



EXECUTIVE SUMMARY

RAPID ASSESSMENT:

COVID-19 IMPACT ON PERSONS WITH DISABILITIES

Introduction

Since the Indonesia Government announced the first case of Covid-19 on the 2nd March 2020, Disabled People Organizations (DPOs) started to gather information on how persons with disability have been coping with the pandemic, in particular with the prevention and precaution measures that involve physical distancing. This culminated in an online discussion, held on 27 March 2020, in which one of the consensus decisions was to conduct a joint rapid assessment to study the impact of the Covid-19 pandemic for persons with disabilities.

The assessment aimed to seek to know how Covid-19 has been impacting the lives of persons with disability in the areas of daily living, social, economic and educational life, as well as whether the social assistance scheme has been inclusive, and addressed challenges of persons with disabilities during the pandemic.

This initiative was then communicated to Presidential Staff Office and Assistant of Minister for National Development Planning for Poverty and Social Welfare. We received positive responses during consultation and it was agreed that the result of this assessment would be used to improve policy on disability inclusion during pandemic response and recovery.

A network of DPO Covid Response was formed to jointly organize and implement this assessment, starting from the design of a data collection instrument, organizing the survey, analysis, and development of recommendations based on the key findings. Later, a number of development partners joined the initiative through contribution of experts for analysis and various forms of other support.

Methodology and Process

The assessment used a mixed method of qualitative and quantitative approaches and employed an online survey for data collection with a combination of closed and semi-open questions. Given the limitation of disability data, there is no sampling criteria for this survey, except that respondents must be persons with disabilities or having a family member with disability. The survey was disseminated using a snowball method, meaning there is no sampling percentage in each area. The number of respondents therefore is not determined by how many persons with disabilities are there, but rather depends on how DPOs in each area are actively engaged in informing this survey, and whether or not people with disabilities in each areas are made aware of this survey.

- A small team was formed to develop a main survey instrument including: ‘informant profile, sufficiency of information, current response to Covid-19, the impact (focusing on economic, education and social life), as well as potential for contribution.
- To address accessibility issues, the survey instrument was then translated into 3 different formats: 1) online survey with sign language question translation; 2) original online version; and 3) offline PDF form version.

- On 10 - 24 April 2020, national and local organizations of persons with disabilities then endorsed and disseminated the survey forms to gather as many respondents as possible. The survey was conducted online (through google survey form), and offline through PDF form which can be submitted to the team. For those having no internet access and still wanting to contribute to the survey, a number of local DPOs initiated telephone interviews in which the answer is entered in the online form.
- Data cleaning was undertaken, taking up to to 1 week after the survey closed. This was to ensure that data were ready for reading and analysis.
- Data coding and analysis. In this phase, DPOs and development organizations / programmes team were working collaboratively to do coding and analysis of the findings based on agreed thematic areas, namely: respondents' profile, information and social support, impact on social, economy, and educational life, as well as potential contribution in Covid response. Results from each thematic team were then compiled by the smaller team, and then shared back to the analysis team for consensus on recommendations. Due to large amount of data, and various phases, it took about 4 weeks for the analysis to be completed and accepted by the team, and agreed as the final report of the assessment.

Profile of Respondents

This assessment involved 1683 respondents, coming from 32 provinces except Bangka Belitung and Gorontalo. They consisted of 56% male and 44% female, and represented all types of disability. Age ranges are dominated by those in production age, followed by children under 18 and older people (60 years and above).

Typologically, the majority of respondents come from rural area (48%), followed by those who live in urban areas (29%), and sub-urban areas (23%). During 10 - 24 April, 23.3% of respondents (393) informed that they lived in the red zone of Covid-19. 11.92% informed that they have existing high risk co-morbidity, and 8.6% informed of having low risk co-morbidity, which the interaction with the red zone area may create a greater risk of infection.

Key Findings:

Information on Covid-19

- This study found that persons with disabilities faced serious challenges in accessing Covid-19 related information 39.7% of respondents did not receive enough information on Covid-19, such as how to prevent infection, services available, contact centers available, and various government programmes in response to Covid-19 pandemic. Accessibility issues were experienced by a majority of people who are blind, low vision, and deaf / hard of hearing in various digital and television media such as the absence of sign language interpreter and closed captions, as well as websites that are not accessible using a screen reader or by meeting clear contrast needs of users and therefore respondents could not fully understand messages made by public officials in TV broadcasts and other platforms.
- Family, community and local authorities such as village government are those they rely on to provide information, particularly for those who are living in rural areas.

Public services

- Those who need intensive services such as therapy are disconnected to those services with the application of massive social restrictions.

Economy and Social Assistance

- After the pandemic, income falls of up to 80% were experienced by 86% of respondents who work in the informal sector, which resulted in difficulties in affording basic needs and meeting monthly bills. Moreover, only a small percentage of respondents received government social assistance programmes (electricity subsidy =35.40%, water subsidy =5.16%, cash transfer = 4.53%, food / non-cash assistance = 11.36%, and program keluarga harapan / conditional cash transfer = 13.03%). Exclusion in the social welfare integrated data, and disability as criteria were found to be the key causes. Given preexisting characteristic of financial literacy, where only less than 5% are allocating savings from their income, the falls of income with little coverage of social assistance will lead to significant needs of assistance in economic recovery.

Education

- Only 72.66% respondents who are enrolled in education are still actively studying during the pandemic, either through an online learning platform, or through various types of social media such as WhatsApp group. The remaining 27.34% studied independently or stopped studying at all.
- Those who still actively study online (72.66%) reported various challenges including:
 - Access to the online platform that is not accessible for screen readers,
 - No reasonable accommodation such as sign language and captions during online lectures,
 - Difficulty of internet and data costs,
 - Teaching methods that are not adaptive and inclusive for students with disabilities.

Potential Contribution

The study found high interest in making a contribution from individuals, as well as organizations, of persons with disability to the Covid-19 response and recovery. More than 66% of total respondents reported that they are willing to contribute in any way they can, including donation, gathering data of persons with disabilities who are impacted, education to community, making mask sand other self -protective tools,. The study found also a number of local DPOs which have been working on a number of emergency actions in the Covid-19 response.

In addition to the above findings, the study offers an analysis chapter on the need for concrete and clear inclusion of disability in the operation plan by Covid-19 Task force. Different from natural disaster characteristics, the Covid-19 pandemic evidenced that its impact has been spreading beyond the primary impact, having secondary impact in various sectors, that become worse for persons with disabilities with various vulnerabilities.

Recommendations

The above findings lead this study to propose the below recommendation.

General:

1. Task force on Covid-19, government, and other institutions from national to village level, to ensure participation of persons with disabilities during planning, implementation, monitoring and evaluation of Covid-19 response and recovery actions to ensure voices and interests of persons with disabilities and other vulnerable groups are heard and accommodated.
2. It is important to collect and present disaggregated data in relation to Covid-19 impact, as the availability of such data will inform the services needed and necessary reasonable accommodation.

Specific Recommendations

3. Information, education and social support:

1. Information on Covid-19, including education materials, existing support programmes should be made accessible for persons with disabilities, particularly those who live in rural areas. Therefore, collaboration with DPOs is essential, as well as an active role of local government, up to the village and local community level.
2. Covid-19 task force and government, at the district level, need to ensure that Covid-19 contact centers in the local level are operating, accessible, and are equipped with the network and skill to handle cases, and provide support needed by persons with disabilities affected by Covid-19.
3. Ministry of Health, and health service providers, need to pay specific attention to people with disabilities living with high risk co-morbidities, because they are most vulnerable to infection without proper knowledge of the Covid-19 pandemic.
4. Ministry of health, to facilitate peer group of people with co-morbidities to share knowledge and experience on managing co-morbidities and practicing healthy life.
5. Public service providers and shopping facilities to provide affirmative support for persons with disabilities, particularly during the pandemic, such as:
 - Special line up or priority assistance,
 - Special opening / service hours targeting persons with disabilities and other vulnerable people such as the elderly,
 - Online, assistance / courier service.

4. Expansion of social assistance and economic recovery:

1. Government, in collaboration with business sector, need to take serious actions to build resilience and economic recovery of persons with disabilities, particularly those who work in informal sectors. The form of business people with disability engaged in before Covid-19 pandemic may have lost the market or require adaptation in order to continue. Therefore, below are the recommended actions:
 - Conduct study to identify challenges and opportunities of economic empowerment and recovery of persons with disabilities during the pandemic,
 - Make economy ecosystem that is inclusive for persons with disabilities, through active engagement of private and business sectors, creative economy, financial services and other relevant stakeholders,
 - Capacity building and assistance for persons with disabilities running their own small business.
2. Government, at national and sub-national level, need to expand the social assistance programme, targeting specifically persons with disabilities, through:
 - Include disability as criteria of social protection programme, including any form of cash / non-cash transfer programme.
 - Financial Service Authority (OJK) to put affirmative policy on credit relaxation, in particular those who work in informal sector to receive up to 2 years of credit relaxation after the pandemic.
 - Expansion of subsidy such as electricity for households who use 1300 watt.

5. Government, especially Ministry of Social Affairs, Ministry of Health, Ministry of Village, and Ministry of External Affairs, to ensure the provision of necessary assistive devices that support independence of persons with disabilities.
6. To ensure that during the pandemic, and in the new 'normal', education for persons with disabilities is accessible and considers reasonable accommodations.
 - Ministry of Education, Ministry of Research and Higher Education, together with education providers, must develop a practical guidance to ensure education is properly organized during the pandemic and new 'normal' in a way that is accessible and inclusive for persons with disabilities,
 - Education providers and creators of apps for learning must collaborate, in consultation with persons with disabilities, to ensure learning apps used are accessible.
 - Education providers to collaborate and engage DPOs in ensuring digital literacy of persons with disabilities in relation to online learning.
 - Ministry of Education to provide support scheme such as data access support, to ensure online learning is affordable for students with disabilities.
7. Active participations and contributions of persons with disabilities and their organizations.
8. BNPB, Task Force on Covid-19 response, and other relevant institutions need to develop 'operation plan' of the Covid-19 emergency response and recovery that is inclusive of persons with disabilities, and ensure that risk analyses of disability are taken into account.

Contributors

Significant contributions were made by individuals and organizations throughout all processes of conducting this assessment. We are thankful to all listed below, and those who are not listed:

1. Initiator

- a. M. Joni Yulianto (Sigab Indonesia),
- b. Cucu Saidah (JBFT)
- c. Ishak Salim (PerDIK)
- d. Suharto (SIGAB Indonesia)
- e. Edy Suprianto (SEHATI Sukoharjo)
- f. WhatsApp group Webkusi DPO Respon Covid-19 (created on 26 March 2020)

2. Instrument preparation and assessment implementation

- a. Ishak Salim (PerDIK)
- b. Suharto (Sigab Indonesia)
- c. Antoni Tsaputra (PPDI Kota Padang)
- d. Muhammad Ismail (desain instrumen online akses)
- e. Sign language interpreter team
 1. Ratriuspita Noor Jasmina (Mine)
 2. Yudi Aditya Nugraha (Adit)
 3. Ramadhany Rahmi (Mada)
 4. Firman Prayoga (Firman)
- f. Provincial Assessment Coordinator
 1. Erlina, Nanggroe Aceh Darussalam
 2. Teguh, Sumatera Utara
 3. Antoni Tsputra, Sumatera Barat, PPDI Kota Padang
 4. --Riau
 5. --Kepulauan Riau
 6. --Jambi
 7. --Bengkulu
 8. --Sumatera Selatan
 9. --Kepulauan Bangka Belitung
 10. Abdullah Fikri, Lampung
 11. Yustitia Arief, Banten, Audisi
 12. Jonna Aman Damanik dan Cucu Saidah, DKI Jakarta, I3 dan JBFT
 13. Yuyun dan Aden, Jawa Barat, BILiC dan SPICE
 14. Yuktiasih Proborini dan Edy Supryanto, Jawa Tengah, Sejiwa Foundation dan Perkumpulan Sehati
 15. Hari Kurniawan dan Luluk, Jawa Timur, LBH Disabilitas dan PPDiS
 16. Kuni Fatonah dan Rohmanu Solikin, DI Yogyakarta, SIGAB Indonesia
 17. I Nengah Latra, Bali, Puspadi Bali
 18. Sri Sukarni, Nusa Tenggara Barat, HWDI NTB
 19. Berti Soli Dima Malingara dan tim, Nusa Tenggara Timur, GARAMIN NTT
 20. --Kalimantan Barat
 21. --Kalimantan Selatan
 22. --Kalimantan Tengah
 23. Anni Juwairiyah, Kalimantan Timur, HWDI Kaltim
 24. --Kalimantan Utara
 25. --Gorontalo
 26. Shafar Malolo, Sulawesi Barat, Gema Difabel Mamuju
 27. Nur Syarif Ramadhan, Sulawesi Selatan, PerDIK
 28. --Sulawesi Tenggara

29. Yusuf Lapagu, Sulawesi Tengah, PPDI Sulteng
 30. --Sulawesi Utara
 31. Mien Rumlaklak, Maluku, HWDI
 32. Susan, Maluku Utara, HWDI
 33. Roby Nyong, Papua, PPDI Papua
 34. Ningrum, Papua Barat, Yayasan Nema Folok
3. Input and Data Cleaning
 - a. Ishak Salim, PerDIK
 - b. Mohammad Ismail, Sigab Indonesia
 4. Coding, Tabels and Graphics
 - a. Mohammad Ismail, Sigab Indonesia
 - b. Tim PSLD Universitas Brawijaya
 - c. Angga Damayanto, S.Pd., M.Pd. Dosen UNY, Jurusan Pendidikan Luar Biasa
 - d. Firmansyah M.Pd, Dosen UNY, Jurusan Pendidikan Sekolah Dasar
 - e. Muhammad Haris, Sigab Indonesia
 5. Analysis and Report Writing,
 - a. Respondent Profile:
 1. Cucu Saidah
 2. Edy Suprianto, Perkumpulan SEHATI
 3. Lia Marpaung, AIPJ2
 4. Hari Kurniawan, LBH Disabilitas Jawa Timur
 5. Tulus Budi Prasetyo, DMC Jakarta
 - b. Information and Response:
 1. Angga Yanuar, NLR
 2. Nurul Saadah, SAPDA
 3. Edi Suprianto, Perkumpulan SEHATI
 - c. Social and Personal Impact:
 1. Sudirman Nasir, Dosen FKM - Unhas (Spesialis Komorbiditas)
 2. Slamet Thohari, AIDRAN
 3. Fajri Nur Syamsi (PSHK)
 4. Maulani Rotinsulu (HWDI)
 5. Muhammad Hafiz (HRWG)
 6. Eka Prastama Widiyanta, CHAI (Spesialis Alat Bantu)
 - d. Economic Impact:
 1. Ir. Yuktiasih Proborini, seJIWA Foundation
 2. Paramargajito Budi Irtanto, Kompak
 3. Emmy, Kompak
 4. Hardini Utami, Kompak
 5. Ancilla Irwan, Kompak
 6. Ratna Fitriani, Kompak
 7. Dr. Arni Surwanti, CIQAL
 8. Yuyun Yuningsih, BILiC
 9. Herman Palani, BAPPENAS
 - e. Education Impact:
 1. Suharto, Sigab Indonesia
 2. Abdullah Fikri, Pusat Kajian dan Advokasi Inklusi (PUSKADIN)
 3. Unita Werdi Rahajeng, PSLD Universitas Brawijaya
 4. Mukhanif Yasin Yusuf, SAPDA
 - f. Potential Contribution:
 1. Antoni Tsaputra, PPDI Kota Padang
 2. Maria Un, HWDI Sulawesi Selatan
 3. Purwanti, Sigab Indonesia

4. Dwi Ariani, DRF
5. Fadel, PJS Indonesia
- g. Tim Klaster Kebencanaan:
 1. Rani Ayu Hapsari, YAKKUM
 2. Dr. Ir. Eko Teguh Paripurno, MT, Pusat Studi Management Bencana (PSMB) UPN
6. Analysis Review and Main Report Writing:
 - a. M. Joni Yulianto, Sigab Indonesia
 - b. Ishak Salim, PerDIK
 - c. Jonna Aman Damanik, I3
 - d. Marisa Kristianah - CBM Indonesia,
 - e. Yuktiasih Proborini - SeJIWA Foundation,
 - f. Cucu Saidah, JBFT
7. Proofread
 - a. Antoni Tsaputra, PPD I Kota Padang
 - b. Robandi, Redaktur Solider.id
- 8.** Lay-out and Cover Design: Narto, didukung AIPJ2
9. Report Printing Process: Supported by AIPJ2
10. Dissemination
 - a. Dr. Vivi Yulaswati, MSc, Staf Ahli BAPPENAS
 - b. Cucu Saidah, JBFT
 - c. Jonna Aman Damanik, I3
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