# THE STUDY OF A CONTEXTUAL MODEL OF PEOPLE-CENTERED INCLUSIVE HUMANITARIAN ACTION: CASE STUDY IN CIANJUR, WEST JAVA AND SIGI, CENTRAL SULAWESI, INDONESIA

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## ABSTRACT

*Indonesia needs progressive changes that are adapted to the global disaster management framework as well as a reflection of humanitarian practices to build humanitarian action that is inclusive, accountable, and people-centered. People-Centered Inclusive Humanitarian Action (PCIHA) aims to establish a disaster management model that is inclusive of persons with disabilities and follows the regional context in Indonesia. The PCIHA implementation model is adopted from the Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. It has four mandatory components used as principles in its implementation: 1) Performing data aggregation, 2) eliminating inhibiting factors, 3) promoting participation, and 4) empowering persons with disabilities. These four components are one unit that is intertwined and cannot be separated. The model implementation is carried out using a data aggregation approach as the initial entry point for implementing the other three pillars. The results obtained are differences between the data obtained and data from the Village Government. This can affect many things, especially in decision-making related to risk reduction and disaster management policies. The involvement of local organizations of persons with disabilities is needed to realize inclusiveness, which is carried out by understanding how local communities, including persons with disabilities, can be actively involved in humanitarian response when facing disasters.*
*Keywords:Human Action; Disaster; Inclusive; PCIHA*

## ABSTRAK

*Indonesia memerlukan perubahan progresif yang disesuaikan dengan kerangka penanggulangan bencana global serta cerminan praktik kemanusiaan untuk membangun aksi kemanusiaan yang inklusif, akuntabel, dan berpusat pada masyarakat. Aksi Kemanusiaan Inklusif yang Berpusat pada Masyarakat (PCIHA) bertujuan untuk membentuk model penanggulangan bencana yang inklusif terhadap penyandang disabilitas dan mengikuti konteks regional di Indonesia. Model implementasi PCIHA diadopsi dari Pedoman Inklusi Penyandang Disabilitas dalam Aksi Kemanusiaan. Terdapat empat komponen wajib yang dijadikan prinsip dalam implementasinya: 1) Melakukan pengumpulan data, 2) menghilangkan faktor penghambat, 3) mendorong partisipasi, dan 4) memberdayakan penyandang disabilitas. Keempat komponen tersebut merupakan satu kesatuan yang saling terkait dan tidak dapat dipisahkan. Implementasi model dilakukan dengan pendekatan agregasi data sebagai pintu masuk awal implementasi ketiga pilar lainnya. Hasil yang diperoleh terdapat perbedaan antara data yang diperoleh dengan data dari Pemerintah Desa. Hal ini dapat mempengaruhi banyak hal, terutama dalam pengambilan keputusan terkait kebijakan pengurangan risiko dan penanggulangan bencana.*

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*Keterlibatan organisasi lokal penyandang disabilitas diperlukan untuk mewujudkan inklusivitas, yang dilakukan dengan memahami bagaimana komunitas lokal, termasuk penyandang disabilitas, dapat terlibat aktif dalam respon kemanusiaan ketika menghadapi bencana.*
**Kata Kunci**: Aksi Kemanusiaan; Bencana; Inklusif; PCIHA

## A. INTRODUCTION

International reports state that around 15% of the global population has disabilities [1]. In disaster contexts, persons with disabilities are disproportionately affected by disaster events and are at higher risk of and most likely to be left out of humanitarian assistance [2]. In this situation, several efforts have been launched to emphasize the rights of persons with disabilities globally and ensure the inclusion of persons with disabilities in humanitarian action. Unfortunately, persons with disabilities are often neglected in the disaster management cycle, especially during relief operations, and are rarely considered essential actors in the movement even though they are more easily exposed to disaster risks.

The involvement of persons with disabilities in all disaster management, including planning and preparedness, can significantly reduce their level of vulnerability and improve the government's emergency response efforts [3]. Thus, vulnerable groups seen by society as objects must be changed into subjects that need to be involved in every disaster management during pre-disaster, emergency response, and post-disaster. The vulnerability of persons with disabilities can be reduced by including them in inclusive decision-making and adjustment of needs.

Meanwhile, Indonesia as a country with a high level of disaster vulnerability due to its risky geographical position, should pay attention to the safety of its citizens in disaster risk reduction. Disaster management has been regulated in Indonesia Law number 24 of 2007, which states the need to protect vulnerable groups. This protection is carried out by giving priority to rescue, evacuation, security, health services, and psychosocial. However, real efforts for handling groups with disabilities have not been specifically implemented. As mentioned by Probosiwi (2013), discrimination or exclusion of persons with disabilities in disaster management activities in Indonesia often occurs, both due to the lack of knowledge about disabilities and the trivial assumption that persons with disabilities are a vulnerable group [4].

Indonesia needs progressive changes that are adapted to the global disaster management framework as well as a reflection of humanitarian practices to build humanitarian action that is inclusive, accountable, and people-centered. Global disaster management, including in Indonesia, should be under the Sendai Framework, which has the principle that disaster risk reduction requires the involvement of all levels of society, empowerment, inclusive participation, ease of access and non-discrimination, and paying particular attention to people who are disproportionately affected by the disaster, one of which is persons with disabilities [5] [6].

Provinces in Indonesia that can become models for implementing PCIHA disaster management are West Java and Central Sulawesi. The criteria used in selecting PCIHA locations were districts or cities where disasters occurred quite frequently, balanced by the presence of many persons with disabilities and the community of persons with disabilities. There are 27 districts/cities in West Java, 11 areas are classified as highly disaster-prone and

occupy the top two positions as cities/regencies in West Java with the highest disaster risk. Several previous studies examine disaster vulnerability. Research Pauji, et.al. (2017) stated that people in Cipanas, a sub-district in Cianjur, still have low awareness and readiness for landslides that might occur [7]. Even though the high risk of disasters, especially earthquakes and landslides in Cianjur, must be balanced with implementing mitigation and preparedness for the local community [8].

Central Sulawesi is also a province in Indonesia that is classified as highly disaster-prone. In September 2018, the earthquake, tsunami, and liquefaction hit Palu City, Sigi Regency, and Donggala Regency. Based on data from the National Disaster Management Agency (BNPB) for 2019, Sigi Regency has the most significant number of refugees, namely 90,187 souls. Apart from earthquakes, tsunamis, and liquefaction, Sigi Regency is also prone to floods and landslides. In 2022, BNPB noted that floods in Sigi Regency displaced 1,214 people.

Several studies have put forward recommendations for implementing disaster mitigation, for example, Santoso et. al. (2018) stated that building awareness of disasters must consider local community mechanisms, including beliefs, knowledge, awareness, and behaviours that people have when carrying out disaster mitigation [9]. Likewise, Kadiyono and Harding (2017) found that Sundanese cultural values in local communities can be used as intervention programs for handling natural disasters through cultural values [10]. However, research or studies that discuss the role of persons with disabilities in disaster management have not been widely developed [10]. Therefore, this research will focus on understanding how local communities in Cianjur and Sigi, including persons with disabilities, can be actively involved in humanitarian response when facing disasters.

People-Centered Inclusive Humanitarian Action (PCIHA) aims to establish a disaster management model that is inclusive of persons with disabilities and follows the regional context in Indonesia. The PCIHA implementation model is adopted from the Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. It has four mandatory components used as principles in its implementation: 1) Performing data aggregation, 2) eliminating inhibiting factors, 3) promoting participation, and 4) empowering persons with disabilities. These four components are one unit that is intertwined and cannot be separated. Implementation of PCIHA will be reduced to data aggregation activities. This activity was determined by considering the urgency of data regarding persons with disabilities and through this activity, will also handle three other mandatory actions. Indirectly, data aggregation efforts include promoting activities, empowering disabilities, and eliminating inhibiting factors. Thus, it can be said that the manifestation of inclusive humanitarian action for persons with disabilities in disaster management is through data aggregation.

This article describes how the PCIHA model is being implemented in Cianjur, West Java, Indonesia, by various disaster management activities, from pre-disaster efforts to early recovery during a disaster to reconstruction and rehabilitation following a disaster. Incorporating local organizations of people with disabilities (OPD) allows for inclusive humanitarian action by examining how people with disabilities can actively participate in disaster relief efforts. This article also adds to the literature on inclusion by outlining the

lessons gained to creating best practices for gathering and utilizing disability data in disaster risk reduction (DRR) and humanitarian action.

## B. MATERIALS AND METHODS

### 1. PCIHA Implementation Model

The Community-Based Inclusive Humanitarian Action implementation model is called People-Centered Inclusive Humanitarian Action (PCIHA). This model was developed by adopting the Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. 4 components of action must be taken, including 1) Data Aggregation, 2) Eliminating Inhibiting Factors, 3) Promotion of Participation, and 4) Empowerment of Persons with Disabilities.

### 2. Data Aggregation

Aggregation is the process of grouping data into certain categories [11]. The aggregation of data on persons with disabilities is the main basis for knowing the number of persons with disabilities and the variety of disabilities, needs, and barriers experienced by persons with disabilities. Knowing this can determine the types of strategies that can be carried out to achieve inclusive humanitarian action in the context of disaster management.

So far, the existing data on persons with disabilities does not accommodate all persons with disabilities. Persons with disabilities identified and recorded in the database are persons with disabilities who are members of special schools and organizations of persons with disabilities. There are still many persons with disabilities outside the data. This is also related to the presence of social stigma. Until now, there are still parents with children with disabilities who deliberately hide their children's whereabouts. In this case, the PCIHA model aims to form a disaster scheme that can be lived together, including by persons with disabilities, where disabilities are in the same position as us, without any particular stigma. Collecting data on persons with disabilities is also an obligation for countries that have ratified the Convention on the Rights of Persons with Disabilities (CRPD) [12]. Article 31 of the CRPD on statistics and data collection requires state parties to "collect appropriate information, including statistical information and research data" and states that "data shall be disaggregated, as appropriate, and used to assist in assessing the performance of state party obligations and to identify and addressing the barriers that persons with disabilities face in exercising their rights."

### 3. Eliminating Inhibiting Factors

Persons with disabilities face barriers that increase their risk in a humanitarian context [13]. Barriers can be classified as threats if they are placed intentionally by actors or as vulnerabilities if they occur as unintentional actions. In both cases, these barriers lead to exclusion, which increases the likelihood that persons with disabilities face threats and vulnerabilities at higher levels than other crisis-affected populations. Understanding the concepts of disability, accessibility, and barriers is crucial for effectively identifying critical activities, planning, and implementing accessible and inclusive humanitarian projects. Persons with disabilities often face attitudinal, environmental, and institutional barriers in their daily lives [14]. Humanitarian crises exacerbate this and can create new crises, further reducing their access to assistance and protection and hindering their

participation in humanitarian action [15]. The responsibility to remove barriers and promote meaningful inclusion and participation persists throughout all phases of a site's life, from planning and set-up through care and maintenance to closure and durable solutions.

4. **Participation Promotion**

   To effectively identify critical actions and actions and plan and implement accessible and inclusive humanitarian programs, it is crucial to understand the concept of disability, accessibility, and disability [16]. The Convention on the Rights of Persons with Disabilities (CRPD) affirms the right to participate in decision-making processes. Therefore, persons with disabilities have the right to participate in humanitarian decisions that affect them. Based on both this right and because they have the knowledge and skills to offer, persons with disabilities can become important actors and resource persons in humanitarian response.

5. **Empowerment of Persons with Disabilities**

   Humanitarian stakeholders, including organizations of persons with disabilities (OPD), must first develop their awareness of the rights and capacities of persons with disabilities. Then, they need to work with persons with disabilities to strengthen and expand their capacities. Together, these steps empower the two stakeholders to ensure that persons with disabilities are fully included in all humanitarian assistance and protection aspects. Capacity building can take many forms. Consider, for example, introducing sensitivity, training and learning sessions, and sessions to train and mentor staff; revising training tools, including induction and training courses; creating a community of practice; collecting experiences (lessons learned) and identifying good practices; providing technical support, including disability inclusion experts; communication skills through advice and help desks, etc [17].

6. **Domain and Minimum Response**

   There are several domains in implementing inclusive humanitarian action for persons with disabilities. These domains include preparation, needs assessment and analysis, strategic planning, resource mobilization, implementation, monitoring, and evaluation.

| Function or Domain | Minimum Response | Comprehensive Response |
|---|---|---|
| Preparation | - The existence of reliable data sources on persons with disabilities, including censuses, database administration, and data collected by OPD or NGOs can be specifically identified<br>- Capacity building to collect data on persons with disabilities<br>- The realization of the primary data collection tool | - There are guidelines on the role of humanity in disasters that can strengthen data collection to increase the inclusion of persons with disabilities while keeping privacy and data protected safely. |

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|---|---|---|
| Assessment Needs and Analysis | - A collaboration between the assessment working group and pertinent organizations to incorporate topics in the requirements assessment and associated analyses<br>- Gathering relevant data and specifically targeting people with disabilities in a crisis | - If precise but out-of-date information is discovered, there is a backup strategy<br>- If the methods being utilized for data collection are ineffective, other options exist |
| Strategic Planning | - To emphasize the degree to which disability is associated with susceptibility to poverty, violence, exploitation, or other dangers, data from the population with disabilities is broken down into specific demographic characteristics (such as gender, SES, education, etc.). Assistance can be targeted and prioritized with the use of this information<br>- mapping information on those most at risk for disasters to improve services and eliminate access barriers for those with disabilities<br>- To guarantee that programs are suitably resourced and accessible to people with disabilities, sectoral planning is then guided by data collected on the number of people with disabilities in the impacted community | - Able to get qualitative information from people with disabilities about their opinions, perceptions, and coping strategies in the face of disasters. The information gathered could make it simpler for OPD and other stakeholders to create intervention plans to boost catastrophe resilience |
| Resource Mobilization | - Highlighting the impact of the crisis and detailing the specific risks posed by individuals with disabilities and their households through data recap so stakeholders can conclude the allocation of resources and the overall costs needed to meet the | - Based on complete data on persons with disabilities, budgeting for public space/public needs can be carried out by considering the needs of each individual with various types of disabilities. This then |

| | | |
|---|---|---|
| | requirements of all people inclusively | provides a results framework that includes inclusive output indicators for all |
| Implementation and Monitoring | - Disaggregated data collected through monitoring tools and processes. This is key to identifying accessibility and other gaps for persons with disabilities<br>- There are contracts and reporting templates for implementers. Situation reports, humanitarian dashboards, and other reporting mechanisms should record progress in reaching persons with disabilities, including using disaggregated data | - There is a classification of data based on the type of disability<br>- There is an identification of specific protection risks for persons with disabilities, such as the use of restraint, violence, dangerous practices, and institutionalization<br>- Modify standard data collection tools and databases used in humanitarian action to include qualitative data on how effectively programs and interventions reach persons with disabilities |
| Evaluation | - Humanitarian actors should be required by standard evaluation terms of reference to break down data by handicap (whether they benefit or contribute to the response). Persons with disabilities should be included as informants in evaluations, and specific questions about these individuals should be asked<br>- Indicators designed specifically for people with disabilities are used to track success in serving them. A particular intervention's success rate in achieving a certain percentage of people with disabilities is one example of how indicators can be used | - The evaluation should take into consideration how people with disabilities receive help, how they participate in all phases of humanitarian activities, and how these responses reduce the risks they confront and boost their resilience |

## C. RESULTS AND DISCUSSION

### 1. Result and Discussion-Based Model Implementation in Cianjur and Sigi Regency

#### 1.1 Data Aggregation

Data aggregation is one of the pillars used as an entry point in implementing the PCIHA model trial. The aggregation of data on persons with disabilities in the context of DRR is carried out by triangulating secondary data and through communal and individual assessments. Triangulation was carried out at various levels of government, namely the district, sub-district, and village levels. Data disaggregation was carried out in various stages, namely the preparation stage (secondary data verification, assessment tool development, assessment tool trials, capacity building, assessment team formulation), implementation stage (communal assessment, individual assessment, data analysis), and dissemination stage. Data collection using general questions, Washington Group of Questions (WGQ) [20], and questions related to vulnerabilities, threats, and capacities in DRR.

Based on data aggregation, in the implementation of the model in Ciajur Regency the types and characteristics of persons with disabilities as respondents included the majority of respondents having difficulty walking (98 people, 63.64%), ranking two difficulties seeing (79 people, 51.30%), rank three difficulty taking care of oneself (58 people, 37.66%), 4th difficulty understanding and being understood (58 people, 37.66%), 5th difficulty remembering (62 people, 40.26%), and 6th difficulty hearing (48 people, 31.17%).

Based on the implementation of the model in Sigi Regency, the types and characteristics of persons with disabilities as respondents included the majority of respondents having difficulty walking (37 people, 38.14%), ranked two difficulties understanding and being understood/communicated (28 people, 28.87%), rating 3 difficulty hearing (25 people, 25.77%), 4th difficulty seeing (23 people, 23.71%), 5th difficulty remembering (13 people, 13.30%), and 6th difficulty taking care of oneself (12 people, 12.37%).
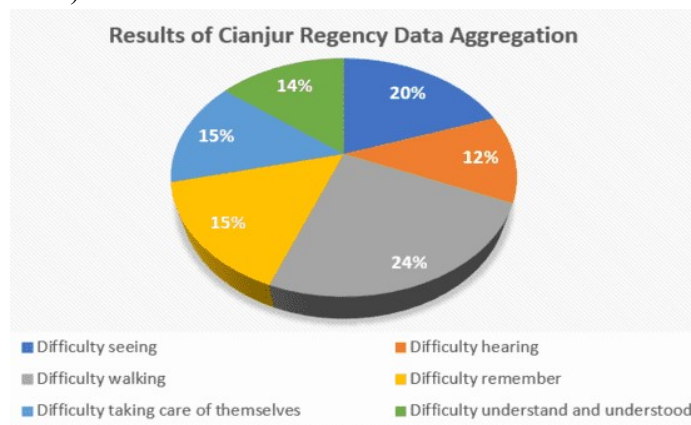


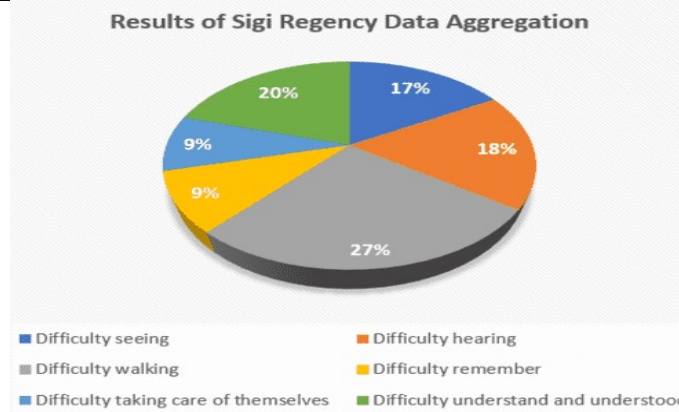**Figure 1.** Cianjur Regency Data Aggregation Results

**Figure 2.** Sigi Regency Data Aggregation Results

Other identifying outcomes in data disaggregation, namely general inquiries, are available in addition to data relating to numbers (name, gender, place of residence, status, type of obstacle, and the number of family members). Also, information about the dangers of natural disasters in North Sibalaya Village (including tornadoes, floods, earthquakes, liquefaction, landslides, and forest fires). Additionally, information on the vulnerability, such as economic vulnerability (livelihoods, total income, and additional costs for people with disabilities in one month), physical vulnerability (distance from home to the threat of disaster), social vulnerability (number of people with disabilities in the population), and environmental vulnerability (geographical conditions), as well as accessibility to public facilities, health facilities, educational facilities, and government facilities. Furthermore, capacity-related data has also been identified: data on attitudes and knowledge, policies and guidelines, early warning systems, and resource mobilization.

**1.2 Eliminate Inhibiting Factors**

Inclusivity cannot be achieved if obstacles persist. Removing attitudinal, environmental, and institutional barriers is critical to managing risk. Some of the inhibiting factors that have been identified are understanding of disability inclusion, including uneven accessibility and proper accommodation, understanding of rights and the concept of disability is not evenly distributed both in society and in institutions, understanding of DRR Inclusion and involvement of persons with disabilities is still lacking, limited communication between stakeholders, with OPD on the issue of DRR Inclusion specifically regarding data and involvement, there is no process and parties that identify or carry out an assessment of the inhibiting factors, and there are no special methods and techniques used to identify the source system.

Building capacity on the rights and idea of disability to the community and institutions, building capacity on disability inclusion, including accessibility and reasonable accommodations, and building capacity on DRR are the outcomes of identifying the impeding factors that have been followed up on in the PCIHA implementation process. Including and involving people with disabilities, creating a dialogue space for stakeholders and OPD regarding DRR issues, identifying barriers preventing people with disabilities from obtaining humanitarian services, identifying

resource systems that are accessible, and specific inclusion of data and involvement by each stakeholder's level of proximity, interest, and strength.

## 1.3 Participation Promotion

People with disabilities have knowledge and skills that can be shared based on their rights. People with impairments can play significant roles and serve as valuable resources in humanitarian efforts. The Cianjur Regency has made little progress in encouraging participation in the PCIHA model, especially among at-risk people. Activities to reduce disaster risk are still primarily socialization-based, with few participants in Cianjur Regency. To build community resilience, including the community, especially those most at risk in disaster risk reduction is crucial.

Evaluating the outcomes in the Cianjur Regency will then serve as a guide for creating preventive measures when the model is implemented in the Sigi Regency. Achievements in efforts to promote participation in humanitarian action in Sigi District: persons with disabilities are involved in all stages of programs and activities, starting from planning, implementation, monitoring, and evaluation. Persons with disabilities have also been involved in providing suggestions, recommendations, and feedback; persons with disabilities have also been involved as resource persons, activity facilitators, leading group discussions, and preparing follow-up plans; persons with disabilities have been involved in managing activities, including the preparation.

## 1.4 Empowerment of Persons with Disabilities

Humanitarian stakeholders, including OPD, first need to develop awareness about the rights of persons with disabilities, then need to work together with them, including in capacity building. When implemented in Cianjur Regency, the achievements regarding the involvement and empowerment of persons with disabilities were minimal. In disaster management efforts, people with disabilities and those at risk are often forgotten and have no role, especially in decision-making. The role of persons with disabilities is important in determining the need and suitability of applicable policies in disaster risk reduction schemes. For example, the availability of disability-friendly instruments. All forms of social assistance to persons with disabilities are still limited to basic food assistance, not yet focused on sustainable empowerment efforts.

Evaluation of the results in Cianjur Regency will then be used as a reference for developing preventive steps to implement the Sigi Regency model. The results of the achievement of empowering persons with disabilities in the second round of PCIHA in the aspects of attitudes, knowledge, and skills, namely OPD have been able to analyze and map stakeholders, OPD has been able to make assessment tools and develop them using e-data collection, able to manage activities including planning, implementing, monitoring, evaluating, and managing budgets as well as making reports, capable of analyzing data disaggregation, and increasing knowledge related to communication and coordination.

Whereas in the leadership aspect, some results were in several OPD activities leading group discussions; this is a medium in increasing individual leadership in organizations. OPD and persons with disabilities in the village have also become resource persons for activities such as workshops, becoming facilitators and mobilizing

village communities in several communal activities. In addition, the confidence and ability of OPDs to provide advice, input, recommendations, and feedback have increased, including the number of persons with disabilities who are active in OPD and OPD experience in managing activity budgets has also increased.

2. **Challenges of PCIHA**

Equality in understanding disability inclusion in disaster risk reduction is one of the challenges in implementing the PCIHA model. The uneven knowledge from OPD regarding disability inclusion in DRR implementation is a challenge and a barrier. The focus of implementing the PCIHA model is understanding how local communities, including persons with disabilities, can be actively involved in humanitarian response when facing disasters. To make this happen, not only the involvement of relevant stakeholders is needed, but also the involvement of local organizations of persons with disabilities (OPD). With a variety of participants in implementing this model, there are different understandings regarding disability inclusion in disaster risk reduction from everyone. So, to overcome this, capacity building related to inclusiveness and DRR is needed. In addition, all individuals involved must actively participate in various hearings at the village and sub-district levels.

Then differences in data on persons with disabilities at the district, sub-district, and village levels were also found in the implementation of the model. Dynamic data cause this and should constantly be updated at all government levels. This difference in data will impact decision-making related to risk reduction and disaster management policies. Especially for people at high risk, they will feel the impact more. Therefore, it is necessary to carry out triangulation from the district, sub-district, and village levels and collect direct data. The results of the data triangulation can then be used as a guideline for making decisions and policies, especially those related to risk reduction and disaster management. The participation and coordination of all parties involved also determine the PCIHA model's implementation. All key persons, as well as stakeholders, play an important role in discussing data disaggregation. In its journey, it is also necessary to involve persons with disabilities so that everyone has the same opportunity.

3. **Analysis and Reflection**

**3.1 Determination of the Duration and Location of PCIHA Implementation**

At the model implementation planning stage, it is necessary to have a strategy to achieve activity efficiency and effectiveness. This will have an impact on the results obtained. With good planning, estimating the duration needed to implement the model is possible. In implementing models 1 and 2, identifying persons with disabilities is not comprehensive because there is still the possibility of adding data. Therefore, the implementation duration of the PCIHA model with a target of 4 components of the PCIHA model must be maintained to obtain optimal results. In addition, determining the location and activity budget must be considered at the planning stage. Accessibility conditions and program location infrastructure will affect the budget amount, especially on the operational side. The riskier access and program location infrastructure for program implementation, the greater the budget required, such as vehicle specifications,

communication needs, and base camps. Therefore, budget planning needs to be adjusted to the geographical conditions of the model implementation location.

## 3.2 The Data Aggregation Approach is the Initial Entry Point for Implementing the Other Three Pillars

Implementation of the PCIHA model is primarily focused on the data aggregation pillar. This is considered because in carrying out the data aggregation pillar, the other three pillars, such as removing barriers, encouraging participation, and empowering persons with disabilities, will follow suit. In addition, there are other considerations where data is the most important part and as a basis for taking further action. Implementation of the PCIHA model in cycles 1 and 2 was carried out with this concept. The results obtained from the data aggregation show significant differences between the data obtained and data from the village government. This difference can affect many things, especially in decision-making related to risk reduction and disaster management policies. Especially for people at high risk, they will feel the impact more.

## 3.3 Active Involvement of DPOs and Related Stakeholders

The hallmark of PCIHA is inclusive humanitarian action. This PCIHA model will focus on understanding how local communities, including persons with disabilities, can be actively involved in humanitarian response when facing disasters. To realize this inclusiveness, local disabled people's organizations (OPD) are needed. However, there were obstacles in implementing the PCIHA cycle 1 and 2 models, especially in the "capacity" of each Organization of Persons with Disabilities (OPD). This can be seen during the implementation of the PCIHA model; some OPDs were already on the track, but some were still left behind. Seeing the limited capacity constraints of OPD in implementing the PCIHA model implementation, the implementation of the model needs to pay more attention to matters related to partnership management. This limited capacity can be overcome by building active participation and intensive communication. So, it is hoped that both components have been built before implementing the PCIHA model, especially in intensive communication between the organization and the partners concerned.

## 6. After Action Review in Cianjur

The 5.6-magnitude earthquake struck Cianjur on Monday, November 21, 2022. The earthquake's epicentre was located at 6.84 LS - 107.05 and a depth of 11 km [18]. According to information from detik.com, there were 56 fatalities and almost 700 injuries [19]. Figure 3 shows the geological map which is overlayed with a damage map from the Geological Agency (2022). Building damage locations are indicated with a red circle icon. The circle size (MMI's scale) shows the damage degree, which can be stated in intensity.
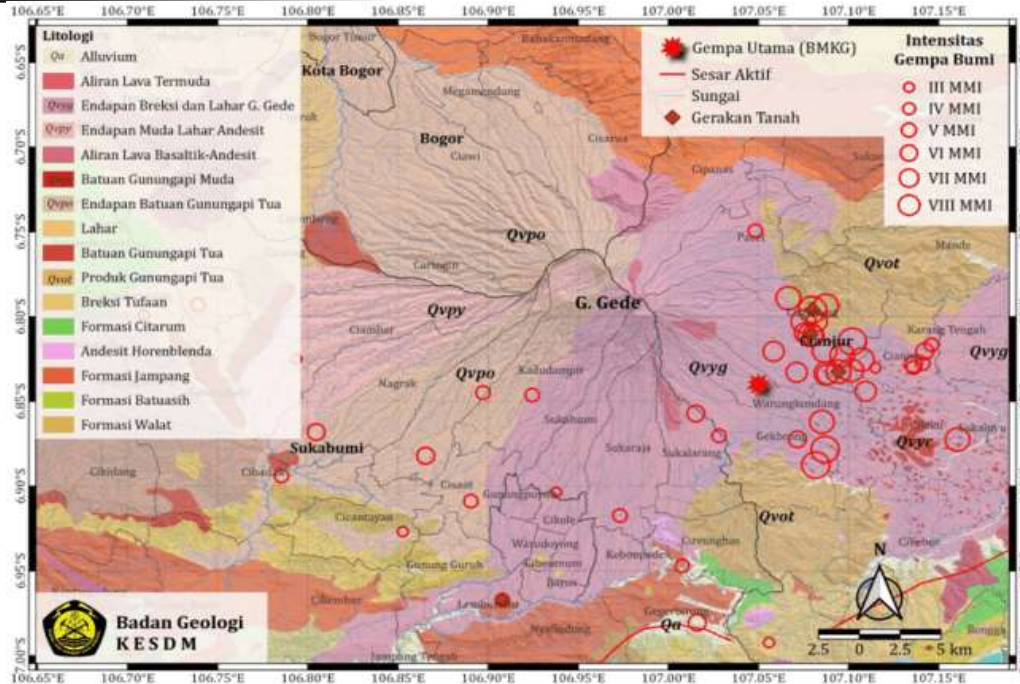
**Figure 3.** Map of the location of the damage caused by the earthquake in Cianjur in 2022 (*Source: PVMBG, 2022*)

When an earthquake occurred in Cianjur, government data collected only included vulnerable groups such as children, pregnant women, and the elderly. Evacuation data for persons with disabilities was recorded on the 4th day after the disaster. Meanwhile, evacuation data for persons with disabilities was recorded on the 4th day after the disaster. These results were conveyed by the local OPD, which carried out the disability data collection. After-action model implementation is grouped according to the four PCIHA components as follows.

## 6.1 Data Aggregation

Data aggregation was carried out by collecting data on persons with disabilities on 3-8 December 2022, which involved 7 OPDs, namely CBM, YEU, IBU, HWDI, Darma Adi Karya, and GERKATIN. Before data collection was carried out, OPDs confirmed with the Cianjur Regency Government regarding data collection for persons with disabilities. It was found that there is no data on persons with disabilities, only data that focuses on children, pregnant women, and the elderly, so the implementation of psychosocial services for persons with disabilities is hampered. Based on the data collection, there were 446 people with mild and severe disabilities in Cianjur Regency, divided into 12 sub-districts and 50 villages, 48% male and 52% female. The data is then reported to stakeholders such as Regional Disaster Management Agency (BPDB), Social Service, and the Office of Women's Empowerment and Child Protection (DP3A). Persons with disabilities are spread across 5 (five) sub-districts, including Cugenang, Gekbrong, Claku, Pacet, and Cianjur sub-districts. In addition, there are 30 houses for persons with disabilities that have been lightly or severely affected in several areas, one of which is Cugenang District.

## 6.2 Eliminating Inhibiting Factors

Several procedures, including data gathering, disability involvement, and government advocacy, had inhibiting obstacles. Obstacles in the data collection procedure included hard-to-reach locations, disabled people kept secret by their families, and people with mental disorders who found it challenging to provide statements. Disability participation in many activities is still not structured, which makes it challenging for persons with disabilities to interact with the team and causes them to withdraw. Additionally, the government's early resistance to disability inclusion has been a result of the stakeholders' lack of competence, which has made it difficult for people with disabilities to receive post-disaster education.

## 6.3 Encouraging Participation

Persons with disabilities are included with the IBU Foundation and Bina Asih in data collection on persons with disabilities and emergency response activities for the Cianjur disaster. The Sukamanah Village Independent Women's Communication Forum also facilitates community empowerment involving persons with disabilities.

## D. CONCLUSIONS

The Community-Based Inclusive Humanitarian Action implementation model is called People-Centered Inclusive Humanitarian Action (PCIHA). In this model 4 components of action must be carried out, including 1) Data Aggregation; 2) Eliminating Inhibiting Factors; 3) Promotion of Participation; and 4) Empowerment of Persons with Disabilities. Implementation of the PCIHA model is primarily focused on the data aggregation pillar. This is considered because in carrying out the data aggregation pillar, the other three pillars, such as removing barriers, encouraging participation, and empowering persons with disabilities, will follow suit. Based on the results of PCIHA implementation, there are data differences between aggregated data and data from the government. This is related to the dynamic nature of the data, so it needs regular data collection. The capacity of OPD and persons with disabilities in the two locations is different. Those in Sigi have better capacity than those in Cianjur because those in Sigi more often receive capacity building from NGOs. Increasing the capacity of organizations or individuals related to DRR and disability inclusion is essential for all levels of society. To determine comprehensive steps in DRR, it is important for stakeholders to actively involve risk groups in DRR so that their implementation can be according to needs and on target. Lastly, when the earthquake occurred in Cianjur, it was proven that the government had not paid attention to persons with disabilities because it was only on the 4th day after the disaster that the OPD had recorded them and provided needs according to their disabilities.

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