



# Inclusive Humanitarian System and Landscape in Indonesia

SCOPING STUDY FINAL REPORT

YAKKUM Emergency Unit

Pujiono Centre  
April 2021



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## Foreword

Thanks be to God Almighty who has bestowed His grace and guidance, so that the Final Report of the Scope Study on Inclusive Humanitarian Systems and Landscapes in Indonesia can be completed.

The research team would like to thank the Yakkum Emergency Unit (YEU) and all those who helped compile this report. It is our hope that this report will benefit all concerned by providing meaningful input in an inclusive humanitarian system and landscape in Indonesia.

Yogyakarta, April 2021

Yours Sincerely,

Research Team

Pujiono Centre



# Inclusive Humanitarian System and Landscape in Indonesia

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## Abstract

Humanitarian landscape have changed over the past 10 years and the pandemic forces humanitarian actors to adjust their work methods to those where localization is increasingly inevitable. Concurrently, the government plays an increasingly clear and assertive role and leadership and formally adopts a cluster approach to improve planning and efficiency of humanitarian response. This scoping study seeks to describe the humanitarian system in Indonesia to, subsequently, assess its effectiveness in implementing an inclusive approach, including in the context of changes caused by the pandemic, and its implications on the protection, needs fulfillment and participation of vulnerable groups. This study is intended to be an input in the preparation of the YEU program and also serve as a basis for encouraging improvements to a more inclusive emergency response system. This study uses a combined qualitative methodology. The sample was determined purposively. Data collection used Desk Review, In Depth Interview, and FGD techniques. The results of the study focus on the landscape of Indonesia's humanitarian system, the effectiveness of integrating aspects of inclusion, and innovation and opportunities for improvement. Study recommendations based on the Inclusion Charter (Inclusion Charter, Disaggregated Data, Availability of Resources, Inclusive Capacity, Inclusive Coordination) on the parts of the government, vulnerable group organizations and civil society organizations that need to be considered when improving an inclusive humanitarian system in Indonesia.

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*Keywords: Landscape, System, Humanitarian, Inclusion, Innovation*


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## Operational Definition and Abbreviations

The terms and abbreviations used in this scope study are as follows:

- **APBD** is the Local Revenue and Expenditure BUdget
- **APBN** is the National Revenue and Expenditure Budget
- **ASEAN** is the Association of Southeast Asian Nations
- **BPBD** is the Local Disaster Management Agency
- **BNPB** is the National Disaster Management Agency
- **Caregiver** are adults and children of all genders who provide support to people who need it and their support is often unpaid.
- **CBM International** is Christofel Blindon Mission International
- **DIFAGANA** is Difabel Siaga Bencana (Disaster Prepared Disabled Organisation)
- **DIY** is Yogyakarta Special Region
- **DP3AP2** is the Office for the Women Empowerment, Child Protection and Population Control
- **DPRD** is the Local People's Representative Council
- **DTKS** is Social Welfare Integrated Data
- **FGD** is Focussed Group Discussion
- **Barriers** are all factors that hinder a person or group to fully participate and be capacitated in all aspects of society, especially in the humanitarian system in disaster preparedness and emergency.
- **HFI** is Humanitarian Forum Indonesia
- **HI** is Humanity Inclusion
- **Inclusion** is a rights-based approach to community programming, which aims to ensure vulnerable groups have equal access to basic services and a voice in service development and implementation. At the same time, mainstream organizations must make special efforts to overcome and remove barriers.
- **INGO** is an International Non Government Organization
- **JBI** is a Sign Language Interpreter
- **JSLU** is Social Security for the Elderly
- **KBG** is Gender-Based Violence
- **Vulnerability** is a condition that is determined by physical, social, economic and environmental factors or processes that increase the vulnerability of individuals, communities, assets or systems to impacts of danger.

- **Vulnerable groups** are the part of society that is most affected if a crisis situation occurs. Based on the Standard Humanitarian Inclusion, individual factors such as age, gender, disability and legal or health status can limit access to assistance<sup>1</sup>. Based on these considerations, therefore, vulnerable groups in this study specifically refer to the group more-at-risk consisting of persons with disabilities, the elderly and other risk groups (which include gender, age and other risk groups).
- **Klasnas PP** is the Displacement and Protection Cluster
- **Inclusive humanitarian landscapes** are an overall picture of the ecosystem in the humanitarian sector that applies the principle of inclusion in its activities, especially in dealing with situations of disaster preparedness and emergency.
- **LDP** is a Basic Psychosocial Service
- **LSM** is a Non-Governmental Organization
- **MDMC** is a Muhammadiyah Disaster Management Center
- **Musrenbang** is Development Planning Assembly
- **NGO** is a Non-Government Organization
- **NTT** is East Nusa Tenggara
- **OPD** is a Local Apparatus Organisation
- **CSOs / NGOs** or stands for Civil Society Organizations / Non-Governmental Organizations is a non-governmental organization that operates in the social sector and is institutionally independent and / or not under state organs.
- **Vulnerable group organizations** are non-governmental organizations where the majority of the structural decision makers and membership are vulnerable persons. Vulnerable group organizations in this study refer to organizations of groups of persons with disabilities, organizations of elderly groups, organizations of other vulnerable persons .
- **PB** is Disaster Management which means a series of efforts which include the establishment of development policies preventing the occurrence of disasters, measures for disaster prevention, emergency response, and rehabilitation.
- **PBB** is the United Nations
- **PERKA BNPB** is the Regulation of the Head of the National Disaster Management Agency
- **PRB** is Disaster Risk Reduction
- **PSBB** is Large-Scale Social Restrictions

- 
- **RPJMN** is a national medium-term development plan.
  - **RPJMD** is a Local Medium-term Development Plan.
  - **RT** is Rukun Tetangga
  - **RW** is Rukun Warga
  - **SEJAJAR** is Secretariat of CSOs/NGOS Network-of-Networks
  - **SDM** is Human Resources
  - **SKPD** is the Local Line Services Unit
  - **SLB** School for children with special needs
  - **SOP** is Operational Standards and Procedures The
  - **LDR Subklaster** is a Subklaster of protection for the elderly, people with disabilities and other Vulnerable groups.
  - **UU PB** is Law on Disaster Management
  - **ULD** is Service Unit for the Disabled
  - **WASH** is Water Sanitation and Hygiene
  - **WGQ** is Washington Group Question
  - **YEU** is Yakkum Emergency Unit



## **Inclusive Humanitarian System and Landscape in Indonesia**

### SCOPING STUDY FINAL REPORT

## **EXECUTIVE SUMMARY**


This scoping study describes the present humanitarian system in Indonesia and how this system adapts to various global reform contexts including localization, the Cluster approach, and the Covid-19 Pandemic and its implications for the protection, basic needs fulfilment of the vulnerable groups.

Using a mixed methodology involving respondents among vulnerable people and groups, government and humanitarian actors, this study will enrich this understanding with community consultations in order to promote innovation in encouraging the active involvement of vulnerable groups, especially in disaster preparedness and response. This study is also intended to be an input in the preparation of the YEU program and, at the same time, to serve as a basis for promoting improvements towards a more inclusive emergency response system.

As a starting point for a scoping study, the global humanitarian system landscape is undergoing major changes with the World Humanitarian Summit and Grand Bargain in 2016 experiencing another panic due to the COVID-19 pandemic. There are policy gaps to explicitly regulate inclusion in the humanitarian sector. The humanitarian system does not clearly and firmly establish specific considerations on the inclusion. Opportunities to promote inclusive preparedness and humanitarian response depend on the ability of governments and service providers to enter into agreements with vulnerable groups and regularly review these commitments. Vulnerable people need to be involved in leadership positions and in the policy formulation process; train staff and employees in dealing and intervening with vulnerable groups; and provide to the extent possible humanitarian building and facility with the principles of universal design.

In Indonesia, the humanitarian landscape has gone through several major changes, starting from the 2004 Aceh tsunami response which was dominated by international actors, the Central Sulawesi disaster response in 2018 where the government restricted the arrival of international humanitarian actors, and most






recently the Covid-19 pandemic which changed the authority and interactions among the government, humanitarian actors, and affected communities. The humanitarian landscape in Indonesia has come a long way with the enactment of the UUPB, the more maturing implementation of disaster management (PB), and the more advanced and developing civil society movement including organizations and networks of vulnerable groups.

The humanitarian system is currently experiencing a deep and widespread crisis as a result of the Covid-19 pandemic, where vulnerable people who are affected by disasters must bear double risks while also bearing the negative consequences in terms of increased poverty and unemployment, as well as deterioration of welfare and health. On the positive side, this pandemic brings opportunities to use information technology that allows vulnerable groups to interact, coordinate, and contribute to preparedness and humanitarian response.

In order to assess the effectiveness of the humanitarian system related to the inclusion of vulnerable groups, this study uses the pillars of the Inclusion Charter to arrive at an understanding of inclusion opportunities and barriers.

In terms of participation, it is recognized that vulnerable groups are increasingly involved in preparedness and humanitarian response. The challenge is that this involvement is mostly still limited to the presence of the beneficiary, and not yet in the full capacity of stakeholders who truly voice their special needs, aspirations, and contributions in a substantively and broad manner. Barriers from the environment, facilities and mobility still hinder the participation of vulnerable groups. In addition, there are attitudinal barriers in the form of stereotypes and stigma, as well as institutional and procedural barriers that hinder the opportunities for participation of vulnerable groups.


The disaggregated data aspect has been broadly applied to various aspects of disaster and humanitarian response. This practice still leaves room for further development. Apart from the need to continue to advocate for the importance of disaggregated data as the basis for inclusive programming, it is also necessary to develop adequate methods, tools and competencies to integrate disaggregated data based on sex, age and disability in various emergency and humanitarian data collection schemes.



Regarding resources for inclusive preparedness and humanitarian response, there have been many sources of funding and support channels from government, donors, and NGOs and communities. Many provisions of the law regulating the allocation of funds implicitly or explicitly target the inclusion of vulnerable groups in preparedness, response and recovery from humanitarian emergencies. There is the need for sustained assistance to local governments to understand and translate plans and budgets related to inclusion into budget arrangements and allocations in their respective localities. At the same time, it is also necessary to mobilize complementary resources from a wider range of stakeholders.

One of the gaps that is quite concerning is the capacity aspect. Although in general the principles and regulations, policies and technical guidelines for inclusion related to vulnerable groups have been understood and accepted, their implementation in the field is often constrained by limited capacity. Not all government officials, NGO managers, and humanitarian workers have the knowledge and skills to develop and implement inclusive programs. In general, preparedness and humanitarian response still focus on meeting the general needs, protection and participation of affected communities. There are still gaps in references and good practices regarding how to develop and implement programs that respond to general needs, but in such a way, also fulfill inclusion principles. It should also be recognized that the limited capacity among vulnerable people is itself a part of the gap that must be addressed urgently.

On the coordination side, the LDR Subklaster as part of Klasnas PP is an important vehicle in which vulnerable group organizations and advocacy NGOs, in collaboration with the government, encourage the integration of the principles and substance of inclusion into all clusters and their apparatus. One aspect that can be improved is how the LDR Subklaster can be accessed more easily and more widely by the government, humanitarian actors and organizations of vulnerable groups themselves from localities and sectors. This is a challenge in itself considering that clusters generally only exist at the national level, and localities only establish them when there is a large enough emergency. So it becomes important for Klasnas PP and the LDR Subklaster to encourage local level social service offices to become more active and build partnerships with local humanitarian actors, especially organizations of vulnerable groups in the localities.




The attainment of an ideal condition for the inclusion of vulnerable groups in preparedness and humanitarian response in Indonesia, as also true elsewhere, is faced with various obstacles and hindrances.

The physical conditions of the natural and artificial environment, information and communication, transportation, and facilities that fail to take into account the special needs and potentials of vulnerable groups can, intentionally or otherwise, become barriers to inclusion. Infrastructure, spatial planning and facilities, and services need to be arranged in such a way as to facilitate and not hinder their mobility to access humanitarian facilities and services. Likewise, the choice of communication methods, information and technology needs to be adapted to the potentials and limitations of vulnerable people, because they do not have the flexibility to choose options as the general community does. Digital technologies such as android, which are cheap and feature-rich, are attractive options for expanding the opportunities for inclusion of a large number of vulnerable groups.

Nearly classic barriers are attitudes, stereotypes, and stigma. The wrong view that vulnerable people are powerless causes them to be viewed as objects and not to be fully involved. Such discriminatory attitudes on the part of government officials, humanitarian actors, and families and communities can lead to negative treatment of vulnerable people. Sadly, attitudes like these can accumulate and form a negative self-image on the part of vulnerable people themselves and cause them to withdraw further from voicing aspirations or contributing to humanitarian activities.

Other barriers to inclusion are regulations, policies and procedures that unconsciously lead to discrimination, further marginalization and limit the inclusion of vulnerable groups. There is a need for some sort of audit of regulations that have the potential to hinder inclusion and, from the findings, explore solutions that can be considered without incurring excessive costs or additional resources.

Indonesia is certainly not the only country that deals with the issue of inclusion of vulnerable groups in the humanitarian realm. At the global level, innovative practices have been accumulated from various parts of the world. At home, efforts have been made to overcome barriers to inclusion and promote practices that fully involve vulnerable groups. In time, this collection of practices needs to be filtered




and tested to become innovative good practices and become role models for promoting inclusive practices in preparedness and humanitarian response. More importantly, the potential of these good practices only becomes useful when governments and service providers are willing to agree to involve vulnerable people not only as participants and beneficiaries, but also in leadership positions in the processes of policy formulation, planning, implementation and assessment of inclusive humanitarian programs.

Based on an analysis of the global humanitarian landscape and in Indonesia, as well as findings from the assessment and consultation, several recommendations were prepared that could be used as a basis for program development and, at the same time, as input for strengthening momentum in the consolidation of the organization of vulnerable groups as a reliable sub-sector in the field of preparedness and humanitarian response in Indonesia.

The government needs to leverage existing regulations and create new regulations that promote inclusion at both the national, local, and sector levels. In addition, it is also necessary to improve mechanisms and procedures for disaggregated data collection, inclusive planning, and implementation of programs that accommodate the roles and needs of vulnerable groups; and avoiding the scope for such regulations to hinder inclusion. Government provisions regarding the establishment of an inclusive service unit in BPBD, accompanied by the appointment of an office-in-charge, need to be fully supported by cooperation and coordination, capacity building and provision of adequate resources. Thus, the agenda for the inclusion of vulnerable groups can become an inseparable part of local analysis, planning and budgeting and, in time, into inclusive preparedness and humanitarian response.

The presence of NGOs, civil society organizations and local, national and international networks is an important element that promotes the principles and practices of the inclusion of vulnerable groups in preparedness and humanitarian response. It is important for them to understand the policies and working mechanisms of the government related to inclusion, and complement such an understanding with the life realities of vulnerable groups, to formulate complementary advocacy strategies, road maps and programs. Their international network also needs to be leveraged to expand access to principles, good practices



and technical assistance as well as the potential for capacity building in various aspects of inclusion. As independent actors, civil society and its networks need to stand as watchdogs who are always ready to provide feedback, provide advice, and when necessary, hold the government accountable regarding their mandate and commitment in meeting inclusion requirements and standards. Thus, clear strategies and steps are needed to promote universal design principles, the Inclusion Charter, and Sphere standards and so on, and help translate them into technical guidelines that can be applied in the field.

In the end, vulnerable groups are the key to the inclusion practices. Vulnerable group organizations as actors as well as beneficiaries need to assess and conduct inventory of the capacities and gaps of various categories of vulnerable groups. The results of this assessment serve as evidence and substance for vulnerable group organizations in ensuring the fulfillment of their needs and rights to protection. Efforts to ensure the implementation of inclusive disaster management cannot be separated from the strategic planning of vulnerable group organizations related to advocacy for fulfilling the needs of strengthening the capacity of vulnerable people and their funders. The agenda for the preparation and implementation of funding advocacy for inclusive disaster management needs to be hastened by synergizing with government programs and voicing aspirations through DPRD Commission D (development and welfare). Finally, in terms of implementation, coordination needs to be ensured and involves organizations of vulnerable groups. Utilization of the Perka BNPB as a legal basis is needed to ensure the involvement of vulnerable groups in the disaster management system; vulnerable group organizations can then request the BNPB' Volunteer Desk to form a special division on inclusion to accommodate volunteer networks among members of vulnerable groups and to include representatives of vulnerable group organizations in the LDR Subklaster coordination system at all levels. It is hoped that such measures can strengthen the awareness on the need for the inclusion of vulnerable groups, as well as form and strengthen their networks down to the grassroots level.

# Systems and Landscape Humanitarian Inclusive in Indonesia

## SCOPING STUDY FINAL REPORT

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# Inclusive Humanitarian System and Landscape in Indonesia

FINAL REPORT SCOPE STUDY

## I. INTRODUCTION

### A. Background

This Scoping Study describes the current humanitarian system in Indonesia and how it adapts to various global contexts including localization, the Cluster approach, and the Covid-19 Pandemic and its implications for the protection and basic needs of vulnerable groups.

This study conducts community consultations to increase innovation in encouraging active involvement of vulnerable groups, especially in disaster emergency preparedness and response.

As a backdrop, the humanitarian landscape has changed over the past 10 years and the pandemic is forcing humanitarian actors to adapt their ways of working where localization is increasingly inevitable. At the same time, the government plays an increasingly clear and assertive role and leadership and formally adopts a cluster approach to improve planning and efficiency of humanitarian response.

Based on these findings, practical recommendations were made to stakeholders to pursue an effective and inclusive humanitarian response with a localisation nuance.

### B. The Study

#### *a. Aims*

This Scoping Study seeks to describe the humanitarian system in Indonesia to then assess its effectiveness in applying an inclusive approach, including in the context of changes caused by the pandemic, and its implications for the protection, needs fulfillment and participation of vulnerable groups. This study is also intended to be an input in the preparation of the YEU

program and as well as to serve as a basis for encouraging improvements towards a more inclusive emergency response system.

***b. Specific objectives***

1. Map the humanitarian system;
2. Assess the effectiveness of the humanitarian system;
3. Identify barriers to active participation; and
4. Draw lessons from innovations and project future opportunities.

***c. Output***

1. General description of the humanitarian system and aspects of inclusion;
2. Gaps in inclusion at the policy and practice levels.
3. Good practices regarding inclusion and future opportunities.

***d. Scope and Limitations***

This study targets vulnerable groups as an agreed category without prejudice to the rich nuances of the various vulnerabilities described in the operational definition. To the extent possible, information is analyzed and conclusions applied to the vulnerable groups as a whole.

It is understood that as a scoping study, its output is preliminary in nature and will require both longitudinal and expanded studies in later phases.

***e. Methodology***

This study uses a combined qualitative approach as follows:


1. Sampling

Samples were determined *purposely*, respondents were deliberately selected and agreed upon based on their involvement in the humanitarian system, government representation, local / international NGOs, and vulnerable group organizations, with a gender balance.

2. Data Collection Data

collection was carried out using the following techniques:

- a. *Desk Review*: analysis of reports and other references
- b. *In Depth Interview*: in-depth interviews with key informants whose list can be seen in Appendix 2. List of Informants.

- 
- c. *Focused Group Discussion* (FGD): further data mining with informants, conducted online by involving a Sign Language Interpreter (JBI). Details of informants can be seen in Appendix 2.

Interim findings were consulted with stakeholders and YEU in a workshop, the results of which were integrated into the final report.

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## II. LITERATURE REVIEW

### A. Humanitarian System Landscape

The humanitarian system landscape is undergoing major changes with the 2016 World Humanitarian Summit. At that time, the crisis was getting worse and more frequent, the number of peoples in need of humanitarian assistance was very large and would multiply; resources are limited and the need for funding per year has more than doubled, but the supply of funds is insufficient<sup>2</sup>. The summit resulted in commitments including the Grand Bargain which emphasized the determination not to leave no one behind and to invest in humanity<sup>3</sup>.

The COVID-19 pandemic has not only changed, it even reshuffled, the human landscape<sup>4</sup>. The international humanitarian sector including many international NGOs was badly shaken and some of them had to go out of business causing significant uncertainty for the next few years and local actors with all their limitations were forced to become front-line responders.

#### *a. Humanitarian System, Its Scope and Structure*

The humanitarian system is a complex, interconnected, open and adaptive ecosystem that aims to provide assistance and protection for crisis-affected communities in a country. Actors have common goals and general principles, but they are independent, interconnected and interact with external elements in configurations and roles that vary according to context<sup>5</sup>.

Humanitarian actors are national and local government agencies, affected communities, local, national and international CSOs / NGOs as well as UN humanitarian organizations, the Red Cross and Red Crescent Movement, and donor agencies. They are influenced by other actors who are independent and perhaps their main objective is not humanitarian, such as elements of the military and national defense, development actors, the private sector, non-humanitarian NGOs, mass media and elements of academia<sup>6</sup>. Recently, 'non-traditional' actors from the regional level have emerged, such as ASEAN, international institutions such as the World Bank, the private sector,

international NGOs, NGOs from the global south, government NGOs, and religious and academic groups.

Table 1. Categories of Humanitarian Actors Humanitarian

| Organizations   | Important Contributors   | Forces   |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Government</li> <li>• Organizations International Non-Governmental Organizations (INGO)</li> <li>• Local Non-Governmental Organizations (NGOs)</li> <li>• Red Cross</li> </ul> | <ul style="list-style-type: none"> <li>• Local population / groups</li> <li>• Research students</li> <li>• companies</li> <li>• Media</li> <li>• Donor</li> <li>• Religious Communities</li> </ul> | <ul style="list-style-type: none"> <li>• Soldiers</li> <li>• Police</li> </ul> |

### ***b. Inclusive Humanitarian Response of Vulnerable Groups***

Vulnerable groups<sup>7</sup> are people whose access to fulfillment of basic needs and protection has limited access under normal circumstances and to participate in life. In an emergency, they are more vulnerable due to their lack of access to surveillance, early warning and service systems. The most vulnerable groups include:

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• children,</li> <li>• persons with disabilities,</li> <li>• women and girls,</li> <li>• pregnant woman,</li> <li>• people living with HIV / AIDS,</li> <li>• survivors of gender based violence,</li> </ul> | <ul style="list-style-type: none"> <li>• IDPs and refugees,</li> <li>• elderly,</li> <li>• people who are living in humanitarian emergencies,</li> <li>• people with pre-existing health conditions;</li> <li>• ethnic minorities,</li> <li>• minority sexual orientation</li> </ul> |
|---|--|

The inclusion of vulnerable groups in preparedness and humanitarian response rests on the premise that everyone can be affected by an emergency, but due to various barriers vulnerable people face a higher risk and are disproportionately affected. The UN Secretary General stated that vulnerable groups who often suffer from physical, mental and mobility limitations, social stigmatization and exclusion, are among the most marginalized. Without targeted national and international efforts, they will continue to have difficulty accessing services and risk harassment, injury and death in conflicts and disasters<sup>8</sup>. This occurs in the absence of an inclusive perspective in humanitarian action<sup>9</sup>.

The humanitarian agenda also include a commitment to collect data and conduct comprehensive analysis to identify, prioritize and monitor the fulfillment of the needs and protection of vulnerable groups towards achieving

the SDGs; implementing inclusive national development strategies, economic and social laws, policies and programs as well as safety nets with a special focus on protecting and respecting the rights of vulnerable groups.

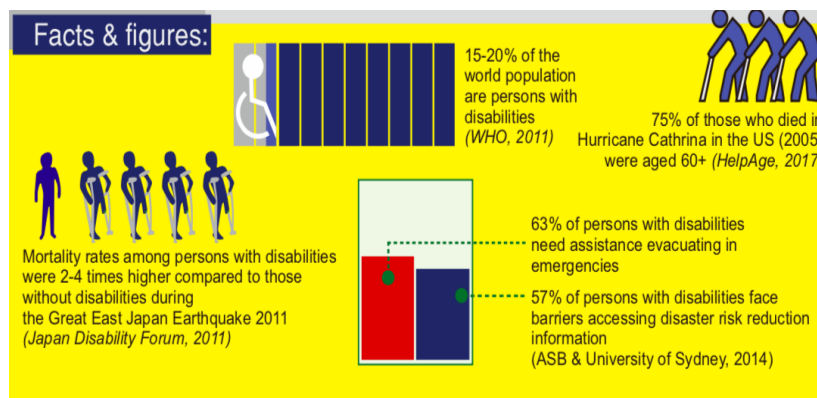


Figure 1. Infographics of the facts on the condition of disabilities from ASB-Inclusion in Humanitarian Action

Inclusion as humanitarian action is taken to ensure the fulfillment of the right to information, protection and assistance for all people affected by the crisis, regardless of age, sex and gender identity, disability status, nationality, or ethnicity, religion or social origin or identity<sup>10</sup>. Inclusive humanitarian action focuses on identifying and removing barriers so that they can participate equally with others in decision-making and enjoy the benefits of humanitarian action.

One of the inclusive responses is inclusive Disaster Risk Reduction (DRR)<sup>11</sup>, which is to reduce vulnerability and to increase capacity to reduce risk, prioritize safety and uphold dignity, by overcoming barriers and involving them meaningfully at all stages.

- Parallel paths: involving vulnerable groups while also meeting their specific needs and priorities;
- Multisectoral cooperation: forming groups between institutions including vulnerable groups in policy making and implementation of Inclusive DRR.
- Community approach: engaging stakeholder networks and government to increase understanding of inclusion;
- Strengthening capacity: ensuring awareness of the rights of vulnerable groups, knowledge and skills to become actors of inclusive DRR

- e. Community education and education: fighting stigma and discrimination and disseminating Inclusive DRR through mass media and social media.
- f. Data collection: enhanced disaggregated data using tools such as the Washington Group Questions to form the basis of policies and programs
- g. Access improvement: application of standards on accessibility including the physical environment, information and knowledge, as well as preparedness and response activities.

A basic document related to the inclusion of vulnerable groups is the Inclusion Charter<sup>12</sup> which contains five steps for humanitarian assistance to reach vulnerable groups. The Sphere Project states that those affected by disaster or conflict have the right to live in dignity and, therefore, the community has an obligation to help; all possible steps should be taken to address problems related to human suffering arising from disaster or conflict<sup>13</sup>.

***c. Implications of the Pandemic for Inclusive Preparedness and Response***

In the context of Covid-19, vulnerable people who are also affected by disasters must bear double risks, for example in cases of refusal of health care for conditions related to COVID-19, neglect and abuse of care facilities, and in the general context, an increase poverty and unemployment, the dramatic impact on mental health and well-being and the trauma of stigma and discrimination<sup>14</sup>. On the positive side, social restrictions open up opportunities for the use of information and communication technology that allows vulnerable people to communicate and coordinate, including to contribute to assessing and mapping the needs and problems of vulnerable groups.

This potential, however, remains latent or potential as long as it is not realized in the form of policies, mechanisms and programs that favor vulnerable groups. These efforts can take the form of recommendations, which are modified for vulnerable groups, as follows<sup>15</sup>.

- a. Formulate a legal umbrella for handling and involving vulnerable groups.
- b. Strengthening multi stakeholder coordination.
- c. Conduct a comprehensive audit of the suitability and accessibility of public facilities and infrastructure from the perspective of vulnerable groups.

- d. Prepare temporary shelter according to needs and vulnerabilities.
- e. Formulate the worst-case scenario for the protection of vulnerable groups in the event of a major natural disaster in the context of the COVID-19 pandemic.
- f. Equip first-line and frontline service providers who support, mentor and serve vulnerable groups.

## B. Inclusion Innovations in the Humanitarian System

CBM International<sup>16</sup> documented innovations related to inclusion referring to the Sendai framework for Disaster Risk Reduction<sup>17</sup> and the *Inclusion Charter* in various stages in responding to various vulnerabilities and reaching the most marginalized communities.

Table 2. Examples of Good Practice Innovations in Humanitarian Systems in the World

| Examples of Inclusive Humanitarian Response Innovations <sup>18</sup>  | 5 Aspects of Innovation   |
|--|---|
| Acting as informants and humanitarian actors as well as cross-sector cooperation   | Aspect 1: Participation   |
| <ul style="list-style-type: none"> <li>• Collaboration with organizations of persons with disabilities in the first phase of emergencies during natural disasters (Nepal)</li> <li>• Combine health and housing programs with DRR to increase resilience and participation of persons with disabilities (Philippines)</li> <li>• Resource Collection on Accessibility Reconstruction for universal design 45 in post-earthquake scenarios (Nepal)</li> </ul> | Systematically engage with all affected people, including the most marginalized, to provide participation and meaningful consultation to ensure that their views are reflected in all aspects of the response including assessment, design, delivery and evaluation monitoring. |
| Collection and use of disaggregated data in humanitarian response  | Aspect 2: Data collection   |
| <ul style="list-style-type: none"> <li>• application of the Washington Group Question (WGQ) (Vanuatu)</li> <li>• Assessment of the situation of internally displaced persons with various disabilities on civil protection sites (South Sudan)</li> <li>• Vulnerable group organizations carry out rapid need assessment in responding to cyclone disasters using WGQs (Tonga)</li> </ul>  | Collect, fully disaggregate, and use data for various population groups as compelling evidence of designing, revising, and learning from programs that reflect and suit people and identify needs.  |
| Influencing resource management and mobilization to be inclusive   | Aspect 3: Funding and Resources   |
| <ul style="list-style-type: none"> <li>• Design of an inclusive refugee camp for people with disabilities (Haiti)</li> <li>• Mainstreaming disabilities in fundraising in DRC</li> <li>• Evidence-based advocacy on disabilities as input for humanitarian response planning and donor presentations (Myanmar)</li> </ul>  | Works with donors to ensure funding is appropriate to the scale of need and is allocated impartially according to different needs.  |
| Capacity building according to the level of humanitarian actors  | Aspect 4: Capacity  |
| <ul style="list-style-type: none"> <li>• Building capacity with disaster response drills addressing inclusion of persons with disabilities through simulations (English)</li> <li>• Capacity building of disabled organizations with Red Cross staff in disaster risk reduction and first aid training (Philippines)</li> <li>• Partnering with local communities for DRR inclusive (Bangladesh)</li> </ul>  | Contributes to developing and maintaining the knowledge and skills of humanitarian actors so that they are able to identify the needs of marginalized communities and provide appropriate and accessible assistance.  |
| Influencing coordination mechanisms for advocacy on inclusive issues   | Aspect 5: Coordination  |



- Organizations of persons with disabilities coordinate assessment and design of inclusive displacement (Haiti)
- Overcoming barriers of vulnerable groups through development of mobile applications for humanity. (Bangladesh and Kenya)
- Multidisciplinary inclusive services in refugee camps (Bangladesh)

Work with those responsible for humanitarian coordination to ensure that coordination mechanisms ensure the needs of all affected people, including the most marginalized, are met.

In Indonesia, 14 city governments signed the Charter of the Network of Indonesian Mayors towards Inclusive Cities committing to eliminate discrimination against persons with disabilities and gender issues in planning and budgeting<sup>19</sup>. On the practical side, YEU and ACT-Alliance<sup>20</sup> compiled various PB guidelines that pay attention to vulnerable groups which underline that the needs of each person are different so that humanitarian services and actions need to consider specific needs that cannot be generalized.


### C. Opportunities Related to Inclusive Humanity

The humanitarian landscape of the future is determined by several things, namely (1) inequality that deepens spaces of vulnerability; (2) a prolonged crisis due to the erosion of humanitarian principles; (3) environmental degradation and climate change; (4) erosion of the international humanitarianism; (5) infectious diseases that are difficult to control; (6) ethical gaps and the rapid development of technology<sup>21</sup>. The human landscape is also defined by the strengthening of local activism; removal of vertical suppression structures; reduction in the scope of the aid sector; conflict prevention; and strengthening in anticipation of crises<sup>22</sup>.

Challenges faced in the humanitarian landscape include:

- a. Complexity due to the expansion of the humanitarian realm towards risk reduction, strengthening resilience causing complex dynamics of relationships between international, national and local organizations (Bourns and Alexander)<sup>23</sup>.
- b. Complicated coordination due to the proliferation of humanitarian actors who also demand domain and role negotiations between them and the government.
- c. Humanitarian actors are required to negotiate more frequently with the armed forces, gaps between central and local governments, and horizontal tensions between beneficiaries and humanitarian actors.

Opportunities for inclusion depend on the ability of governments and service providers to make deals with vulnerable groups. Vulnerable people need to be



involved in leadership positions and in the policy formulation process; train staff in dealing with vulnerable groups; and application of universal design principles<sup>24</sup>.

### III. INDONESIAN HUMANITARIAN SYSTEM LANDSCAPE

#### A. Dynamics of Inclusion in the Humanitarian System Landscape

In Indonesia, the humanitarian landscape transcends several milestones. The Central Sulawesi disaster response in 2018, where the government restricted the arrival of foreign humanitarian actors so that national and local actors played an increasingly role<sup>25</sup>, the 2004 Aceh tsunami response which was dominated by international actors who ignored national and local priorities; and finally, the COVID-19 pandemic which completely changes the configuration of interactions between the government, humanitarian actors and affected communities. DM Law No. 24 of 2007 which is driven by civil society encourages a more effective, accountable, sustainable and comprehensive humanitarian system<sup>26</sup>. The implementation of the Cluster approach<sup>27</sup> by the government which is led by central ministries / agencies while international agencies become partners.

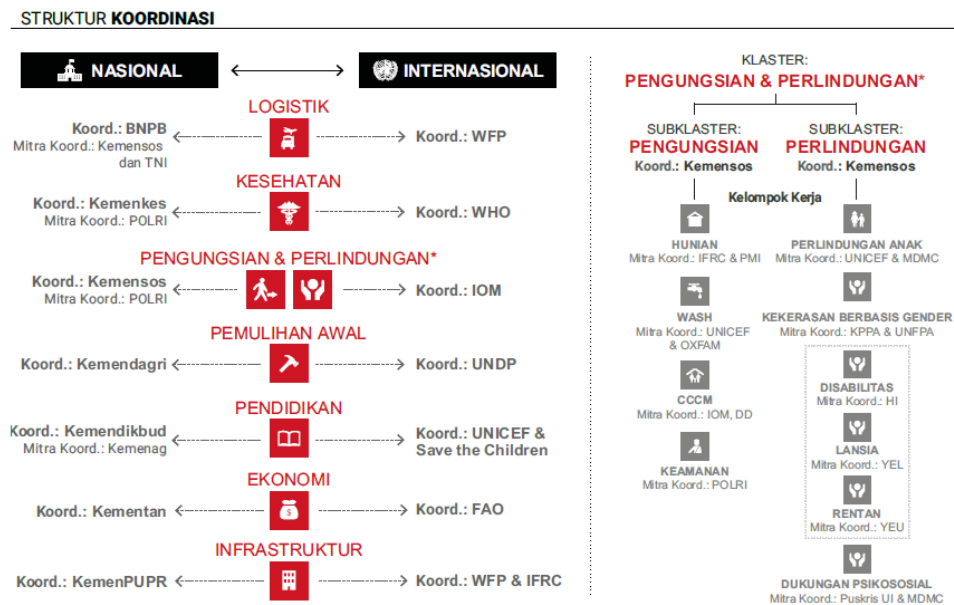


Figure 2. Coordination Structure Diagram for Collective Communication and Community Engagement (CCE) Approach

Note: World Food and Agriculture Organization (FAO), National Police of the Republic of Indonesia (POLRI), Ministry of Agriculture (Kementan), Ministry of Education and Culture (Kemendikbud), Ministry of Health (Kemenkes), Ministry of Home Affairs (Kemendagri), Ministry of Public Works and Public Housing (KemenPUPR), Ministry of Religion (Kemenag), Ministry of Social Affairs (Kemensos), National Disaster Management Agency (BNPB), United

Development Program Nations (UNDP), World Food Program (WFP), World Health Organization (WHO), International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Children's Fund (UNICEF), International Organization for Migration (IOM)

## B. Aspects Inclusion in the Policy Framework

Indonesia is one of the most disaster resilient countries<sup>28</sup>. BNPB regularly compiles Indonesia's Disaster Risk Index on the vulnerability of each province<sup>29</sup>. The paradigm has shifted from responsive to preventive and integrated with the sustainable development agenda<sup>30</sup>. Meanwhile COVID-19 triggers or exacerbates existing humanitarian crises and tests humanitarian systems and principles<sup>31</sup>.

In terms of legislation, inclusion, fulfillment and protection of vulnerable groups is guaranteed by the 1945 Constitution, descended to the DM Law Number 24 of 2007, which stipulates that DM is implemented based on capacity and needs without discrimination and ensures that vulnerable people are not neglected or deprived of their right to be actively involved and their rights to access assistance and protection. It is also the obligation of the Government to take steps towards inclusion<sup>32</sup>.

Law Number 19 of 2011 concerning Ratification of the Convention on the Rights of Persons with Disabilities (2006) and Law Number 8 of 2016 concerning Persons with Disabilities are important milestones for self sufficiency, including in matters of humanity, based on: dignity; autonomy; without discrimination; full participation; equality; accessibility; inclusive; preferential treatment and protection as well as giving priority to service provision and provision of access to information<sup>33</sup>.

Law No.13 of 1998 concerning the Elderly guarantees the wellbeing, social protection, social assistance, and empowerment of the elderly in all conditions by taking into account the respect and wellbeing of the elderly<sup>34</sup>. On the social welfare side, protection and fulfillment of the rights of vulnerable groups are part of the implementation of social welfare which includes social rehabilitation, social security, social empowerment and social protection<sup>35</sup>.

DM systems and capacities in Indonesia have also matured with CSOs increasingly organized in networks such as HFI, MDMC, and so on, inter-network alliances such as SEJAJAR and the Indonesian Humanitarian-Development Alliance, and faith-based funding agencies. Some disaster-prone areas have begun to understand the issue of inclusion, such as the Province of Yogyakarta, where the

Local Social Service Office established the Disability Preparedness for Disasters (DIFAGANA).

**a. Challenges in Implementing Regulations and Policies related to Inclusion**

The existence of legislation has not guaranteed implementation. Less than half of the 514 districts / cities in Indonesia have regulations on inclusive DM<sup>36</sup>.

*"There are several localities that have policies, such as in DIY and several districts and cities, but only in areas that have experienced major disasters"*<sup>37</sup>

Yogyakarta Province in 2010 issued Local Ordinance No. 8 on Disaster Management, and Local Ordinance No. 10 on Organization and Work Procedures of BPBD, which includes protection for persons with disabilities, the elderly, and vulnerable groups. The Province of NTT has also compiled a regional program that combines the involvement of vulnerable groups in grassroots organizations such as the PKK, prepared villages population, organizations and village governments.

This implementation issue is also related to the inclusion programs that are listed in the RPJMN but they do not always translate into the RPJMD.

*"Inclusion is not always included in the RPJMD, so there is no budget, and inclusion activities are carried out ad-hoc and arbitrarily and cannot be carried out in a sustainable manner."*<sup>38</sup>

In terms of human resources, local officials experience rapid and frequent changes so that the results of education on inclusion easily wear off. Meanwhile, on the vulnerable group side, there are many capacity weaknesses so that even though the program is structured, it cannot be fully implemented.

**b. The Role of Klasnas PPs and LDR Subclusters**

Since 2014 BNPB has adopted a modified cluster approach into the national government system. The clusters in the international humanitarian system that are led by various UN agencies and international NGOs, in Indonesia they are led by Ministries / Agencies while international actors become partners.

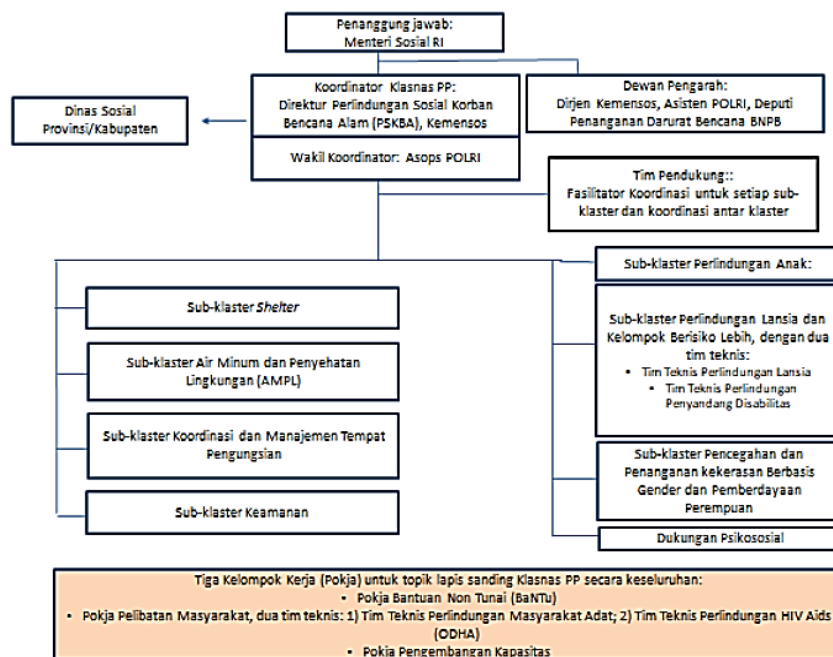


Figure 3. Diagram of Refugee and Protection Cluster Coordination Structure at the National Level The National

The Cluster of Displacement and Protection (Klasnas PP) under the leadership of the Ministry of Social Affairs and other Ministries / Agencies as members, is the structure, procedure manager and capacity. It contains the elderly, disabled and other vulnerable groups (LDR Subklaster). At local level, this Klasnas PP is led by the Local Social Service Offices. The Klasnas PP pays attention to various cross-cutting issues, such as gender equity; people with HIV / AIDS; mental health and psychosocial support; child protection; age and diversity; environment; law and justice; and; Gender based violence. The cluster has a Support Team which includes a Subklaster, a Working Group (pokja), and a Technical Team<sup>39</sup>.

The LDR Subklaster, which is a layer, *cross-cutting* provides technical assistance related to inclusion in all clusters<sup>40</sup>, however because it is located in the center, it is not easily accessed by the regions as widely as possible.

*"Klasnas PP has a complex and multisectoral structure, but not all of them have integrated principles, linkages, and quality care related to inclusion. Klasnas PP has not fully directed, influenced and supervised its members. Still a need to address gaps in capability collective mobilization"<sup>41</sup>*

## C. Barriers to Inclusion Agenda

One challenge is that not all clusters have a grand strategy, programs, or SOP, and at local level, Clusters are formed only when there is an emergency. The funding gap is also an important issue<sup>42</sup>.

However, some Local Governments have grown inclusion sensitivity. As in Yogyakarta Province, where the 2006 eruption of Merapi became a turning point in the awareness that vulnerable groups are not completely helpless and that they are social capital.

*"At the 2006 Merapi eruption, since the incident around Maghrib, it turns out that many vulnerable residents who cannot move, are lying on their beds, and others have fallen behind on top; meanwhile, we don't have the special evacuation tools and methods, and it' was forbidden to go up again. We had to play cat and mouse with the security guards until midnight to evacuate our vulnerable fellows. From there the embryo of DIFAGANA is formed"*<sup>43</sup>

This case reflects how an inclusive response emerges from the grassroots, and is nurtured into an initiative supported by the local government to become an example. Unfortunately, in many cases, the involvement of vulnerable people is still limited to being present without the intention to really involve their opinions in determining concepts or programs.

Barriers faced by vulnerable groups<sup>44</sup> are as follows:

### **a. Environmental Barriers**

Physical conditions of the natural and artificial environment, information and communication, transportation, and facilities can prevent access and opportunities to participate<sup>45</sup>.

Infrastructure, spatial planning and facilities, and services must be accessible to people of various categories. Vulnerable groups from various categories can be involved from the start in mapping needs, planning, and providing facilities and mobility in order to overcome barriers to participation.

*"... We wanted to attend the meeting, but the building is not accessible; we want to participate in organizing evacuation preparations, but the route is not wheelchair accessible. Vulnerable people and those who help them in emergencies need to be involved in turning assumptions into planning considerations."*<sup>46</sup>

This physical condition is important to ensure that everyone is served and can participate. The location of services that used to help can actually

hinder access for vulnerable people, as well as the placement of furniture, doors, windows and others. Overcoming these barriers is not always complicated and expensive, sometimes just needing some modification, layout or scheduling of usage<sup>47</sup>.

Vulnerable people have special hygiene and sanitation needs. From a health point of view, they require the availability of medicines that are suitable for their vulnerability, especially for those with chronic illnesses and people with disabilities, such as mental disabilities whose treatment should not be interrupted. Mobility is very important for persons with disabilities and the elderly.

*"A person with mental illness (ODGJ) has routine medication that must not be paused. The medicine is hard to get, and if you relapse in a refugee camp, it becomes difficult for many people."<sup>48</sup>*

Obstacles that are not well anticipated in the preparedness stage will become a problem at the emergency stage and get worse when there is no family companion or professional staff such as a doctor or *caregiver* to help ensure the availability of needs and solutions to the barriers.

Usually, government officials and humanitarian actors are still fixated on meeting the basic needs of the community in general, and have not factored the special needs of vulnerable groups. The important thing is how to meet the needs of the general community in such a way as to, at the same time, support the fulfillment of special needs.

#### ***b. Communication Barriers: Knowledge, Communication Media, and Technology***

Vulnerable groups' access to adequate information about disasters can be hampered by limited capacity, it can also be from the content of the information, or the media and its delivery format that do not consider *user experience*<sup>49</sup>.

*"Many signs are not conspicuous enough, are not cared for, and are hidden."<sup>50</sup>*

Methods of communication, distribution, acceptance and understanding need to be adapted to the limitations of vulnerable people; they do not have options for how to get their knowledge because not all can be accessed<sup>51</sup>. Digital technology such as android which is cheap and feature-rich can help



vulnerable groups. Availability of media, ownership of tools, and appropriate information packaging can be a savior of vulnerable people, accessibility of design, services and digital literacy is essential for the inclusion of a large number of vulnerable groups<sup>52</sup>.

**c. Attitude Barriers**

Government officials, policymakers, service providers, community members and even family members - in some cases even vulnerable people themselves - may have stereotypes and stigma that exclude them<sup>53</sup>. The mistaken view that vulnerable people are helpless causes them to be viewed as objects and not to be fully involved<sup>54</sup>. Discriminatory attitudes can lead to accumulated negative treatment, and form a negative self-image that makes them reluctant to voice or to contribute.<sup>55,56</sup>

Dull sensitivity to negative treatment from others can exacerbate dependence on others and lead to resignation and not against discrimination, exploitation, violence and violence. This is made worse when stereotypes, stigma, and negative treatment are carried out by trusted people, service providers, officials or caregivers<sup>57</sup>.


**d. Institutional Barriers**

Instead of helping, regulations, policies and procedures can lead to deliberate or unintended discrimination<sup>58</sup>. Even though many regulations on inclusion are not realistic enough, they limit inclusion.

*"... the evaluation of regulations and procedures does not involve vulnerable people, it is fitting that learning in emergency response cannot be used to overcome structural, institutional and procedural barriers, and the problem of anti-inclusion becomes recurring."<sup>59</sup>*

For example, the decision to give all elderly people a ration of soft biscuits and shower gel, even though almost no elderly in that location eat biscuits, and almost all the elderly are more comfortable using bar soap<sup>60</sup>. Such situations of institutional barriers can often be overcome through creative and innovative interpretations of deemed inhibiting regulations<sup>61</sup>.

Mainstreaming issues and principles of inclusion in humanitarian action requires a thorough review of regulations that have the potential to hinder



inclusion. The problem is, how to find a solution without having to incur excessive costs or additional resources on humanitarian organizations or the government?

The three barriers, environmental, attitudes, and institutions require resolution through approach *top-down* that ensures the implementation of a coordination scheme from the national level to the regional and sector levels, and *bottom-up* approach that brings the reality and perspectives of vulnerable groups at the grassroots to formulating policies that in favour of vulnerable groups in disaster preparedness and emergency.

## IV. EFFECTIVENESS OF INTEGRATING INCLUSION

Humanitarian crises will continue to occur. The government strives to continue to carry out its responsibilities, and humanitarian aid workers continue to work to face increasing challenges, and with relatively fewer resources to ensure the inclusion of vulnerable groups (Oxfam, 2015)<sup>62</sup>. The question is, to what extent is the humanitarian response system considered effective. It is not only effective in achieving humanitarian goals, but also accommodates the need for fulfillment and protection of basic rights and full participation of vulnerable groups. This section will review this matter by utilizing the five pillars in the Inclusion Charter<sup>63</sup>.

### A. Participation

To what extent has the humanitarian system accommodated the participation of vulnerable groups? From a formal legal perspective, there is already a legislation and regulatory framework related to the participation of vulnerable groups, this includes regulations governing the involvement of vulnerable groups in the disaster management process, and the formation of vulnerable group organizations. The problem is, the number of vulnerable groups that participate in disaster preparedness and response activities is still small. The vulnerable groups in society are still stashed by their families. So in the end, not all vulnerable groups are involved in preparedness and humanitarian response.

*"Vulnerable groups are seen as having no capacity<sup>64</sup>, they are considered as objects in disaster situations, they are considered to be given assistance but not to be involved<sup>65</sup>."*

The findings of this study confirm that membership in the vulnerable group organizations only includes activists who are the organizers of the organization, not the general membership in the organization. such as DIFAGANA, Paguyuban Elderly and DIY Children's Forum are still very limited. In numbers, most of these vulnerable people are in plain sight; in the sense that their existence in the community is still hidden, concealed, or sidelined. The potential for the participation of vulnerable groups has been hampered by administrative bureaucracy. When there are activities or programs, vulnerable people who do not have a residential identity cannot be included<sup>66</sup>. Even if they have participated,

vulnerable people feel hindered by gaps in their knowledge of policies related to their participation in disaster response due to their limited access to communication due to the unavailability of sign translators. In addition, the socialization of policies that encourage the involvement of disabilities has not yet reached the locales and has not yet covered all population<sup>67</sup>.

*"The involvement of persons with disabilities is still minimal. When a policy from above already exists, but it is not continued by the local government"*<sup>68</sup>

## B. Data

Humanitarian system data has accommodated the interests of vulnerable groups as a result of data collection and processing that have based on disaggregation. However, the challenges towards adequate disaggregated data remain wide. For example, so far data collection has only targeted disabilities who are categorized as poor, whereas data collection should be carried out for all vulnerable groups regardless of whether they are rich or poor. This makes sense because vulnerable people, poor or not, definitely both need safety in times of disaster, need services both in public and in private<sup>69</sup>.

Data collection indicators are not specific. Data collected from the smallest unit of the RT / RW should have dimensions such as logistics assistance for vulnerable people. The data should inform the assessment of needs. Data disaggregated by age, gender and disability can help determine specific needs according to diversity of vulnerabilities. For example, for wheelchairs, diapers, hand washing facilities, dietary diets, people with autism have food allergies, people with psychiatric problems need a room that is not too noisy<sup>70</sup>.

*"There is not yet a standard disaggregated data collection instrument to collect data on vulnerable groups related to vulnerability, special needs, and potential of each vulnerable person"*<sup>71</sup>

In addition, there is the issue of human resources who conduct data collection whose understanding of disabilities and vulnerable groups vary, and thus the data collected is inaccurate and not up-to-date<sup>72</sup>. Not all vulnerable persons are registered because of the lack of understanding of data officers. They sometimes think that only normal and productive people are to be registered. So it is not surprising that there are vulnerable people who have never been registered in their lifetime<sup>73</sup>.

Another problem is the disaggregation which results in the interests of vulnerable groups being neglected. The weakness in disaggregation interferes with access to assistance. From the RT, RW, to the Social Service Office, data on vulnerable people has not been updated for a long time. The identification is also not very clear, even those who are identified do not appear to be recorded properly<sup>74</sup>. One of the fundamental problems is the unavailability of disaggregated data in disaster-prone areas and thus BPBD cannot provide assistance and interventions according to the specificity of the disabilities<sup>75</sup>. For example, related to the needs of specific disabilities and vulnerable groups such as women, children and others. There is no updated database regarding the distribution of disabilities and data on their special needs<sup>76</sup>.

### C. Funding

To what extent does humanitarian system funding take into account the interests of vulnerable groups? The provisions of the law have explicitly stipulated funding for the inclusion of vulnerable groups. Several issues arise because vulnerable groups themselves are not involved in the planning and budgeting process. Persons with disabilities must be included in participation from the before to after stages, become key actors, so that they will know the needs of persons with disabilities for funding purposes<sup>77</sup>. Inclusive disaster management funding is the domain of APBD. So far, persons with disabilities have been less involved in the process of discussing funding. Supposedly, they are involved in the planning process<sup>78</sup>. Even if it is budgeted for, it is usually incomplete. For example, funding BPBDs should be sufficient to facilitate training for vulnerable groups<sup>79</sup>, however, in the end not much benefit of discussing funding when the government and humanitarian actors do not understand it, and they just said that the funds is limited<sup>80</sup>.

*"In NTT there is yet funding allocation to meet the needs of vulnerable groups, or to the development and strengthening program for vulnerable groups."<sup>81</sup>*

Likewise, in terms of funding during a disaster response or humanitarian response, special needs have not yet been considered in the allocation of funds. It can be said that the existing funding is still ineffective.

## D. Capacity

Is there a capacity-related activity program in the humanitarian system in relation to the protection and fulfillment of the needs of vulnerable groups? Inclusion also depends on the capacity of each actor, and ultimately the whole system.

So far, capacity building has been carried out by service providers to vulnerable groups. Some respondents reflected that the issue of capacity gaps must be addressed using area-based perspective. In certain localities, there is a need to enhance the capacities of humanitarian actors according to their levels; the governments should be provided the understanding regarding inclusion, protection and access, and partners both from within and without should support this by addressing the capacity gaps amongst humanitarian actors in the said locality.

Providing opportunities and assistance is a form of sustained capacity building for vulnerable groups / groups with disabilities that have received previous capacity building. Likewise, for service providers, it is also necessary to increase their capacity to better understand the provision of inclusive services.

*"Currently there has not been much capacity building for persons with disabilities, even though we need it to ensure that persons with disabilities can channel their respective capacities"<sup>82</sup>*

Vulnerable groups appreciate the government's efforts to organize programs / training for vulnerable groups, especially the elderly<sup>83</sup>. In NTT, for example, capacity building is carried out for both persons with disabilities themselves to enhance their understanding of inclusion issues to the government, who they themselves do not know<sup>84</sup>. The challenge now is the limited capacity building scheme, stigma, and the assumption of limited capacity. In fact, vulnerable people are not stupid, we are the one who do not know enough how to help them understand in ways that are appropriate to their needs and learning character<sup>85</sup>.

The prevailing capacity building is still limited to basic knowledge and has not accommodated special conditions and it is difficult to apply. From the capacity building point of view, it is still not effective in fulfilling needs and protection in emergency situations. Thus, one of the needs for advanced capacity building that

include the broader and deeper knowledge and understanding of human values, coordination and practices in relation to the inclusion of vulnerable groups.

In disaster situations, humanitarian actors have also made efforts to increase capacity among themselves and also to service providers, in this case the government, as well as to vulnerable groups / disabilities. As expressed by Humanity Inclusion (HI) which has been concerned with disability issues so far. What needs to be done on the side of service providers is building the capacity to carry out education, literacy and advocacy. On the side of vulnerable groups, there is the need to strengthen their capacity, awareness and to be more sensitive to disasters and the specific rights of vulnerable groups. Capacity building is not limited only to training, even coaching is also a capacity building<sup>86</sup>.

Assistance is needed in all aspects. A two-way or a *twin track approach* needs to be carried out and actually implemented out through advocacy to fellow humanitarian actors, service providers and the government to pay attention to vulnerable groups. On the other hand, one must also realize that persons with disabilities in some areas have limited capacities, for example, their ability to advocate for themselves is underdeveloped because they have been confined or discriminated against since childhood, they are unable to speak out for themselves. Or there are persons with disabilities who are ostracized from an early age by their families and are not recognized so that they do not know what to do and what their needs are, how to fulfill them. There was another experience where the trainee was quite fluent in talking about disability and their rights, but when a disaster actually occurred they did not know what their rights were and what could be done, they were always confused about it<sup>87</sup>.

## E. Coordination

To what extent is the effectiveness of coordination in promoting inclusion in preparedness and humanitarian response? Coordination related to protection and fulfillment of the rights of vulnerable groups in preparedness and emergency has not yet been maximized, coordination is still something that is easy to say but in practice it is not that simple<sup>88</sup>. The ongoing coordination is still ineffective, because national and local coordination experiences gaps that hinder the application of inclusion principles and policies. This is reflected in several responses from humanitarian actors as well as vulnerable groups in disaster situations.

Although vulnerable groups are often included in various coordination meetings, they are constrained in the communication aspect because there is no translator or spokesperson so they are only passively involved as recipients of information<sup>89</sup>.

*"Inclusion is like salt that is needed in all clusters and sectors through cross-sector synergies with LDP, KBG, shelters, WASH and others. Inclusion must be the spirit in all services."*<sup>90</sup>

So far in disaster response situations, coordination has been done, but it is going well and the dominance is only at national level, while at the local level it is still not running as expected. For example in NTT, coordination at the provincial level has started to take place, they have started to understand about disabilities, but cities and districts have not been able to coordinate because information on disabilities has not been disseminated lead<sup>91</sup>. Coordination between governments could promote a paradigm shift for local policies in understanding that people with disabilities are subject, not an object<sup>92</sup>.

Table 3. Overview Effectiveness Inclusion on Humanitarian System

| Aspect        | Overview the situation   | Gaps   | Findings   |
|---------------|--|--|--|
| Participation | <ul style="list-style-type: none"> <li>There is already legislation on vulnerable groups and their participation in society</li> <li>The legal basis in the form of Perka BNPB governs the involvement of vulnerable groups in disaster management processes.</li> <li>Formation of vulnerable groups organizations</li> </ul> | <ul style="list-style-type: none"> <li>Number of groups that participate in disaster preparedness and response activities is still small.</li> <li>The existence of vulnerable groups in the community is still concealed by the family.</li> <li>Not all vulnerable groups in the community interact with the local community.</li> <li>Administrative bureaucratic mechanisms are not inclusive</li> </ul> | <ul style="list-style-type: none"> <li>Membership of vulnerable groups in vulnerable group organizations only covers the management while the general membership is still minimal (DIFAGANA Information, Paguyuban Lansia and DIY Children's Forum)</li> <li>Vulnerable groups do not fully know the policies that protect them when participating in disaster response</li> <li>Vulnerable groups are limited in communication because the unavailability of interpreters</li> <li>Family hides the existence of vulnerable groups because they are considered helpless and / or embarrassing.</li> <li>Administrative bureaucracy makes it difficult for vulnerable groups.</li> </ul> |
| Data          | <ul style="list-style-type: none"> <li>Collection systems are available through Integrated Social Welfare Data (DTKS)</li> </ul>   | <ul style="list-style-type: none"> <li>Data is not <i>up to date</i> with the real conditions of vulnerable groups in the field.</li> </ul>  | <ul style="list-style-type: none"> <li>Not all localities routinely conduct village or sub-district meetings (Musdes or Muskel) that have an agenda to update local data .</li> </ul>  |



|                     |   |  |  |
|---------------------|---|--|--|
|                     | <p>managed by the Ministry of Social Affairs.</p> <ul style="list-style-type: none"> <li>Data collection through the DTKS system has been carried out based on age and gender.</li> <li>There is a disaggregated data collection guide developed by local and non-local NGOs.</li> </ul>  | <ul style="list-style-type: none"> <li>Not all vulnerable groups are registered in the current government data system.</li> <li>Data does not capture information regarding the specificity of vulnerabilities from each individual.</li> <li>The guidelines have not been disseminated to the grassroots / civil society organizations.</li> </ul>  | <ul style="list-style-type: none"> <li>The DTKS database only contains vulnerable groups with socioeconomic status in decile 4 (poor).</li> <li>Data enumerators have not been trained with knowledge and <i>tools</i> data collection for disaggregated data</li> <li>Data collection is hampered due to pandemic (unable to home visit)</li> <li>Vulnerable groups without resident identity are not accommodated in DTKS data</li> </ul>  |
| funding / resources | <ul style="list-style-type: none"> <li>Disaster Management budgeted in APBD and APBN</li> <li>Availability of <i>On-Call Funds ready to use</i> for emergency response from BNPB</li> <li>Budget planning and management are managed by local and non-local NGOs independently</li> <li>Klasnas PP ensures the availability of resources including emergency funds during emergency response</li> </ul>   | <ul style="list-style-type: none"> <li>Collected funds do not meet the special needs of vulnerable groups</li> <li>Budget allocation from the government is still focused on fulfilling General basic needs</li> <li>Identification of the needs of vulnerable groups has not become the basis for consideration of humanitarian program budget planning</li> <li>Civil registration status is still a major issue in the data</li> </ul>  | <ul style="list-style-type: none"> <li>Collection of funds is carried out by selling souvenirs made by vulnerable groups</li> <li>Unavailability of assistive car assistance Disability and elderly socialization, medicines for mental disabilities, nutritional fulfillment according to the condition of the elderly during a disaster emergency response</li> <li>Vulnerable groups are not involved in program budget planning</li> <li>Availability of assistants or interpreters has not been a priority because they are considered to be extra costs</li> </ul>   |
| Capacity            | <ul style="list-style-type: none"> <li>There is already a legal umbrella regulating the involvement of OPD In DM</li> <li>Vulnerable groups or government agencies have received technical disaster response training</li> <li>Vulnerable groups are given DRR education by social rehabilitation volunteers (volunteers for Persons with Disabilities and Facilitators of JSLU.</li> <li>There is already an increase in the capacity</li> </ul> | <ul style="list-style-type: none"> <li>Not all SKPD human resources understand about vulnerable groups as well as the role and function of SKPD in implementing inclusion according to their work</li> <li>The training materials received are not sufficient for the knowledge and skills needed for disaster response by vulnerable groups</li> <li>Vulnerable groups still have difficulty understanding the material because it is too complicated</li> <li>Education PRB for</li> </ul> | <ul style="list-style-type: none"> <li>Personnel rotations among person-in-charge happen too frequently without sufficient technical induction regarding the implementation of inclusion in their sectors</li> <li>Material provided is not delivered with consideration of the specificity of disabilities or the limitations of vulnerable groups</li> <li>DRR education for the elderly and people with disabilities by the central government social assistance program is carried out through a home visit by 1 or 2 assistants within the work area at the city level.</li> <li>The capacity building program of the local social service offices and the human resource and transmigration</li> </ul> |

|              |  |  |   |
|--------------|--|--|---|
|              | of potential vulnerable groups that are groomed by the government and NGOs   | vulnerable groups has generally been limited due to the social distancing policy <ul style="list-style-type: none"> <li>Program to improve the capacity of vulnerable groups are still focusing on the economic aspect</li> </ul>  | services focus more on economic empowerment   |
| Coordination | <ul style="list-style-type: none"> <li>Regular monthly meetings between vulnerable group organizations and the DIY regional government</li> <li>Coordination scheme consisting of Klasnas PP and LDR Subklaster at the central level</li> <li>Klasnas PP and LDR Subklaster is managed by the central government with membership consisting of humanitarian actors at the central and regional levels</li> </ul> | <ul style="list-style-type: none"> <li>Vulnerable groups are not involved as decision makers in coordination meetings (limited only to attendance)</li> <li>National level coordination is not translated into mechanisms at the local level</li> <li>Membership of vulnerable groups in Klasnas PP and LDR Subklaster is still very minimal,</li> </ul> | <ul style="list-style-type: none"> <li>vulnerable groups cannot express their opinions in disaster management coordination forums due to limited communication (No translator)</li> <li>Not all persons and groups of vulnerable people know about the organization and mechanisms of the LDR Subklaster</li> <li>By and large, only the higher echelons in vulnerable groups know and understand the coordination schemes (Klasnas PP and LDR Subklaster)</li> </ul> |

*Data source: Results of 1- 10 Informant Interview and desk review results*

The effectiveness of a humanitarian system in striving for the inclusion of vulnerable groups can be measured in relation to 5 aspects of the Inclusion Charter. The study shows that there are obstacles in terms of access to information, bureaucratic administration, and stigma about vulnerable groups. In terms of disaggregated data, the current humanitarian system has not yet reached an adequate level of disaggregation and there is no updating of dynamic data. From the funding side, the humanitarian system does not have the space to meet the special needs of vulnerable groups and there is minimal information regarding the availability of funds. In general, the humanitarian system suffers from a lack of capacity both in terms of government, service providers, and among vulnerable groups themselves. In terms of coordination, they run only at national level and have not yet reached the local level and do not fully address the protection and fulfillment of the rights of vulnerable groups.

## V. INNOVATION AND OPPORTUNITIES FOR IMPROVEMENT

As a continuation of the discussion on the effectiveness of the humanitarian system in terms of inclusion, innovation and opportunities for Inclusive Disaster Management in this section are also compiled according to the *Inclusion Charter* as follows:

### A. Participation Innovation

Efforts of vulnerable groups and advocacy organisations have resulted in the involvement of vulnerable groups in Disaster Management, as follows :

1. Submission of results of evaluation of disaster management, particularly those related to disabilities<sup>93</sup>.
2. Socialization, workshops, training workshops, simulations related to disaster management<sup>94</sup>. Increased participation through inclusion campaigns, virtual meetings with JBI, use of *live transcripts*, etc<sup>95</sup>.
3. Involvement in musrenbang to voice the aspirations of groups with disabilities, the elderly and other vulnerable groups.<sup>96,97</sup>
4. Acting as participants, organizers of organizations, resource persons, facilitators and committees in the national disaster management activities in Solo<sup>98</sup>.
5. Involving in identifying needs, making decisions and planning, including rehabilitation and reconstruction with the scenario "What needs to be done when there are people with disabilities among the victims?"<sup>99</sup>

Opportunities for participation of vulnerable groups, their organizations and networks are capitalized on the ability to identify and communicate with vulnerable groups and understand the obstacles they face. This starts from contingency planning; early warning system simulation; disaggregated data collection; training; and as partners, technical experts, and representatives<sup>100</sup>. Besides that, it could be through the recruitment of *public figures* for inclusion campaigns; involvement in humanitarian activities; and the use of technology and professional assistance, including the use of live transcript<sup>101</sup>.

On the part of the government and NGOs, this opportunity takes the form of recruiting vulnerable people at all levels of the organization including as frontline workers and community mobilizers; coordination and cooperation with vulnerable group organizations to design engagement strategies<sup>102</sup>; ensure appreciation and representation in the coordination process<sup>103</sup>.

## B. Disaggregated Data Collection Innovation

Data, especially during the emergency response, has been generated from a rapid assessment in Lombok and the tsunami in the Sunda Strait, a needs assessment after the Lombok disaster and the earthquake in West Sulawesi<sup>104</sup>. Inclusive data collection and data integration were also carried out for the Central Sulawesi disaster<sup>105</sup>.

Innovations in inclusive disaster management data collection include :

1. Development of participatory and accessible study designs and instruments<sup>106</sup> with partner organizations.
2. Manual collection and *home visits* to help vulnerable people who have difficulty completing online data collection<sup>107</sup>.
3. Utilization of technology to speed up processes and improve accuracy<sup>108</sup>.
4. Collection of data disaggregated by sex, age and disability to ensure suitability and access to services for all<sup>109</sup>.
5. Issuance of several tools and guidelines for inclusive data collection including facility accessibility review tools (expanding the active and meaningful contribution of all parties)<sup>110</sup> practical guides on the identification and use of data on persons with disabilities based on the Washington group short questions (*Washington Group Short Set of Disability Questions*)<sup>111</sup>.

Young people who master the application of technology can be mobilized, technical teams for disaggregated data collection can be formed to assist independent data collection among vulnerable groups, and coordinate with the government and non-government. Information that needs to be provided in the absence of a disaster includes maps, brochures and emergency response guides in each of the vulnerable people's homes. The delivery needs to use language that can be understood, with hearing aid technology for deaf people who can still hear a little and JBI for the totally deaf<sup>112</sup>. Furthermore, agreement and uniformity are needed regarding what instruments to use<sup>113</sup> between the government, partner

institutions, and vulnerable group organizations by applying an inclusive approach and participatory<sup>114</sup> especially involves groups, especially underrepresented groups<sup>115</sup>.

### C. Funding Innovation

Main funding for the activities of vulnerable groups in several institutions comes from the Government or related agencies. For example, the DIY Children's Forum main funding comes from the DIY Provincial DP3AP2<sup>116</sup>, the activity funds come from the DIY Provincial government<sup>117</sup>, and financial support for equipment from the Social Service<sup>118</sup>.

Several institutions have made innovations, including :

1. Raising funds for disaster management activities involving vulnerable groups through the sale of souvenirs as a disaster management activity as well as mainstreaming inclusion<sup>119</sup>.
2. Achieving an agreement between vulnerable groups, builders or contractors / developers, funders, and the government to meet accessibility standards without significantly increasing the budgeted costs<sup>120</sup>.
3. Mainstreaming inclusive DM funding by involving vulnerable groups in the process of funding planning, implementation, and evaluation.
4. Making programs that can foster a creative economy is also an innovation in funding. People with vulnerable groups will benefit from economic improvements<sup>121</sup>.
5. Involving vulnerable groups in discussions related to the rehabilitation and reconstruction process related to the needs of disabilities and the availability of funds. This was done so that funds could be used according to needs and accommodate the accessibility of vulnerable groups.<sup>122</sup>

Future plans for funds include costs for physical accessibility, accommodation, assistive devices, mobility equipment, and communications that can be accessed by them<sup>123</sup>. Approaches can be made, for example, tailored partnership criteria should be considered to avoid exclusion of DPOs as partners. Support must be provided with the continuity of<sup>124</sup>.

## D. Capacity Building Innovation

Innovations in capacity building involving vulnerable groups have been carried out by involving the government or related agencies such as BPBD, Social Service, DIY Government, Klaten, DIY Disnakertrans. It is very beneficial to increase capacity in terms of developing disaster management knowledge and skills<sup>125</sup>. Some segments of the vulnerable group feel that they have sufficient knowledge, sufficient expression, sufficient insight into disasters so that they are truly useful<sup>126</sup>.

Capacity building is carried out through :

1. Training conducted during program dissemination and during *home visits*<sup>127</sup>.
2. Capacity building is also carried out from vulnerable people to vulnerable people by actively involving them in the process of mapping, interviewing, and educating the needs of vulnerable people who are in disaster-prone locations<sup>128</sup>.
3. Disaster Preparedness Disability Organisation (DIFAGANA) DIY in 2017 based on Local Ordinance Number 4 of 2012 concerning Protection and Fulfillment of Rights of Persons with Disabilities<sup>129</sup>. DIFAGANA DIY is under the Provincial Social Service Office and is trained by Tagana, NGOs and PMI on character building, risk reduction and disaster simulation, public kitchen systems, to medical skills (P3K). DIFAGANA was prepared as part of Merapi's response. In 2018, DIFAGANA DIY was involved in disaster response in Lombok, Palu and Donggala, as well as the tsunami in Banten and Lampung.
4. The provision of deeper opportunities for DM is carried out through the active involvement of vulnerable groups in disaster response activities, making vulnerable groups as resource persons, facilitators, and committees. The provision of this opportunity provides direct benefits for vulnerable groups so that they can acquire knowledge and skills directly in disaster management.

Several vulnerable groups have had the opportunity to do socialization, starting from special schools until now in public schools in other provinces<sup>130</sup>. Klaten Regency established a Disability Management Service Unit (ULD) based on PERKA BNPB no.14 of 2014 concerning Handling, Protection and Participation of

Persons with Disabilities, to provide space for participation for persons with disabilities in disaster management<sup>131</sup>.

## E. Coordination Innovation

Strengthening coordination involves building trust and collaborative working relationships between DPOs, humanitarian actors and vulnerable groups. ULD is an approach mandated by BNPB to BPBD.

1. Use of technology for coordination involving vulnerable groups, government and non-governmental organizations at the national, provincial and district levels in<sup>132</sup> relation to developments and needs<sup>133</sup>.
2. Localization also includes innovations related to coordination, namely initiatives from the national government, NGOs, to coordinate with local governments<sup>134</sup>.
3. A proactive approach in coordination with vulnerable groups to overcome access barriers to attend coordination meetings Network<sup>135</sup>.
4. Building, preparing and working together on advocacy before a disaster occurs, coordinate with other agencies, and ensure protection services are available in times of disaster<sup>136</sup>.
5. Utilization of DRR as an entry point for the involvement of vulnerable groups in advocating for local governments to be responsible for inclusive DRR

Future opportunities for coordination for inclusion can be carried out by organizing and networking by actively involving vulnerable groups at the national, provincial and regional levels, by utilizing the Google network and the Live feature transcript.

Innovations and opportunities for inclusive PB are compiled based on 5 pillars of the *inclusion charter*, namely

Table 4. Inclusive Disaster Management

| Problem Findings Based on Inclusion Charter   | InnovationsFindings of Innovations That Have Been Done in Indonesia   | Recommendations on  |
|---|---|---|
| Participation Aspects   |   |   |
| <ul style="list-style-type: none"> <li>• The number of vulnerable groups participating in disaster preparedness and response activities is still</li> </ul> | <ul style="list-style-type: none"> <li>• Non-Formation of Disability Preparedness Disability Organisation (DIFAGANA) by the Yogyakarta Social Services Office and their involvement in DM activities in Central Sulawesi in 2019</li> </ul> | <ul style="list-style-type: none"> <li>• The need for figures or actors for the Inclusive PB campaign</li> <li>• Increase the participation of vulnerable groups in PB</li> </ul> |

|  |   |  |
|--|---|--|
| <p>small.</p> <ul style="list-style-type: none"> <li>• The existence of vulnerable groups in society is still covered by vulnerable group families.</li> <li>• Not all vulnerable groups in society interact with the local community.</li> <li>• Bureaucratic administrative mechanisms are not inclusive</li> </ul>  | <ul style="list-style-type: none"> <li>• Involvement and assistance of vulnerable group organizations in disaster response in NTB by ASB</li> <li>• Inclusion campaign related to the use of a Sign language interpreters to the government by the UN OCHA</li> <li>• Discourse on the formation of Disaster Prepared Elderly in DIY</li> <li>• Involvement of elderly in DIY</li> <li>• Issue of Inclusion in Peer Counselor Work Programs DIY Children's Forum</li> <li>• Associations Digital campaign programs related to service knowledge for children with problems by DIY Children's Forum</li> <li>• Involving persons with disabilities in the planning process (needs analysis and identification) pre-disaster, rehabilitation and reconstruction by SAPDA DIY.</li> <li>• Involving persons with disabilities in musreimbang, internal and external evaluations. The involvement of vulnerable groups as resource persons, facilitators, and committees by the Yakkum Rehabilitation Center.</li> <li>• Vulnerable groups are involved in BNPB activities and there is a special team trained by BNPB.</li> <li>• During Covid 19, the participation of people with dementia (ODD) and home visit assistance was changed to a virtual meeting Regional Commission</li> <li>• for the Elderly Friendly Area Program by the Elderly Committee DIY Chapter.</li> <li>• The involvement of the elderly through an economic empowerment program for potential elderly people in Kulon Progo by the JSLU Facilitator of the Ministry of Social Affairs, RT (DIY assignment).</li> <li>• YEU initiation of an elderly organization in Indonesia.</li> </ul> | <ul style="list-style-type: none"> <li>• Utilization of technology and professional assistance</li> <li>• Recruit vulnerable groups as staff in humanitarian agencies</li> <li>• Collaborate with vulnerable group organizations</li> <li>• Listen to opinions that are not appreciated and are not represented in the process of coordinating</li> <li>• initiatives led by vulnerable groups</li> <li>• Humanitarian actors need to prepare to communicate with vulnerable groups</li> <li>• applying two-way inclusive principles.</li> </ul> |
| Data Aspects   |   |  |
| <ul style="list-style-type: none"> <li>• Data is not <i>up to date</i> to the real conditions of vulnerable groups in the field.</li> <li>• Not all vulnerable groups are registered in the current government data system.</li> <li>• The processed data does not specifically capture information on the specificity of vulnerabilities of each individual.</li> <li>• Guidelines have not been disseminated to humanitarian actors at the grassroots and civil society organizations</li> </ul> | <ul style="list-style-type: none"> <li>• Initial assessment of the impact of Covid-19 for Persons with Disabilities using the principle of disaggregated data by the Network of Persons with Disabilities, Inclusive COVID-19 Response via telephone and online forms.</li> <li>• Outreach of vulnerable groups through digital communication media in order to collect disaggregated data by UN OCHA Partners and Alzheimer's Indonesia During the pandemic</li> <li>• Development of participatory and accessible study designs and instruments related to WASH by ASB.</li> <li>• Development of facility accessibility applications and practical guides using data on persons with disabilities by ASB.</li> <li>• The availability of inclusive data during the emergency response in Lombok, Sunda Strait, Central Sulawesi and West Sulawesi by ASB.</li> <li>• Data collection was carried out manually through a home visit after a database was provided by the JSLU Facilitator of the Ministry of Social Affairs RT (DIY assignment).</li> <li>• Accurate data collection by assistants in Kediri by DIFAGANA DIY.</li> </ul>  | <ul style="list-style-type: none"> <li>• Formation of a technical team in developing applications or technology</li> <li>• Data updates for vulnerable groups also need to be done regularly</li> <li>• Synchronize data</li> <li>• Agree on data collection instrument</li> </ul>   |
| Aspects of Funds / Resources   |   |  |



|  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Collected funds do not meet the special needs of vulnerable groups</li> <li>• Budget allocation from the government is still focused on meeting general basic needs</li> <li>• Identification The needs of vulnerable groups have not become the basis for consideration of humanitarian program budget planning</li> <li>• Civil registration status is still a major issue in the data</li> </ul>   | <ul style="list-style-type: none"> <li>• Submission of budget for DIY children's forum activities to the PPA Office</li> <li>• Fund support for DIY DIFAGANA equipment by the Local Social Service Office</li> <li>• There is an economic empowerment program for potential elderly people in Kulonprogo (Soybean Production) by JSLU Facilitator of the Ministry of Social Affairs RT (DIY assignment).</li> <li>• Fundraising by selling souvenirs by Alzheimer's Indonesia.</li> <li>• Discussions with disabilities regarding funding during rehabilitation and reconstruction by SAPDA DIY.</li> </ul>  | <ul style="list-style-type: none"> <li>• Involving vulnerable groups in the process of funding planning, implementation, and evaluation of</li> <li>• inclusive DM mainstreaming in national and regional budget plans</li> </ul>   |
| Capacity Aspects   |  |   |
| <ul style="list-style-type: none"> <li>• Not all SKPD human resources understand vulnerable groups and the roles and functions of SKPD in implementing inclusion according to their work are</li> <li>• Gaps in knowledge and skills for disaster response by vulnerable groups</li> <li>• Vulnerable groups still find difficulties to understand the material given because it is too complicated</li> <li>• Education PRB for vulnerable groups has generally been limited due to the policy of PSBB</li> <li>• program to improve the capacity of vulnerable groups are still focused on the economic aspects</li> </ul> | <ul style="list-style-type: none"> <li>• Translation "Free HHOT ( Humanitarian Hand on Tools )"conducted by YEU and CBM Indonesia</li> <li>• The launch of" Guidelines for Facing Covid-19 for people with disabilities "by the Center for Advocacy for Women, Disabilities and Children (SAPDA) Yogyakarta.</li> <li>• Child preparedness training program when disaster strikes, introduction of disaster preparedness bags for children, and recognition of sign language for children organized by the DIY Children's Forum.</li> <li>• Disaster risk reduction education by government functional personnel to beneficiaries of social rehabilitation programs for persons with disabilities and neglected elderly people.</li> <li>• Synergizing the agenda of the Elderly Organization (Komda Elderly DIY) with the potential elderly empowerment program from Disnakertans.</li> <li>• Many capacity building for DIFAGANA. DIFAGANA DIY is under the Provincial Social Service office and is trained by Tagana, NGOs and PMI on character building, risk reduction and disaster simulation, public kitchen systems, to medical skills (P3K). DIFAGANA was prepared as part of Merapi's response. In 2018, DIFAGANA DIY was involved in disaster response in Lombok, Palu and Donggala, as well as the tsunami in Banten and Lampung.</li> <li>• The existence of an inclusive DM capacity planning scheme by DIFAGANA.</li> <li>• Increase the participation of persons with DM through PPD Klaten.</li> <li>• DIFAGANA DIY capacity building by the Social Service.</li> <li>• Training by BNPB for the Central SIGAP Team.</li> <li>• Capacity building of disabilities for disabilities itself related to disabilities, vulnerable groups, PB by SAPDA DIY.</li> <li>• Increased insight and knowledge of the elderly about disaster preparedness is carried out during the elderly home visit through dissemination and dissemination of information by JSLU Facilitator of the Ministry of Social Affairs RT (DIY assignment).</li> <li>• Increasing the education level of vulnerable groups so that they can more easily understand PB knowledge and provide opportunities for vulnerable groups to become resource persons, facilitators and committee members for PB activities by the Yakkum Rehabilitation Center.</li> <li>• Disaster Preparedness Disability Institutionalization (DIFAGANA) DIY in 2017 based on Regional Regulation Number 4 of 2012 concerning Protection and Fulfillment of</li> </ul> | <ul style="list-style-type: none"> <li>• Encouraging the participation of vulnerable groups</li> <li>• Increase disability-inclusive knowledge from the grassroots</li> <li>• Innovations related to capacity building media, methods and materials</li> <li>• Capacity building is encouraged and adapted to the type of disability</li> <li>• There needs to be a special disaster management guide according to the disability</li> <li>• Training, learning, coaching, mentoring to create good practice communities, the process of exchanging good practices to gain lessons, technical support in applying new skills, inclusive expert assistance, adaptation with existing equipment</li> <li>• Build the capacity of humanitarian workers regarding the rights of persons with disabilities, barriers, principles and practical approaches</li> <li>• Ensure adequate resources and capacities of vulnerable groups organizations strengthening vulnerable group organizations</li> </ul> |

|   |  |   |
|---|--|---|
|   | <p>Rights of Persons with Disabilities.</p> <ul style="list-style-type: none"> <li>• Some short guides to inclusive disaster preparedness by ASB</li> <li>• Documentation of Inclusive PB Localization by ASB, CBM, Help Age, Malteser International, YEU, Aktion Deutschland Hilft</li> </ul>   |   |
| Coordination Aspects  |  |   |
| <ul style="list-style-type: none"> <li>• Vulnerable groups are not involved as decision makers in coordination meetings (limited to attendance only)</li> <li>• National level coordination is not translated into local coordination mechanisms</li> <li>• Membership of vulnerable groups in Klasnas PP and LDR Subklaster is still very minimal</li> </ul> | <ul style="list-style-type: none"> <li>• Regular monthly meetings for Disaster Preparedness Disabilities DIY with Local Governments in routine coordination meetings.</li> <li>• The establishment of a forum called "OPD Covid-19 Response" in order to build a coordination network between organizations of persons with disabilities in Indonesia in response to the Covid-19 pandemic.</li> <li>• Advocacy for an adaptive social protection scheme to the government in this case the Ministry of Social Affairs and the Social Service so that in the event of a disaster, disabilities and vulnerable groups can be directly accessed with assistance by UN OCHA</li> <li>• Coordination on inclusion is already running at the NTT Province level.</li> <li>• Service units disabilities to disaster by BNPB</li> </ul> | <ul style="list-style-type: none"> <li>• vulnerable groups need to coordinate or link up with the organization or person outside the Organization disabilities so as to increase the capacity</li> <li>• Involving Disabilities and other vulnerable groups to participate actively in coordination at the national level, provinces and regions</li> <li>• Create network with Google to be linked and optimized using the Live transcript feature</li> <li>• Start increasing the role of disabilities in the coordination process</li> <li>• Improve the close relationship between entities at the grassroots for issue advocacy</li> <li>• Need to improve inter-agency coordination on Inclusive DM issues</li> <li>• Advocating local governments to take responsibility for inclusive DRR</li> <li>• Long-term approach to building trust and collaborative working relationships between DPOs, humanitarian organizations and local governments the</li> <li>• establishment of a special Inclusive PB task force to</li> <li>• strengthen access of vulnerable groups to decision-making and assessment at the time planning to evaluation</li> </ul> |

*Data sources: Informant interview results, FGD notes and desk review results*

Inclusive coordination has been carried out by offline, online or home visits involving disabilities or disability organizations, government, and non-governmental organizations at national and local levels. Opportunities in the future require increased coordination with vulnerable groups, involving vulnerable groups in national and local level coordination, optimization of Google's live transcript features, advocacy for inclusive PB, long-term approaches with vulnerable groups, and the formation of a special inclusive DM task force.

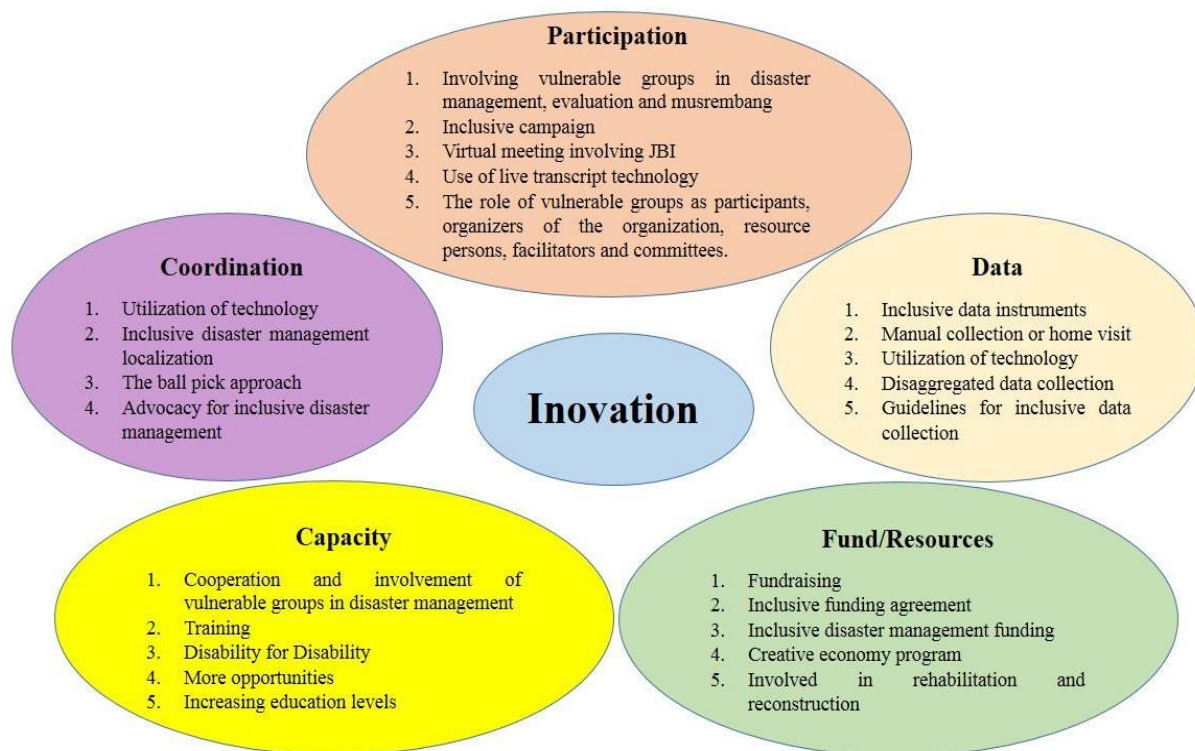


Figure 4. Inclusive Disaster Management Innovations

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## VI. AGENDA FOR CHANGE: CONCLUSIONS AND RECOMMENDATIONS

### A. Conclusion

Indeed, the humanitarian system landscape is mapped in a coordination scheme. However, on a certain point the mainstreaming of issues and principles of inclusion in the implementation of humanitarian action requires a thorough review of the regulations themselves. The challenge is how to propose solution options to institutional barriers without having to incur excessive additional costs or resources, a situation that will provoke automatic rejections by humanitarian organizations and the government.

The three barriers, environment, attitudes, and institutional challenges in the application of the values of inclusion in the humanitarian system, require a combination of approaches. A *top-down* approach that can ensure the implementation of coordination schemes from the national level to the local and sector levels, and a *bottom-up* approach that brings the reality and perspectives of vulnerable groups at the grassroots to ensure full participation of vulnerable groups in disaster preparedness and emergency.

The effectiveness of a humanitarian system in striving for the inclusion of vulnerable groups can be measured using 5 aspects of the Inclusion Charter. The study shows that there are obstacles in terms of access to information, bureaucratic administration, and stigma about vulnerable groups. In terms of disaggregated data, the current humanitarian system has not yet reached an adequate level of disaggregation and there is no updating of dynamic data. Likewise, from the funding side, the humanitarian system has no scope to meet the special needs of vulnerable groups and there is minimal information regarding the availability of funds. In general, the humanitarian system suffers from a lack of capacity both in terms of government, service providers, and among vulnerable groups themselves. In terms of coordination, it runs only in the national level, it has not reached the local level, and does not fully cover the protection and fulfillment of the rights of vulnerable groups.

Based on the findings of this study, on the gaps that exist in the implementation of inclusion, there are 5 aspects that still need continuous strengthening to ensure that inclusion can work in Indonesia's humanitarian system. Facing this gap several innovations have been made by the government and CSO-NGOs. Every aspect of the existing innovation has the opportunity to be developed and modified according to the needs of Indonesia today. The COVID-19 pandemic also opens up other opportunities that encourage participation from vulnerable groups. Opportunities related to this inclusion also depend on the ability of the government and service providers to make agreements with vulnerable groups.

## B. Recommendations

Referring to the conclusions of the results of the research, the following are some recommendations that we suggest to be considered in efforts to improve the humanitarian inclusion system in Indonesia:

Table 5. Differential Recommendations for Key Stakeholders

| Current situation and challenges faced  | Differential Recommendations for Key Stakeholders   |  |  |
|---|---|--|--|
|   | Government<br><i>(As main responsibility for inclusion)</i>   | Vulnerable Group Organizations<br><i>(As partners, active actors, and beneficiaries)</i>   | Civil Society Organizations<br><i>(As partners and complement to government and facilitators of vulnerable groups)</i>   |
| <b>INCLUSIVE PARTICIPATION</b> <ul style="list-style-type: none"> <li>• The structure and process of preparedness and response are not designed to be inclusive</li> <li>• Materials and media communication is not easily accessible</li> <li>• Lack of translation tools</li> </ul> | <ul style="list-style-type: none"> <li>• Make use of existing regulations and make new regulations that promote inclusion</li> <li>• Change mechanisms to accommodate the roles and needs of vulnerable groups</li> <li>• Appoint certain officials to take responsibility Deputy for inclusion</li> <li>• is responsible for ensuring inclusion in every aspect of the implementation of programs / activities undertaken</li> </ul> | <ul style="list-style-type: none"> <li>• Understand the DM work mechanism and identify and actively ask for participation opportunities</li> <li>• Develop an inclusion strategy and road map to be used as a companion document for Renas - PB 2020-2024</li> <li>• with the LDR Subklaster and through BPBD explore and take advantage of opportunities for active participation both as participants and as resource persons and facilitators.</li> </ul> | <ul style="list-style-type: none"> <li>• Through Klasnas PP, especially the LDR Subklaster to advocate and conduct education on inclusive participation for the government, fellow NGOs and vulnerable group organizations.</li> <li>• Adapt and disseminate good practices of inclusive participation from within countries and other countries.</li> <li>• Develop DM business processes and protocols for involving vulnerable groups.</li> <li>• Ensure the involvement of vulnerable group organizations in planning, implementation and monitoring and evaluation. Ensure access to participation and accommodation in proposal planning.</li> </ul> |

|  |  |  |  |
|--|--|--|--|
| <p><b>DISAGGREGATED DATA</b></p> <ul style="list-style-type: none"> <li>• Difficulty in data collection</li> <li>• Procedural technical gaps</li> <li>• Data cannot be utilized</li> </ul>   | <ul style="list-style-type: none"> <li>• Establish policies and technical guidelines on disaggregated data collection</li> <li>• Appoint agencies and officials responsible for disaggregated data</li> <li>• Determine the use of disaggregated data including through the platforms INARisk, DIBI, IRBI, and Satu Data Bencana Indonesia</li> <li>• Creating a training agenda related to data collection involving disabilities as part of the activities of the Klasnas PP Support Team and Capacity Building Working Group</li> </ul> | <ul style="list-style-type: none"> <li>• Spread the understanding of the importance of disaggregated data to fellow members of vulnerable groups</li> <li>• Utilizing networks to Conduct disaggregated independent data collection</li> <li>• Include disaggregated data management agenda in collaboration with the government and NGOs</li> <li>• Active in data collection activities by including representatives of vulnerable group organizations as experts, resource persons, or study implementers</li> </ul>      | <ul style="list-style-type: none"> <li>• Advocating for the importance of disaggregated data including through the dissemination of Inclusion Charter</li> <li>• Develop Sex, Age Disaggregated Data (SADD) methods and instruments as part of the <i>Joint Needs Assessment</i> Klasnas PP, the LDR Subklaster</li> <li>• ensures consistent collection of disaggregated data is carried out and documents lessons learned on challenges of data collection and data utilization where this learning can be accessed by the public.</li> <li>• Prepare a working paper on disaggregated data within the framework of a national disaster statistics and send it to the drafting team of One Indonesian Disaster Data.</li> <li>• Form a technical team to create a data collection application that makes access easy for vulnerable groups.</li> </ul> |
| <p><b>FUNDS AND RESOURCES AVAILABILITY</b></p> <ul style="list-style-type: none"> <li>• Funds for disability-inclusive PB activities come from the government and PB institutions.</li> <li>• Funds for disability Inclusive PB activities are still limited.</li> </ul> | <ul style="list-style-type: none"> <li>• Make central and local regulations related to inclusive funding.</li> <li>• Identify budget items that have opportunities for inclusive PB funding</li> <li>• Ensure use of budgets earmarked for the participation of vulnerable groups</li> <li>• Conduct consultations with vulnerable group organizations about their funding needs to actively participate in PB</li> </ul>  | <ul style="list-style-type: none"> <li>• Conduct an assessment of funding needs to participate in DM</li> <li>• Collaborate with NGOs observing public accountability to study the structure and allocation of public budgets and identify spaces for inclusion</li> <li>• Involve representatives of vulnerable groups in regional and village Musrenbang</li> <li>• Develop and implement a funding advocacy strategy for inclusive PB, among others through DPRD Commission D (development and welfare sector)</li> </ul> | <ul style="list-style-type: none"> <li>• Assisting in conducting needs analysis funding for the participation of vulnerable groups</li> <li>• Encourage, monitor, and provide feedback to government on inclusive DM budgeting</li> <li>• Mobilize NGO networks such as SEJAJAR and the Indonesian Development and Humanitarian Alliance (AP-KI) to promote government funding that is inclusive and seeking funding to complement and or that are catalytic, including mechanisms for pooled funding</li> </ul>   |

|  |  |   |  |
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| <p><b>CAPACITY TO INCLUSION</b></p> <ul style="list-style-type: none"> <li>• Officials do not have sufficient capacity to implement the principle of inclusion</li> <li>• existing material is not designed to be used by Vulnerable groups</li> <li>• vulnerable groups do not have sufficient capacity to participate actively</li> </ul>  | <ul style="list-style-type: none"> <li>• Include topics of inclusion in DM development activities</li> <li>• Mapping capacities and gaps among vulnerable groups</li> <li>• Build collaboration with NGOs and vulnerable group organizations to carry out joint activities on capacity strengthening</li> <li>• Conduct revisions and making new materials that are more accommodating participation of vulnerable groups with various limitations and excess capacities</li> </ul>  | <ul style="list-style-type: none"> <li>• Conduct an inventory of capacities and gaps among various categories of vulnerable groups</li> <li>• Develop strategies to communicate gaps and capacity and needs to meet their development needs</li> <li>• In collaboration with fellow vulnerable group organizations, NGO networks and the Government in implementing capacity strengthening programs</li> <li>• Request the BNPB Volunteer Desk to form a special division on inclusion to accommodate volunteer networks among members of vulnerable groups</li> </ul>  | <ul style="list-style-type: none"> <li>• Help translate capacity principles and standards for inclusion in preparedness and response in the context of Indonesia</li> <li>• Encourage the government to be able to mainstream disability inclusion in all capacity building activities.</li> <li>• Conduct training on inclusion for various stakeholders as part of Local Humanitarian Leadership</li> <li>• Assist programming, material provision, and facilitators for networks and / or vulnerable group organizations to carry out capacity building programs for their own members</li> </ul>   |
| <p><b>INCLUSIVE COORDINATION</b></p> <ul style="list-style-type: none"> <li>• Preparedness coordination systems and responses containing inclusion are limited to non-operational principles.</li> <li>• Balancing priorities on speed and efficiency with the principle of inclusion</li> <li>• Not all sectors and regions have representatives of vulnerable groups who can be actively involved in coordination</li> </ul> | <ul style="list-style-type: none"> <li>• Assigning units responsible for disabilities, the elderly and vulnerable groups in The ranks of the Ministry of Social Affairs and social agencies as drivers of the inclusion principle operation in the Klasnas PP and similar coordination</li> <li>• Arrange a coordination system in BNPB and BPBD to accommodate inclusion, especially in the pre-dating sector a</li> <li>• Conduct an inventory of vulnerable group organizations in the sector and in the regions to be mobilized as part of strengthening inclusive coordination on preparedness and preparing their involvement when needed at the response stage</li> </ul> | <ul style="list-style-type: none"> <li>• Strengthen awareness of the inclusion of vulnerable groups, forming and strengthening networks.</li> <li>• Utilize the Perka BNPB on disability to develop strategies for the involvement of representatives of vulnerable group organizations in the coordination system</li> <li>• Increase the number and types of people and organizations of vulnerable groups in the LDR Subklaster at the center and especially in the regions as a vehicle for involvement in coordination</li> <li>• Mobilize NGO assistance to carry out cadre-printing programs cadres among members of vulnerable groups in regions to become champions in coordination including through regional branch volunteer desks</li> </ul> | <ul style="list-style-type: none"> <li>• Conduct inclusion audits of preparedness and response structures, mechanisms and products</li> <li>• Implement programs involving government and vulnerable group organizations to strengthen inclusive coordination</li> <li>• Adapt principles Inclusive coordination, standards and good practices including through Klasnas PP.</li> <li>• Participate in facilitating the formation and strengthening of Klasnas PP capacity in social services as a vehicle for inclusive coordination including identification and recruitment of vulnerable group members and the formation of inclusive working groups</li> <li>• Schedule a discussion on inclusion in the development of <i>area-based coordination</i> as part of the strategy localization of the Grand Bargain</li> </ul> |

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## Appendix 1: Assessment Instrument

| Objectives, Variables, Indicators   | Key Questions   | Data Sources   | Tech       |
|---|---|--|------------|
| 1. Identify barriers to vulnerable groups to capacity and actively participate in disaster emergency preparedness and response  |   |  | LIT<br>ITV |
| Var. 1. Accessibility <ul style="list-style-type: none"> <li>a. Access to information</li> <li>b. Knowledge</li> <li>c. Communication</li> <li>d. Basic</li> <li>e. needs Special needs based on the type of disability</li> </ul> Var.2. Meaningful Participation <ul style="list-style-type: none"> <li>a. Decision-making</li> <li>b. Involvement in the planning process</li> <li>c. Involvement in implementation (implementation)</li> <li>d. Benefit-taking</li> <li>e. Involvement in evaluation</li> </ul> Var.3. Protection of <ul style="list-style-type: none"> <li>a. Discrimination</li> <li>f. Gender-based violence</li> <li>b. Child protection</li> </ul> Ver.4. Assistance <ul style="list-style-type: none"> <li>1. Professional assistance for special needs</li> <li>2. Mobilization</li> </ul> | 1. In what forms can vulnerable groups access to information, communication and fulfillment of basic needs in disaster preparedness?<br>2. In what activities do vulnerable groups participate in decision making, planning and implementing disaster preparedness?<br>3. State examples of protection of vulnerable groups in disaster / humanitarian preparedness and emergency, which aspects are still gaps?<br>4. What programs and assistance activities for vulnerable groups do you know about in disaster / humanitarian preparedness and emergency? | Secondary (Desk Review): <ul style="list-style-type: none"> <li>1. IASC: Guideline on the inclusion of person with disabilities in humanitarian action</li> <li>2. Humanitarian Inclusion Standards for older people and people with disabilities</li> <li>3. Basic concepts and participation theory (4 participation of Cohen and Uphoff)</li> </ul> Primary:<br>Data from Interview |            |
| 2. Map policies, structures, coordination mechanisms and resources in addressing humanitarian needs   |   |  | LIT<br>ITV |
| Var.1. Basic Coordination <ul style="list-style-type: none"> <li>a. Policy: Laws, PerPres, KepPres, Permenso, Agreements</li> <li>b. Regional Policy: Perda</li> </ul> Var. 2. Organizational <ul style="list-style-type: none"> <li>a. Structure Coordination Structure of Klasnas PPs and Sub Clusters</li> <li>b. Job Desk</li> </ul> Ver.3. Mechanism of <ul style="list-style-type: none"> <li>a. Work Schedule</li> <li>b. Terms of Reference</li> <li>c. for Reporting Flow</li> <li>d. SOP</li> </ul> Ver.4. Program <ul style="list-style-type: none"> <li>a. Non-Emergency</li> <li>b. Emergency</li> </ul>   | 1. Policies and regulations What are some principles and guidelines, coordination of protection and fulfillment of the rights of vulnerable groups?<br>2. As far as you know about the LDR Subklaster, what is its structure like, and what are its tasks?<br>3. If you know about the LDR Subklaster, explain the stages of its work, or if there is an SOP.<br>4. What are the LDR Subklaster activity programs during a time when there is no disaster, and when there is an emergency?  | Secondary (Desk Review):<br>National, Regional (Provincial / Regency / City) Level Regulations related to the humanitarian system<br><br>Primary data: data from the Interview   |            |
| 3. Assessing the effectiveness of the performance of the humanitarian system in Indonesia (Based on 5 aspects in the Inclusion Charter)   |   |  | LIT<br>FGD |
| Var.1 . Participation   | 1. In what ways does the humanitarian system  | Secondary (Desk Review):   |            |

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| <ul style="list-style-type: none"> <li>a. Vulnerability Analysis as a basis for program decision making and program funding</li> <li>b. Involvement in the planning process</li> <li>c. Involvement in implementation (implementation)</li> <li>d. Benefit-taking</li> <li>e. Involvement in monitoring and evaluation</li> </ul> <p>Var.2. Data</p> <ul style="list-style-type: none"> <li>a. Collecting data that is impartial</li> <li>b. Data processing based on the classification of needs based on gender, age, and type of disability</li> </ul> <p>Var. 3. Funding</p> <ul style="list-style-type: none"> <li>a. Allocation of humanitarian funds according to the special needs classification of vulnerable groups.</li> <li>b. Allocation of humanitarian funds for developing and refining programs to reflect the needs of vulnerable groups</li> </ul> <p>Var.4. Capacity</p> <ul style="list-style-type: none"> <li>a. Development of the expertise of humanitarian actors according to their level</li> <li>b. Analyze the gap in the capacity of humanitarian actors in the area</li> <li>c. Accessibility to humanitarian actors from partners (within the region and outside) to fill the gaps in the capacity of humanitarian actors in the work area</li> <li>d. Ensure understanding of basic humanitarian knowledge and values</li> </ul> <p>Var.5. Coordination</p> <ul style="list-style-type: none"> <li>a. Build cross-sectoral networks with institutions or parties that have the mandatory humanitarian coordination</li> <li>b. Identify gaps in handling capacity</li> <li>c. Mapping services and referrals for further action (specialists)</li> <li>d. Ensure the existence of a focal point for the inclusion of vulnerable groups in the humanitarian coordination system</li> </ul> | <p>accommodate group participation susceptible? especially in terms of:</p> <ul style="list-style-type: none"> <li>a. analysis and decision making</li> <li>b. Planning</li> <li>c. Implementation of</li> <li>d. utilization of</li> <li>e. monitoring and evaluation services</li> </ul> <p>2. To what extent do disaster / humanitarian system data accommodate the interests of vulnerable groups? especially in terms of</p> <ul style="list-style-type: none"> <li>a. collecting and compiling the</li> <li>b. ability to accommodate information related to the needs of vulnerable groups</li> <li>c. disaggregated based on vulnerability characteristics The</li> </ul> <p>3. extent to which disaster / humanitarian system funding has considered the interests of vulnerable groups, especially in terms of:</p> <ul style="list-style-type: none"> <li>a. allocations to meet the needs according to each characteristic of vulnerable groups,</li> <li>b. allocations for development and strengthening programs regarding and for the needs of vulnerable groups What</li> </ul> <p>4. programs are related to the capacity of the humanitarian system related to the protection and fulfillment of the needs of vulnerable groups, especially in terms</p> <ul style="list-style-type: none"> <li>a. of tiered skills development</li> <li>b. Analysis of regional / regional based capacity gaps</li> <li>c. Access to human resources of supporting partners from national and international levels</li> <li>d. Strengthening knowledge and understanding of basic human values</li> </ul> <p>5. What is the description of coordination for the protection and fulfillment of the rights of vulnerable groups in preparedness and emergencies in terms of</p> <ul style="list-style-type: none"> <li>a. building networks and cross-sectoral working relationships between DM agencies and vulnerable group organizations</li> </ul> | <p>5 Steps for Inclusion in Humanitarian Action (Inclusion Charter)<br/> <a href="http://www.inclusioncharter.org/">http://www.inclusioncharter.org/</a></p> <p>Primary data: data from FGD</p> |  |
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|   | <ul style="list-style-type: none"> <li>b. identify gaps in the protection and fulfillment of the rights of vulnerable groups,</li> <li>c. mapping services and referrals for vulnerable groups</li> <li>d. ensuring the involvement of focal points in institutions</li> <li>e. Where are vulnerable group focal points involved in disaster / emergency response coordination?</li> </ul>   |   |                    |
| <p>4. Draw lessons from existing innovations in disaster management, especially the inclusion of people with disabilities, the elderly and other vulnerable groups who are most at risk</p>   |  |   |                    |
| <ul style="list-style-type: none"> <li>1. Percentage of the number of reports received by institutions implementing inclusive PB services</li> <li>2. Innovations in disaster management, especially inclusion of people Disabilities, the elderly and other vulnerable groups who are most at risk of             <ul style="list-style-type: none"> <li>a. innovating solutions to challenges</li> <li>b. the novelty element of excellence (effective and efficient)</li> <li>c. Are not widespread</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>1. What are some examples of policies and activities that are classified as innovations related to the protection and fulfillment of the needs of vulnerable groups in preparedness and emergency, in terms of             <ul style="list-style-type: none"> <li>d. expansion participation of vulnerable groups</li> <li>e. Data on vulnerable groups</li> <li>f. Funding related to / for vulnerable groups</li> <li>g. Capacity building to work with vulnerable groups</li> <li>h. Coordination with vulnerable group organizations</li> </ul> </li> <li>2. actions or efforts should be taken on the humanitarian system in the future to tackle challenges related to inclusion? especially in terms of             <ul style="list-style-type: none"> <li>a. Expanding the participation of vulnerable groups</li> <li>b. Data on vulnerable groups</li> <li>c. Funding related to / for vulnerable groups</li> <li>d. Capacity building to work with vulnerable groups</li> <li>e. Coordination with organizations of vulnerable groups</li> </ul> </li> </ul> | <p>Secondary (Desk Review):<br/>Case Studies Collection 2019: Inclusion of Persons with Disabilities in Humanitarian Action</p> <p>Primary:<br/>data from FGD</p> | <p>LIT<br/>FGD</p> |

## Appendix 2. List of Informants

| No                      | Name of                | Institution  | Gender | Barriers              |
|-------------------------|------------------------|--|--------|-----------------------|
| 1                       | Adhy Santika           | Muhammadiyah Senior Care                                       | Male   | None                  |
| 2                       | Afgan                  | DIYForum   | Boys   | None                  |
| 3                       | Catharina Sari         | YakkumRehabilitation Center                                    | Women  | No There are          |
| 4                       | Desi                   | Alliance of Persons with Disabilities in NTT                   | Women  | with mobility devices |
| 5                       | Dwi Rahayu Februariati | Disabled Disaster Preparedness (DIFAGANA) DIY                  | Female | hearing               |
| 6                       | Elfiandi Nain          | Disability Preparedness Disaster (DIFAGANA) DIY                | Male   | hearing               |
| 7                       | Indah Putri            | Humanity Inclusion (HI)  | Female | None                  |
| 8                       | Irmansyah              | Working Group for Disabilities in Central Sulawesi             | Male   | locomotion            |
| 9                       | Ismuji Wijayanti       | Alzheimer Indonesia  | Women  | None                  |
| 10                      | Marini                 | Serial Cross-Generational Group                                | Women  | None                  |
| 11                      | Gerkatin               | Generation East Java   | Female | hearing               |
| 12                      | Meilina Margaretha     | Arbariter Samariter Indonesian-Philippine Bund                 | Women  | None                  |
| 13                      | Moh. Ismail            | Sasana Inclusion and Disability Advocacy Movement (SIGAB)      | Male   | Hearing               |
| 14                      | Mohammad Syamsudin     | Inclusion Sasana and Disability Advocacy Movement (SIGAB)      | Male   | Physical              |
| 15                      | Rohmanu                | Inclusion Sasana and Disability Advocacy Movement (SIGAB)      | Male   | None                  |
| 16                      | Rumiyati               | JSLU Assistant Ministry of Social Affairs RI (DIY Assignment)  | Women  | No                    |
| 17                      | Sariyadi               | Disability Preparedness Disaster (DIFAGANA) DIY                | Male   | vision                |
| 18                      | Setyo Widodo           | Association of Persons with Disabilities Klaten                | Male   | mobile device         |
| 19                      | Sholih Mudlor          | SAPDA DIY  | Male   | sight                 |
| 20                      | Suripto                | KOMDA LANSIA DIY   | Male   | No                    |
| 21                      | Suwarni                | Disabilities Disaster (DIFAGANA) DIY                           | Women  | locomotor             |
| 22                      | Suwarni                | LKS Tirtowening  | Female | No                    |
| 23                      | Titi Moetijasih        | UN OCHA  | Female | No                    |
| 24                      | Titing Rara Wulansari  | Companion Disability Ministry of Social RI (Assignment Malang) | Female | No                    |
| 25                      | Yustitia Arief         | Foundation Advocacy for Inclusion Disabilities (AUDISI)        | Women  | mobile devices        |
| Total Male Informants   |                        |  | 11     |                       |
| Total Female Informants |                        |  | 14     |                       |



### Appendix 3. Researcher Team

#### Lead Researcher :

Dr. Pujiono, MSW

Dr. Pujiono, MSW is a holder of a doctoral degree of Public Administration in Disaster Preparedness at the University of Philippines and in Decision Science and Planning Technology at the Tokyo Institute of Technology. Currently serving as Senior Adviser at Pujiono Centre, 2000-2002 he served as Emergency Preparedness Adviser at UNHCR Jakarta, 2006 served as Head of UNOCHA Regional Office in Kobe-Japan, in 2007-2010 served as Adviser on early recovery for UNDP HG in Geneva , In 2010-2013 served as Project Manager for UNDP in Bangladesh, 2013-2014 served as Chief DRR Section at UN ESCAP Bangkok, 2018 served as Senior Program Officer at UN Tehran Bangkok, and also worked with UNHCR on refugees in 1986- 1994.

#### Researcher :

- a. Anggoro Budi Prasetyo, M.Sc.

Anggoro Budi Prasetyo graduated from UGM Master of Disaster Management. Starting his career from 2006 in the fields of disaster, disaster management, gender, and research. Involved as a trainer and facilitator for the National Village and Resilient City Disaster from 2014-present. As a localization researcher with Care Nederland, and Disaster Emergency Committee (DEC) in 2019. As an expert in gender mainstreaming in Yogyakarta Province in 2013-2019.

- b. Zela Septikasari, M.Sc., M.Pd.

Zela Septikasari is a graduate of the UGM Master of Disaster Management. Starting a career in the field of specific disasters in community empowerment or Community Based Disaster Risk Management (CBDRM) since 2012. 2015-2016 became the National BNPB facilitator for the Disaster Resilient Village program in DIY, 2017, Area Manager in Gresik Regency, 2019, Disaster staff Risk Reduction (DRR) in the Community Led Disaster Risk Management (CLDRM) program, and initiated CLDRM in North Lombok and Donggala, Central Sulawesi. In 2012 she became a Disaster Safe Education Unit (SPAB), 2018-2020 became a facilitator for SPAB BPBD DIY. 2017- Post Disaster Need Assessment (PDNA) and Psychosocial facilitator. From 2019 to the present, she is active in research related to localization and disaster management together with the Humanitarian Advisory Group, Care Nederland, and the Disaster Emergency Committee (DEC).

- c. Monicha Silviana, S.Tr.Sos

Monicha Silviana is a Social Worker who has graduated from D-IV Social Work at the College of Social Welfare. Active in activities in the fields of social work and social services, including social work with children, disaster, community empowerment and community organizing. Starting a career in social work since 2018 as a Social Worker Supervisor at the Indonesian Ministry of Social Affairs.

- d. Hanifah Syahroeddin, S.Tr.Sos

Hanifah Syahroeddin is a D-IV Social Work graduate at the Bandung Social Welfare College. Certified as a social worker profession and practicing social work services since 2016. Starting a career as a social worker under the auspices of the Cimahi City P2KBP3A Social Service. Then she continued her career as a Social Worker Supervisor of the Ministry of Social Affairs with the coverage of the Indramayu Regency work area since 2018. In 2016-2019 she served as Secretary of the LKSA Swara Peduli Cimahi.

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