demonstrating how to do drop, cover, and hold. Or ask participant with visual impairment to practice the correct procedure directly.

## WORK PACKAGE 2

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### Disability and DRR policy frameworks

#### Objectives:

- To raise awareness on DRR policy frameworks at international, regional and local level and the extent of the inclusion of disability in key policy frameworks.
- To equip disabled-people organisation (DPOs) to better influence DRR policy to be more disability-inclusive.

#### Expected output:

- Participants are aware of DRR relevant policy frameworks at international, regional and local level and the extent of inclusion of disability in key policy frameworks.

#### Training content:

- DRR policy and frameworks; International, regional, national, and local level and to what extent disability is accommodated.
- Disability policy framework and how DRR is included.
- Policy frameworks introduced are: Millennium Development Goals (MDGs), Hyogo Framework for Action (HFA), United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Incheon Strategy, Yogyakarta Declaration, Bangkok Declaration, Sustainable Development Goals (SDGs) and Sendai Framework for DRR.

### Training outline

<b>Session:</b> DRR policy frameworks	<b>Topic 1.</b> Introduction of key international and regional policies related to inclusive DRR <b>Topic 2.</b> Exploration of key DRR policies and frameworks. <b>Topic 3.</b> Discussion (question and answer session) relating to existing opportunities and gaps concerning inclusive DRR policies.
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### Description of activities

***Topic 1: Introduction to international and regional policies on disability and DRR***

Total Duration	90 minutes
Objectives	1. Participants introduced to policies and frameworks at the international and regional levels which are relevant to disability and DRR post-2015. Participants are equipped with a basic understanding of key frameworks that can assist in advocacy for, and engagement within, disability inclusive DRR.
Why is this session important?	DPOs are the main actor for advocacy and lobbying for influencing policy and practices in relation to disability and DRR. Therefore, this session is to equip DPOs on key points from DRR and disability policies and how far disability-inclusive DRR is addressed.
Activities Summary	<ol style="list-style-type: none"> <li>1. Prepare 7 cards. Each card includes one policy framework. The 7 frameworks are: Convention on the Rights of Persons with Disabilities, the Millennium Development Goals, Incheon Strategies, HFA, Yogyakarta Declaration, Bangkok Declaration, and Sustainable Development Goals.</li> <li>2. Ask each participant to discuss: (a) when and where the policy framework was created? (b) What does the policy framework address and what is the link to disability/DRR?</li> <li>3. Trainer draws a timeline from Year of 2000 to Year 2015.</li> <li>4. Each group presents on one to two different policy frameworks and all discuss. After presenting, each group should place the card of they have presented on to the timeline.</li> <li>5. Review each policy framework in turn and provide additional information as may be required. Do not forget to stress the importance of the UNCRPD.</li> <li>6. Session continues with questions and answers.</li> </ol>
Media	Policy framework cards White board Markers Paper Tape
Method	Group discussion, presentation

### ***Anticipated Issues and Risks***

Participants may be very new to the policy frameworks which are discussed in this session. Almost all policy frameworks also include foreign terms which may not be obvious or easy to understand. To anticipate this, consider translating and introducing each framework using local language. If you use a presentation to provide further information on the frameworks use common visual images such as pictures, logos, or slogans that can be associated with each policy framework for better learning association. Allow more time to discuss about DRR policy framework and use local language to explain foreign terms.

## WORK PACKAGE 3

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### Using the DiDR tool in an interview with a person with a disability or a carer

#### Objective:

To equip disabled-people organisations (DPOs) with knowledge about the Disability-Inclusive Disaster Resilience (DIDR) tool and the opportunity to learn to use the DiDR tool in an interview with a person with a disability or a carer. The aim of the DIDR Tool is to identify the risks faced and capacity of people with disabilities in the context of where they live.

#### Expected output:

- Participants understand about the conceptual framework of DIDR Tool.
- Participants understand the importance of each section of DIDR tool.
- Participants understand the surveyor's guide and why survey teams must ask the questions as written in the DiDR tool.
- Participant is familiar with the format of DIDR tool and able to use it to interview people with disability or their carer.

#### Training content:

- Conceptual framework of DIDR tool.
- Content of DIDR tool by section.
- Practice of asking questions according to the written format and conducting an interview using DIDR tool.
- Review and reflection, and additional practice with expanded surveyor's instructions.

### Training outline

<b>Session: Using the DiDR Tool</b>	<b>Topic 1.</b> Introduction to conceptual framework of DiDR Tool <b>Topic 2.</b> Question by question explanation of DiDR Tool <b>Topic 3.</b> Classroom practice on DiDR Tool under supervision with invited persons with disabilities <b>Topic 4.</b> Field practice in local villages with support from mentors and trainers <b>Topic 5.</b> Review and reflection and finalisation of tool and surveyors' instructions
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## Description of activities

**Topic 1: Introduction to conceptual framework of DiDR Tool**

**Topic 2: Question by question explanation of DiDR Tool and instructions for surveyors**

Total Duration	2 days
Objectives	<ol style="list-style-type: none"><li>1. Participants introduced to the conceptual framework underpinning the design of the DiDR Tool.</li><li>2. Participants are taken through the DiDR Tool question by question with opportunities for questions, clarifications and role plays as needed.</li><li>3. In their survey teams, participants practice with each other, with each taking the role of interviewer and then interviewee.</li></ol>
Why is this session important?	DPOs and cadres work together in teams to use the DiDR Tool with each other. It is important that they learn about the DiDR Tool together so that they can ask questions and receive clarification about questions that they do not understand or need more practice with. The importance of this too is learning to work as a team, and taking turns to the person asking the questions as well as a turn at being the person recording the answers
Activities Summary	Two days of presentation following a PowerPoint presentation in Bahasa and English with English commentary simultaneously translated into Bahasa as well as written Bahasa copies in the participants' portfolios. Survey teams practice using the DiDR Tool with each other, taking turns to be the interviewer and then the interviewee
Media	PowerPoint instructions for DiDR Tool White board Markers Paper Tape
Method	Group discussion, presentation, role play

### **Anticipated Issues and Risks**

Participants will be new to the conceptual frameworks underpinning the design of the DiDR Tool. There will be many concepts which are unfamiliar and some use foreign terms which may not be obvious or easy to understand. It is important to have as much as possible illustrated with diagrams, photographs and other graphics to make understanding easier. It may also be that some participants will not understand the major language used (Bahasa) so consider translating and introducing the DiDR Tool using local language.

**Topic 3. Classroom practice on DiDR Tool under supervision with invited persons with disabilities**

Total Duration	1.5 day
Objectives	<ol style="list-style-type: none"> <li>1. Participants practice in their survey teams using the DiDR Tool on each other for half a day.</li> <li>2. Participants practice using the DiDR Tool under supervision with people with disabilities from the local villages who are willing to come to the classroom. This takes one day.</li> <li>3. Participants practice using the Participant Information Sheet and Participant Consent Form with each other and the invited people with disabilities.</li> <li>4. Participants practice with at least two interviewees during the 1.5 days of classroom practice.</li> </ol>
Why is this session important?	DPOs and cadres work together in teams to use the DiDR Tool first on each other again and then with invited people with disabilities. These sessions are important so that the trainers can determine whether the participants have learnt to use the DiDR tool correctly; whether there are any instructions that may need revising; whether more practice is needed on particularly questions; and what homework is required before the field practice in the next session
Activities Summary	The participants need to practice in their two person survey teams with at least two different people with disabilities (morning and afternoon), and take turns at being the interviewer and the team member who records the interviewee's answers.
Media	<p>Multiple copies of Participant Information Sheet and Participant Consent Form</p> <p>Multiple copies of DiDR Tool</p> <p>Participants' portfolios with their notes about the DiDR Tool and conducting the interview</p> <p>White board, Markers, Paper, Tape</p> <p>Enough room for survey team of two members to sit with person with disability and talk without interruptions from other survey teams</p>
Method	Group discussion, presentation, role play, practice under supervision

**Anticipated Issues and Risks**

DPOs may be new to academic research, so it is important to provide context and the reasons why step-by-step academic research is important to understand about the risk and resilience of people with disabilities to natural hazard emergencies. Provide a list

of technical DRR terms used in the DiDR tool for participants and as many illustrations as possible. Also consider copying the DiDR Tool into local languages.

It is difficult for people not used to research to understand the importance of asking the questions in the DiDR Tool in a standard way. It is best to have the instructions for each question clearly written before the number of the question and in a different type font so that the instruction stands out and is easily seen. Also consider the way the document is formatted so that questions do not continue over more than one page. This makes it easier to follow when conducting an interview.

The more questions that can be answered with yes or no answers, the more likely that the interviewers will ask the questions in the standard way, following the instructions. Questions that only have three or four choices for answers or multiple answers using a check box are also reasonably easy to implement in a standard way. Questions that are open-ended are hard for survey teams to ask and then to consider the appropriate 'score' from a list of possible answers. For these questions, it is critical to supply a detailed list of possible answers where the scoring has been agreed with the survey teams. This will help achieve as much consistency as possible within and across the survey teams.

Multiple opportunities for classroom practice under supervision make it easier for people to learn and feel comfortable asking questions if they are not sure what they are doing. The importance of classroom practice cannot be under-estimated. It is important that the questions asked by survey teams as they are practising are recorded and then shared with the whole group at the end of the day so everyone can hear the concerns that others have and help to find solutions.

***Topic 4. Field practice by survey teams in local villages with support from mentors and trainers***

Total Duration	1 day
Objectives	<ol style="list-style-type: none"> <li>1. Participants practice in their survey teams using the Participant Information Sheet and Participant Consent Form and the DiDR Tool to interview people with disabilities in local villages</li> <li>2. Participants are supported by the mentors and trainers so that difficulties can be addressed.</li> <li>3. Participants interview at least two (preferably three) people with disabilities taking turns to be the interviewer and the person who records the answers</li> <li>4. Participants practice helping each other and working as a team if the person being interviewed does not seem to understand the question.</li> </ol>

Why is this session important?	DPOs and cadres work together in teams to use the DiDR Tool in the 'real world' with support if needed from mentors and the trainers. These sessions are important so that the trainers can determine whether the participants have learnt to use the DiDR tool correctly; whether there are any instructions that may need revising; and whether more practice is needed on particular questions. This session is also important to make sure that the survey teams are working together as a team.
Activities Summary	The participants need to interview at least two people (preferably three) in different villages. All teams come together at lunch time to debrief and problem solve together if there are any difficulties being experienced. Participants must have at least one turn at being the interviewer and being the person who records the interviewee's answers.
Media	Multiple copies of Participant Information Sheet and Participant Consent Form Multiple copies of DiDR Tool Participants' portfolios with their notes about the DiDR Tool and conducting the interview White board, Markers, Paper, Tape Enough room for survey team of two members to sit with person with disability and talk without interruptions from other survey teams
Method	Organisation of at least two (preferably three) people with disabilities who will be at home and are willing to be interviewed. It is most likely that two people may be interviewed before lunch (with debriefing) and one after lunch. Ensure enough mentors and trainers to be in each village so that they can assist the two person survey teams as needed.

### ***Anticipated Issues and Risks***

It is harder to conduct an interview in someone's house where there may be many distractions compared to the classroom. So it is wise to allow for extra time to accommodate distractions, people not being available or late, and so on. One risk is that in the villages, the community volunteers (cadres) may take over and think that they should be the person to be the interviewer, while the team member with a disability only records the information. This is not correct. Both team members have been trained to be interviewers, and both need to practice in the village. The only exception to this is that it may take a little longer for a survey team member who is reading braille to ask the questions; in this case it may work better to have the cadre read the questions and the person with a disability do the recording. Also, if one team member gets tired it is important the other team member takes over. The best results will happen when the two person survey teams work as teams.

This field practice will be a very tiring day so it is good if it is possible to finish a little earlier.



**Topic 5. Review and reflection and finalisation of tool and surveyors' instructions**

Total Duration	1 day
Objectives	<ol style="list-style-type: none"> <li>1. Review and reflect from the field practice the previous day</li> <li>2. Revise surveyor's instructions or expand these if more detailed instructions are needed.</li> <li>3. Finalise the DiDR Tool forms to be used: one for interviews with persons with disabilities, the other for interviews with carers</li> </ol>
Why is this session important?	Following field practice there will always be questions or issues that need to be addressed. It is important to do this as a group so that everyone can hear the concerns and work together to find suitable solutions. DPOs and cadres may not have met people with severe disabilities before, and be unsure about how to ask the questions, or whether they should use the carer form, for example. Different concerns will be raised in different contexts.
Activities Summary	<ol style="list-style-type: none"> <li>1. Each survey team shares their experience of interviewing people with disabilities (or carers) and their experiences working together as a team.</li> <li>2. The whole class generates a list of items to prepare before undertaking field research using the DiDR Tool based on the experiences shared.</li> <li>3. Extra practice can be undertaken on any questions that caused difficulty.</li> <li>4. If necessary the surveyor's instructions are clarified or expanded if more detail is needed.</li> <li>5. Training post evaluation carried out in last session of the day</li> </ol>
Media	<p>Multiple copies of Participant Information Sheet and Participant Consent Form</p> <p>Multiple copies of DiDR Tool</p> <p>Participants' portfolios with their notes about the DiDR Tool and conducting the interview</p> <p>White board, Markers, Paper, Tape</p>
Method	Group work, reflection sessions, training post evaluation sheets

**Anticipated Issues and Risks**

Sometimes following field practice, particularly if a survey team has experienced some difficulties, they may want to change the questions on the DiDR Tool. It is important to repeat the reasons for the questions, and to make sure that everyone is comfortable with asking the questions the way they are written. Sometimes one or two questions cause particular difficulty because of the wording. Take notice of the survey team's

experiences and determine with the whole class whether there might be a better way to ask the question. If there is, then change the question accordingly.

It is most likely at this stage that there will be almost no changes to the questions. However there may be quite a few changes to the surveyor's instructions at the front of the tool and to the instructions which come before each question. Note again, that some of the instructions explain to the interviewer what the section is about or what they have to do to record the answer; other instructions are the script that the interviewer needs to use when asking the question. Make sure that all survey teams understand this and feel confident to undertake an interview correctly.

## WORK PACKAGE 4

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### Identifying at-risk communities including people with disability

#### Objective:

To introduce and provide practical experience for DPOs and local cadres (village volunteers) on the application of Washington Group Short Set of questions to identify at-risk communities including people with disability.

#### Expected output:

- Participants are introduced to key issues in measuring disability
- Participants understand and demonstrate ability to use the Washington Group short-set questions for disability data collection.
- Participants understand the relevance of the Washington Group Short Form questions in DRR.

#### Training content:

- Disability definitions in line with the International Classification of Functioning, Health and Disability (ICF)
- Disability data comparisons and the Washington Group Short Form questions
- Linking the Washington Group questions to ASB's Information-Action model for DRR

### Training outline

<b>Session 1:</b> Introduction to disability and issues in disability statistics	<b>Topic 1.</b> The Concept of Disability according to the International Classification of Functioning, Disability and Health (ICF)  <b>Topic 2.</b> Disability measurement and the problem of standardised definitions and data.
<b>Session 2:</b> Washington Group Short Form questions and application in DRR	<b>Topic 1.</b> Introduction to Washington Group short set of questions and their application through the Information-Action model. <b>Topic 2.</b> The implementation of Washington Group Question through <i>Snowball Sampling</i>

<p><b>Session 3:</b> Guideline for field practice identification of people with disability</p>	<p><b>Topic 1.</b> Sampling, respondents and snowball survey techniques to identify 'hidden' groups and individuals.  <b>Topic 2.</b> Step-by-step explanation of how to use the questionnaire  <b>Topic 3.</b> Consent forms and participant information sheets</p>
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## Description of activities

### Session 1: Introduction to disability and issues in disability statistics

**Topic 1: The Concept of Disability according to the International Classification of Functioning, Disability and Health (ICF)**

**Topic 2: Measurement of disability and the problems of standardised data and definitions**

Total Duration	90 minutes
Objectives	<ol style="list-style-type: none"> <li>1. Participants understand that disability is not simply a matter of physical impairment. There are three important factors to consider, namely; a. Physical impairment, b. Activity limitations, and c. Participation restrictions.</li> <li>2. Participants understand that collecting data on disability without understanding what disability is will not give good results.</li> <li>3. Participants understand that the diversity of data on disabilities in the world today is caused by different perspectives on what disability actually is.</li> </ol>
Why is this session important?	<p>Based on data from WHO and the World Bank in 2011, the number of people with disabilities in developed countries is, in fact, larger than in developing countries. This seems like a paradox, as we might expect resource rich countries to have fewer people with disabilities due to better access to healthcare for example. The reason for this difference is actually the way disability is measured in different countries. Generally, countries with fewer resources use narrower definitions of disability and so the statistics available are lower. Often data is only collected according to physical impairments and not boarder considerations. Often there are many people with disabilities who are hidden in both data collection and in their communities.</p>
Activities Summary	<p><b>Topic 1:</b> The Concept of Disability according to the International Classification of Functioning, Disability and Health (ICF)</p> <ol style="list-style-type: none"> <li>1. Participants are divided in groups and given blank paper and marker.</li> <li>2. Trainer shows a picture of Prof. Stephen Hawking and ask participants to discuss in groups the following;</li> </ol>

	<ul style="list-style-type: none"> <li>a. Is Stephen Hawking a person with disability? Why?</li> <li>b. Based on your answer given why (or not) is he a person with disability?</li> <li>c. What do you understand disability to be?</li> </ul> <ul style="list-style-type: none"> <li>3. Groups discuss and write what they think disability is.</li> <li>4. After the discussion, each group presents their result. During the group presentations the trainer writes the keywords presented from each group regarding the definition of disability.</li> <li>5. After all group presentations are finished, the trainer facilitates further discussion using the key words recorded.</li> <li>6. Trainer explains the concept of disability according to the ICF. It is important to highlight that disability is an interaction between an individual's functioning limitations and environmental barriers. Therefore, providing accessibility is important to better ensuring inclusion.</li> <li>7. Question and answers and discussion.</li> </ul> <p><b>Topic 2: Disability measurement and the problem of standardised data</b></p> <ul style="list-style-type: none"> <li>1. Participants are divided into groups. For each group, the trainer prepares and distributes the following: <ul style="list-style-type: none"> <li>a. Map of the world, with highlights on the following countries: USA, Japan, China, India, Turkey, the United Kingdom, Australia and Indonesia.</li> <li>b. Sticky paper showing the percentage of the number of persons with disabilities in the countries on the map.</li> </ul> </li> <li>2. Trainer gives task for each group: <ul style="list-style-type: none"> <li>a. Match the card of the percentage of people with disabilities to the country on the map?</li> <li>b. Discuss why the percentage was chosen for each country</li> </ul> </li> <li>3. After discussion provide the correct answers based on data from WHO and the World Bank (2011). The correct rates are are: Australia (18.3%), USA (17.6%), the UK (19.3%), Turkey (12.3%), China (6.3%), Japan (5.6%), India (2.1%), and Indonesia (1.4%).</li> <li>4. The trainer invites participants to discuss why differences in the figures? To help: <ul style="list-style-type: none"> <li>a. Because each country has different definition of disability which affects measurement.</li> <li>b. Because the instruments of measurement used to collect the data are not the same.</li> <li>c. Because of the different methods of data collection.</li> </ul> </li> </ul>
Media	<ul style="list-style-type: none"> <li>- PowerPoint presentation on Disability Data and Disability Concept.</li> <li>- Plano papers</li> </ul>

	<ul style="list-style-type: none"> <li>- Markers</li> <li>- Paper sellotape</li> </ul>
Method	<ul style="list-style-type: none"> <li>- Group work and discussion</li> </ul>

**Session 2: Washington Group Short Set Questions and their application in DRR**

***Topic 1: Introduction of Washington Group questions and their application with the Information-Action model.***

***Topic 2: The implementation of Washington Group questions through Snowball Sampling.***

Total Duration	120'
Objective	<ol style="list-style-type: none"> <li>1. Participants know the background to the Washington Group questions and are familiar with each of the six questions.</li> <li>2. Participants understand the Washington Group questions as a measuring tool that can be used by the non-expert to identify people with disabilities. That is, not just health expert or disability experts Participants understand how to apply the Washington Group questions to DRR.</li> </ol>
Why is this session important?	This session is to addresses issues relating to disability measurement by introducing the Washington Group short set questions as a standardized instrument. This session also provide understandings on the application of the Washington Group Short Set Questions in DRR by using ASB's Information Action model.
Activities Summary	<ol style="list-style-type: none"> <li>1. Following the conclusion of session 1 above regarding issues in disability measurement, introduce the Washington Group short set questions by presentation including the background and rationale for the questions.</li> <li>2. The questions are: <ol style="list-style-type: none"> <li>a. Do you have difficulty seeing, even if wearing glasses?</li> <li>b. Do you have difficulty hearing, even if using a hearing aid?</li> <li>c. Do you have difficulty walking or climbing down the stairs?</li> <li>d. Do you have difficulty remembering or concentrating?</li> <li>e. Do you have difficulty in performing self-care activities, such as bathing or dressing independently?</li> <li>f. Do you have difficulty communicating, for example, in understanding or to be understood by the other persons, even when communicating by using everyday language?</li> </ol> </li> </ol>

	<p>Note that these questions assume the use of no assistive device unless stated in the questions.</p> <p>Introduce the choices of answers to each of the six questions and remember to explain this are subjective and are best answered by the person with disability themselves and not a carer. The possible answers are:</p> <ol style="list-style-type: none"> <li>a. No difficulty</li> <li>b. Some difficulty</li> <li>c. A lot of difficulty</li> <li>d. Cannot do at all.</li> </ol> <p>3. Introduce the application of the Washington Group short set questions in DRR through the Information-Action (IA) model for DRR. ASB's IA model is a practical model to approach disability from a DRR point of view. The IA model has 2 main questions to consider:</p> <ol style="list-style-type: none"> <li>1. Can everyone access the DRR information you are providing?</li> <li>2. Can everyone act on the DRR information you are providing?</li> </ol> <p>The two questions of IA model, as well as the Washington Group short set questions are focusing on the individual functioning capacity. And the information collected using Washington Group short set questions can be classified into difficulty in accessing information and difficulty in performing action which are related to DRR. Example: If someone answered that he encountered a lot of difficulty hearing even if using a hearing aid, it is likely that he would have difficulty accessing DRR information, such as tsunami early warnings delivered via sirens.</p> <p>4. Questions and answers and discussion.</p>
Media	Presentation on Washington Group Short Set Questions.
Method	Presentation, group discussion.

### Session 3: Guideline for field practice identification of people with disability

**Topic 1: Sample, respondents and snowball survey technique**

**Topic 2: Explanation on the questionnaire and how to fill it in**

**Topic 3: Code of conduct and interview guides**

Total Duration	150'
Objectives	<ol style="list-style-type: none"> <li>1. Introduce and explain the information about the questionnaire that will be used in the field practice to identify persons with disabilities in relation to disasters</li> <li>2. Provide information about the context of the field practice, such as the sample and respondents of the field practice</li> <li>3. Introduce consent form and participant information sheet as part of ethical practice for data collection</li> </ol>
Why is this session important?	This section is a detailed explanation on how to use questionnaire to equip participants who will participate in the field practice for identifying people with disabilities. This section also introduces the context of the field practice, sampling and potential respondents. This session also informs participants on ethics relating to data collection such as the use of a participant information sheet and consent form.
Activities Summary	<ol style="list-style-type: none"> <li>1. Explain the context of the field practice to be implemented, such as who will be interviewed, where and how the survey teams will be organised.</li> <li>2. Explain that in this field practice, there will be preliminary data obtained from the local government on people with disability and that this will be combined with snowball method to potentially identify further people with disabilities.</li> <li>3. Describe and explain each section of the questionnaire. Encourage questions and enquiry. Having a portfolio is also useful here as it can also be referred to.</li> <li>4. Pair up participants and practice using the questionnaire on each other. Observe the course of the interview practice in the classroom and assist as necessary.</li> <li>5. Discuss together issues and problems using the questionnaire.</li> <li>6. When participants are comfortable encourage participants to practice again with persons with disabilities in their home environment. If participants do not know a person with disability, they can practice with an elderly relative or other person.</li> <li>7. On the second day of the training, ask participants to share their experiences and to compare whether there is a difference between interviewing friends (trainees) and people with disabilities on their own.</li> <li>8. Provide explanation, discuss and practice about the Participant Information Sheet and the Consent Form or other tools you will be using.</li> </ol>



Media	<ol style="list-style-type: none"> <li>1. <i>Questionnaire of Washington Group Short Set Questions</i></li> <li>2. Presentation of questionnaire explanation</li> <li>3. Portfolio</li> <li>4. Pencil or pen</li> </ol>
Method	Presentation, discussion, practice

## WORK PACKAGE 5

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### Research findings on DRR and disability

#### Objective:

- Increase knowledge of DPOs on the result of field research on DRR and disability on the results of the field research on DRR and disability conducted using the DiDR tool.
- Improve ability of DPOs to incorporate data form research findings into advocacy and engagement.

#### Expected output:

- Participants understand current situation of people with disability from the findings of DRR and disability research.
- Participants able to incorporate data from research findings into their advocacy and engagement activities for DRR for people with disability based on the research findings.

#### Training content:

- Research findings on DRR and disability conducted by University of Sydney and ASB in 4 research areas in Indonesia.
- Research findings in advocacy and engagement.

### Training outline

<b>Session 1:</b> Research findings on DRR and disability by using Disability-inclusive Disaster Resilience (DiDR) tool	<b>Topic 1.</b> Presentation on data of field research findings
<b>Session 2:</b> Using the research findings in advocacy and engagement	<b>Topic 1.</b> Introduction to advocacy and lobbying <b>Topic 2.</b> Effective advocacy and lobbying strategy using research findings.

## Description of activities

### Session 1: Research findings on DRR and disability by using Disability-inclusive Disaster Resilience (DIDR) tool

#### *Topic 1: Research findings on DRR and disability*

Total duration	45'
Why this session is important	To provide knowledge on resilience, vulnerability and capacity of people with disability in disaster situation based on the findings from field research using DIDR tool.
Activity summary	<ol style="list-style-type: none"> <li>1. Trainer presents the process of using DIDR tool to understand the resilience, vulnerability and capacity of people with disability in disaster situation.</li> <li>2. Trainer presents research findings using power point presentation and explain the meaning of each graph and why it is relevant in terms of DIDRR.</li> <li>3. Questions and answers and discussion</li> </ol>
Training media	Power point presentation Data infographics
Method	Presentation, question and answer

### Session 2: Using the research findings in advocacy and engagement

#### *Topic 1. Review existing DPO advocacy and lobbying.*

#### *Topic 2. Effective advocacy and lobbying strategy using research findings.*

Total duration	90'
Why this session is important?	DPOs are key actors to ensure that the rights of people with disabilities are fulfilled. Further a key concern globally is the lack of an evidence base on disability and DRR. Therefore, it is important to share with DPOs data and information that can be used by DPOs for more effective advocacy and lobbying in order to contribute to positive change.

<p>Activities Summary</p>	<p><b>Topic 1.</b> Review existing DPO advocacy and lobbying.</p> <ol style="list-style-type: none"> <li>1. Ask participants to brainstorm and write down what are their experiences (activities) of advocacy, lobbying and/or engagement on a piece of paper. Then discuss in small groups. Groups then share their experiences with the class. During presentations the trainer writes down keywords regarding what makes effective advocacy and lobbying.</li> <li>2. The trainer based on the presentation of selected participants facilitates exploration of possible strengths and weakness of approaches used.</li> <li>3. Mix groups up and participants again brainstorm how they could incorporate data from the research into engagement activities.</li> <li>4. Review and discussion.</li> </ol> <p><b>Topic 2.</b> Effective advocacy and lobbying strategy using research findings.</p> <ol style="list-style-type: none"> <li>1. Participants are divided into groups. Trainer shares copies of two graphs/data that were presented in sharing of research findings (this session gives an opportunity to double check how participants interpret data). In groups participants brainstorm what information is available from these graphs/data i.e. what does this tell us?</li> <li>2. Each group presents their ideas.</li> <li>3. Trainer provides feedback on interpretation of data. It is important that participants are able to interpret a range of data in different formats if it is to be of value to their work in the future.</li> <li>4. In groups, participants are given a case study example or scenario (prepared in advance). Drawing on outputs of what works in engagement for the first session, groups collectively draft an engagement 'plan' to address the situation they have been given. Pre-prepared case studies should focus, in line with the overall training, on disability inclusive DRR and may, for example, include groups needing to present to a local disaster management head to include people with disabilities in government led DRR activities in local communities. Case studies should be designed in consideration of the experience and aims of the participant DPOs to ensure they are relevant.</li> <li>5. Groups present as a role play and other groups evaluate the performance of each group in terms of effectiveness and incorporation of data (provided from the research findings in the</li> </ol>
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	<p>scenario given) into their presentation.</p> <p>6. Group discussion and reflection.</p>
Media	<p>Case study: paper, pen and board marker.</p> <p>1. PowerPpoint presentation: Research findings on disability and DRR</p> <p>2. Effective advocacy and lobbying using research findings.</p>
Method	<p>1. Group discussion</p> <p>2. Presentation</p> <p>3. Role-play</p>

## ANNEX I: EXAMPLE OF A LEARNING PORTFOLIO (BLANK)

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### Training Portfolio (Sample)

#### Washington Group Question and their application in Disaster Risk Reduction (DRR)

2014



**Australian Government**

**Department of Foreign Affairs and Trade**

**Washington Group Questions and their application in DRR.**

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**Authors:**

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**In collaboration with:**



**Australian Government**  
**Department of Foreign Affairs and Trade**



**Disclaimer:**

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## PERSONAL INFORMATION

Name	:
Date of birth	:
Organization/Position	:
Gender	:
Address	:
Phone number	:

### Background of survey on disability data collection experience

1. Have you participated in any training on disability, whether from ASB or from any other organisation? If yes, please explain briefly your understanding about disability.

2. Do you have experience in data collection activities related with people with disabilities? If yes, please explain your activities and what type of instrument you used in the survey?

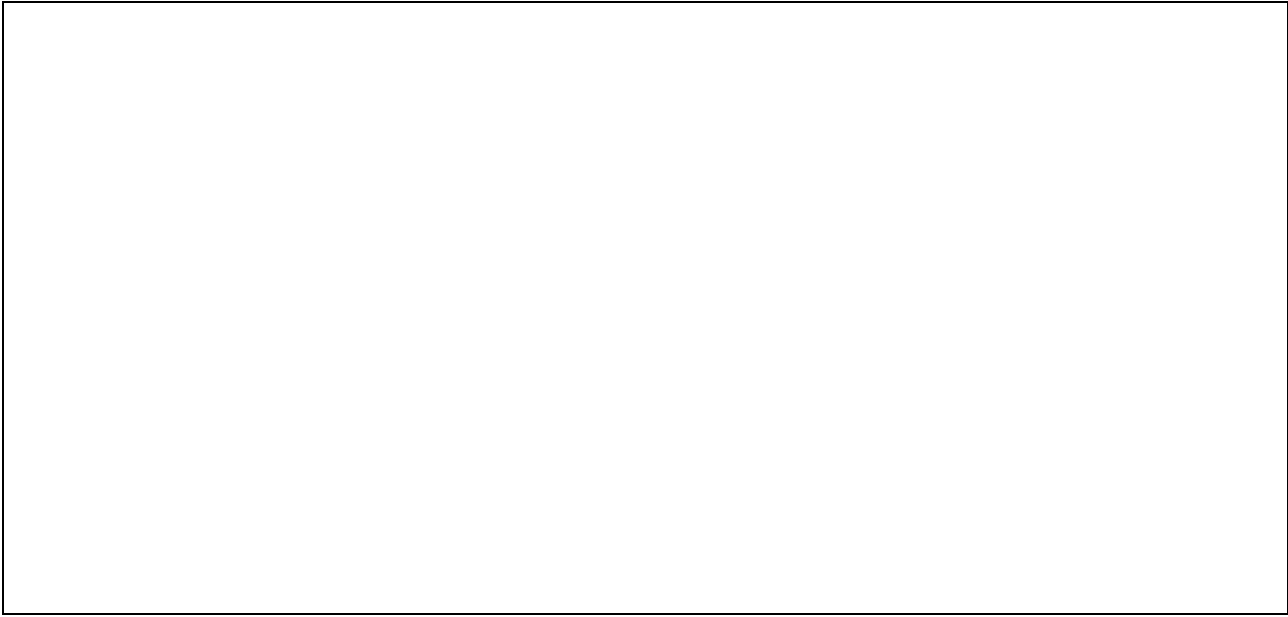
3. If your answer is no for question number 2, do you have any experience conducting survey? Please explain briefly about your experience.

**Fear and Expectation**

1. Why are you interested in participating in this training?

2. Please write down the three most desirable topics you expect to learn from this training!

3. Please write down the your most three fears you least expected from this training!



## ANNEX II: INTERNATIONAL AND REGIONAL FRAMEWORKS AND WEB LINKS

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UN (United Nations) (2008). Convention on the Rights of Persons with Disabilities, Optional Protocol. <http://www.un.org/disabilities/default.asp?id=150>

UNESCAP (2012). Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific. <http://www.unescap.org/resources/incheon-strategy-%E2%80%9Cmake-right-real%E2%80%9D-persons-disabilities-asia-and-pacific>

UNISDR (United Nations International Strategy for Disaster Risk Reduction) (2013). Living with disability and Disasters, UNISDR 2013 Survey on Living with Disabilities and Disasters - Key Findings.

UNISDR (United Nations International Strategy for Disaster Risk Reduction) (2005, March). Hyogo framework for action 2005-2015: building the resilience of nations and communities to disasters. In Extract from the final report of the World Conference on Disaster Reduction (A/CONF. 206/6). <http://www.unisdr.org/we/coordinate/hfa>

UNISDR (United Nations International Strategy for Disaster Risk Reduction) (2015). Sendai Framework for Disaster Risk Reduction 2015-2030. UN World Conference on Disaster Risk Reduction, Sendai, March 2015. [http://www.wcdr.org/uploads/Sendai\\_Framework\\_for\\_Disaster\\_Risk\\_Reduction\\_2015-2030.pdf](http://www.wcdr.org/uploads/Sendai_Framework_for_Disaster_Risk_Reduction_2015-2030.pdf)

Washington Group on Disability Statistics (WG) (2009). Understanding and Interpreting Disability as Measured using the WG Short Set of Questions. [http://www.cdc.gov/nchs/data/washington\\_group/meeting8/interpreting\\_disability.pdf](http://www.cdc.gov/nchs/data/washington_group/meeting8/interpreting_disability.pdf), accessed 19<sup>th</sup> May 2015)

World Health Organization and World Bank (2011). World report on disability. Malta: World Health Organization. ISBN 978 92 4 156418 2. [http://www.who.int/disabilities/world\\_report/2011/en/](http://www.who.int/disabilities/world_report/2011/en/)

## ANNEX III: LEARNING SUMMARY AND REFLECTION

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### Learning Summary

Please write your personal notes for each session in the available column. Write the key message or ideas you learnt from each session

#### Part 1: Disability definition and problem in disability statistics

--

#### Part 2: The application of Washington Group question in DRR

--

**Part 3: Surveyor guidelines**

**Reflection**

1. I am confident with my learning on session.....

Because...

2. I am struggling with the session.....

Because....

3. Input for the following training are ...



4. I am confident to be the surveyor of data collection on disability survey \*please tick one in the available box.

Disagree	<input type="checkbox"/>	Neutral	<input type="checkbox"/>	Agree	<input type="checkbox"/>
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**Reasons:**

## ANNEX IV: QUESTIONNAIRE USED FOR WORK PACKAGE 4

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### DISASTER RISK ASSESSMENT FOR AT-RISK GROUP

A. INFORMATION ON DATA COLLECTOR			
A1. Name	1. .... 2. ....	A2. Phone	1. .... 2. ....

B. GENERAL INFORMATION	
B5. Form No. <b>(Filled by ASB)</b>	34 02 090 _ _ _ _ _
B6. Location	District. : Bantul      Sub-district.: Imogiri Village:.....
B1. Permission Form to Participate in interview signed?	1. Yes ( )                      3. No ( )
B2. Time start	..... WIB
B3. Time finish	..... WIB
B4. Date of interview (date/month/year):	...../...../2014

C. INFORMATION ON THE PARTICIPANT	
C1. Name	..... .....
C2. Age:.....year-old (Precise/ approx.) choose one	<input type="checkbox"/> C3. Date of birth: (date/month/year) <input type="checkbox"/> 8. Not known ...../...../.....
C4. Sex	<input type="checkbox"/> 1. Male <input type="checkbox"/> 3. Female <input type="checkbox"/> 2. Others
C5. Marital status	<input type="checkbox"/> 1. Not married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Divorced <input type="checkbox"/> 4. Widow(er)
C6a. Does the person need assistance?	<input type="checkbox"/> 1. Yes <b>(continue to C.6x)</b> <input type="checkbox"/> 3. Independent <b>(continue to C9)</b>

<p>C6x. Name of carer for daily activities (if any):</p> <p>.....</p> <p>.....</p>	<p>C7. Relationship with participant:</p> <p><input type="checkbox"/> 1. Spouse (Husband/Wife)      <input type="checkbox"/> 4. Relatives, please specify</p> <p><input type="checkbox"/> 2. Parents (Mother/Father)      <input type="checkbox"/> 5. Others, please specify</p> <p><input type="checkbox"/> 3. Child</p>
<p>C9. Education background</p>	<p><input type="checkbox"/> 2. Never attended school</p> <p><input type="checkbox"/> 3. Completed formal education</p> <p style="padding-left: 20px;"><input type="checkbox"/> elementary school</p> <p style="padding-left: 20px;"><input type="checkbox"/> Junior high school</p> <p style="padding-left: 20px;"><input type="checkbox"/> Senior High school</p> <p style="padding-left: 20px;"><input type="checkbox"/> University degree (D3/S1/S2/S3)</p> <p style="padding-left: 20px;">Year .....</p> <p><input type="checkbox"/> 4. Dropped out of school</p> <p style="padding-left: 20px;"><input type="checkbox"/> elementary school</p> <p style="padding-left: 20px;"><input type="checkbox"/> Junior high school</p> <p style="padding-left: 20px;"><input type="checkbox"/> Senior High school</p> <p style="padding-left: 20px;"><input type="checkbox"/> University degree (D3/S1/S2/S3)</p> <p style="padding-left: 20px;">Level ..... Year.....</p>
<p>C8. Daily activity (can tick more than one)</p>	<p><input type="checkbox"/> 1. Currently attend school (<b>continue C81x</b>)</p> <p><input type="checkbox"/> 2. Work (<b>continue C82x</b>)</p> <p><input type="checkbox"/> 3. At home (<b>continue C83x</b>)</p>
<p>C81x. Level of education (only if ticked 'currently attend school')</p>	<p><input type="checkbox"/> elementary school</p> <p><input type="checkbox"/> Junior high school</p> <p><input type="checkbox"/> Senior High school</p> <p><input type="checkbox"/> University degree (D3/S1/S2/S3)</p> <p>Level:..... Year: .....</p>
<p>C82x. Occupation (Only if ticked 'work'). <i>Can tick more than one.</i></p>	<p><input type="checkbox"/> 1. Civil servant</p> <p><input type="checkbox"/> 2. Private sector employee</p> <p><input type="checkbox"/> 3. Daily labour, please specify....</p> <p><input type="checkbox"/> 4. Entrepreneur, please specify.....</p> <p><input type="checkbox"/> 5. Farmer</p> <p><input type="checkbox"/> 6. Others, please specify .....</p>
<p>C83x. At home (Only if ticked 'at home')</p>	<p>Please describe</p>
<p>C10. Address</p>	<p>.....</p> <p>.....</p>
<p>C10b. Sub-village</p>	<p>.....</p>

	.....
C10a. RT/RW	..... .....
C10c. Village	..... .....
C11. Phone number	..... .....
C12. Additional information to find the address	

<b>*D. Questions on difficulties of the participant performing certain activities</b>						
<b>Questions</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>
		<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Unable to do it at all</b>	<b>Do not know/ Not answer</b>
D 1	Do you have difficulty seeing, even if wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 2	Do you have difficulty hearing, even if using a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 3	Do you have difficulty walking or climbing steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 4	Do you have difficulty remembering or concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 5	Do you have difficulty with self-care, such as washing all over or dressing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 6	Using your usual (customary) language, do you have difficulty communicating? (for example, understanding or being understood by others)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>E. Additional: Questions on participation in community/social life</b>						
<b>Questions</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>
		<b>No difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Unable to do it at all</b>	<b>Do not know/ Not answer</b>
E 1	Do you have difficulty going outside your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 2	Do you feel you are able to participate in community meetings and events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 3	Do you feel you are able to have a satisfying work and/or social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E 4	Do you feel comfortable asking assistance from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E5. Please add any additional information you want to share or think is relevant</b>						

<b>F. INFORMATION ON PARTICIPATION IN DRR ACTIVITY</b>		
F1. Have you ever participated in any disaster risk reduction/ disaster preparedness activities?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 3. No
F1 x. please provide details:		

<b>G. Notes</b>
<b>H. Source of information on finding the participant</b>
<ul style="list-style-type: none"> <li>1. Initial data source</li> <li>2. New informant, specify.....</li> </ul>

<b>I. CHECKING</b>		
I.1. Have all questions being answered?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 3. No
I.1x. If No, please provide details:		
I2. Information on interview process?		
<input type="checkbox"/> 1. All questions were answered by participant <input type="checkbox"/> 2. Questions were answered by participant and carer <input type="checkbox"/> 3. All questions were answered by carer		

Signature
(Data Collector)