

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



**CENTRE FOR  
DISABILITY  
RESEARCH  
AND POLICY**



## **TECHNICAL REPORT 1**

## **MAPPING OF ORGANISATIONS IN INDONESIA IN DISASTER RISK REDUCTION (MOIDRR)**

## Technical Report 1

### Mapping of organisations in Indonesia in disaster risk reduction (MOIDRR)

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## Acronyms

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ASB Indonesia	Arbeiter-Samariter-Bund Germany, Indonesia Office
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 2005-2015
MOIDRR	Mapping of Organisations in Indonesia in Disaster Risk Reduction Survey
NGO	Non-government Organisations
REDCap	Research Electronic Data Capture software
SC-DRR	Safer Communities through Disaster Risk Reduction
UNDP	United Nations Development Program
UNISDR	United Nations International Strategy for Disaster Reduction
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs

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# EXECUTIVE SUMMARY

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## Scope

This is the first Technical Report in a three part series for the two year DFAT Australian Aid funded project (2013-2015), *Promoting the Inclusion of People with Disabilities in Disaster Management in Indonesia*. This report details the mapping of organisations in Indonesia working in disaster risk reduction (DRR). The two year project was concerned with understanding the gaps between disability inclusive policy and practices in DRR and supporting opportunities to include people with disabilities in all phases of disaster risk management. The premise of this work was that reducing the vulnerability of people with disability during disasters is a key strategy to promote broader community resilience.

The direct and practical solutions that people with disability can offer to community-level DRR activities should be a key consideration within all phases of disaster risk management. Inclusion of people with disabilities in DRR before, during, and after disasters contributes to the “whole-of-community” approach to disaster resilience advocated in contemporary policy and enacted by DRR agencies. This project was initially framed within an increasing awareness of disability inclusion in DRR globally which is now articulated in the recently issued *Sendai Framework for Disaster Risk Reduction 2015-2030* (UNDISR, 2015), and within an increasingly supportive policy environment in Indonesia

## Background

For the decade 2005 - 2015, the *Hyogo Framework for Action (HFA): Building the Resilience of Nations and Communities to Disasters* (UNDISR, 2005) was the agreed international framework to reduce disaster losses. The *HFA* promoted a strategic and systematic approach to reducing vulnerabilities and risks to hazards with the aim of building the resilience of nations and communities to disasters (UNISDR, 2005). The General Considerations of the *HFA* made specific reference to gender, cultural diversity, age and vulnerable groups; however, the single reference to ‘the disabled’ [*sic*] was confined to a discussion on social safety nets. The *HFA* insufficiently addressed the disproportionate risk that people with disability face and failed to recognise the agency of people with disabilities and their potential contribution to disaster risk reduction (DRR). This has meant that people with disabilities have been largely excluded from DRR practice and policy to date.

DRR is, by definition, concerned with reducing the risk and vulnerability of individuals, households and communities prone to hazards. People with disabilities are especially vulnerable when they are excluded from community-level DRR planning and preparation

and when their specific needs are not met during response to and recovery from natural hazard emergencies. Disability inclusive DRR recognises that direct and practical solutions should come from people with disabilities themselves by making disability issues and people with disabilities visible in DRR before, during, and after natural disasters.

## **Purpose**

The Mapping of Organisations in Indonesia in Disaster Risk Reduction (MOIDRR) survey sought to understand the barriers and enablers that DRR actors face in including people with disabilities in DRR activities in Indonesia. Capitalising on enablers and overcoming barriers is necessary if disability inclusive DRR is to be realised.

## **Specific Aims**

The MOIDRR survey sought to:

- a) Identify the *HFA Action Areas* targeted by DRR agencies and map the regional DRR activities of these agencies;
- b) Describe the groups targeted by agencies' DRR activities in Indonesia and to ascertain whether people with disabilities were included in agency DRR initiatives; and
- c) Identify what the agencies perceived as barriers and enablers to engaging in disability inclusive DRR.

## **Method**

The MOIDRR survey was designed to elicit information about the inclusion or otherwise of people with disabilities in DRR activities in Indonesia, and perceptions about the enablers and barriers to doing so. The MOIDRR survey invited participants to identify, from a list of 9 options, the population targeted for each of their three identified priority DRR programs. The MOIDRR survey also asked respondents to address barriers and enablers to including people with disabilities in their agency's DRR programs and activities.

Invitations to participate were sent to 117 agencies listed with the United Nations Office for Coordination of Humanitarian Affairs (UNOCHA) in Indonesia that were identified as delivering DRR programs and that had accessible contact information. Respondents could choose either the English or Bahasa Indonesia version of the MOIDRR survey. The survey was open for 3 months between February and April 2014. We received 38 responses. Duplicate responses were removed and incomplete surveys were discarded. A total of 28 surveys were included for analysis.

## **Findings**

Key findings concerned what DRR organisations perceived as barriers and enablers to disability inclusive DRR. These were grouped into two thematic areas: (a) Limited

Experience, Expertise and Networks; and (b) Commitment: Policy Framework, Community Collaboration, and Engagement of Disabled People's Organisations (DPOs). Key findings are discussed in the body of this report. Briefly, these include:

- An ongoing challenge to disability inclusive DRR concerns the limited data on disability at the local level in Indonesia. This makes it more difficult for governments to support disability inclusive DRR programs through coordination of efforts between national (BNPB) and regional (BPBD) level DRR efforts. Gathering data on people with disabilities and their resilience, capabilities and needs in disaster risk reduction was addressed in the larger project and the processes and findings reported in *Technical Report 3: The Disability Inclusive Disaster Resilience (DiDR) Tool: Development and Field Testing*
- There is an emerging understanding among some organisations involved in DRR that to be disability-inclusive they do not need to add technical expertise in disability, but rather develop their networks to include people who have expertise such as Disabled People's Organisations (DPOs). It is anticipated that this kind of partnership would expand capacity for disability inclusive DRR for both DRR actors and DPOs.
- Partnerships and networks, particularly with DPOs, provide the bridge to go from awareness to actual implementation of disability inclusive DRR. Continued effort is needed to identify and share practical ways of engaging DRR actors and DPOs in the development of disability inclusive DRR programs.



# FULL REPORT

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## Background

The Republic of Indonesia is one of the most disaster prone countries in the world. The National Disaster Management Agency ranks 27 of 33 provinces as having high natural hazard risk (BNPB, 2011). Vulnerability to risk is amplified by poverty and in Indonesia, 16.2% of the population (approx. 40 million people) live on less than \$1.25 per day (BNPB, 2011). Using the World Bank figure of \$2.00 per day, estimates of the Indonesian population living in poverty are around 43% (World Bank, 2011). Disasters have the potential to push those living near the poverty line into poverty. This is of particular concern because of the bi-directional link between poverty and disability and the need to build the resilience of individuals, households, and communities to disaster.

Disability figures for Indonesia are not consistent, and lack reliability. The ministries with responsibilities for disability use different definitions and data collection methodologies. Indonesian National Statistical Office (BPS) National Socio-Economic Survey 2012 data place the population of persons with disabilities at 2.45% (Badan Pusat Statistik, 2012). In contrast, independent estimates suggest that the global estimate is 15-20% of a population (Kusumastuti, Pradanasari et al. 2014), which supports the view that the number of people with disability living in Indonesia is significantly underreported (WHO, 2011). As a result, people with disability remain a hidden population both within communities and policy.

The Yokohama Message of the first World Conference on Disaster in 1994 recognised that those most affected by disasters are the poor and socially disadvantaged groups in developing countries (UN, 1994). People with disabilities are at higher risk of injury or morbidity than the general population (Priestly & Hemingway, 2007). Following the Great East Japan Earthquake in 2011, the mortality rate for people with disability was four times higher than for the general population (UNESCAP, 2012). People with disability experience barriers to accessing early warning and lifesaving emergency information. They also face significant barriers to acting on that information in times of disaster, such as in the case of independent evacuation. Experience has shown that people with disability are less likely to receive aid and have greater difficulty coping during recovery from natural disaster. Inaccessible emergency shelters and inadequate services further increase their risk. Unfortunately, quality information on the impact of disasters, including perceptions of risk and actual risks for people with disabilities is limited. This information is needed for evidence-informed policy and program planning.

From 2005 - 2015, the *Hyogo Framework for Action* (hereafter *HFA*) was the agreed international framework to reduce disaster losses. The HFA promoted a strategic and systematic approach to reducing vulnerabilities and risks to hazards with the aim of

building the resilience of nations and communities to disasters (UNISDR, 2005). The HFA insufficiently addressed the disproportionate risk that people with disability face and failed to recognise the agency of people with disability and their potential contribution to disaster risk reduction (DRR). This has meant that people with disabilities have been largely excluded from DRR practice and policy to date.

DRR is, by definition, concerned with reducing the risk and vulnerability of individuals, households and communities prone to hazards. People with disability are especially vulnerable when they are excluded from community-level DRR planning and preparation and when their specific needs are not met during recovery and response from natural hazard emergencies. Disability inclusive DRR recognises that direct and practical solutions should come from people with disabilities themselves by making disability issues and people with disabilities visible in DRR before, during, and after natural disasters (Abbot & Porter, 2013).

In 2012, a group of concerned organisations sought to ensure the representation of people with disability in DRR within the post-2015 disaster framework for action (HFA2). The Disability-inclusive DRR Network (DiDRRN: <http://www.didrrn.net/home/>) was launched in coordination with the United Nations International Strategy for Disaster Reduction (ISDR) at the 5<sup>th</sup> Asian Ministerial Conference on DRR (AMCDRR) hosted by the government of Indonesia in Yogyakarta. The ensuing Yogyakarta Declaration (2012) contained the most direct references to inclusion and disability in a DRR policy document at the time. This was followed by concerted advocacy by DiDRRN alongside other disability stakeholders at the Global Platform in Geneva in May 2013 and the dedication of the International Day for Disaster Reduction to disability by ISDR in October of that same year. Advocacy at the 6<sup>th</sup> AMCDRR by disability stakeholder contributions to the Asia-Pacific HFA2 Input Document, in particular, and subsequent engagement by a growing disability caucus including the International Disability Alliance, the Nippon Foundation and Rehabilitation International have strongly encouraged a disability inclusive perspective within the current *Sendai Framework for Disaster Risk Reduction 2015-2030* (hereafter the *Sendai Framework*).

The *Sendai Framework* was adopted at the Third World Conference on Disaster Risk Reduction in March 2015. The *Sendai Framework* reflects and builds on the earlier emphasis on community resilience by calling for a 'whole-of-society' approach to DRR with the active participation of at-risk individuals and groups. With an increased emphasis on inclusion, the *Sendai Framework* challenges DRR actors to translate these commitments into actions.

The HFA was an important catalyst for generating political commitment and raising public awareness about DRR among diverse stakeholder groups. Indonesia has taken key steps toward implementing the HFA. Of note is Disaster Management Law No.24 (2007) guiding the establishment of the National Disaster Management Agency (*Badan Penganggulangan Bencana Nasional*, BNPB) and instructing sub-national governments to establish Regional

Disaster Management Agencies (*Badan Penanggulangan Bencana Daerah*, BPBD). However, there is a significant gap between national policy and district level implementation due to the process of adaptation and low capacity to implement policies at district levels.

Growing awareness of disability inclusion in DRR contributed to the passing of Indonesia's national regulation on disaster and the participation of persons with disabilities in 2007. The national disaster management agency (BNPB), through its training and education centre, have also recently drafted a training curriculum on disability and DRR in consultation with disabled people's organisation (DPO) representatives. Although this training was aimed at the delivery of DRR education to people with disability - rather than a more holistic and inclusive strategy of engaging people with disability in DRR activities - it is viewed as a positive step forward in disability inclusive DRR in Indonesia.

With several DiDRRN partner agencies implementing DRR activities in Indonesia there has been growing awareness of the need for disability-inclusive DRR in regional working areas of Indonesia with high natural hazard risk. Building capacity of regional disaster management agencies (BPBD) is a strategic goal for Indonesia (HFA Monitor Indonesia, 2014). However, the lack of a clear policy directive on disability and DRR in Indonesia has been an ongoing challenge for regional disaster management agencies (BPBD). There is no requirement for governments to report on disability within either the HFA Monitor or the Local Government Self-Assessment Tool (LGSAT). At the sub-national level there have been initiatives to establish local level regulations addressing disability. These include provincial regulations on disability from Yogyakarta and Central Java that include reference to the inclusion of people with disability within disaster risk management. However, awareness of disability is considered low across all sub-national DRR agencies.

In late 2014 Indonesia passed a national regulation on disability and DRR. However, the extent to which regional disaster management agencies are equipped to implement this new regulation remains unclear. The MOIDRR survey presented in this Technical Report sought to understand the barriers and enablers that DRR actors face in including people with disabilities in DRR activities in Indonesia. With the *Sendai Framework* making significant and positive reference to disability, capitalising on enablers and overcoming barriers is necessary if disability inclusive DRR is to be realised.

## Specific Aims

The MOIDRR survey sought to:

- a) Identify the *HFA Action Areas* targeted by DRR agencies and map the regional DRR activities of these agencies;
- b) Describe the groups targeted by agencies' DRR activities in Indonesia and to ascertain whether people with disabilities were included in the agencies' DRR initiatives; and
- c) Identify what the agencies perceived as barriers and enablers to engaging in disability inclusive DRR.

## Method

### Data Collection

The MOIDRR survey was designed to elicit information about the inclusion or otherwise of people with disabilities in DRR activities in Indonesia, and perceptions about the enablers and barriers to doing so. The MOIDRR survey was translated into Bahasa Indonesia by the second author who is fluent in both English and Bahasa, Indonesia's official language. Both English and Bahasa Indonesia versions of the MOIDRR were reviewed by ASB Indonesia. Some terminology and logical flow was adapted based on this feedback. The survey was then made available, online, through the Research Electronic Data Capture (REDCap) software tool Version 5.9.1, in February 2014.

Invitations to participate were sent to 117 agencies listed with the United Nations Office for Coordination of Humanitarian Affairs (UNOCHA) in Indonesia that were identified as delivering DRR programs and that had accessible contact information. UNOCHA is responsible for coordination of humanitarian actors in response to emergencies and in Indonesia conducts multi-stakeholder coordination meetings outside of times of emergencies. As such, UNOCHA maintains a database at the national level of organisations active in DRR. The UNOCHA list included government (national and sub-national), non-government, donor, and private sector agencies.

The UNOCHA list contained 381 Organisations divided across 11 categories including:

- United Nations
- Non-government Organisations
- International Non-government Organisations
- Regional Organisation
- Donor
- Red Cross Indonesia (*Palang Merah Indonesia*- PMI) and Red Cross
- Government

- University
- Private Sector
- Media
- Head of Regional Disaster Management Agencies (*Badan Penanggulangan Bencana Daerah* – BPBD)

ASB Indonesia reviewed the list using exclusion and inclusion criteria and reported in Table 1.

**Table 1 Inclusion and exclusion criteria**

<b>Included</b> [n=117]	<b>Excluded</b> [n=264]
Active in Disaster Risk Reduction in Indonesia	Not active in Disaster Risk Reduction in Indonesia
Email address	No email address
	Organisation was repeated in different sections of the contact list.
	Email address failed

The invitation to complete the survey was sent by email. This included a participant information sheet in both English and Bahasa Indonesia and an electronic link to the online survey. Respondents could choose either the English or Bahasa Indonesia version of the MOIDRR survey. The survey was open for 3 months between February and April 2014. Reminder emails were sent to invited participants within one month of the initial invitation and three weeks prior to the close of the survey. The MOIDRR survey received ethical approval by the university’s Human Research Ethics Committee (approval number 2013/2012).

### **Data Analysis**

We received 38 responses to the MOIDRR survey, from a potential 117, when the survey closed. The data was downloaded from REDCap in comma separated value (csv) form. Data were cleaned by removing duplicate responses (for instance, some respondents answered both English and Indonesian versions of the MOIDRR; only the most complete version was kept). Incomplete surveys were discarded. A total of 28 surveys were included for analysis.

### **Groups targeted by DRR agencies and inclusion of people with disability in DRR activities.**

The MOIDRR survey invited participants to identify, from a list of 9 options, the population targeted for each of their three identified priority DRR programs. Participants could choose more than one option for each of their programs.

The options included: women; children and youth; elderly; people with disabilities (including men, women, children and elderly); local leadership (e.g. village council, village leader, traditional healer, or religious leaders); people in professional roles (e.g. police, health care workers, teachers); government agencies; whole-of-community; and, other.

Target groups were summarized based on responses to the list of 9 options. In a separate question, participants who indicated that they take a whole-of-community approach were asked to indicate if this included people with disabilities by checking yes or no. These responses were tabulated.

### **Perceived barriers and enablers to including people with disability in DRR activities**

The MOIDRR survey asked respondents to address barriers and enablers to including people with disabilities in their agency's DRR programs and activities. If they had included people with disabilities in DRR in the past, they were asked to list the top five enablers that supported inclusion. They were then asked to consider the barriers experienced in including people with disabilities in DRR activities.

For agencies that had not included people with disabilities in their DRR activities, respondents were asked to list the top 5 enablers and barriers to including people with disabilities in their agency's DRR activities. This resulted in a variety of responses which were grouped across all respondents into separate lists, one on enablers and the other on barriers. Each list was then coded inductively and responses were grouped into categories. This was done independently by Dr Michelle Villeneuve and Ms Sarina Kilham and then categories were compared and discussed with Dr Alex Robinson and Ms Pradytia Pertiwi. This led to the identification of key themes which are reported below in relation to the three specific aims of the survey. The final interpretation is shared in the findings and discussion that follow

## Findings

MOIDRR survey respondents identified the nature of their organisation from a list of options. Table 2 summarises the type of organisation represented.

**Table 2 Participating organisations**

NGO (local)	8
NGO (International)	7
Government Agency	3
Donor	3
Civil Society Organisation	2
Other <sup>1</sup>	4

### A. HFA Priority Areas for Action Addressed by DRR Organisations

#### *Disaster Risk Reduction Programs prior to or during 2013*

Of the 28 respondents, 20 (69%) had undertaken DRR programmes both prior and during 2013, the year prior to the survey. Only 9 respondents (31%) had undertaken DRR prior to 2013, but not during 2013.

Based on DRR activities reported by the participating organisations, there was a spread of DRR activity across the archipelago of Indonesia (Figure 1). Table 3 provides the number of DRR programs reported across Indonesia. There was a particular concentration in Yogyakarta, West Java, Jakarta, Aceh, West Sumatra, East Nusa Tenggara as well as Central and East Java. Reasons for distribution is hard to gauge as the majority of regions are ranked by government as high hazard risk. Also, international actors are required to agree on working areas in collaboration with the Indonesian government. These working areas may not necessarily have been chosen for DRR, but may instead reflect working areas agreed for other thematic focuses of the organisation with an extension to DRR activities at a later date. This was not addressed in this study.

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<sup>1</sup> Included UN agencies, International Federations of the Red Cross and Red Crescent Society & Private Business

DRR programmes in Indonesia

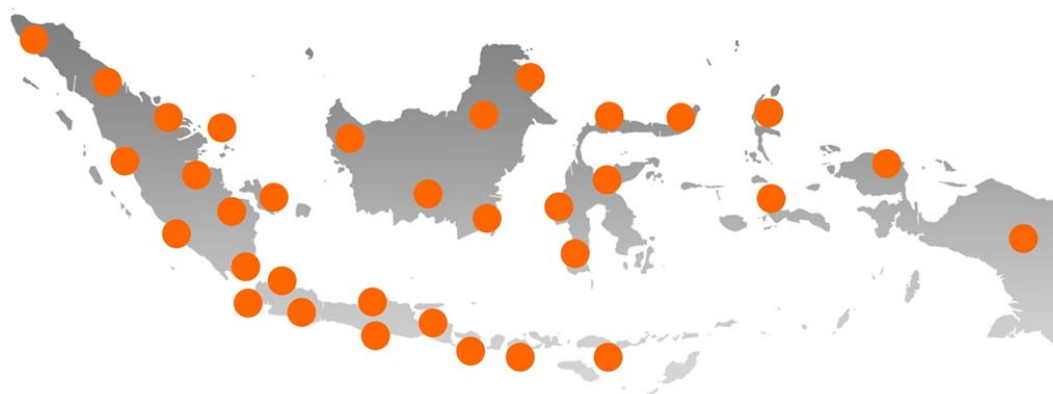


Figure 1 DRR activity in Indonesia as reported by participating organisations

Table 3 Number of organisations that have one or more DRR activities by province in Indonesia

Province	# of DRR organisations that had one or more activities in region
Yogyakarta	15
West Java	13
Jakarta, Special Capital Region	13
Darussalam Aceh, Special Region	11
West Sumatra	11
East Nusa Tenggara	11
East Java	10
Central Java	10
South Sulawesi	6
North Sulawesi	5
Central Sulawesi	5



North Sumatra	5
Benkulu	5
Paupa, Special Region	4
Bali	4
West Nusa Tenggara	3
Riau	2
Lampung	2
Maluku	2
South Sumatra	2
East Kalamatan	2
Central Kalimantan	1
West Kalamatan	1
South-East Sulawesi	1
West Sulawesi	1
Riau Islands	1
West Paupa, Special Region	1
Banten	1
Jambi	0
South Kalamatan	0
Gorontalo	0
North Maluku	0
Bangka Belitung Islands	0

### **HFA Priorities addressed by Organisation**

Respondents could choose as many HFA priority action areas as applicable to the DRR activities engaged in by their organisation. Table 4 summarises the HFA priority areas for action identified by respondents from participating organisations. Regardless of reported HFA coverage, it was not possible to determine the degree to which each of the HFA priority action areas was addressed in terms of scope and/or quality of programming. Further investigation is warranted to understand the capacity of DRR organisations to undertake activities to address HFA priority areas (including impact of resources) and scope and quality of coverage of the HFA priority action areas.

**Table 4 HFA Priorities for Action Areas**

<b>HFA Priority for Action Areas</b>	<b>% Respondents who indicated that their DRR program addressed this priority</b>
Priority for Action 1: Ensure that disaster risk reduction (DRR) is a national and a local priority with a strong institutional basis for implementation	75
Priority for Action 2: Identify, assess and monitor disaster risks and enhance early warning	67
Priority for Action 3: Use knowledge, innovation and education to build a culture of safety and resilience at all levels	89
Priority for Action 4: Reduce the underlying risk factors	54
Priority for Action 5: Strengthen disaster preparedness for effective response at all levels	82
All 1 – 5 Priority Areas addressed	35.7
4 priority areas addressed	21.4
3 priority areas addressed	21.4
2 priority areas addressed	14.3
1 priority area addressed	7.1

## B. Groups Targeted by Agency & DRR Activities in Indonesia

Respondents were encouraged to check all groups targeted for each of the three DRR activities they had identified in their agency. It is noteworthy that the majority of respondents identified targeting “whole of community” in one or more DRR activities. Table 5 identifies the groups targeted by DRR organisations in one or more of their DRR activities.

**Table 5 Groups targeted by agencies in one or more DRR activities**

<b>Target Group</b>	<b>% targeted in one or more of agency's DRR activities*</b>
Whole of Community	79
Government Agencies	64
Local Leaders	54
Children and Youth	46
Women	43
People in Professional Roles	36
People with Disability	29
Elderly	21
Other	18

\*Counts are not mutually exclusive

### ***Inclusion of People with Disability in DRR Activities***

A separate question invited participants to indicate whether their whole-of-community approach also included people with disabilities. Seventy-five percent (21/28) of respondents reported that one or more of their DRR activities take a whole-of-community approach that also includes people with disabilities. However, the nature of a “whole-of-community” approach implies that everybody is included. Exactly what this meant to each respondent is not possible to determine from the counts in this part of the survey. It could be the case that whole-of-community does mean including people with disability in practice (and with further investigation the proportion of people with disability could be determined) or it may mean that the program adopts a whole-of-community approach however in practice some groups including people with disabilities are not included (potentially because they are unaware the program exists, program is not accessible, program is not welcoming and so forth). Findings should be interpreted with caution, particularly as the participants were not asked for evidence that they include people with disabilities in their DRR activities. Further investigation of programs claiming to include people with

disabilities is required to determine which programs actually include people with disabilities, how many, how often and to what degree (for example including some people with disabilities such as those with mobility limitations but not those with difficulty communicating).

### **C. Enablers and Barriers to Disability Inclusive DRR**

Respondents listed what they perceived to be barriers and enablers to their agency's engagement in disability inclusive DRR.

#### ***Barriers***

Limited experience, expertise, and lack of access to a network of people with expertise in disability were frequently cited together as barriers to disability inclusive DRR.

#### ***Limited Experience, Expertise and Networks***

Some respondents recognized that, in Indonesia, as one respondent reported “the needs of disabled people are generally unaddressed, not just in relation to DRR” (Respondent 11, English). These respondents cited social attitudes and stigma about disability as a barrier to inclusion. Others identified specific factors related to people with disabilities that pose barriers to their involvement in DRR activities. For example, some cited limited physical accessibility as “most programs and activities are carried out in challenging physical environments” (Respondent 01, Indonesian). Respondents also cited communication limitations as a barrier due to lack of information supports to accommodate and involve people with communication impairments.

Respondents recognized that “the diversity of the types of disability,” (Respondent 6, Indonesian) adds “complexity” to accommodating people with disabilities within their DRR activities. Respondents mentioned the “range of physical, cognitive, communication, and mental health” factors that needed to be taken into account.

“Lack of technical knowledge” about disability, “limited experience” of working with people with disabilities, and “lack of access to a network” of expertise in disability were often cited together as barriers to practicing inclusive DRR. Several respondents noted these factors, in combination, were the greatest challenge for their agency, rather than one stand-alone factor. For example:

“We do not fully understand the proper way of managing for this group. We do not have experienced staff who understand well about disabilities in DRR and we do not have specific modules for disability.” (Respondent 19, Indonesian)

“It is difficult to find partners with strong experience in disability. We have limited mastery of disability etiquette.” (Respondent 1, English)

“Our experience, especially in the field office, are still limited.” (Respondent 05, English)

“We lack access and experience working with [people with disability]” (Respondent 07, English)

“We lack technical expertise, resources, and experience.” (Respondent 9, Indonesian)

“Our knowledge of disability is limited.” (Respondent 17, English)

### **Enablers**

Participating organisations described commitment to disability inclusive DRR at three levels: policy, community, and disabled people’s organisations (DPOs).

### **Commitment: Policy Framework, Community Collaboration, and Engagement of DPOs**

There was consistent recognition among respondents that “people with disability are a vulnerable group, with potentially higher risks than others ” (Respondent 8, Indonesian). Survey respondents expressed that there is an “interest” and “openness” to including people with disabilities in DRR in Indonesia.

*First*, participants recognized a *policy commitment* to “mainstream the needs of people with disability with DRR planning and action” (Respondent 11, English). Respondents recognized “national and local commitment” by government in Indonesia with both disability inclusive policy and a national framework for “including disability in DRR”.

*Second*, they recognized *commitment from the local community* to collaborate on disability inclusive DRR. Respondents described the strength of “community leadership” and “eagerness of the local community” to get involved. Respondents cited “support from local leaders” and “involvement of diverse community members” as key enablers. Some respondents reported that schools have also supported the involvement of children with disabilities in DRR activities.

“The attitude of the community and schools that is open to inclusive DRR as an issue and are willing to include people and children with disabilities in DRR.” (Respondent 17, English)

*Third*, respondents recognized the *commitment from DPOs* to engage in disability inclusive DRR. Participants indicated positive responses from people with disabilities who they viewed were both “ready” and “willing to collaborate” with the DRR sector. Factors mentioned included willingness and ability of people with disabilities to be involved in DRR, positive attitudes, specific expertise of people with disabilities, and the increasing interest of DPOs in DRR programs.

## Discussion

As the first national survey of the DRR sector in Indonesia, there were some difficulties that need to be addressed in future investigations into the inclusion of people with disabilities in DRR activities in Indonesia. These are:

- Original contact list: The comprehensiveness of the UNOCHA Contact List is questionable given that contact details for many organisations were invalid or not available – the latter was particularly so for local government. Additional sources of up-to-date information on DRR actors in Indonesia ought to be investigated in future work, if at all possible.
- Survey tool: Although a small pilot test was attempted prior to online distribution, from the data received it was clear that respondents had difficulty particularly with questions permitting multiple responses (which were not mutually exclusive). This could have led to over-reporting. In future work, extensive pilot testing with a sample of DRR actors is recommended.
- Bias in self-selection: This type of survey is susceptible to only attracting responses from those interested in the survey topic, particularly when the survey is 'not official', that is, does not come from government or a government agency. Investigating using formal government channels for a future survey is recommended.
- Relatively low response rate: The response rate, while acceptable for this type of on-line survey, reflects only 22% of the sample.

The findings suggest that there is interest and support from the Indonesian government, organisations and community for disability inclusive DRR in Indonesia. Findings are discussed in terms of three key opportunities to promote disability inclusive DRR in Indonesia including (a) enabling environment; (b) people with disability as a resource; and (c) partnerships and networks.

### Enabling environment

- The enabling environment comprises mainstreaming disability inclusiveness both within DRR agencies and also at a wider community and government level,
- Policy support for disability inclusive DRR, and
- Local level commitment to disability inclusive DRR by DPOs.

The government was frequently mentioned as a positive factor in creating an enabling environment, however barriers cited as barriers included the lack of awareness of disability, limited resources and limited capacity at local government level to implement or develop '*comprehensive DRR policies reflecting the needs of people with disability*'. An

ongoing challenge to disability inclusive DRR is the limited data on disability at the local level. This influences the responsiveness of governments to support disability inclusive DRR programs through the planned (and desirable) coordination of efforts between national (BNPB) and regional (BPBD) level DRR efforts.

### **People with disabilities as a resource**

Survey respondents recognised disability as an interaction between the person and environment. There was a good understanding that the disability experience is varied, and given the respondents general stated lack of experience and knowledge needs, a realistic appreciation that accommodating the diversity of people with disabilities disaster management can be seen as challenging for organisations. With people with disabilities having different needs the strategies needed require consultation and collaboration with the community (Abbot & Porter, 2013).

Technical expertise for working with people with disability emerged as both an enabler and a barrier. As a barrier, some respondents perceived a need for technical expertise in disability in order to include people with disabilities in DRR, citing limited experience of their organisation interacting with people with disabilities. In contrast, technical expertise was an enabler for those respondents who described the need to access a network of people with expertise on disability with whom they could collaborate. In this context, people with disabilities and DPOs were frequently mentioned as enablers of disability inclusive DRR. This was because of the willingness and ability of people with disabilities to be involved in DRR, positive attitudes and specific expertise of people with disabilities and the increasing interest of DPOs toward DRR programs.

There also appeared to be recognition of the important role of people with disabilities in supporting community resilience rather than simply as recipients of DRR services. This finding is consistent with Abbot and Porter (2013) who recognised the need to shift thinking from people with disability as vulnerable victims of disaster to thinking about people with disability as experts in their experience of natural disaster. Abbot and Porter propose that the next challenge is to ensure the people with disability are interconnected through their authentic engagement in all phases of disaster management. A similar perspective was provided by Priestly and Hemmingway (2007) who viewed DPOs as “untapped social capital that is vital to the construction of inclusive communities (p. 33). It is this view that is now also promoted within the *Sendai Framework*. DRR interventions could be made more effective by sustaining the engagement of DPOs. More information is required in the Indonesian context concerning the lived experience of people with disabilities during natural hazard emergencies as a starting point for understanding resilience. This is particularly important given the diversity of natural hazard types in different regions of Indonesia. Understanding how people with disabilities experience natural hazard disasters is one way of supporting and engaging people with disabilities as an important resource in DRR organisations.

## Partnerships and networks as essential enablers

Respondents reported that having access to networks and '*strong partners working in disability*'<sup>2</sup> meant that they could draw on external expertise and experience in implementing disability inclusive DRR. Conversely, lack of networks and access to appropriate skills and experience was seen as a barrier.

It is important to point out that although organizations may utilise a whole-of-community approach in their DRR programs, they may not necessarily employ people with disabilities that can support disability inclusive DRR programs or engage people with disability in their disaster management programs. Some respondents did, however, recognize the importance of networking with people with disabilities and DPOs as an important way of integrating this expertise into their DRR programs.

Our findings support the approaches taken by groups like DiDRRN to engaging in partnerships and networks to expand expertise to enhance disability inclusive DRR. Peer-to-peer learning builds internal organisational capacity and can be particularly influential in moving organisations beyond awareness to practical disability-inclusive programming. Continued effort is needed to identify and share practical ways of engaging DRR actors and DPOs in the development of disability inclusive DRR in Indonesia.

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<sup>2</sup> Respondent 01\_Eng



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## Annex I: Survey Tool Mapping of Organisations in Indonesia in Disaster Risk Reduction (English version)

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This is the English Version of the survey "Mapping of Organisations in Indonesia in Disaster Risk Reduction". Please follow the alternate link if you prefer the Bahasa Indonesia version

Thank you!

You are invited to participate in a survey titled 'Mapping of Organisations in Indonesia in Disaster Risk Reduction'. Your organisation has been identified from the Office of Coordination of Humanitarian Affairs (OCHA) in Indonesia mailing list.

Your participation is entirely voluntary and if you proceed, it is understood that you give your consent to participate and that you are responding formally on behalf of your organisation. By 'organisation' we include: not-for-profit, non-government organisations, government agency and international development agencies. By Disaster Risk Reduction (DRR) 'program' we mean a set of activities with a specific overarching goal or purpose.

This survey is being conducted by the University of Sydney Australia ([www.sydney.edu.au](http://www.sydney.edu.au)) in conjunction with ASB Indonesia ([www.asbindonesia.org/eng](http://www.asbindonesia.org/eng)). In accordance with the Australian Code for Responsible Conduct of Research, it is proposed that this research data will be available via an open access institutional repository. As the completion of the survey, you may choose to have your organisation's responses de-identified. This means that we will remove identifying information (such as your organisation's name) from your responses. However, your organisation's identity will be known to the Research Team.

The Survey consists of 5 parts with short answer questions which will take 10-15 minutes to complete.

Definition of Disaster Risk Reduction: For the purpose of this survey, the definition of Disaster Risk Reduction is defined as " The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events" (UN Office for Disaster Risk Reduction, 2013.  
<http://www.unisdr.org/we/inform/terminology>)

Definition of Disability: For the purpose of this survey, the definition of Disability is defined as "Recognizing that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (United Nations Convention on the Rights of Persons with Disabilities, 2007.

<http://www.un.org/disabilities/convention/conventionfull.shtml>)

## **1. PART 1: General**

### **1.1. Is your organisation Indonesian Government Agency**

- Donor
- International Non-government organisation (INGO)
- National/Local Non-government organisation(NGO)
- Civil Society Organisation
- University
- Research Institute
- Other - Please specify \_\_\_\_\_

### **1.2. Is your organisation disability focused?**

- Yes
- No

### **1.3. Does your organisation currently or has it in the past undertaken Disaster Risk Reduction Programs?**

- Yes
- No

### **1.4. If you answered yes, please indicate from below**

- Prior to 2013
- During 2013
- Both of the above

*(Please choose one option only)*

## **2. PART 2: Disaster Risk Reduction Programs.**

Here we want to know about what DRR programs your organisation undertakes. The following list is based on the Hyogo Framework for Action "Priorities for Action".

### **2.1. Please indicate what DRR programs that your organisation undertakes**

- Priority Action 1: Ensure that Disaster Risk Reduction (DRR) is a national and a local priority with a strong institutional basis for implementation
- Priority Action 2: Identify, assess and monitor disaster risks and enhance early warning
- Priority Action 3: Use knowledge, innovation and education to build a culture of safety and resilience at all levels
- Priority Action 4: Reduce the underlying risk factors

- Priority Action 5: Strengthen disaster preparedness for effective response at all levels

*(Tick all that apply)*

### **3. PART 3a: Details: Disaster Risk Reduction (DRR) Programs.**

In this section, we will be asking about the details of your organisation's 3 primary DRR programs. By 'program' we mean a set of activities with a specific overarching goal or purpose.

#### **3.1. Please name the first of your organisation's Disaster Risk Reduction programs**

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#### **3.2. Province that this program occurs in**

- Bali
- Bangka Belitung
- Banten
- Bengkulu
- Central Java
- Central Kalimantan
- Central Sulawesi
- East Java
- East Kalimantan
- East Nusa Tenggara
- Gorontalo
- Jakarta
- Jambi
- Lampung
- Maluku
- Nanggroe Aceh Darussalam
- North Maluku
- North Sulawesi
- North Sumatra
- Papua
- Riau
- Riau Islands
- South East Sulawesi
- South Kalimantan
- South Sulawesi
- South Sumatra
- West Java
- West Kalimantan
- West Nusa Tenggara

- West Papua
- West Sulawesi
- West Sumatra
- Yogyakarta
- North Kalimantan

*(Tick as many as apply for this program)*

### **3.3. Target Groups for this program**

1. Whole community, or
2. Women
3. Children and Youth
4. Elderly
5. People with disabilities (includes men, women, children and elderly)
6. Local Leadership (e.g. Village Council, Village Council, traditional healer, religious leaders)
7. People in professional roles (e.g. police, health care workers, teachers)
8. Government Agencies
9. other

*(Tick all that apply)*

### **3.4. If you are working with the whole community, does this include people with disabilities?**

- Yes
- No

*(People with disabilities may include men, women, children and the elderly)*

### ***Part 3b: Details of Disaster Risk Reduction Programs.***

*Questions as per 3a. Not repeated in this technical report for space considerations.*

### ***Part 3c: Details of Disaster Risk Reduction Programs.***

*Questions as per 3a. Not repeated in this technical report for space considerations.*

**4. PART 4a: Working with People with Disabilities.**

This Part of the Survey applies to respondents who indicated working with people with disabilities

**4.1. Please chose the option that best describes how you work with people with disabilities**

- Specific DRR programs targeted to people with disabilities
  - General DRR programs in which people with disabilities are included
  - Both of the above
- (Please choose only one option)*

**4.2. Please list the top 5 enablers that support your organisation to work with people with disabilities in Disaster Risk Reduction**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**4.3. Please list the top 5 barriers for your organisation in working with people with disabilities in Disaster Risk Reduction**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**5. PART 4b: Working with people with disabilities.**

This Part of the Survey applies respondents who indicated their organisation does not work with people with disabilities

**5.1. Has your organisation ever considered working with people with disabilities?**

- Yes
- No
- Other- Please describe \_\_\_\_\_

**5.2. Please list 5 factors that have prevented your organisation working with people with disabilities.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**5.3. Please list the top 5 enablers your organisation would need to be able to include people with disabilities in its DRR programs**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**6. *Follow Up and Contact Details***

**6.1. Would your organisation be willing to participate in a following up interview?**

- Yes
- No
- Maybe
- 

**6.2. You have the option for your responses to be de-identified or not. If you opt to be de-identified, your organisation's name or any other identifying information will be removed.**

- My organisation is willing to be identified
- My organisation does not want to be identified

**6.3. Would your organization be interested in receiving feedback on the outcomes of the research?**

- Yes
- No



**6.4. Please confirm your organisation's name**

**6.5. Your Name**

**6.6. Your Position or title**

**6.7. Your email address**

**6.8. Your contact phone number (include area code):**

(This assumes you are located in Indonesia. If you are located outside Indonesia, please provide a country code. )

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