

PMI Experience Working for People with Disabilities 2006 Java Earthquake Response



Background

On May 27, 2006, at around 5:53 pm, a tectonic earthquake measuring 5.9 magnitude hit 20 km south-southeast of Yogyakarta at a depth of 33 km. Earthquake shocks were felt from the southern coastal areas of Java through to the northern region. The most severe damage occurred in Bantul, Yogyakarta and Klaten District in Central Java. It is estimated that 6,234 people died, 18,000 seriously injured, 37,000 suffered minor injuries. More than 130 thousand homes were destroyed, 450 thousand more damaged by the quake. About 1.5 million people

Yogyakarta Districts) and Central Java (Klaten, Boyolali, Magelang, Sukoharjo, Purworejo, Temanggung, and Karanganyar Districts). Rapid assessment followed by detailed assessments determined the PMI response services as follows:

The team worked during the emergency response phase, from May 27 to July 15, through the early recovery phase on October 27, 2006. 3600 volunteers were mobilized from various provinces throughout the country with the assignment period of up to 15 days.

Response Service	Water Sanitation	Tracing Mailing Service	Health Care	Social Service	Psycho-social Support Program	Relief	Logistics and Transport	Administrative & Secretariat
Activity	Water Distribution Toilet building Well Cleaning	Search Missing Person	- Mobile clinics - PMI health care services	School kits distribution	Victims psychosocial supports	Assessment and distribution of relief items	Stock Update Fleet Management	- Report Recap - Media publications - Archiving - Volunteer Organization - IT and Communication back up

lost their homes and had to live in tents or temporary shelters.

PMI assembled a team of humanitarian operations to coordinate the handling of victims and the impact of the earthquake in Yogyakarta and Central Java. This team linked PMI National Head-quarters, PMI Yogyakarta (DIY), PMI Central Java and the Federation of the Red Cross and Red Crescent Societies (IFRC) Delegation in Jakarta. The operation was controlled through the command post at PMI DIY, covering the affected areas in Yogyakarta (Bantul, Sleman, Kulon Progo, Gunung Kidul and

Vulnerability and Resilience Context

In D.I Yogyakarta, people with disabilities were identified as the key vulnerable group to be given priority in providing response services. The group consisted survivors who experienced severe spinal injuries due to falling debris, affecting their movement ability. This group has become dependent on walker, cane or wheel chair to assist walking or enable mobility, as well as on their family members to

help them undertaking daily activities. During the initial adjustment period, people with new disabilities are often become frustrated, and even suicidal. Most of them are also concerned about their limited access to employment or income generation opportunities. Some survivors went through the double grief of losing family members, children, spouses or parents, forcing them to get recovered as soon as possible. On the other hand, their family members were anxious about additional burdens to take care of their disabled family members, carrying out the day-to-day activities.

Instead of being a burden on families, the people with disabilities focused on increasing the accessibility. Immediately after they were medical cleared, they underwent regular physiotherapy, and adapted to the mobility aids. PMI facilitated the group to reunite with their family and meet with the other disabled people, to build back their protection system better. People with disabilities were also facilitated to roll out livelihood activities, according to their interests and skills. For example, those who previously was a tailor, were assisted in modifying their sewing machines to enable better movement. Solidarity among survivors has also been strongly build. Some with better mobility, in the sense of capable to ride a motorcycle or other means of transportation, schedule regular visits to give motivation to their other peers.

Mas Jepang, a PMI volunteer who become disabled from spinal injury, claimed that getting back to routine as Red Cross volunteer has helped in his recovery process. He was finally able to accept the death of his wife and one of his two children.

PMI Commitment

Back in 2006, PMI was lacking in guidelines about working with persons with disabilities in emergencies. PMI received a great assistance from non-governmental organizations focusing on supporting people with disabilities, such as YAKKUM and SAPDA. Both are based in the province of D. I Yogyakarta. PMI provided mobile clinic services to provide medical care for the survivors, and utilized ambulance facilities to provide transportation to hospitals for undertaking routine physiotherapy. YAKKUM assisted PMI in increasing knowledge about methodologies to take care of the survivors, and their psychological recovery.

Many survivors began to gain confidence and able to contribute to support the other patients during their rehabilitation at YAKKUM House. Their family members were educated to provide them with knowledge about disabilities. PMI carried out program to support in income generation activities, through cooperation with other institutions, including the Netherlands Red Cross, and the Japanese Red Cross. This program covered technical assistance and monitoring, training, provision of tools, and facilitated the



marketing of the products. The NLRC supported livelihood programs to help 35 people, while the JRC in cooperation with SAPDA assisted 322 people. PMI followed up with advocacy program to open up access for people with disabilities to equal employment opportunities in companies within the province of Yogyakarta.

Resources

The organizational capacities of the PMI D.I Yogyakarta Province and its Districts were already strong, equipped with office building, governance structure, the existence of basic services, and adequate number of volunteers. PMI DIY was particularly capable in establishing public kitchen services, ambulance services and mobile clinics. Due to the earthquake status and scale, PMI worked together with the Movement Partners, such as from: the IFRC, the ICRC, the Spanish Red Cross, the Japanese Red Cross, the French Red Cross, the Netherlands Red Cross, the Danish Red Cross, the American Red Cross, the Australian Red Cross, the British Red Cross, the Italian Red Cross, the Malaysian Red Crescent, the Turkish Red Crescent, the Qatar Red Crescent, the United Arab Emirates Red Crescent. External partners involved were the CHF International, the International Organization for Migration (IOM), the Java Reconstruction Fund. At the local level, PMI worked together with YAKKUM and SAPDA, in data collection, and in providing recovery services.

Creating Safe Environments for People with Disabilities in Emergencies

PMI response team's understanding and sensitivity to the rights of and treatment for people with disabilities was improved through education and coaching programs provided by PMI's partners. The disabled survivors after the earthquake were initially recorded as patients requiring medical services. Several other international organizations or international medical personnel also provided the patients with hospital care, such as orthopedic surgery. The PMI psychosocial support program (PSP) volunteers contributed through providing the weekly home visitation services, delivering health care and therapy to adapt with their condition and managing their daily errands, combined with an education program for families on disability issues. Through the PSP program, PMI presented as friends for the people with disabilities, and their families.

Challenges and Recommendation

The biggest challenge of the provision of services to persons with disabilities, relying on the ability to sustain these services, due to competing priorities, funding issues, and volunteers retention challenge. There are nearly 200 local, national and international organizations based in D.I Yogyakarta, that compete to get volunteers and funding. There are also growing numbers of disasters for PMI to respond.

The Recommendations based on the lessons in responding the 2006 Java earthquake are:

1. Integrate the creation of a safe environments for vulnerable groups, including the group of people with disabilities, into the psychosocial support program. The program covers education for raising awareness on the issues to all PMI response personnel TDB PMI, as well as the usage of assessment tools or checklist allowing the needs and interests of people with disabilities are explored. The psychological first aid (PFA) program should undertaken as part of the emergency response services.
2. Identify PMI's roles and priorities in providing emergency services for people with disabilities, according to PMI's capacities. PMI volunteers can play a role in assessing needs and make home visitations. PMI staff with knowledge on disabilities can be assign to monitor the quality and build sustainabilities.
3. Work in partnerships with relevant institutions at all levels, within different phases of disaster management. Through

the collaboration, PMI can be more effective in ensuring the participation of people with disabilities before, during, and after emergencies.



Cooking Class Group Activity



Beneficiaries in Group Activities