A resilient community: Tackling COVID-19’s impact on people with disability
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I am delighted to share our findings from the Partnership for Australia-Indonesia Research (PAIR) COVID-19 Rapid Research Series.

As the COVID-19 pandemic spreads, it continues to disrupt economies, jobs, education and health systems worldwide. To address the pressing challenges in Indonesia, we have brought together teams of interdisciplinary researchers from both countries to explore COVID’s impact on people. We focus on three areas: health, connectivity and economic recovery.

The report provides the policy community with timely access to the best available evidence. It also responds to the Australian Government’s Partnership for Recovery strategy. The strategy aims to understand and support Indonesia as it deals with and recovers from the COVID-19 pandemic.

Warm regards,

Dr Eugene Sebastian
PAIR Program Director
The Australia-Indonesia Centre
The coronavirus pandemic has created hardship for many; imagine the added challenge for those living with a disability.

“During the pandemic, we are obliged to wear a mask. It is such a constraint to me because it hinders me in reading lip movements and communicating with a customer. They have difficulty in understanding my needs and not everybody wants to take off their masks when speaking to me.”

This report takes a detailed look into the everyday lives of women and men with a disability in the Indonesian province of South Sulawesi and finds that COVID-19 has had a significant impact on their social interaction, and their ability to continue with studies or earn income. It has affected their sense of self and underscores a call for more to be done to include people with a disability in policymaking decisions.

The research builds on a 2020 survey by the Disabled People’s Organisation (DPO), which found that up to 80 percent of those living with a disability had lost their income, while 60 to 90 percent struggled with learning, especially when having to use smartphone apps and other online methods. The disability community was also being excluded from the planning, implementation, monitoring and evaluation of COVID-19 mitigation and recovery.

This report also looks at how COVID-19 has disproportionately affected women and girls with disability; for example, many are expected to do the food shopping during increased restrictions.

This localised perspective is designed to drill down into the challenges and identify solutions that policymakers and civil society could apply to their own settings.

It is written with the understanding that government resources have been stretched during the pandemic and, importantly, recommendations are provided that can be implemented with minimal or no cost. Further, it notes that adopting a mindset of committing to inclusion and working with those with a disability can be as valuable to improving lives as funding schemes.

The report also looks at the coping strategies that have been adopted by individuals, and the assistance provided by organisations, and outlines how to support them through policies and programs.
Recommendations

The report makes seven key recommendations on government priorities to assist people with a disability:

1. **Improve communication methods** so the delivery of critical information on health and safety includes the needs of those with speech, hearing or sight impairments.

2. **Expand government subsidy schemes** to ensure people with disabilities continue to have access to basic services such as water, electricity and communications.

3. **Expand the timeframes for access to cash and other financial assistance** until people with disabilities can regain their usual incomes.

4. **Provide food delivery services** including essential supplies for people who are unable to shop for themselves.

5. **Collect comprehensive data** to better target the distribution of aid and organisational support.

6. **Liaise with disability organisations** who are bearing the load and underpin their efforts with funding and training.

7. **Incorporate specific disability and gender policies** into the work of the National Agency for Disaster Countermeasure.
1.0. INTRODUCTION

This is the first in-depth analysis of the impacts of COVID-19 on the daily lives of people with disabilities, including the varied experiences of women and men, in South Sulawesi, Indonesia. It is intended that the evidence gleaned will contribute to more gender and culturally sensitive policies and programs that could help reduce the psychological, social, economic and health impacts of the pandemic on the disability community in South Sulawesi. The aims of the study are:

1. To explore how COVID-19 affected the daily lives of people with disabilities in South Sulawesi, including the gendered effects.
2. To analyse the coping strategies employed by women and men with disability in South Sulawesi responding to COVID-19.
3. To explore what kinds of support they have, and have not yet, received.
4. To examine how to strengthen policies and programs to reduce the effects of COVID-19 on women and men with disability in South Sulawesi.

This study builds on the recent Disabled People’s Organisation (DPO) Network rapid assessment, which used surveys to reveal significant financial, psychological and social effects of the pandemic. It revealed people with a disability were being excluded from the planning, implementation, monitoring and evaluation of pandemic mitigation and recovery. Outcomes of that survey include:

- 80.9 percent of respondents agree COVID-19 has negatively impacted their sense of self and social interaction.
- 50-80 percent of respondents, most of whom work in the informal sector, have lost income during the pandemic.
- 67.97 percent of students with a disability reported difficulties participating in learning, using applications and online learning methods.
- 64 percent of respondents indicated they would like to contribute to the pandemic response, whether by producing masks, creating designs for communications, collecting public donations or making their own financial contributions.

This research complements the DPO assessment by focusing on South Sulawesi. It deliberately adopts a gender lens. There is already evidence the COVID-19 crisis exacerbates the precarious situation of women and girls with disability, with life-threatening consequences (UN Department of Economic and Social Affairs, 2020). There is also evidence of a “shadow pandemic” of increased violence against women since March 2020, with women with disability especially vulnerable to experiences of violence (UN Women, 2020).

We adopt a social model approach to disability, which moves away from a medical understanding of disability as mostly a problem of ‘deficient’ or ‘abnormal’ biology. Instead, the social model locates disability in the oppressive ways in which society is organised and operates (Oliver, 2013; Chappell, Goodley and Lawthom, 2001). We also take a broad approach to gender in this study, because in South Sulawesi, gender is not understood as binary or opposite (Davies, 2010, pp. 23-25). It is a broad continuum, and we note gender is fluid, flexible and non-binary.

Lastly, we use the terms Global North and South to move away from Euro-North American centric, developmentalist terminology such as ‘Third World countries’ and ‘the developing world’. The terms Global North and South instead centre “geopolitical relations of power” (Dados and Connell, 2012, p. 12), with the Global North used to describe countries that have exploited, intervened in and colonised the Global South.
2.0. METHODOLOGY

We used a qualitative approach, based on in-depth interviews, because qualitative research prioritises the meanings and values that individuals and groups give to their own social problems (Cresswell and Cresswell, 2018, p. 4). We selected three sites for data collection in South Sulawesi: one urban (Makassar City), one peri-urban (Gowa district, one hour’s drive from Makassar) and one rural (Bulukumba hinterland district, five hours’ drive from Makassar).

We interviewed women and men living with a range of disabilities. We also interviewed stakeholder participants, a mixture of community leaders (formal and informal), government officers involved with disability services and policymakers, to increase stakeholder buy-in. We designed a separate interview schedule for each participant category.

To collect data we partnered with PerDIK, a non-government organisation working with people with a disability in South Sulawesi. Dr Ishak Salim and Mr Syarif Ramaghan from PerDIK provided expertise in inclusive design and data collection methods, allowing us to collect and disseminate high-quality evidence. Engagement with PerDIK has facilitated close cooperation between universities and NGOs and PerDIK staff undertook all data collection. We used inclusive collection methods to ensure meaningful participation by women and men with diverse disabilities. We modified interview methods as appropriate, used suitable communication methods and accessible data collection locations, ensuring participants felt comfortable. This was challenging as data collection was remote – via telephone and online – due to COVID-19. Pandemic-related restrictions and election campaigning meant data collection took longer than anticipated.

Overall, we conducted 36 interviews with participants with a disability. We conducted 14 online interviews with people with a disability in Makassar (seven males and seven females), 10 interviews in Gowa (five males and five females) and 12 interviews in Bulukumba (eight males and four females). Participants live with a range of disabilities including sensory, physical and intellectual disabilities. We also interviewed about 50 stakeholders, a mixture of representatives from provincial or city/district social offices, health offices, the Development Planning Agency, gender and disability NGOs and other community-based organisations working on disability issues. We interviewed 12 government officers and 12 NGO representatives in Makassar, 10 government officers and four NGO representatives in Gowa, and 10 government officers and three NGO representatives in Bulukumba. Interviews were in Bahasa Indonesia (Makassar dialect) and transcribed by the interviewers. Junior researchers at Hasanuddin University translated the content into English. Participants were given a pseudonym to maintain confidentiality.

Raw data were analysed using a thematic approach (Cresswell and Cresswell, 2018; Grbich, 2005) to identify emerging themes and answer the research aims. Analysis was conducted in English and Bahasa Indonesia and interpretations checked by teams in both Australia and Indonesia. We structured this analysis according to the four aims of the project.
3.0. Findings

3.1. The Impacts of the COVID-19 Pandemic on the Daily Lives of People with Disability in South Sulawesi

COVID-19 and related preventive measures affect participants’ lives in many ways. While some of these impacts were felt across the whole population, people with a disability faced additional barriers.

Inaccessible Information

Information about COVID-19 was not consistently provided in accessible formats. Broadcasts on television were less accessible for deaf participants, as they often lacked sign language interpreters and subtitles. The poor sound quality of television was also a barrier to understanding. As two interviewees living with a hearing disability, Fadhlan (male, deaf) and Putri (female, deaf), reported:

“If the information is delivered visually and without a sign language interpreter, or if there is no subtitle, it would be difficult.”

“Watching the news on TV is sometimes unclear and the volume is low. Because the TV sound is low it is hard to hear and understand.”

To access information about COVID-19, participants, particularly those with hearing disabilities, turned to text formats on digital technologies such as reading the news on their smartphones, or watching YouTube videos with closed captions. Most of the people we interviewed had access to a smartphone or computer and were confident using digital technologies. But reaching internet data limits posed significant problems. This was a dilemma that Fadhlan experienced.

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“If I run out of internet quota ... I cannot access the internet, or I cannot access YouTube.”

Inaccessible TV broadcasts raise serious concerns for those without consistent access to the internet. Many people with a disability in the Global South do not have access to digital devices. The lack of information from official sources in accessible formats puts people with a disability at higher risk of contracting the virus. Interviewees also reported a direct link between inaccessible information and feelings of stress and anxiety. As Fadhlan revealed:

“Without a sign language interpreter that helps me to interpret the information in the form of video, I would not understand it, because the language is different. Moreover, sometimes I feel stressed because I don’t understand the information.”

Not being provided accessible information on the changing rules and regulations surrounding COVID-19 also puts people with disability at risk of contact with police and other authorities. Fadhlan, who worked in the hospitality industry, said he was unaware that shops were meant to be closed, because this information was not translated or provided in text formats.

“There are instructions from the Civil Service Police Unit (Satpol PP) that shops should be closed during the pandemic. But they don’t understand that we need sign language to understand their words, or we need text to read.”

Another participant, Ahmad (M, low vision), stated that while “COVID-19 information has many news portals for access to information”, some local government websites were inaccessible “since screen readers don’t read the graphic information shown on the site”. This meant he did not check the government site regularly and was unaware his home was in a “red zone” (a city or district with the highest rate of Covid-19 transmission) information presumably conveyed through a graphic map.

One participant, Annisa (F, hard of hearing), reported no barriers to accessing information, as she used the local council website, which provided updates in accessible formats. Annisa is a university student and therefore has a high level of social and cultural capital. It is likely not all interviewees were aware of how to access this information.

Most of our interviewees experienced barriers to accessible information. However, it is important to note that all the above examples relate to people who are blind or have low vision or are deaf or hard of hearing. There was a clear difference in how participants accessed information about COVID-19, depending on their type of disability. For people without sensory disabilities, there were no barriers to accessing information. As Nurul (F), who previously had leprosy, said:

“If the information about COVID-19 is always shown on television, then I think that is enough, because we are always watching the TV. The information is also on the internet, and we can also get it from a COVID-19 SMS service.”

Barriers to Communication

Participants reported additional barriers to communicating at work and university. For participants who were deaf, mandates and guidelines to wear face masks during the pandemic prevented lip-reading, an essential form of communication for people who are unable to sign. This was particularly hard for participants who worked at shops and restaurants, as they could not
understand their customers. It also prevented students and researchers from understanding their colleagues. As Fadhlan and Annisa said:

“During the pandemic, we are obliged to wear a mask. It is such a constraint to me because it hinders me in reading lip movements and communicating with a customer. They have difficulties in understanding my needs to read their lip movements, and not everybody wants to take off their masks when speaking to me.”

“When doing research at campus, I had difficulty reading lips because of the use of masks.”

For university and school students, the switch to online technologies such as Zoom sometimes made it difficult to understand lecturers and teachers. Annisa explained:

“When I Zoom into the online classes I have trouble hearing so I have to be very focused … because I am hard of hearing. It is difficult for me to understand what the lecturer says especially when the lecturer explains it quickly.”

‘Zoom fatigue’ is a well-documented phenomenon, caused by the increased focus required to process the cues, tone of voice and body language communicated via the video conferencing format, and the strain of listening against background noise. For those who are hard of hearing, glitches in sound, background noise and fast or unclear communication exacerbate these difficulties. Annisa’s account reveals additional challenges for her education because her needs were not accommodated through, for example, closed captions.

Only interviewees who were deaf or hard of hearing reported difficulties with masks and online technologies. For people with disabilities such as leprosy, “wearing masks is not an obstacle, because before COVID-19 we also used masks” (Nurul, F). This demonstrates the importance of understanding and documenting the nuanced ways in which the pandemic affects people with different disabilities, underscoring the need to develop policy addressing diverse requirements.

Access to necessities

COVID-19 introduced new obstacles to accessing necessities. In South Sulawesi, visits to food markets were restricted to once a week at times. People had to buy enough groceries to last the week, transporting a larger volume of food home. As Annisa (hard of hearing) described:

“The market activity schedule is reduced so that you can only go to the market once a week, which means having to buy more than usual. Buying more groceries than usual makes you tired because you have too much to lift and the house is quite a distance from the market.”

Transporting larger amounts of groceries requires strength and energy, and more upfront costs. For people with certain physical disabilities, these restrictions can have an even greater impact on wellbeing and energy levels. They also have distinctly gendered effects because women and girls are more likely to buy groceries. Increased fatigue and travel time can also lead to reduced participation in education and employment. While no female participants reported this, a male interviewee (Ahmad) said women were more affected by the pandemic as “they can’t go to market or find it difficult to get access to market because they are afraid of the virus”. Fear of contracting the virus in public or crowded spaces is likely to disproportionately impact women and can contribute to difficulties accessing food and other essentials.

For others, meeting daily needs was difficult due to reduced income. As Nurul (former leprosy sufferer), who is primarily a housewife, reported:

“It is difficult to go to the market because there is no money. Not because of the market. There is a market, but no money.”

Loss of income was a barrier Nurul faced. This led to difficulties providing for her family, despite receiving informal assistance from her children and formal assistance from the government. She also recounted the hardships faced by others in the leprosy community:

“A person with leprosy on Jalan Sunu had no income at all. The electricity and water were turned off … Finally, he took electricity from his neighbour. He also took water from a neighbour’s well, I am sorry about this. And he has five young children.”

These sad, disturbing findings mirror those of the rapid assessment, which found that income losses of up to 80 percent meant some of our participants lacked the means to access necessities and meet their daily needs, creating anguish and stress.

“Fear of contracting the virus in public or crowded spaces is likely to disproportionately impact women and can contribute to difficulties accessing food and other essentials.”
Almost all the female interviewees reported drops in income, while only one male did. Our sample was small so we cannot claim this finding of a gendered effect is generalisable. However, we know from previous research that women in Indonesia and women with a disability are more likely to have lost jobs and taken on more care responsibilities in the pandemic, a trend that has intensified the effects of poverty for women with a disability (Setyonaluri, 2020; UN Women, 2020, p. 4; Plan International, 2020, p. 10).

Access to adequate healthcare was also problematic for some. One interviewee, Mego (M, schizophrenia) reported that COVID-19 prevented necessary consultations with his psychiatrist, which was an issue because he needed not just medicine but counselling. Medical equipment and services are essential to the wellbeing of people with disability, however the pandemic hindered access to these necessities.

### Anxiety and stress

The pandemic caused great anxiety and stress for most participants. News about the number of people dying, the effects on people who had COVID-19, and fear associated with leaving home, being in crowds and contracting the virus all contributed to participants feeling distressed and overwhelmed. Annisa, Putri, Nurul and Ahmad revealed:

- ”At the beginning, so many people died. The information scared the people, including me.”
- ”I am more worried because this pandemic is spreading fast and there is no cure. I feel a bit stressed because I have not left the house for quite some time, I am fearful of crowds.”
- ”Feeling less secure and more afraid, yes. We don’t know who is infected with COVID-19 and who is not, especially if you are outside the house.”
- ”I am afraid of being infected.”

As mentioned earlier, a lack of accessible information about COVID-19 was directly related to more anxiety and stress. Being informed about COVID-19 led to less anxiety. As Fadhlan said:

- ”At the beginning of COVID, the level of my worry was high, but later, after receiving information, I became more relaxed.”

Participants also felt their plans and goals had been disrupted by the pandemic, leading to further distress. Annisa, a student whose research program had been delayed by three months due to lockdown, said she felt “mentally disturbed because all the targets and plans that have been prepared become delayed”. For young people and students in particular, the potential for the pandemic to derail educational and career goals was a particular concern.

Fear and anxiety also stemmed from the need to access medical and health services during the pandemic. Participants feared contracting COVID-19 in these locations. Nurul recounted what happened when she visited the puskesmas, or public health centre:

- ”I'm afraid to enter the health centre. There was a day when a person without symptoms entered and was immediately picked up by nurses in full PPE with an ambulance ... at the public health centre (puskesmas). At that time I was afraid to go.”

Seeing a person with no obvious symptoms being “picked up” at the health centre as having COVID-19 was confronting, reinforcing anxieties that Nurul earlier expressed that there was no way to tell who was or was not infected when mixing with the public. Interviewees reported experiencing higher levels of fatigue from visiting health centres, due to longer waiting periods. Nurul explained:

- “Before entering, we have to wash our hands, while inside we sit and keep a distance of 1 metre. Then if we want to enter the doctor’s office, we cannot go straight in. We are asked to wait, we have to queue, enter one by one ... Of course it hampers us, because the time does not include the queue, where we have to wait longer. It’s more time consuming. In the past, when I left home at 7am I was able to go home at 9. Now, if I arrive at 7, I will go home at 10, 11 or 12.”

Lastly, as previously indicated, the inability to afford food and other essentials led to feelings of extreme anxiety and prompted interviewees to question how they would survive. Nurul, whose income was dramatically reduced, said she was “worried about what to eat tomorrow, what to buy for tomorrow ... Of course, it’s really difficult, it’s difficult to go around, it’s difficult to go anywhere. That is life today.” The effects of the pandemic on income is discussed in further detail below.

### Impact on education and employment

We interviewed two students – Annisa (hard of hearing), who attends university, and Ahmad (low vision), who goes to high school. Both reported that COVID-19 had significantly affected their learning and education. Annisa said she wanted to do research, but her campus had been forced into lockdown.

Stay-at-home orders and lockdowns greatly impeded research students’ ability to...
continue their work. Working from home may be unfeasible for people who need specialised equipment to study, or who live in small or unsafe domestic environments. Time-pressured projects were delayed. As previously discussed, inaccessible online lessons without closed captions hindered Annisa’s education. This was reported in the rapid assessment, with participants saying they found online education largely not inclusive for students with disability.

Ahmad encountered barriers to continuing his high school studies remotely. He said there were health impacts from the stress of studying online that were experienced by many students, who faced “too many” tasks, which led to confusion. For Ahmad, the stress resulted in headaches, which meant he needed frequent naps and breaks from his study to relieve the pain.

“Having too many tasks to do could lead to depression if not managed properly, especially if I submitted late or missed deadlines.”

Another significant impact was the pressure of keeping up with tasks online, without adequate assistance from teachers. Ahmad said:

“Regarding online learning, based on the information I have accessed, many (people with disability) are complaining.”

Clearly, the experience of finding remote learning difficult was not unique to Ahmad, with other students with disabilities lamenting these barriers, too. There were also social consequences of the switch to online learning. Ahmad said his interactions with friends and teachers were “not going well”.

As well as the impact on education, the pandemic saw some participants lose income. Putri (deaf) ran an online shop selling cakes and clothing for Muslim women and saw a sharp decrease in sales and turnover. She lost at least 75 percent of her income, the largest decline reported by an interviewee.

“Before the COVID-19 pandemic, I had a turnover of 2 million rupiah. However, when the pandemic occurred, it fell to 500,000 and even in the last two months there were no orders at all.”

Nurul (former leprosy sufferer) worked as a parking attendant before the pandemic and continues to work one day a week. She reported a 50 percent decrease in wages.

“It’s really decreasing, especially since the pandemic ... I usually get 100,000 in one day, now I get only 50,000.”

The closure of shops and businesses had a significant effect on the numbers of people needing to park near these shopping districts, and consequently, on Nurul’s income as a parking attendant. However, this drop in income did not initially lead to a lowering in related taxes she had to pay:

“I immediately went to the tax office in charge of parking, so that the parking tax could be lowered due to the reduced number of vehicles ... We can’t afford to pay if the taxes are too high ... We have to lobby, because the number of vehicles is decreasing, but we still have to pay taxes.”

Nurul’s lobbying was effective, and the daily taxes were reduced from 25,000 rupiah per location to 10,000 rupiah. However, lobbying requires energy, persistence and specialised knowledge – resources that not all people with a disability possess. And despite lowered expenses, Nurul’s income remains significantly reduced.

Another interviewee, Melati (F, blind) reported a sharp decrease in income from her job as a massage therapist.

“Before the pandemic I could earn enough money to buy food for my family. I had money every day from giving massages to people, sometimes two or even four people a day. Because of COVID-19, people cannot call me for a massage. Both me and my husband work as masseurs [sic], but since March, we cannot work.”

Our interviews reveal people with disabilities are often precariously employed in public and customer-facing jobs, which corresponds to the results of the rapid quantitative assessment. Roles such as parking assistant, waiter, massage therapist and shop owner are in some of the industries hardest hit by the pandemic.

There is also a gender difference here. The interviewees reporting a loss of income were female, while males reported no drop in income (except for Ahmad, a high school student, whose pocket money was reduced, reflecting the precarious financial situation of his family). Our sample was small, so we cannot claim a generalisable finding, but the trend of women with
disability facing a more precarious financial situation after disaster is consistent with international literature. Women lost between 50-75 percent of their income, replicating the results of the rapid assessment. Other interviewees who could maintain pre-pandemic working hours and conditions reported steady income levels.

Fear, violence and isolation

Most interviewees did not report experiencing violence, control or coercion during the pandemic. However, Putri said stay-at-home orders had made her mother stressed, and this increased her anger.

“I am sometimes afraid of my mother, since she rarely leaves the house and that makes her stressed. So, she often gets angry.”

While Putri did not report any incidents of violence, she seemed quiet and depressed during the interview, particularly in the presence of her mother. An aunt and carer of another interviewee with a mental disability noted his mother had become more tense and occasionally beat him.

“It is indeed more tense and difficult this year because of COVID-19.”

Violence can be a distressing topic to discuss and is commonly under-reported by people with disability who rely on carers who may also be perpetrators. While our study did not show widespread violence, it is likely the actual levels of violence and abuse against people with disability during the pandemic are not being captured.

COVID-19 also exacerbated the isolation interviewees already experienced. Putri, who already had little contact with people outside her immediate family, said it was confronting to stay in hospital during the pandemic, when visitors were not permitted.

“Our interviews reveal people with disabilities are often precariously employed in public and customer-facing jobs, which corresponds to the results of the rapid quantitative assessment.”

“The only thing is – because of the pandemic, I could not be visited while hospitalised. Due to the restrictions, my family was not allowed to visit. The impact is that the hospital became so quiet...”

Travel restrictions also isolated people with disabilities from family and other support networks. Nurul highlighted that “when visiting family, we are hampered. Because during the large-scale social restrictions (Pembatasan Sosial Berskala Besar), we were prohibited from going to our families in the villages.” Ahmad also felt isolated and restricted, saying “what I want to do at this point, but am hindered in doing so by the pandemic, is to meet lots of people.”

Fear of crime also increased. Nurul said that “if, for example, a friend asks to be driven to a place by motorbike, I say, ‘I’m afraid’, especially at night. We don’t know if something might happen to us.” This fear of crime, particularly at night, was compounded by news Nurul heard that a friend’s son had been robbed.

Fear of crime was a gendered phenomenon, with female participants stating this was an issue. One male participant, Ahmad, said, “I feel safe. I don’t think there is any crime around the boarding house and neighbourhood.”

Such disparities are likely to stem from the myth that public space is safe for men but dangerous for women, when in reality, women are much more likely to experience violence in the home, and men more likely to experience crime in the public domain.

Nurul also reported being scammed. She received a text message telling her that she had received government assistance, however when she went to the bank to check, she discovered the message was from an unofficial source.

“A few days ago an SMS came in saying I got COVID-19 [financial] assistance, ‘please check with the nearest BRI agent’. So, I went to the bank to check and there was nothing. The bank said, ‘Take a look, this is from an ordinary cell phone number, not from BRI. If BRI had directly informed you, that would be true, ma’am.’”

The general population’s increased need for government assistance and services during the pandemic could lead to a rise in online scams and phishing. Due to income loss and financial precarity, people with disability are at higher risk of being targeted by such scams.

Ultimately, the pandemic has affected people with a disability in many ways. While these effects have overwhelmingly been negative, the disability community in South Sulawesi is creative and resilient, and has devised many coping strategies, as discussed below.

3.2. COPING STRATEGIES EMPLOYED BY WOMEN AND MEN LIVING WITH DISABILITY IN SOUTH SULAWESI IN RESPONSE TO COVID-19

Our interviewees developed innovative and dynamic strategies
to address the challenges posed by COVID-19. These are some of the key strategies.

Communication strategies

Many women and men living with disability in South Sulawesi developed disability-specific strategies for responding to COVID-19 disruptions. For example, women and men with a hearing disability who rely on lip-reading responded to face-mask usage by developing other communication methods, such as using mobile phones in novel ways. As Putri (deaf) put it:

“Sometimes when talking to people, I type first on my cell phone to tell them that I am using a hearing aid.”

Mobile phones often helped participants access information. Annisa (hard of hearing) used a transcription application and web captioner to continue her studies:

“The impact [of the pandemic] that I felt on education was the difficulty of accessing communication online. What I do to respond to this impact is to use the transcription application and web captioner [on Zoom classes]. If the network doesn’t support me, I look for someone who can help me by translating the material.”

Yet, as Annisa’s account also shows, sometimes technology alone cannot facilitate full communication. In these situations, some people with a hearing disability have used other strategies to find the assistance they need to fully communicate and participate in everyday activities.

“I use a transcription or web captioner application on a cell phone. I usually also ask for help from people who are near me at that time to listen to the lecturer’s explanations and then explain back to me. If I want to meet a lecturer, I ask my friend to accompany me so that someone can help explain again, especially when the lecturer speaks in a low voice.”

But while people with hearing impairments employ strategies such as asking for help from others to address the disabling effects of the pandemic, this approach does have tensions. It requires other people to be willing to assist. This is not always the case, especially when the other person does not know the individual with a disability. This tension was particularly apparent for people with a disability who were working in shops or restaurants and needing to communicate with customers. As Fadhlan (deaf) explained, sometimes other people are simply not willing to try other forms of communication:

“Usually, I ask them to take off their masks or use written notes. If the customer doesn’t want to take off their mask, I would ask them to write down their order ... If they don’t want to take off their mask or write down what they want, I will leave them by themselves. I just don’t want to care.”

This statement is a reminder that what is actually disabling for people living with disability is not a specific impairment, but people’s unwillingness to use other, equally valid, forms of interaction.

Supporting others

Several interviewees mentioned they supported other people living with disability during COVID-19. Support was often targeted, with people in a particular disability community helping address the challenges that community faces. Fadhlan, for example, spoke about helping his deaf friends collect information about elderly people with a disability. Nurul (former leprosy sufferer) also supported other people with leprosy.

“There was a child who had leprosy (my neighbour). I took medicine for the child at the health centre. There was also a person in Kumala who asked me for help. She has graduated from high school, but doesn’t have a vehicle, so we in the Permata team help her to the healthcare centre ... As a fellow OYPMK (person with leprosy), especially as she is still young, I feel sorry for her. She was beautiful and her leprosy was not visible.

“But on her body there are red spots. That’s why I always encourage her, remind her to take medicine, and take regular baths. She is also confused; with such a condition, where could she work? Currently she has been undergoing treatment for six months ... I gave her suggestions, I listened to her, I reminded her not to be stressed, because if she gets stressed, the red spots will appear again. She really wanted to work but I told her to focus first on the treatment.”

As we know from responses to the first research question, the young person Nurul supported during the pandemic was not alone in their concern about work. This helps explain the lines people with a disability have started to draw between helping others in the community participate fully in daily life and improving their economic situation.

Annisa spoke about the work she had done in the community supporting others left vulnerable by the pandemic. Annisa helped distribute masks with community groups in her village as well as collecting money to buy more masks. Disability organisations have also reinforced these links between supporting others in the community to participate in everyday life, and their economic betterment. As Indah (F, deaf) explains:
“There is only self-help from the organisation itself. For example, we help provide training for deaf people to make mask hooks. I teach them how to buy and choose good materials. The trained people with disabilities have started a business related to sewing.”

While people with a disability and organisations have used initiative to play a positive role supporting others with disability during the pandemic – even creating new opportunities – this raises questions about what other support has been available. We explore this in greater detail in the next section.

3.3. SUPPORTS WOMEN AND MEN WITH DISABILITY HAVE RECEIVED AND HAVE NOT YET RECEIVED.

Generally, government support was inaccessible and/or inadequate. As a result, during the pandemic interviewees relied on informal support from family, friends, communities and disability organisations.

Informal supports

Some interviewees received help from extended family members, employers and their community in the form of daily support, food and financial assistance. Putri (deaf) lives at home with her parents and siblings. She is single and has no children. Family members cook for her and accompany her outside the home. While her basic needs were still met during COVID-19, the pandemic did leave her more isolated because she left the house less often. The assistance Putri reported receiving during the pandemic was entirely from her family. Despite a significant drop in the turnover of her online businesses, the only additional assistance she received was from her adoptive mother. Although she knew there was a government pre-employment program (Program Pra-Kerja), she did not register for it.

Fadhlan kept working as a waiter during the pandemic. He continued to contribute money to his parents, with whom he lives. He did not receive government assistance because he did not receive any information about assistance from the subdistrict. He said his friend received information about government help, but he did not. Instead, his employer helped him out with groceries, which was “enough for daily needs”.

Similarly, Melati (F, blind) obtained vital support from her family, neighbours and massage customers in the form of food such as rice, sugar, instant noodles, vegetables and eggs. She lost her entire income during the pandemic because she and her husband work in a massage business that shut down.

“I consider myself and my family lucky to have many supportive family members and neighbours. This morning, one of my neighbours put some eggs and vegetables in front of my window. Two days ago, a good person who frequently called me for massages also came and gave me a bag of rice. My relatives have also helped me during these difficult months.”

Neighbours, family and friends provided crucial interpreting and translation assistance to overcome inadequacies in essential pandemic information. Here, our findings confirm those from the Disabled People’s Organisation rapid review that family, community and local authorities such as village governments were crucial in communicating essential pandemic information in an accessible format, particularly for those living in rural areas. Fadhlan struggled to understand official information delivered by audio without subtitles or without using a sign language interpreter:

“There are instructions from the Civil Service Police Unit (Satpol PP) that the shops should be closed during the pandemic. But they don’t understand that we need sign language to understand them, or we need text to read. So we have to ask our neighbours for help.”

Similarly, Indah explained how her deaf friends undertook crucial self-help during the pandemic and shared information about government assistance. Poor communications about government programs meant the assistance of the disability community was crucial to receive government help. Those who did not get the informal help missed out.

“Deaf friends also received BLT 600 assistance (direct cash transfer). Information related to this assistance was obtained from deaf friends who informed each other. The information should be more evenly distributed because there were friends who found out about the support only after registration had been closed.”

Friends and family also played a crucial role in helping overcome communication difficulties during the transition to online learning. Ahmad (low vision) asked friends or family to help read online COVID-19 information but gave up when he could not get help. University student Annisa (hard of hearing) found online lectures especially difficult because she could not use her usual techniques to understand the lecturer. When studying online, she needed help from those around her to participate in her education. This informal assistance was especially important when the online web caption service did not work.

From this data, it appears that informal assistance from family,
neighbours and friends was vital to surviving the pandemic. It plugged the gaps caused by inadequate government support and the switch to a largely online life that did not account for the needs of people with a disability.

**Support from disability organisations**

Interviewees received support from disability organisations and found this to be adequate. Supports were comprehensive, including material goods such as groceries, health protection supplies such as masks and hand sanitiser, and training in income-generating activities to sustain themselves during the pandemic. From our small sample, it appeared that supports and programs offered through disability organisations did not explicitly focus on gender. They nevertheless had a gendered impact.

Material support and health protection supplies were a key part of this assistance. South Sulawesi disability organisations such as Astra, PerDIK, PKK, Tenoon and Gerkatin Sulsel arranged the distribution of groceries (sembako) to members with disabilities. Fadhlan explained that this “assistance was very helpful and I felt like I had enough.” Some disability organisations may not have offered services and supports during the initial months of the pandemic, around March 2020, said Indah. Annisa found the distribution of masks and hand sanitiser “very helpful in doing activities during COVID-19.” Her community group collected money from fellow youth members to purchase masks to distribute in her village. With the effects of the pandemic ongoing in South Sulawesi, Indah, chair of a Makassar disability organisation, reiterated how important it is to continue providing material support for people with a disability:

“The aid programs such as the provision of basic foodstuffs should still be implemented because it is very important for deaf friends who are affected. Because the basic food assistance is limited, not all deaf people with disabilities get this assistance.”

Emotional and moral support was important, including by connecting isolated members online. This was both beneficial for people with a disability and provided disability organisations with information on the support to offer throughout COVID-19. Indah described how her organisation’s small business training program developed:

“Deaf friends were able to meet online and through that meeting a conversation emerged to conduct sewing training.”

We found evidence that some disability organisations are responding to members’ needs and training members in income-generating activities to help them weather the pandemic. Indah explained how her organisation trained deaf members to sew beaded mask hooks and create a business:

“Early October, there were three deaf people who were distressed because there were no jobs during the pandemic. And I offered to teach them how to sew and make a mask hook. I invited them to go to the grocery store and showed them materials that could be used with only 100,000 rupiah in capital. Before going to the shop, I taught them how to make the hooks from beads. I did the training in only one day and after that they practised it themselves at home.”

It appears many disability support organisations acted during the pandemic because there was little or no government support. Disability organisations could clearly see pandemic-generated needs in their networks of people with disabilities and identified gaps in service provision. Indah said her organisation created a program because deaf members were losing jobs and there was no local government policy to address the problem.

Disability organisations were creative about using minimal resources for maximum support. Indah said the financial strategy behind the mask hook training program was to use limited capital provided by the disability organisation – 125,000 rupiah – to seed the program and fund start-up costs for members. Profits were fed back into the program and used to help other members buy materials.

It appeared from interviewee responses that programs offered through disability organisations did not explicitly focus on gender. Nevertheless, they were gendered in effect. One example is the sewing program offered by Indah’s organisation. Only women were offered the small business training, although the gendered nature of the program was never explicit, she said:

“For sewing training, no man asked to take part in the training, but if there was a man who wanted to join, they were allowed. Because there is no difference as to whom deaf people with disabilities want to take part in the training, whether male or female.”

Strong cultural norms around gender roles meant the impact of the program was highly gendered and only female members received the benefit of the training. However, data sources on this were limited.

The material, moral and training support provided by disability organisations was central in helping people with a disability in South Sulawesi cope with the COVID-19 pandemic. Disability organisations were well placed to provide this support because their
close connection with members meant they could quickly identify the need. However, limited funds meant they had to be creative in how they provided support. We also saw some evidence that support programs may have had unintentionally gendered impacts.

**Support from government**

Our data show that government support for people with a disability in South Sulawesi during the pandemic was inconsistent and inadequate. However, we did find some evidence of schemes that worked. Many interviewees did not receive any government support and were not even aware it existed until it was too late to apply. This was due to insufficient budget, ineffective information dissemination and a lack of disability data to show how many people might require assistance, as discussed below.

People with disabilities had unequal access to government assistance. Government disability support did not consider gender but was more focused on elderly people. People working in disability organisations did not know how to apply for support from other non-government agencies.

The DPO rapid assessment found that only a small percentage of respondents received support from government social assistance programs (electricity subsidy: 35.4 percent; water subsidy: 5.16 percent; cash transfer: 4.53 percent; food/non-cash assistance: 11.36 percent; and program keluarga harapan/conditional cash transfer: 13.03 percent). That report found the low uptake was caused by poorly integrated social welfare data and exclusion of disability as a criterion for providing assistance.

Interviewees in our project reported very little government support. In some cases, this is because it was not needed. Fadhlan (deaf) did not receive government assistance because his work at a cafe continued and he still received wages. Annisa (hard of hearing) did not receive government support, but she did not need it as a university student supported by her parents.

Nurul (former leprosy sufferer) did receive government support. She continues to receive material support from the provincial government (Bansos) to help with food for her family after her income was halved and she found it hard to buy food at the market:

“There is social assistance. Every month it is still running. Yes, of course it is very useful, especially since my income has decreased greatly. Very helpful. Because it’s a staple, rice and eggs. Actually, there are also chickens, but if I take chicken, I can’t get eggs. So most of my friends take eggs. Items can also be exchanged to rice. It all depends on our needs.”

It was clear from our interviews that there were women and men with disabilities in South Sulawesi who needed government help but did not get it during the pandemic. One example is Putri (deaf) who lost most of her income when trading almost completely ceased in her online business selling cakes and **mukena** (prayer dresses). Putri knew there was a government pre-employment program (**Program Pra-Kerja**) for which she may have been eligible but did not register. Putri was isolated from the outside world because of the pandemic and despite having excellent IT skills, did not receive much-needed government help. Similarly, Indah (deaf), who helps run a support organisation for deaf people, said that during the pandemic many deaf individuals who needed help did not get even basic foodstuffs assistance from the government.

“... there was once a deaf friend who worked at a fast food company but because of the pandemic he was sent home. There is no policy from the local government (covering basic needs such as food and employment/income).”

Similarly, Ahmad (low vision) experienced an 80 percent drop in his income due to the pandemic. He knew as a student he could access the BLT 600 but did not because of inadequate information.

“BLT, I would have liked to get it, but maybe at that time I was slow to process my data and rarely appeared in the dorm. So those who took care of it did not register my name.”

Interviewees said not all local government support programs were adequate. Government financial assistance such as BST and UMKM only lasted for three months, leaving recipients with disabilities without necessary support after the pandemic’s initial months (Indah). Non-financial government support such as employment training was also limited. Indah explained:

“There has never been a government training program. There are only assistance programs but not all deaf people with disabilities received them. The assistance programs from local government organisations are quite good, but some are of poor quality.”

Our data clearly show there were problems with how government programs were communicated to people with disabilities in South Sulawesi. For some people whose disabilities make communication difficult (such as deaf, hard of hearing, blind or low vision individuals), this meant they missed out on government assistance. Indah explained that her Grahita (deaf) friends were most likely to miss out.

“Because most of the Grahita friends live at home and do not interact with other people, the...
access to information does not reach them.”

Ahmad noted that he rarely accessed official information about COVID-19 online because the format of many pandemic-related government websites was not compatible with the software he uses to access the internet.

“For that matter, I only follow information at national scale. I only access data on a larger scale like Makassar city. If it’s a smaller scale, I rarely access it. I rarely access the covid19.go.id site ... I've been reluctant for the past few weeks, because of the additional data, especially since screen readers don’t read the graphic information shown on the site.”

We noted previously how deaf and blind people struggled to understand government communications during the pandemic without sign-language interpretation or captions. This failure meant people with communication disabilities missed out on government support. Fadhlan did not receive any government assistance during the pandemic because he did not know about it.

“I did not get any information regarding assistance. My friend received it but I did not. The subdistrict did not provide me with information.”

Interviewees identified the mode of program delivery as a problem. Government financial assistance was usually delivered indirectly through third-party organisations such as Himpunan Wanita Disabilitas Indonesia (HWDI, or the Association of Women Living with Disability) and Perkumpulan Penyandang Disabilitas Indonesia (the Association of People Living with Disability in Indonesia). Indah is part of a disability organisation that works with deaf people in Makassar. She was asked by HWDI for data about deaf recipients of a grocery distribution program in her community. This meant government assistance did not always reach people with a disability directly during the pandemic. Indah argued that the government should meet deaf people directly, not through a third party.

“The direct cash assistance (BLT 600) was only obtained by one deaf person because the information was obtained directly from the RT (rukun tetangga or group of households). But most don’t know that information. Deaf friends did not get information from the local government regarding the BLT registration.”

There is a question about the adequacy of government data on people with disabilities. Indah argued inadequate data was a key reason why pandemic-related government support was not as effective as it should be. Contacted by third-party organisation HWDI during the pandemic for data to help provide government support, she hesitated:

“Usually HWDI asks for data for the distribution of groceries and I am contacted to provide this data. For example, there are five deaf people. But I don’t know how much data on people with disabilities the government has or what the purpose is – and usually the data is out of sync.”

In contrast, Intan, an officer who works with the Social Service Office in Makassar, said:

“The Social Service has data on people with disabilities and there are also social welfare workers for people with disabilities who collect data. The data is connected to the SimPD (Information System for People with Disabilities) system from the Indonesian Ministry of Social Affairs. So we have the data at the Social Service.”

However, Intan did acknowledge that there were gaps in this data, especially around the nature of disability and individual need:

“If it’s about the data we have, it’s still not well developed. We have data on the variety of disabilities but do not yet have, or develop data about, the problems or needs of people with disabilities.”

Good data costs money. Intan suggested that the government data gaps on disability were due to an insufficient budget:

“It would require a very large fund if we want to develop our data about people with disabilities. Currently, we still collect the data via social welfare workers.”

Our interviews with government officers in two other sites – Gowa and Bulukumba – support Intan’s assertions about undeveloped data hindering government support for people living with disability.

“We acknowledged that the data that we have so far is not yet detailed enough to enable us to know exactly how many people are living with disability in our area, what kind of disability they have, where they live or their socioeconomic background. We need to coordinate with relevant government agencies and NGOs working with disability issues to have these detailed data.” (T, District Office for Development Planning, Bulukumba)

“Data is important. We are currently trying to improve the availability and the quality of our data. But it takes time and funding and requires close collaboration with many organisations, government or NGOs to materialise this. We are working in that direction.” (R, Social Service Office, Gowa)
The Dana Desa (village fund allocation) was one example of effective government support for people with disabilities that interviewees from government and NGOs working in Bulukumba mentioned. Dana Desa is a nationally funded program providing money directly to village governments, initially for rural infrastructure development and subsequently for investment in human development. Interviewees said the Kambuno village in Bulukumba allocated a portion of their Dana Desa in the past few years, including this year, to support vulnerable populations including people living with disability. Advocacy and capacity building for village leaders and government is needed to enable them to adapt the experience of Kambuno village to their context.

Our data did not reveal enough about the gender responsiveness of government support services for people with a disability during the COVID-19 pandemic. Indah thought government support did not consider gender but was geared more towards the elderly with disability. However, the latest national Indonesian data show that the number of men who received social assistance since the pandemic started is higher than the number of women, probably because policy responses have not specifically addressed the needs of marginalised groups, including women (Setyonaluri, 2020).

Our data point to two reasons for inadequate and inaccessible government support for people with a disability in South Sulawesi: problems with communicating government programs to people with disabilities and problems with data collection. The DPO rapid review also identified the exclusion of disability as a criterion for receiving supports as another reason for low uptake of government support by people with a disability. These problems may stem from inadequate government budgets for disability support. Government support did not consider gender but was targeted more towards the elderly with disability. People with disabilities had unequal access to government assistance.

In conclusion, support from community, family and disability organisations has been central to sustaining women and men with a disability throughout the pandemic. Government support for people with a disability in South Sulawesi was inconsistent and inadequate, but we found some promising examples of assistance. From our sample, we could not identify specific gender differences in delivery of this support, although national data suggest that more women than men are missing out on government support. Given what we know about women’s financial precarity, especially women with a disability, the impact of limited government support is likely more acute for women with a disability.

The DPO rapid assessment noted the significant need for government assistance for people with a disability in the economic recovery following the pandemic. We have also identified a role for swift government action in South Sulawesi in remedying the significant fall in income that both men and women with a disability have experienced due to the pandemic.

### 3.4. Strengthening Policies and Programs on COVID-19, Gender and Disability in South Sulawesi

Considering these findings, the need to strengthen policies and programs is clear, to ensure that people with disability – especially women with a disability – are not disproportionately impacted by COVID-19 and future emergencies. Policies and initiatives need to be enhanced across district and national government, and in industries such as the media and tertiary education. The main areas we identify as needing to be addressed are the use of accessible formats, data collection, government support and assistance in the provision of necessities. The important work disability organisations already do, alleviating the effects of the pandemic, must be backed by increased funding. Disability-specific and gender-sensitive COVID-19 policy must be introduced in a range of government agencies.

#### Increased use of accessible formats

Many problems faced by people with disability during the pandemic stemmed from the use of inaccessible formats across a range of sectors including the media, government communications, tertiary education and workplaces. Disability-friendly formatting must be used to ensure that people with disability are adequately informed about COVID-19, and to minimise the impact of the pandemic on their education and work life. It is essential that national and local media broadcasts and all government press conferences on the virus include closed captions or interpreters so that deaf people or those who are hard of hearing are aware of COVID-19 prevention measures, testing clinics, rules and regulations. Similarly, text formats such as government websites need to make visual elements such as maps and graphs accessible to those who use screen readers and who have other visual accessibility needs. Being appropriately informed about COVID-19 will greatly decrease the levels of anxiety people with disability experience, minimise their risk of exposure to police and their likelihood of facing punitive measures such as fines.

Embracing accessible formats will also benefit people with
disabilities who maintained their employment or remained enrolled in education. Students reported significant barriers to online learning. Zoom classes, lectures and other methods of online teaching must be made accessible so students with a disability are not discriminated against or ‘left behind’ because of COVID-19.

The innovative ways that people with a disability have circumvented barriers to communication, for example by asking their mask-wearing customers to write down food orders, must be supported by promoting broader awareness of the validity of a range of forms of communication. Additionally, masks with transparent plastic over the mouth have been introduced in other countries and could be a useful way to ensure those in South Sulawesi who lip-read can understand co-workers and customers.

The widespread introduction of accessible formats was seen by some participants as the most important change that needed to be made. When asked what kinds of support he always needed, Fadhillan replied with one suggestion: “A sign-language interpreter or people who can explain something to the deaf people to get the information across”. The importance of being appropriately informed about the nature and implications of the virus cannot be overstated.

Data collection
Data collection was another area that our participants, both those working in government and those involved in disability organisations, said needed to be improved. Inadequate government funding has created many limitations on disability data collection. Our findings reveal that data collection has mainly focused on documenting the numbers and types of disability in South Sulawesi, not the needs, desires or barriers faced by people with disability.

Interviewees also said the government often relied on disability organisation records and did not conduct its own data collection. Higher levels of funding must be allocated to disability-specific data collection, to capture accurate records of the diverse needs and experiences of people with disability. It is also crucial that comprehensive data are collected as the “basis for applying the policy on aid comes from the data we collect” (Intan, Social Service Office, Makassar), so that appropriate assistance and aid is delivered. Inaccurate data was a major reason that assistance and support did not reach many people with disability in the region.

Government assistance
Our findings also indicate several other ways to enhance government social assistance. First, it was clear that the time frames to apply for financial assistance were too short. The period in which people with disability can apply for cash assistance (BLT) and other forms of assistance must be extended so that nobody requiring financial support goes without, and disability organisations have enough time to let members know assistance is available and help them apply. Assistance should be offered on a rolling basis, with a commitment to continue into the ‘new normal’ until a vaccine is produced and distributed, and people with disability can resume their usual employment, and regain their usual income.

Subsidies also need to be expanded. The rapid assessment demonstrated low availability of subsidies in the areas of water and electricity, and interviewees reported difficulty paying bills, and said other people with a disability had had their water and electricity cut off. The government must also offer internet subsidies, including assistance for cell phone plans. It was clear from our participants’ responses that having consistent and reliable access to the internet was crucial for using technologies such as transcription applications, web captioners and accessible websites, which were common methods of overcoming the barriers to information.

Disability organisations reported that the main issue with government assistance was unequal distribution, largely caused by inadequate data collection, which in turn stemmed from a low budget. Better and more comprehensive data collection would help ensure those who need assistance receive it. Indah suggested assistance providers coordinate directly with disability organisations and involve them in the distribution process. Disability organisations are well placed to know what their members need and the government should liaise with these organisations to appropriately distribute aid where required.

 Provision of necessities
Necessities such as foodstuffs must also be supplied to people with disabilities. Even if financial assistance is increased and distributed equally, accessing markets, particularly for people with certain physical disabilities, is difficult and in some cases impossible. Our findings also reveal going out in public is a source of fear and anxiety. Home delivery services would go some way to minimising the concern that women in particular reported about contracting COVID-19 in public spaces. It would also minimise the fatigue associated with having to collect and transport greater volumes of groceries, when people are obliged to shop less often due to limited market access. A delivery service would also help those who have low income, reducing anxiety about sourcing meals. Mobile phones should also be provided for
people who do not have one or need to upgrade their phone. Asked what further assistance he needed, Ahmad said: “Cell phone. My cell phone is not able to run many applications despite its storage”. Providing this technology enables people with a disability to continue accessing information via apps and programs.

**Supporting the work of Disabled People’s Organisations**

Our findings demonstrate that disability organisations are doing incredible work to support their communities through the pandemic. Interviewees mentioned several important initiatives, including hand sanitiser and mask distribution, income-raising programs such as mask production and trading, and online support groups. This work should be further supported through government funding so the schemes can remain viable as the pandemic continues and, in many regions, worsens. Mobile phone internet plan subsidies would also underpin ongoing participation in online support groups.

As well as boosting existing disability organisation initiatives, new programs could also be introduced. We found that mask sewing and distribution, while not intended to be a gendered initiative, nonetheless had gendered effects, with only women participating. Other income-raising initiatives could be devised for men, focusing on activities that are not strongly associated with gender roles. This would ideally generate more equal participation of genders in COVID-19 relief activities.

Our findings also suggest that disability organisations would benefit from training on how to apply for assistance from NGOs and private agencies. Indah, chair of a disability organisation in Makassar, said she did not know how to submit a proposal to the private sector. Helping organisations in this area would give members a greater range of resources from which to apply for COVID-19 assistance.

Lastly, more funding should be given to disability organisations to reach people that are currently not known to them. Our findings show that such groups are mostly helping and interacting with people who already know about the work being done by the organisation. Indah explained:

“... the organisation only focuses on deaf people who come to report ... the difficulties they face.”

However, it is likely that there are many more people with a disability who are unaware of the support and assistance they could access. Additional funding directed towards advertising and awareness-raising could see more people with disability gain access to potentially life-saving aid.

**Development of disability-specific policy**

Interviewees reported that the government currently has no disability-specific COVID-19 policy, however government employees have indicated that plans are underway to introduce one this year. This proposed policy is likely to “include empowerment, rehabilitation and skill development” (Intan, Social Service Office, Makassar). The policy should be gender-sensitive. While rehabilitation and skill development are useful long-term features, the pandemic has created significant immediate material needs for people with disabilities in South Sulawesi, and it is important that the policy also include income supplementation and the distribution of material goods, discussed above.

Disability-specific and gender-inclusive policy must also be incorporated into the work of the National Agency for Disaster Countermeasure. Currently this agency’s approach is broad and does not focus on the unique ways COVID-19 affects people with disability, especially women. As Arif, a staff member at the agency, said:

“This OPD (Agency for Disaster Countermeasure) is specifically for disaster mitigation and countermeasure. Our main task is how to minimise impacts from disaster, whether those affected are people with disabilities or without disabilities.”

While the agency reports that certain disability-specific measures have been introduced by other agencies and local government, including “social assistance, assistance for wheelchair facilities and infrastructure and so on”, Arif says his agency “didn’t directly relate with people with disabilities.”

Asked if meetings held by the Agency for Disaster Countermeasure were accessible to those who are hard of hearing, Arif responded that, currently, meetings were not accessible, but plans were underway to make them accessible:

“We plan to collaborate with SLB (Special Needs Education) to implement the best methods for holding meetings with people who are hard of hearing. And we have arranged to propose this collaboration as part of our work plan for next year.”

It is essential that disaster response agencies are accessible to, informed by and include people with disabilities in all aspects of their work. Global research shows disasters and disease outbreaks impact people with disability in unique ways. If the key organisations involved in responding to these events are not aware of these impacts, it is likely that the ramifications of COVID-19 will be exacerbated and people with disability will be placed in increasingly precarious situations.
4.0. RECOMMENDATIONS

Our study identified seven main points for consideration, correlating to 14 primary recommendations. While each tension affects the everyday experiences of women and men living with disability in South Sulawesi, they can be understood as operating across two levels: the micro (i.e. individuals and families) and the macro (i.e. the disability community and the South Sulawesi population as a whole).

The Indonesian government’s resources have been stretched during the pandemic as it seeks to provide health and economic support to its diverse citizens through the national economic recovery program (PEN). Some of our recommendations come with minimal or no cost and involve improving how the government delivers services, for example through more inclusive communication methods, through extending application dates for existing financial support schemes or greater consideration of gender and disability-specific policies in government disaster response work. Adequate, gender-sensitive government service provision for people with a disability is as much about committing to inclusion and to working with those with a disability as it is about increased funding.

Other recommendations do come with a cost, such as greater subsidies for the provision of essential services and foodstuffs, and new data collection streams. While the costs of implementing these recommendations at the national and subnational level will be great, we think the social, economic and health costs of not implementing these recommendations will be greater. It is a good investment of limited public funds to focus spending on those who are most vulnerable.

By acting swiftly to reduce the exclusion faced by men and women with a disability during the pandemic, the Indonesian government can prevent the types of harm that would have long-term costs for the healthcare system, social service provision, the education system and the criminal justice system.

4.1. MICRO-LEVEL TENSIONS

Micro-level tensions operate within households and at the individual and family level. Our study identified four consistent micro-level tensions affecting the basic, everyday needs and supports of women and men living with disability in South Sulawesi during the pandemic.

Recommendation 1:

Improve communication methods so the delivery of critical information on health and safety includes the needs of those with speech, hearing or sight impairments.

The level of inaccessible communication meant many women and men with disability failed to receive core information about the pandemic, but it also prevented some people from hearing about key assistance schemes in time, and made working and studying during the pandemic unnecessarily difficult.

National and local media broadcasts and all government press conferences about the virus should include closed captions or sign-language interpreters so that deaf people or those who are hard of hearing can be made aware of COVID-19 prevention measures, testing clinics and updated COVID-19 rules and regulations. Similarly, text formats such as government websites need to make visual elements such as maps and graphs accessible to those who use screen readers and who have other visual accessibility needs. Awareness-raising campaigns about different communication methods should be facilitated by government and the media.

Recommendation 2:

Expand government subsidy schemes to ensure people with disabilities continue to have access to basic services such as water, electricity and communications.

Many interviewees spoke about a low availability of subsidies for water, electricity and telecommunications (see section 3.3.3). When these basic provisions are not subsidised, people with disability who face economic hardship may find water and electricity cut off or find their capacity to participate in work or study, or communicate with friends and family, constrained.

Assistance in the form of subsidies needs to be expanded. Subsidies should focus on the key provisions directly affecting the home lives and social participation of women and men with disability, including water, electricity, internet and telecommunications.

Recommendation 3:

Expand the timeframes for access to cash and other financial assistance until people with disabilities can regain their usual incomes.

Government financial assistance was meant to help mitigate some of the economic hardship faced by people living with disability in South Sulawesi (see section 3.3.3). But timeframes to apply for assistance were often too short, and participants reported that they, or people they knew, had missed out because the deadline had passed, or they were not even aware that assistance was available.
The timeframes for applying for cash assistance (BLT) and other forms of assistance must be extended so that nobody requiring financial support goes without and disability organisations have enough time to inform members and help them apply. Financial assistance should be offered on a rolling basis, with a commitment to continue into the ‘new normal’ until a vaccine is produced and distributed, and people with disability can resume their usual employment and regain their usual income.

Insufficient basic provisions

Necessities such as foodstuffs must also be supplied to people with disability (see section 3).

Recommendation 4:

Provide food delivery services including essential supplies for people who are unable to shop for themselves.

Even if financial assistance is increased and distributed equally, it is difficult and, in some cases, impossible, particularly for women with certain physical disabilities, to access markets. Necessities such as foodstuffs must be supplied to people with disability during states of emergency such as the COVID-19 pandemic. This requires an expansion of home delivery services.

4.2. Macro-level tensions

Our study identified three macro-level tensions affecting the everyday needs and supports of women and men with a disability in South Sulawesi. Macro-level tensions exist within the disability community and the South Sulawesi population generally.

Recommendation 5

Collect comprehensive data to better target the distribution of aid and organisational support.

Interviewees working in government and disability organisations alike recognised the limitations in current data collection processes (see section 3.3.3) including government bodies collecting data on the number of people with disability in the community, or types of impairments, but not documenting factors such as the support and service needs of people with disability in the community. There were also limitations in the total amount of data collected by government bodies through official mechanisms which has resulted in an unequal distribution of government assistance during the pandemic. It is crucial that comprehensive data is collected and government bodies can liaise with disability organisations on this.

Recommendation 6

Liaise with disability organisations who are bearing the load and underpin their efforts with funding and training.

Our findings demonstrate that disability organisations are doing incredible work to support their communities through the pandemic and they need to be further supported. Existing and emerging disability organisation initiatives – such as hand sanitiser and mask distribution, income-raising programs such as mask production and trading, and online support groups – should be bolstered by government funding and resources. More funding will also help them reach new people. And staff and volunteers of disability organisations need more training in applying for funding and assistance from NGOs and private agencies.

Recommendation 7

Incorporate specific disability and gender policies into the work of the National Agency for Disaster Countermeasure.

With plans underway to introduce a disability policy in 2021, it is important to address both the broad challenges people with disability have navigated during the pandemic and the challenges they face alongside the rest of the population in South Sulawesi. Disability and gender-specific policy must be incorporated into the work of the National Agency for Disaster Countermeasure and that response agencies be accessible to, informed by and include people with disabilities in all aspects of their work.
5.0. REFERENCES


Davies, S.G., Gender Diversity in Indonesia, New York, Routledge, 2010.


NOTE: The original quotes from the participants in this report have been translated from Indonesian and then lightly edited for clarity.
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