



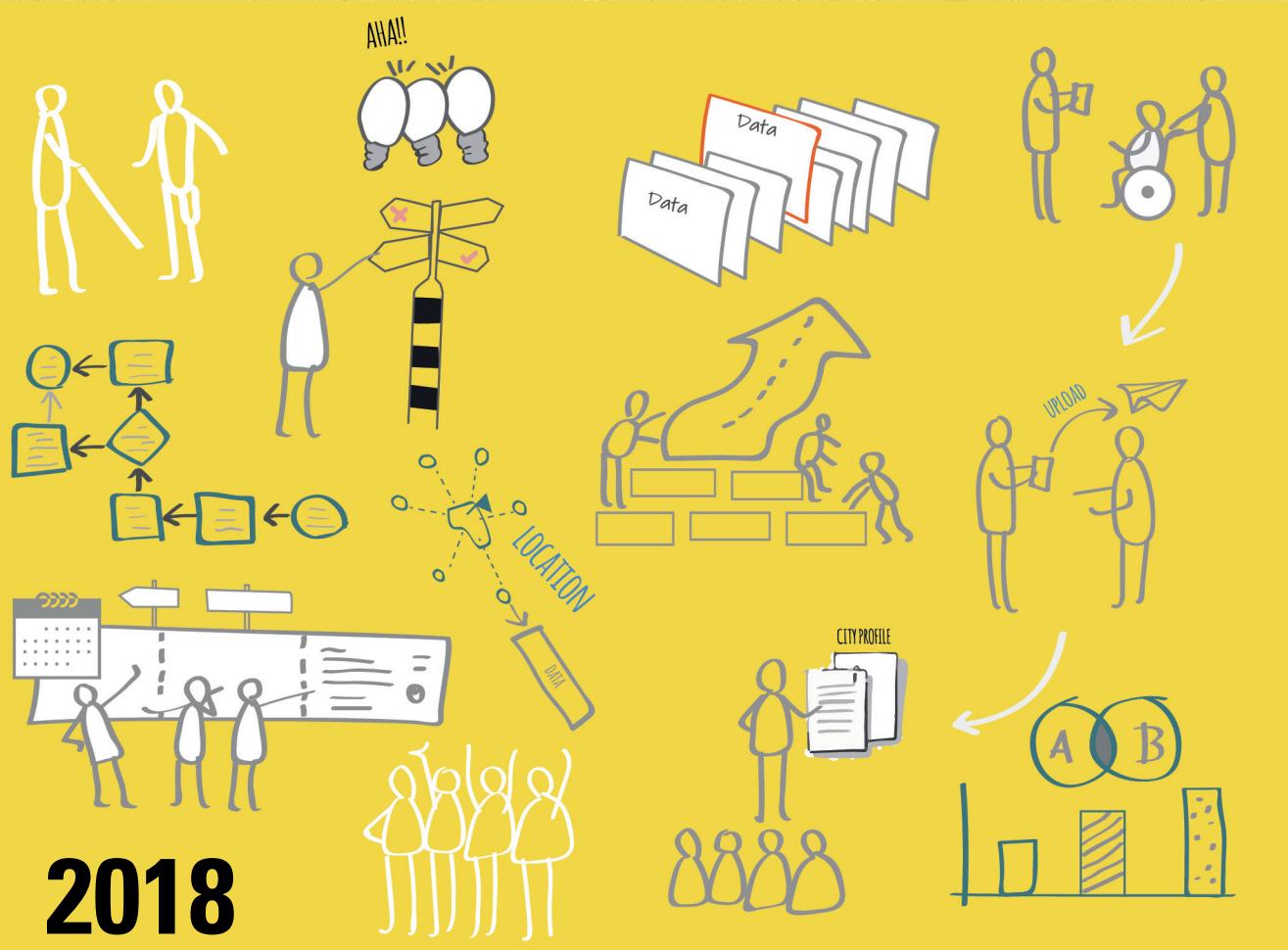
United Nations  
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KOTA  
KITA  
A CITY FOR ALL

# PARTICIPATORY DATA COLLECTION METHODOLOGY FOR DISABILITY-INCLUSIVE CITY PROFILE

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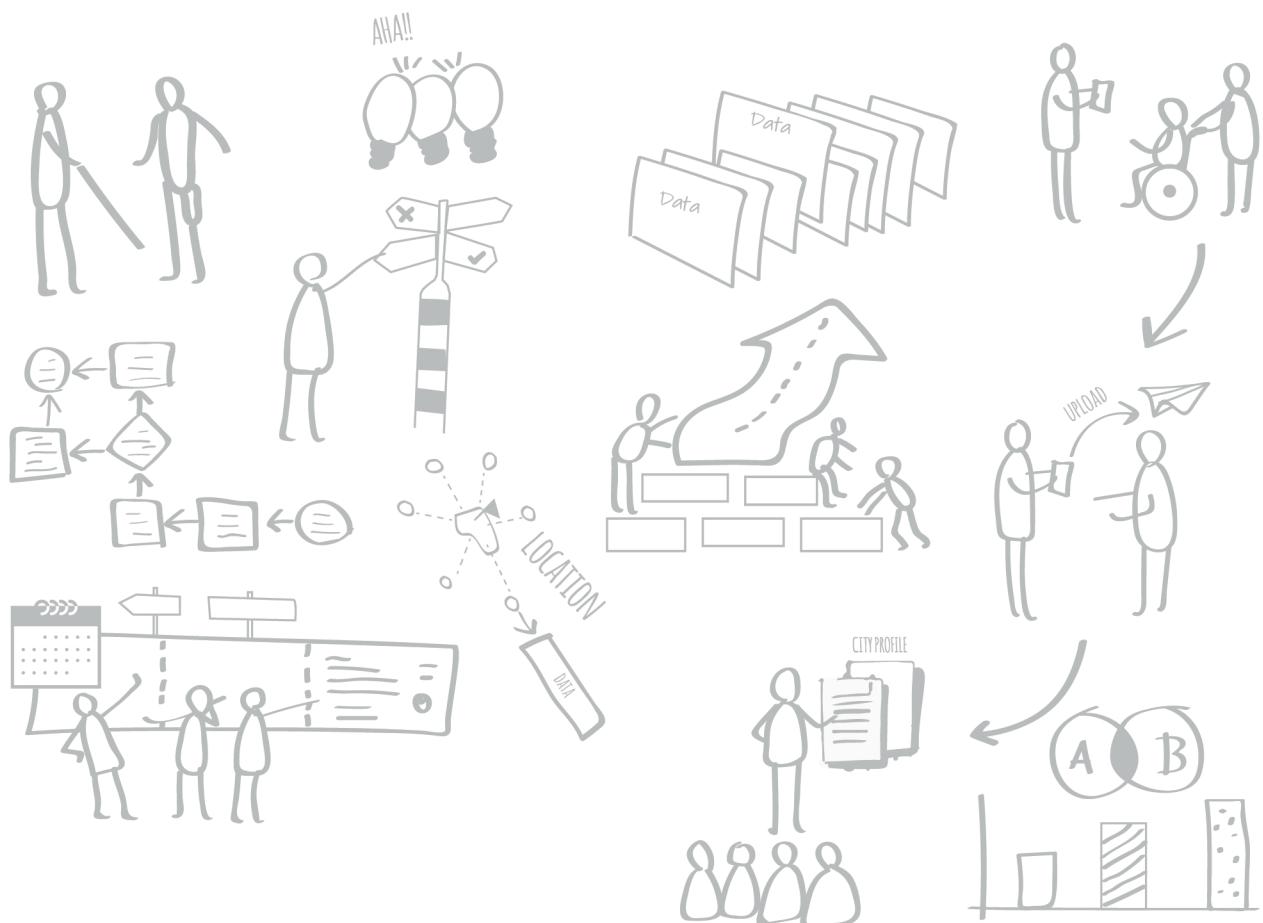
## GUIDELINE





# PARTICIPATORY DATA COLLECTION METHODOLOGY FOR DISABILITY-INCLUSIVE CITY PROFILE

## GUIDELINE



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## PARTICIPATORY DATA COLLECTION METHODOLOGY FOR DISABILITY-INCLUSIVE CITY PROFILE: GUIDELINE

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### ABOUT UNESCO

The United Nations Educational, Scientific and Cultural Organization (UNESCO) is responsible for coordinating international cooperation in education, science, culture and communication. UNESCO Office in Jakarta is a Regional Science Bureau for Asia and the Pacific dedicated to fostering equitable and inclusive human development based on the universal ethical and human rights frameworks. UNESCO works closely with the governments and the civil society to promote participatory and inclusive processes and policies: making sure that all the relevant voices are heard and everyone benefits equitably from social and economic development. In Indonesia, UNESCO has joined forces with sister UN agencies WHO and ILO and the Network of Mayors for Inclusive Cities to realize a UN initiative on promoting the rights of persons with disabilities (UNPRPD).

### ABOUT KOTA KITA

Yayasan Kota Kita or Our City Foundation ([www.kotakita.org](http://www.kotakita.org)) is an Indonesian non-profit organization helping people make thoughtful and inclusive decisions about the development of their cities – by facilitating citizen participation and collective action. We aim to empower a generation of people by promoting democratic and participatory approaches to improve urban areas. The Foundation has experience carrying out projects in more than 12 rapidly urbanizing cities.

### ACKNOWLEDGEMENTS

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This document is a complementary document to the Disability-Inclusive City Profile for Solo City, which presents step-by-step activities in developing the disability-inclusive city profile reflected from the process, learning and experience in Solo.

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# GLOSSARY

<b>BPS</b>	Badan Pusat Statistik, National Statistical Bureau
<b>DPO</b>	Disabled Person's Organizations
<b>FGD</b>	Focus Group Discussion
<b>GIS</b>	Geographic Information System
<b>Kabupaten</b>	Municipality, an administrative unit under Province, equal to City
<b>Kecamatan</b>	District, an administrative unit under City / Municipality
<b>Kelurahan</b>	Neighborhood, an administrative unit under District / kecamatan
<b>Kota</b>	City, an administrative unit under Province
<b>KTP</b>	Kartu Tanda Penduduk, Indonesian citizen identity card
<b>NGO</b>	Non-Governmental Organization
<b>PKK</b>	Pembinaan Kesejahteraan Keluarga, women group in Indonesian community which exists in neighbourhood to city level
<b>PMKS</b>	Penyandang Masalah Kesejahteraan Sosial, People with Social Problems
<b>RT</b>	Rukun Tetangga, a lowest administrative unit of an Indonesian neighbourhood covering around 20-30 households
<b>RW</b>	Rukun Warga, a territorial and administrative ordering system above RT level
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization

# PART 1

# INTRODUCTION

Accurate and reliable data is required in any decision-making process, including in the design, implementation and evaluation of policies in a city, as well as the policies related to persons with disabilities. In Indonesia, where cities are often at the forefront of inclusive and innovative social policy to fulfil the rights of persons with disabilities, the efforts of the government and the civil society are consistently hampered by the lack of relevant up-to-date and accurate data at the local and municipal levels.

Currently, the available data on disability from official sources such as *Badan Pusat Statistik* (BPS) dataset is scarce and often out-dated to be effective in planning and policy-making. Moreover, the data on disability is often aggregated at the national level, making it very difficult for the municipal policymakers to make use of it for local policy design. In fact, it is understood that no universal dataset regarding persons with disabilities exists in Indonesia, with figures varying across ministries and agencies.

In order to provide data related to persons with disabilities, Kota Kita and UNESCO are working together to create a *Disability-Inclusive City Profile* that provides information for Solo City, Indonesia. This project also aims to present

reliable data that describes the conditions and needs of people with disabilities and how the city responds to policies and regulations that are meant to improve the current conditions. This publication that describes the process of participatory data collection is adopted from the same process that was conducted by Kota Kita in Solo City in 2012. In Solo, Kota Kita gathered socio-economic and demographic data from all of the smallest administrative units, the rukun tetangga (RTs).

All this information was later mapped, providing a fine-grain picture of the situations of persons with disabilities in the city to form the *Disability-Inclusive City Profile for Solo City*.

This document, the ***Guideline Methodology for Participatory Disability Data Collection***, is a manual that aims to introduce the process and step-by-step activities in developing the Disability-Inclusive City Profile which synthesized the process, learning and experience in Solo, Indonesia. This manual is an educational tool that can be used by anyone who has concern with disability issues and wishes to create a more inclusive city through provision of reliable data.

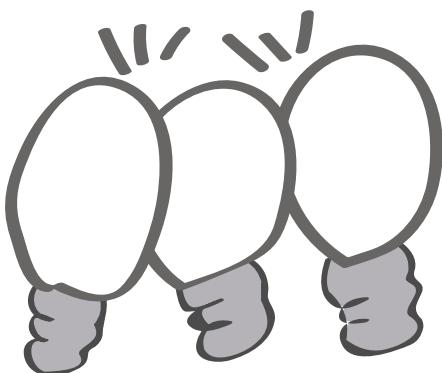
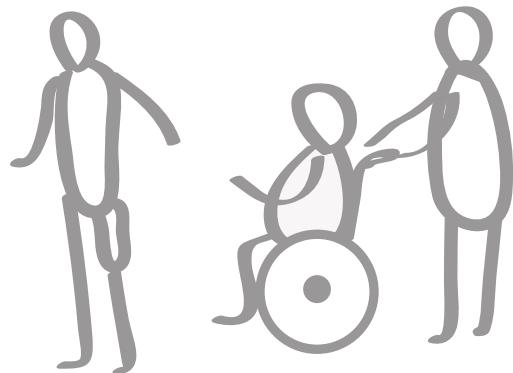


## HOW DOES THIS MANUAL WORK?

This manual is an educational tool designed to demonstrate the process of participatory data collection for advocacy and policy purposes, to support disability-inclusive cities. This manual provides step-by-step activities that can be followed by any city to create a Disability-Inclusive City Profile. While this process pertains to the one held in Solo, the issues and methods involved are relevant to other cities in Indonesia as well.

## WHO CAN USE THIS MANUAL?

This manual is intended for city governments, planners, activist, civil society organizations, non-governmental organizations and anyone who has concerns with disability issues and wishes to make his or her city a more inclusive place. In order to ease the readership amongst all stakeholders, this manual also provides basic information about disability as a general concept.



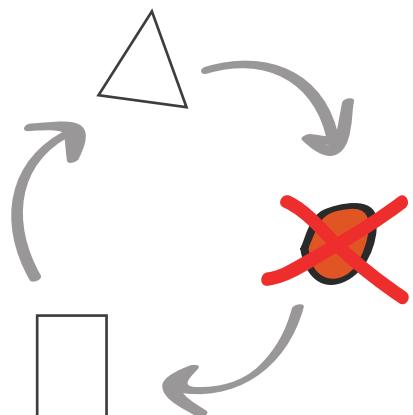
## WHAT IS THE AIM?

This manual is designed with the intention to

- Provide guidance for city governments, NGOs or public in general who want to create a Disability-Inclusive City Profile.
- Provide options of methodology that can be implemented to collect disability data at a city level.

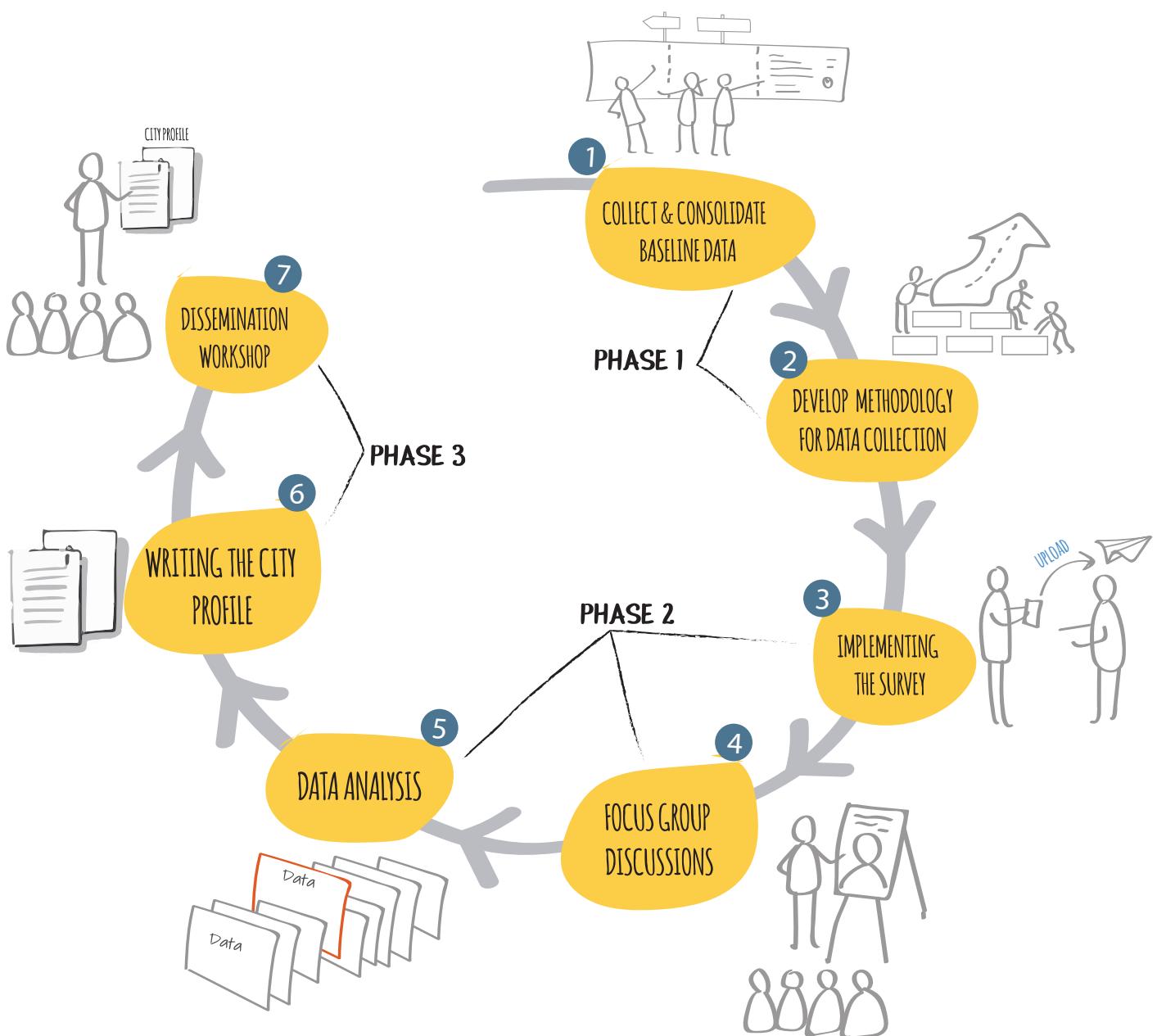
## WHAT IS NOT THE AIM?

This manual does not cover planning design, implementation, policy recommendations, or monitoring practices. It should be used to provide a foundational knowledge of important planning concepts, and as a starting point for interpreting local contexts, issues, and perspectives.



# PART 2

## PARTICIPATORY DATA COLLECTION METHODOLOGY



**STEP  
1**

# COLLECT AND CONSOLIDATE BASELINE DATA

The very first step for conducting the survey is to collect and consolidate baseline data on disability. The existence of baseline data is very important before collecting the actual data as it provides framework for the next steps. Generally, in the Indonesian context, existing information about disability can be found in different government agencies like the Department of Population and Civil Registration or Department of Social Welfare. However, in some cities, there are also other sources of data from

NGOs working on disability issues. For instance, in the case of Solo, besides the data from the aforementioned government agencies, disability data can also be accessed from non-governmental institutions i.e. *Pusat Pengembangan Rehabilitasi Berbasis Masyarakat* (PPRBM) and Kota Kita. In most cases, data from different institutions contain different units of information, as explained in Table 1. Availability of Disability Data in Solo.

**TABLE 1. Availability of Disability Data in Solo**

NO	NAME OF DATA / DOCUMENT	SOURCE OF DATA	TYPE OF DATA	UNIT OF DATA
1	Data of People with Social Problems <i>(Buku Pendataan Penyandang Masalah Kesejahteraan Sosial - PMKS)</i>	Department of Social Welfare <i>(Dinas Sosial)</i>	Number of persons with disabilities	<ul style="list-style-type: none"><li>• Population data</li><li>• By name, by address</li></ul>
2	Disability Data <i>(Data Disabilitas Dinas Kependudukan dan Catatan Sipil)</i>	Department of Population and Civil Registration <i>(Dinas Kependudukan dan Catatan Sipil)</i>	Number of persons with disabilities	<ul style="list-style-type: none"><li>• Population data</li><li>• Aggregated number of persons with disabilities per <i>kelurahan</i> (neighbourhood)</li></ul>
3	Mini-Atlas Data	Kota Kita	Number of persons with disabilities	<ul style="list-style-type: none"><li>• Population data</li><li>• Aggregated number of persons with disabilities per RT (block)</li></ul>
4	Disability Data	Pusat Pengembangan Rehabilitasi Berbasis Masyarakat (PPRBM)	Individual data of persons with disabilities including basic information and access to basic services	<ul style="list-style-type: none"><li>• Sample data in few neighbourhoods</li><li>• By name, by address</li></ul>

[1] "People with Social Problems Data" abbreviated as PMKS in Bahasa Indonesia, maintained by the Department of Social Welfare, is a complete data related to social welfare problems in the city, including the population of persons with disabilities. It is a confidential set of statistics with limited access, since it provides personal information such as names and addresses. However, having access to this data set, provided that the confidentiality can be maintained through the anonymization of personal information, would greatly help the data users to attain baseline data for making the Disability-Inclusive City Profile.

[2] Solo Kota Kita data was gathered through Community Mapping process in 2012 which identified the number of persons with disability per RT throughout the 2,700 RTs of Solo. Further information can be found in [www.solokotakita.org](http://www.solokotakita.org)

The different unit of information presented by different institutions should not be a problem in this process, as the existence of baseline data, regardless of its accuracy, is required as initial information to conduct the actual data collection process. Selecting data from reliable institutions is also important to help on the next step of data collection.

Even though each data has different units and different levels of accuracy, it makes the data collection process easier. This baseline information helps the actual collection process in some ways:

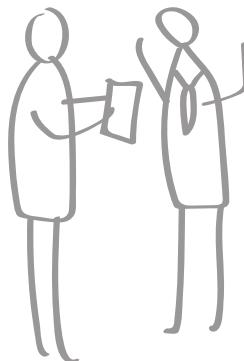
- It provides total / estimated numbers of persons with disabilities and their distribution in the city;
- It helps choose methods that will be used for the actual survey: whether it will cover all the persons with disabilities in the city or only a sample;
- It may provide some detailed information that could be useful to conduct the actual survey - for example, numbers of persons with disabilities per unit of area, addresses, etc.; and
- It provides a brief overview about disability issues in the city by overlaying the baseline data with other basic datasets such as number of population in the city, population density, level of poverty, etc.

THE EXISTENCE OF BASELINE DATA IS VERY IMPORTANT AS IT PROVIDES A FRAMEWORK FOR NEXT STEPS

## GOVERNMENT OFFICIAL DATA



## OTHER AVAILABLE DATA



### BOX #1 - ACCESSING GOVERNMENT DATA

In the Indonesian context, some of the government data is open for the general public, but some of the more sensitive data like disability and poverty data are usually not fully accessible. There are several requirements that need to be fulfilled in order to access this kind of government data. Something that should be considered in the beginning is to file a permit letter from the government authorizing access to their dataset. Sometimes, the process of getting this letter can take a while, so it is important to request this a week or two before the actual start of the data collection process.

# STEP **2**

## DEVELOP METHODOLOGY FOR DATA COLLECTION

After getting the basic information about persons with disabilities in the city, the next step is to develop a methodology to conduct the data collection process. This process includes five main parts:

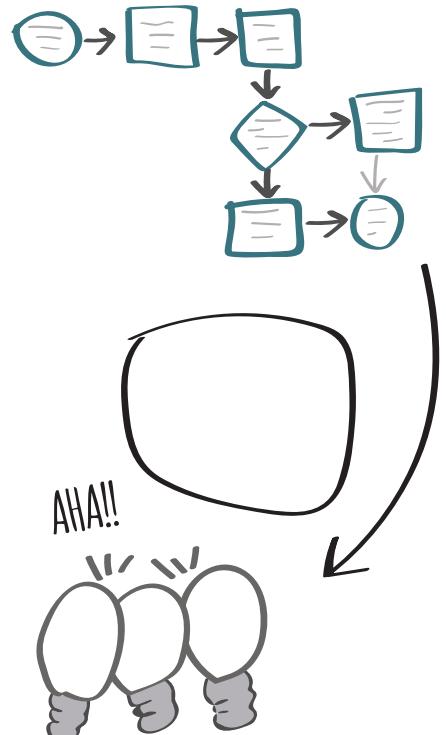
- Preliminary analysis on the baseline data to find gaps in it;
- Selection of the data collection method;
- Designing the questionnaire through consultation with disability expert(s);
- Selection of the data collection tools: Manual vs. Digital;
- Selection of surveyors.

### 2A. PRELIMINARY ANALYSIS ON THE BASELINE DATA TO FIND GAPS IN IT

The preliminary analysis on baseline data aims to understand the general information that the city already has on disability. This potentially captures the brief overview on disability issues, and gives an idea on which kind of data needs to be collected.

In the case of Solo, we used and compared the data from the Department of Social Welfare through “People with Social Problems Data” (PMKS) from 2014 and Solo Kota Kita data from 2012. Both data provide information about the number of persons with disabilities in Solo in different details. While Solo Kota Kita’s statistics demonstrate the aggregated data of persons with disabilities in each RT and their location distribution throughout a map, the PMKS data provide more detail information of the persons with disability including name, address, and type of disabilities.

The PMKS illustrate the details by name and by address which make it easier for us to find and connect with persons with disabilities when conducting the survey. However, both data only provide the number of persons with disabilities without further information about their profile.



The preliminary analysis provided information on the gaps in disability data, including:

- The data do not have detailed information about basic information of persons with disabilities (e.g. age, gender) and their access to basic services and public facilities including access to education, jobs, health, insurance, social security, and access to public facilities. In response to the identified gaps, the researchers produced a draft questionnaire to cover the details.
- There is a limitation in PMKS 2014 dataset as three of the neighbourhoods had zero data on persons with disabilities, thus we need a different strategy in these neighbourhoods to implement the data collection process without any baseline data.

## 2B. SELECTION OF THE DATA COLLECTION METHOD

The selection of appropriate data collection methods is one of the most important steps in the whole process. Several criteria should be carefully taken into account when choosing the methods to be used (e.g; local context, research questions, allocated time and resources, etc.). In general, data collection methods cover both the primary and secondary data collection

### SECONDARY DATA COLLECTION METHODS

Secondary data refers to data that was collected by other sources and made easily accessible (e.g: publication in books, newspapers, magazines, journals, online portals, etc). Secondary data sets the baseline of information for primary data collection. In the case of Disability-Inclusive City Profile, secondary data was collected by carrying a literature review (on local regulations, journals, international publications published by reliable institutions, etc.) in order to define specific concepts and provide an operational definition of disability.

### PRIMARY DATA COLLECTION METHODS

Primary data refers to data that was collected directly by the investigator for a specific purpose. Primary data collection methods can be divided into two groups: quantitative and qualitative.

#### Quantitative Data

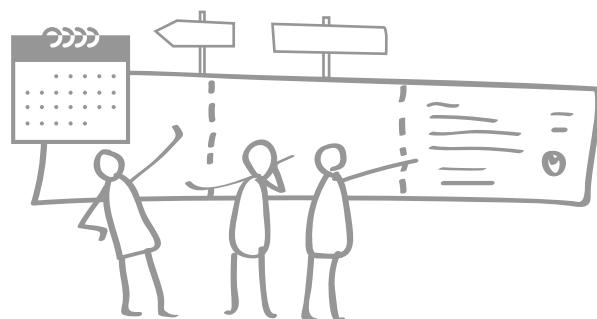
Quantitative data relates to measurable values and is usually expressed in a numerical form. The collection of quantitative data has the advantage of being carried out within a relatively short duration of time by using, for instance, questionnaires with closed-ended questions

#### Qualitative Data

On the contrary, qualitative data related to data expressed in a more descriptive and elaborate form. It is generally not measurable and mostly aims to ensure a greater depth of understanding. Qualitative data collection methods include interviews, questionnaires with open-ended questions, focus groups discussion, observation, case studies, etc.

In the case of Solo, we acknowledge the importance of both quantitative and qualitative data. While the first one provides a bigger picture of the condition and distribution of persons with disabilities, the second one provides the supporting narrative to better understand the issues, challenges and needs of persons with disabilities. Therefore, it was decided to carry out both quantitative and qualitative data collection by:

- **Using a questionnaire** to collect specific data about persons with disabilities in Solo (e.g: location, age, type of disability, etc.)
- **Holding Focus Group Discussions (FGDs)** in different neighbourhoods to deepen the understanding of the issues, challenges, and needs of persons with disabilities and analyze the situation of access for basic services and public facilities. These FGDs were conducted in different locations and some of them focused on one specific type of disability (eg: FDG involving people with visual impairments, FGD involving people with mental impairments etc.)
- **Conducting interviews** with persons with disabilities to collect in-depth knowledge about perceptions, feedbacks or comments about their day-to-day living conditions, as well as, their personal aspirations and challenges to achieve a desired state of being
- **Field observation**, to observe the condition of public facilities and infrastructures in the city and type of supports provided for persons with disabilities



**TABLE 2. Data collection techniques applied in Solo to create the Disability-Inclusive City Profile**

DATA COLLECTION METHOD		TARGET GROUP	DETAILS	AIMS
Quantitative	Questionnaire	All persons with disabilities in Solo	All areas in the city (52 neighbourhoods)	To collect an individual data of persons with disabilities in Solo and their distribution throughout the city
Qualitative	Focus Group Discussions (FGD)	Groups of persons with disabilities based on type and location	Neighbourhood with concentration of persons with disabilities: <ul style="list-style-type: none"> <li>• Kelurahan Pajang</li> <li>• Kelurahan Jebres</li> <li>• Kelurahan Semanggi</li> </ul>	To deepen the understanding of the issues, challenges, and needs of persons with disabilities in regard with their access to basic services and public facilities.
	Interviews	Representatives of persons with disabilities from different background		To collect in-depth knowledge about perceptions, feedbacks or comments about their day-to-day living conditions, as well as, their personal aspirations and challenges to achieve a desired state of being
	Field observation	Public facilities and infrastructures in Solo	<ul style="list-style-type: none"> <li>• Parks</li> <li>• Pedestrian ways</li> <li>• Markets</li> <li>• Bus stops, Etc.</li> </ul>	To observe the condition of public facilities and infrastructures in the city and type of supports provided for persons with disabilities.



## BOX #2 - SAMPLING VS. CENSUS

For the quantitative data collection process with questionnaire, we can use both sampling and census, depends on the number of persons with disabilities. If the total number of persons with disabilities in the city is manageable and censuses can be collected, we recommend this method. The following table illustrates the advantages and disadvantages of each technique.

	IDEAL CONDITIONS	ADVANTAGES	DISADVANTAGES
CENSUS	<ul style="list-style-type: none"> <li>• If the total number of persons with disabilities in the city can still be managed by census.</li> <li>• If there is available funding and time to conduct the survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Resulted in the fine-grained data which shows the actual number and condition of persons with disabilities</li> <li>• High accuracy of data</li> </ul>	<ul style="list-style-type: none"> <li>• Requires quite extensive amount of finance, human resources and time</li> </ul>
SAMPLING	<ul style="list-style-type: none"> <li>• If the total number of persons with disabilities in the city is too large and they cannot be all be surveyed.</li> <li>• If there is limited time and money to conduct the survey.</li> </ul>	<ul style="list-style-type: none"> <li>• If the total number of persons with disabilities in the city is too large and they cannot be all be surveyed.</li> <li>• If there is limited time and money to conduct the survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Chances of bias</li> <li>• In the process, it is often difficult to select truly representative sample</li> </ul>

## 2C. DESIGNING THE QUESTIONNAIRE THROUGH CONSULTATION WITH DISABILITY EXPERT(S)

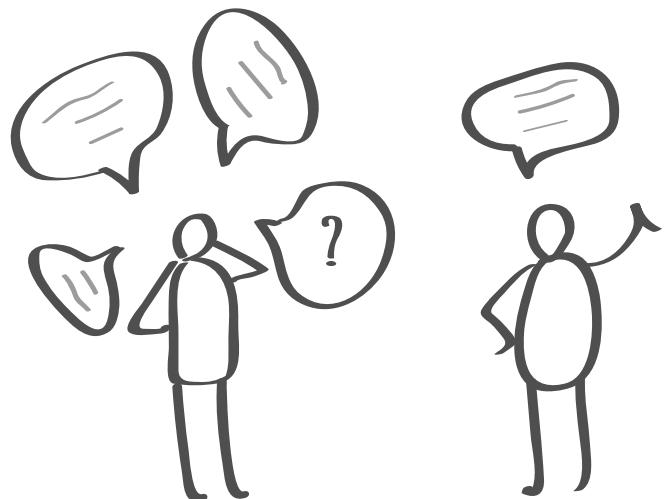
After the gaps of the baseline data are identified and data collection methods are selected, the next step will be to develop the list of questions for the actual data collection process including questionnaire for the survey and the list of questions for the FDGs and interviews. Considering the gap of information in the baseline data, the questionnaire should contain questions related to

1. the **basic information about the persons with disabilities** including age, gender and type of disabilities,
2. questions pertaining to their **access to basic services and public facilities**: education and job opportunities, health services, social security, access to other public facilities in the city, and
3. questions pertaining to their **participation in civic life**, including participation in city planning and budgeting process, participation in general political activities, experience of being discriminated.

Under these three main themes, we break down the questions into 10 parts as indicated in Box 3. We also provide the full questionnaire in the Annex 1 and list of interviews for FGD in Annex 2 that can serve as a

reference and example. The questions can always be modified to accommodate the needs of the survey in each city.

During this process, it is important to involve a disability expert in order to get inputs for listed questions and particularly on how to ask those questions. Moreover, this consultation process aims to review the initial questionnaire, for any necessary revision. The process can be conducted as a half-day workshop, tailor-made to respond to the discussion needs.



### BOX #2 - STRUCTURE OF THE QUESTIONNAIRE

<input checked="" type="checkbox"/> BASIC PROFILE OF PERSONS WITH DISABILITIES	<input checked="" type="checkbox"/> ACCESS TO BASIC SERVICES AND PUBLIC FACILITIES	<input checked="" type="checkbox"/> PARTICIPATION IN CIVIC LIFE
<input type="checkbox"/> Basic information: age, gender <input type="checkbox"/> Type of disability <input type="checkbox"/> Place of stay in the city	<input type="checkbox"/> Access to education and jobs <input type="checkbox"/> Access to health service <input type="checkbox"/> Access to social security <input type="checkbox"/> Access to other public facilities: parks, market, public transportation, etc	<input type="checkbox"/> Participation in city planning and budgeting process <input type="checkbox"/> Participation in general political activities <input type="checkbox"/> Experience of being discriminated

## 2D. SELECTION OF THE DATA COLLECTION TOOLS: MANUAL VS. DIGITAL

Another consideration before deploying the survey is the data collection method: whether the survey will be conducted using manual or digital (mobile) data collection. The manual data collection requires manual processes throughout all the stages of collection, while digital data collection utilizes technological tools to collect and process all of the information.

To date, there are several tools that can be used for digital data collection process, for example open platforms and applications such as Survey Monkey, Google Forms, Flocktracker, and others.

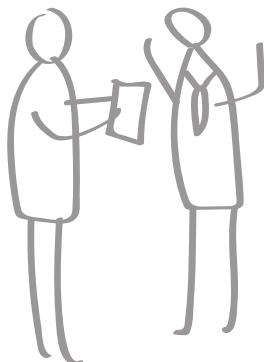
In general, the digital data collection process provides some advantages, such as:

- **FASTER DATA COLLECTION AND COMPIRATION PROCESS.** The digital data collection platform minimizes the data input process, so it is more time-efficient than the manual process.
- **REAL-TIME MONITORING DURING THE DATA COLLECTION PROCESSES.** The data collection process usually requires many surveyors to work simultaneously out in the field. The digital platform enables the managers to monitor the data collection process from their desks. This platform helps immediately identify errors and mistakes in the field.

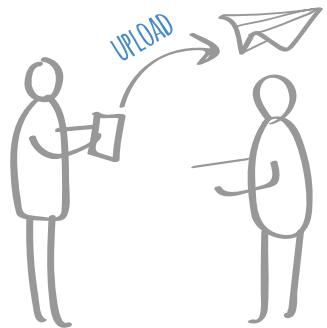
- **SOME OF THE DIGITAL PLATFORM PROVIDES LOCATION ATTRIBUTES TO THE DATA.** This function is very useful in compiling the Disability-Inclusive City Profile since location attributes is required to see the distribution of the persons with disabilities in the city.

For Solo's Disability Profile, we used an Android-based and desktop-friendly application called Flocktracker, developed by Urban Launchpad and SMART. This application combined the function of an online questionnaire with location attributes which makes it easier to do online monitoring and further analyse the distribution of persons with disabilities in Solo.

### MANUAL DATA COLLECTION



### DIGITAL DATA COLLECTION



## 2E. SELECTING THE SURVEYORS AND COMMUNITY FACILITATORS

The reliability of the surveyor is a key part in data collection processes. Thus, selecting the right surveyors is essential for the data collection process to run smoothly. Social dynamics and existing social groups must be considered in selecting the surveyors and community facilitators in each city/region. In cities/regions with enthusiastic community members or organization leaders, they can empower others to be part of the data collection process. Otherwise, volunteers or eligible survey institutions can galvanize people in cities/regions to be part of the process.

The following are some tips on how to select surveyors and community facilitators for the data collection process.

### 1. IDENTIFY CHARACTER OF COMMUNITIES' PARTICIPATION IN THE CITY

The first step to finding reliable surveyors is by identifying the character of communities' participation in the city. Some cities have a very strong participation in the neighbourhood level which is manifested by the existence of community activities

organised by women group called PKK or youth group called Karang Taruna. While in some other cities, community participation are considered low. In this case, the data collection process can involve volunteers or eligible survey institution in the process.

## 2. MAXIMIZE THE POTENTIALS OF THE EXISTING GROUP IN THE NEIGHBOURHOOD / CITY

The second step is to choose the group of people or community and maximize its potentials. In this case,

maximizing potentials would be to recognize their knowledge about the community and strategize the process based on their potentials. For example, in the case of Solo, the surveyors were those from the community group i.e. PKK and Karang Taruna, who are the most familiar with the community members. Those chosen to be surveyors can then visit each home directly to collect surveys; if there are home addresses or persons with disabilities that are unknown, they can ask RT leaders for verification.



### BOX #4 - TIPS IN SELECTING SURVEYORS

The data collection process in Solo was conducted by 32 surveyors under the supervision of 5 coordinators, one in each district. Interestingly, these 32 surveyors mostly came from a women's organization in the neighbourhood called Pembinaan Kesejahteraan Keluarga (PKK) and a youth association called Karang Taruna.

Some of the requirements that we applied for the selection process of surveyors are:

1. Originally from the neighbourhood and know about the condition of the area;
2. Do not have mobility problems during the implementation of the survey;
3. Hard-working and can follow regulations; and
4. Capable of using smartphone and willing to receive training on mobile data collection process.

The deployment of the survey in collaboration with local community organizations or groups is proven to bring some benefit for the survey:

- Faster data collection process since the people from local area knows the area and the people better than any other formal institutions.
- Disseminate the knowledge and raise awareness about disability issue to the local communities.

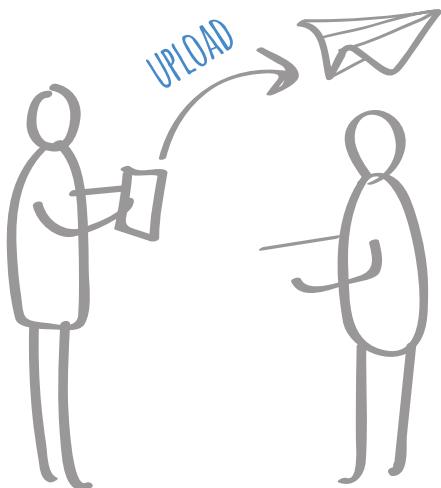
TABLE 4. Options for Surveyors and Community Facilitators

OPTIONS FOR SURVEYORS	ADVANTAGES AND DISADVANTAGES
Active local organization: <ul style="list-style-type: none"><li>• PKK</li><li>• Karang Taruna</li></ul>	Local organization and local people have better knowledge about the neighbourhood, which will ease the data collection process. It is also a good way to engage citizens citywide.
Students from local university	Can be arranged in the collaboration with local university i.e. voluntary mechanism in order to provide learning and exposure about disability issues for the students.
Volunteers or eligible survey institutions	Eligible survey institutions are one of the options to conduct data collection process. However, this provides minimal learning experience about disability issues for the local citizen, while also requiring a bigger budget.

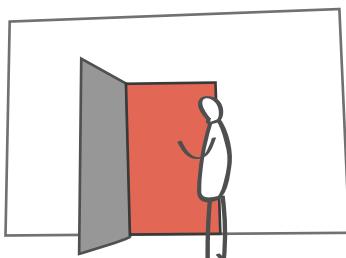
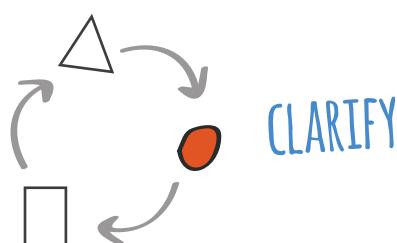
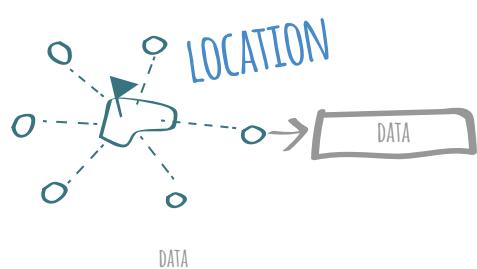
# STEP 3

## IMPLEMENTING THE SURVEY

A RT-level disability survey will be collected at the RT-level in selected districts (Kecamatan) in Solo in order to update the out-dated dataset and get more specific information about its disability profile, such as, their gender, age, type of disability, specific needs, and other information that might be needed during the process in Phase I. Detailed list of questions will be elaborated in the annex attached to this document.



### TECHNICAL IMPLEMENTATION STRATEGY FOR THE SURVEY



Technical implementation strategy might differ from one city to another. In the case of Solo, the implementation of the survey was done in the following sequence.

**BASELINE:** The surveyors use the baseline data which include the information about the person with disability (name and address), as the entry point of the survey.

**RW LEADERS:** The surveyor brings the baseline data to RW leaders to verify about the person with disability who live in the area, to add those who's not included yet in the baseline or delete those who no longer live in the area.

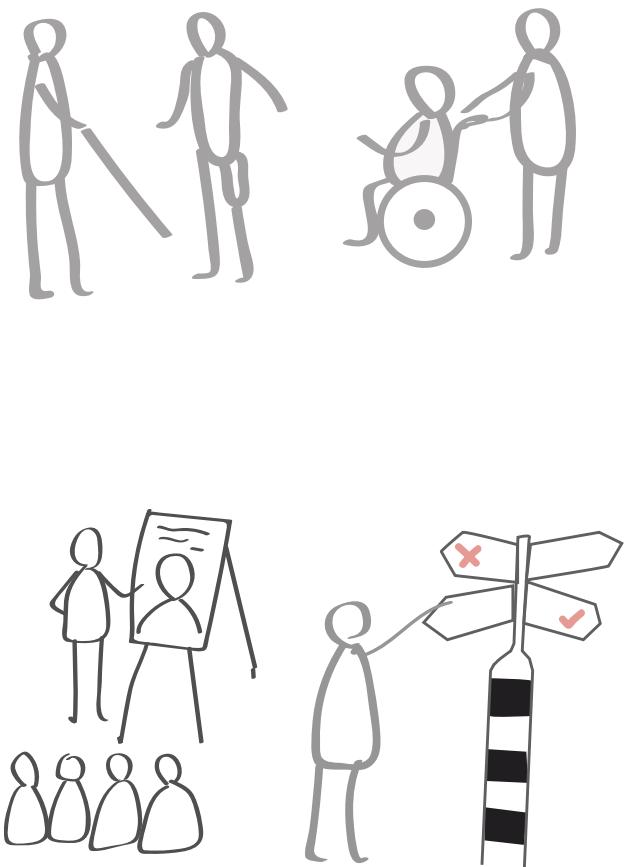
**DOOR TO DOOR SURVEY:** After getting the clarification from the RW leaders, the surveyors then conduct the door to door survey in order to collect the information from the persons with disabilities or the family.

**NOTES:** In the case that RW leader cannot verify the information, the verification can be done by other trusted sources like RT leaders, other community leaders, or the person with disabilities themselves. Often, the persons with disabilities are able to provide valid information about the other person with disabilities in the neighbourhood.

# STEP 4

## FOCUS GROUP DISCUSSIONS (FGDs)

Once the RT-level disability survey is complete, the next step is to conduct the Focus Group Discussions (FGD) to deepen the understanding of the issues, challenges, and needs of persons with disabilities and ensure their full engagement. These discussions will focus on how they relate to the city, their specific needs, and what they feel their city is doing, or failing to do, to fulfil their rights. Different FGDs with different concerns and audiences can be useful to deepen the understanding about the situation of disability in the city. In the case of Solo, the FGDs were conducted based on these following conditions:



THE NARRATIVES THAT WERE COLLECTED THROUGH THE FGDs HELP TO MAKE A FULL PICTURE OF THE SITUATION AND LATER SET OF ACTIONABLE ITEMS

- **LOCATION-BASED FGDs:** Looking at the issues that might occur around specific public infrastructures or services, or neighbourhoods that register particular high concentration of persons with disabilities, or places where access is particularly poor.
- **TYPE OF DISABILITY-BASED FGDs:** These would be based on specific kinds of disability that would need more in-depth understanding about their specific needs, and what they feel their city is doing to fulfil their rights. This discussion will enrich a qualitative analysis that will be compared to the available information previously collected, and provide perspectives about the challenges confronted by the disability community in the city. This information will help propose more targeted solutions.
- **STAKEHOLDER WORKSHOP:** Besides the discussion with persons with disabilities, meetings and debates with related stakeholders are needed to gather broader perspectives about disability in the city as well as understanding the policy framework for disability issues pertaining to the city.



## BOX #5 - TIPS IN FACILITATING FGDs

In conducting the FGDs, we worked together with a Disability Expert to better facilitate the process during the discussion and to ensure a good flow of information. The following are some tips in conducting and facilitating group discussion with the community.

- **A CRUCIAL ELEMENT OF FGD IS FACILITATION**

Some important points to bear in mind in facilitating FGDs is to ensure even participation, careful wording of the key questions, maintaining a neutral attitude and appearance, and summarising the session to reflect the opinions evenly and fairly. It is important to make sure that everyone is participating. If someone is quiet, facilitators should find a way to ease them to express their opinion, for example mention their name and move the discussion towards them by asking questions to get their feedback.

- **VARIETY OF THE PARTICIPANTS**

For disability-based FGD, it is important to consider the varied types of stakeholder involved in the FGD, whether it is gender, age or type of job. This is important in identifying different needs of persons with disabilities from different ages, gender and occupation.

- **A FACILITATOR SHOULD BE A GOOD LISTENER**

Another key skill in facilitating a dialogue is the ability to listen. This seems easy, but there are some people who have a tendency to talk the whole time. As a facilitator, to be able to understand the real condition, we should listen more, giving equal opportunity to the participants to share their opinion, summarize it in a neutral way, and not lead opinion.

- **USE TOOLS THAT CAN HELP THE PROCESS**

It is important that all ideas, thoughts, opinion and keywords that rose during the discussion are properly captured. The use of tools like flipchart, markers, sticky notes or other creative tools will ease the discussion process. As a facilitator, we should note down participants' exact ideas, not the facilitator's ideas or perception of what is being said.

## WHAT IS DATA ANALYSIS?

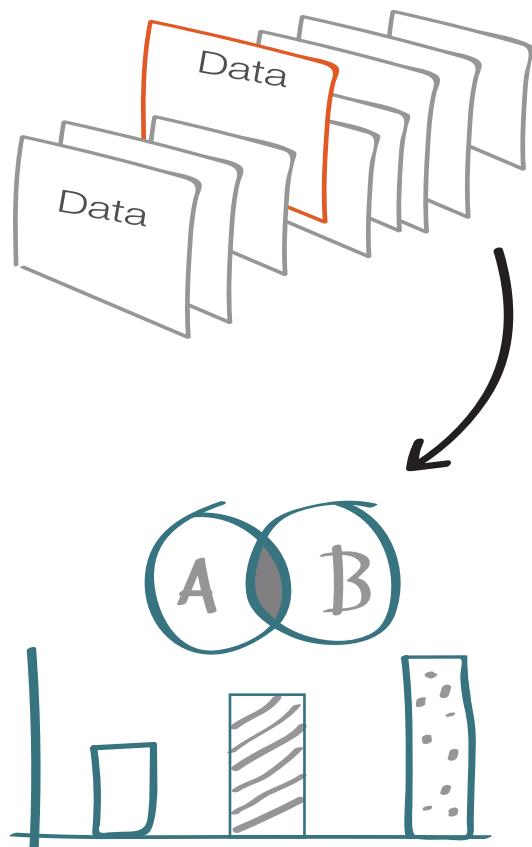
The data gathered from the survey is in a raw format. An analytical process is needed to explore a particular issue in more depth: learning more about why it happens and how, what the impacts are and to whom it affects, and ultimately, what we can do about it.

Data analysis is basically the process of transforming raw data into usable information. There are different ways of data analysis that can be applied from the simple basis statistic descriptive analysis, comparative analysis, spatial analysis using geographic information system (GIS), and many other forms of analysis, depending on what type of information we want to present and the type of data that we have.

From the primary data collection process, we have several types of data:

- Quantitative data (statistics) and maps generated from the main survey, and
- Qualitative data from the FGDs and interviews.

The following table illustrates different ways to do data analysis for each type of data.



NO	SOURCE OF DATA	TYPE OF DATA	TYPE OF DATA	DATA PRESENTATION
1	Main survey	Quantitative data	Quantity / Volume, ratio /comparison, proportion, frequency, gap / difference	Diagrams, Graphics, Tables, Maps
2	Focus Group Discussions (FGD)	Qualitative data	Human narrative, cause & effect analysis, stakeholder analysis, situational analysis, & social analysis	Infographics, narrations
3	Mapping from primary data	Map	Location point, spatial distribution, comparison, spatial relation	Layers of map

In the case of Solo, for the quantitative data gathered through the main survey, we highlight some data analysis processes.

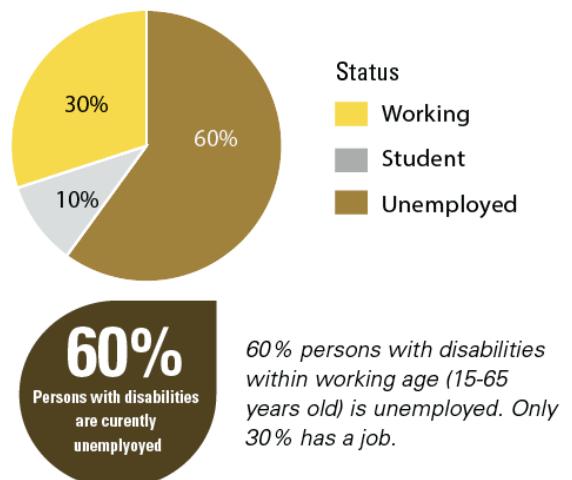
## BASIC STATISTIC DESCRIPTIVE ANALYSIS

Statistic descriptive analysis is basic analysis to understand the general conditions of persons with disabilities in Solo. It can be done using simple tools like Ms. Excel to be able to understand the basic conditions of the issue, the percentage of the population of persons with disabilities in comparison to the total population of the city, where it is mostly distributed, the amount of average monthly income, etc. The result can be presented in diagrams or graphics and is useful to:

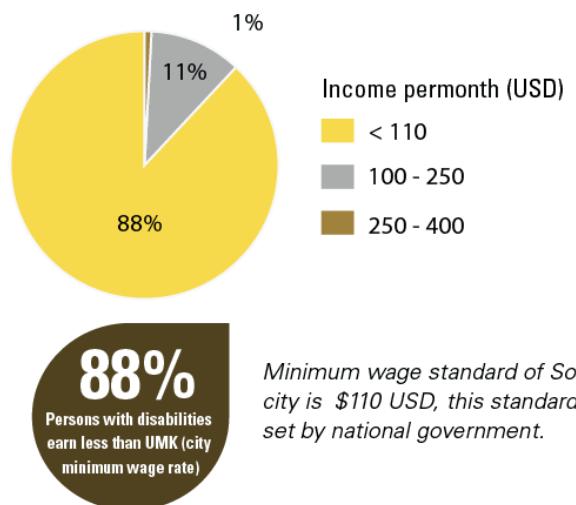
- Get a sense of scale or proportion
- Analyze things comparatively, in relation to one another
- Understand how the problem is changing or evolving

The following diagrams illustrate examples of the result of statistic descriptive analysis. Diagram 1 shows the distributions of persons with disabilities where the top 3 concentration areas are Kelurahan Kadipiro, Kelurahan Jebres, and Kelurahan Pajang.

DIAGRAM 2: EMPLOYMENT AND INCOME



*60% persons with disabilities within working age (15-65 years old) is unemployed. Only 30% has a job.*



*Minimum wage standard of Solo city is \$110 USD, this standard is set by national government.*

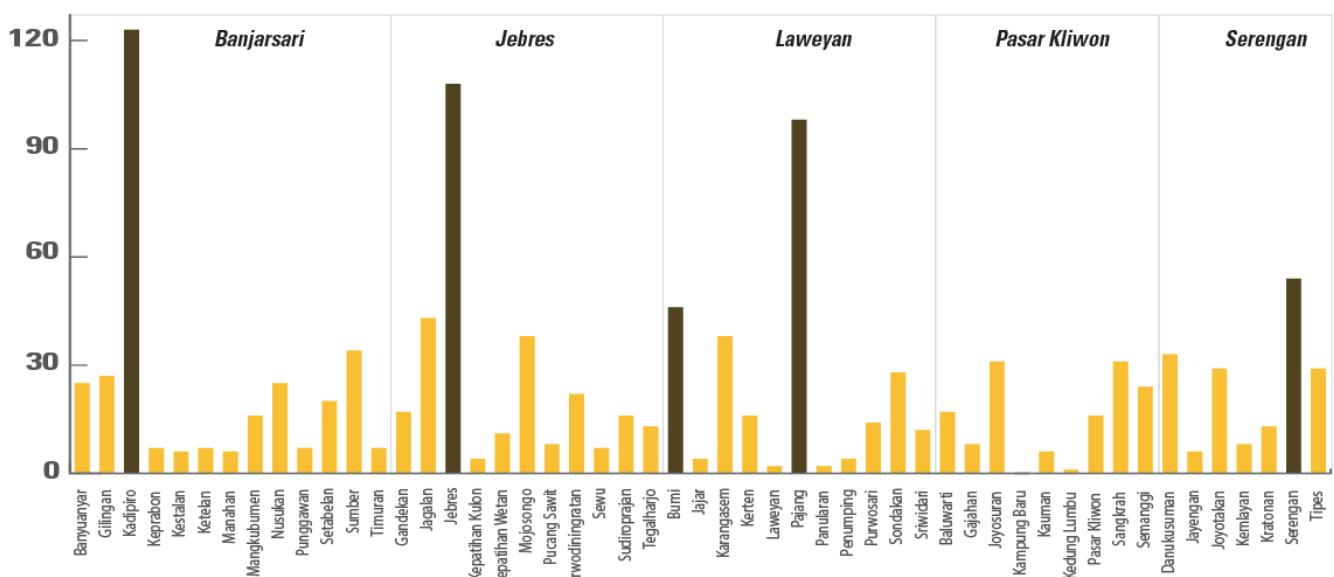


DIAGRAM 1: DISTRIBUTION OF PERSONS WITH DISABILITIES BY KELURAHAN

## SPATIAL ANALYSIS

The spatial analysis is used to provide location perspective of an issue. All of the data collected through the main survey has geographical reference that makes it easy to do the spatial analysis. We can identify where the distributions of persons with disabilities in the city are and how they relate with other issues like poverty level, or location of facilities, i.e. schools, park, etc. These are some ways to make comparison and draw conclusion.

### COMPARING LAYER VS. LAYER OF INFORMATION

**Example:** Population density vs. aggregated distributions of persons with disabilities

**Analysis:** By comparing layers we can start to characterize an area, understand its complexity and identify its focal issue points. Layers give us the general idea of the localization of different characteristics in the community.

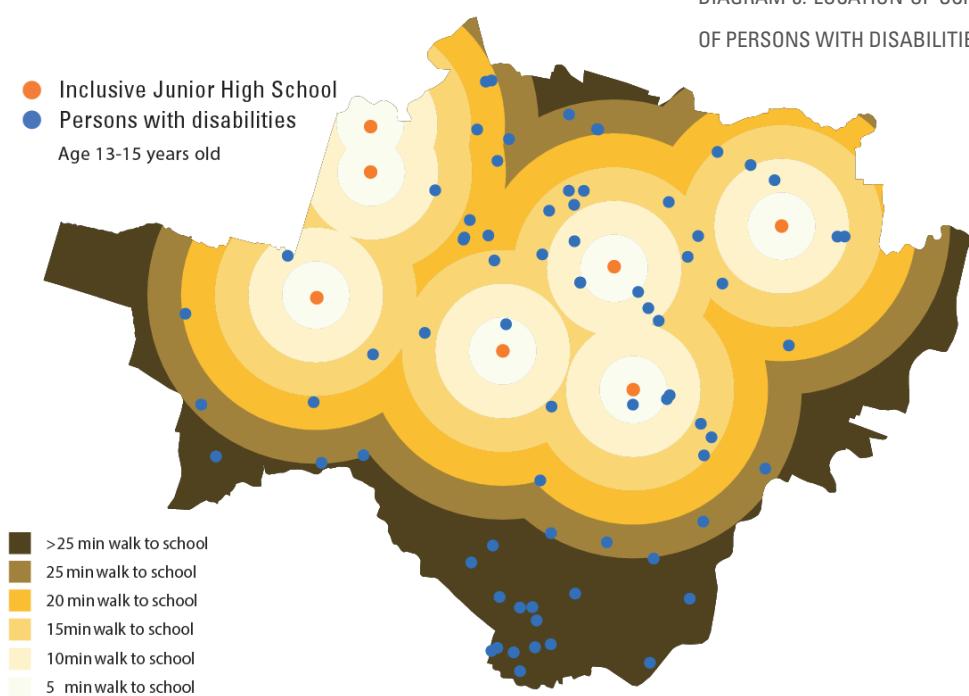
### COMPARING POINT VS. POINT

#### **Example:**

- Public transport line vs. location of persons with disabilities
- Location of schools vs. location of persons with disabilities in a school age

**Analysis:** By comparing points, we connect distance to access. This means that someone may have poor access to education service as they live far from city centre, as education facilities usually concentrated in the centre. Or by looking at where an inclusive schools and locations of persons with disabilities in a school age, we can create a buffer of X km around the inclusive school and identify location of persons with disabilities which are not in the service range of the school. These are the areas of low access that we are looking to identify.

DIAGRAM 3: LOCATION OF SCHOOLS VS. LOCATION OF PERSONS WITH DISABILITIES IN A SCHOOL AGE



The above map illustrates an example of point vs. point comparison using GIS. According to the analysis conducted using Geographic Information System (GIS), 54% of persons with disabilities between the ages of 13-15 years old lives within a distance of 1,2 km from the inclusive school.

## COMPARING POINT VS. LAYER

**Example:** Locations of persons with disabilities vs. poverty level

### Analysis:

Comparing a set of points with a layer of data in a community utilizes aspects of the two first methods in order to more fully understand an issue in the

community. Looking at where the locations of persons with disabilities are in relation to the poverty level in RT-level, we can create an estimate using GIS on the percentage of the persons with disabilities who live in areas with high poverty level. This should then be further identified, for example, the condition of the areas or the extent that the program for persons with disability is integrated with the poverty program.

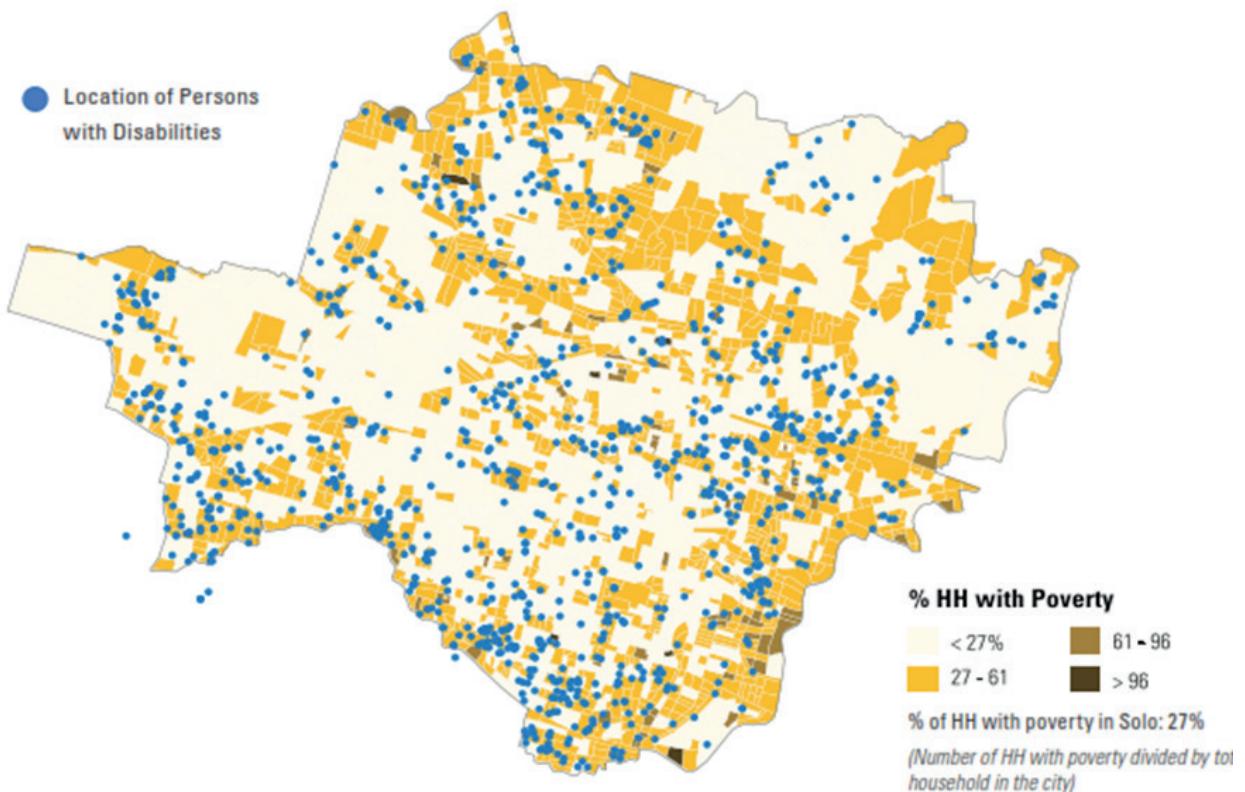


DIAGRAM 4: SPATIAL DISTRIBUTION OF PERSONS WITH DISABILITIES AND POVERTY LEVEL

*The above map illustrates an example of point vs. layer comparison using GIS. According to the analysis conducted using Geographic Information System (GIS), 60% of persons with disabilities lives in the area where the poverty level is high. This points to a positive correlation between the concentration of persons with disabilities and the concentration of poverty in the city.*

# STEP 6

## DEVELOPING THE CITY PROFILE

After the analysis, the next step is to produce the city profile. This process requires both expertise in analysis and writing. Incorporating different sets of data, including the RT-level surveys and the evidence collected through the FGDs is key to constructing a comprehensive and clear picture depicting disability situation in the city. Sometimes, this process demands additional data collection to fill the gaps and make a coherent profile. A good set of supporting documentation is needed to support and strengthen the findings. Furthermore, a visual illustration that eases the readers to understand the context, problems, challenges, and opportunities could be very helpful. All sources of data and information including photos and quotes need to be clearly cited in the document for ethical consideration and to legitimize the source.



# STEP 7

## DISSEMINATION WORKSHOP



The dissemination workshop is the final process of the participatory data for the disability-inclusive city, which aims to disseminate the result to the public. It can be done by conducting a half-day workshop to gain inputs and clarifications from the participants about the result of the data collection and analysis. It is important to ensure the involvement of various stakeholders that represent different views and interests, from city government, disabled person's organizations (DPOs), rehabilitation centres, inclusive schools, private sectors and other community organisations. The workshop is also a good opportunity to discuss about recommendations for the city to improve accessibility for persons with disabilities and inclusivity for all.

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# ANNEX #1

## QUESTIONNAIRE

Questionnaire that has been used in the pilot activity in Solo. This can be modified depends on the local context. Questionnaire that has been used in the pilot activity in Solo.

### PART 1 - LOCATION

- a. Kecamatan : \_\_\_\_\_
- b. Kelurahan : \_\_\_\_\_
- c. RW : \_\_\_\_\_
- d. RT : \_\_\_\_\_
- e. Coordinate : \_\_\_\_\_

### PART 2 - BASIC INFORMATION OF PERSONS WITH DISABILITIES

- a. Name : \_\_\_\_\_
- b. Gender : \_\_\_\_\_
- c. Age : \_\_\_\_\_

### PART 3 - DISABILITY PROFILE

- a. Type of Disability :
  - Physically disabilities
  - Mental disabilities
  - Aural disabilities
  - Visual disabilities
  - Intellectual disabilities
  - Multiple disabilities
- b. Do you require any assistive device ?  
If yes, specify : \_\_\_\_\_
- If yes, have you had it: \_\_\_\_\_
- c. Have you ever joined a rehabilitation center?

### PART 4 - ACCESS TO EDUCATION AND JOBS

- a. Latest education :
  - Never go to school
  - Elementary school
  - Junior high school
  - Senior high school
  - University
- b. Have you ever received any courses?
  - Yes
  - No

If yes, what kind of courses have you received? (*Respondents are allowed to choose more than one answer*)

- Disabilities (braille, sign language, etc)
- Skill (massage, handycraft, sewing, etc)
- Advocacy (lobbying, facilitating, mediating, workshop, etc)
- Motivation (Achievement Motivation Training, etc)

c. Do you currently work?

Yes       No

If yes, what is your current job?

- |   |  |
|---|--|
| <input type="checkbox"/> Civil servant            | <input type="checkbox"/> Laundryman      |
| <input type="checkbox"/> Labour                   | <input type="checkbox"/> Singer/musician |
| <input type="checkbox"/> Enterpreneur             | <input type="checkbox"/> Painter         |
| <input type="checkbox"/> Social worker (NGO, etc) | <input type="checkbox"/> Designer        |
| <input type="checkbox"/> Physician                | <input type="checkbox"/> Architect       |
| <input type="checkbox"/> Teacher                  | <input type="checkbox"/> Artisan         |
| <input type="checkbox"/> Nurse                    | <input type="checkbox"/> Mechanic        |
| <input type="checkbox"/> Barrister/Lawyer         | <input type="checkbox"/> Thrashpicker    |
| <input type="checkbox"/> Notary                   | <input type="checkbox"/> Others: _____   |

Where do you currently work? \_\_\_\_\_

How much is your monthly salary?

- < Rp. 1.500.000
- Rp. 1.500.000 – Rp. 3.000.000
- Rp. 3.000.000 – Rp. 4.500.000
- Rp. 4.500.000 – Rp. 6.000.000
- > Rp. 6.000.000

d. If you are now unemployed, have you ever had a job?

Yes       No

If yes, what kind of job? (Respondents are allowed to choose more than one answer)

- |   |  |
|---|--|
| <input type="checkbox"/> Civil servant            | <input type="checkbox"/> Laundryman      |
| <input type="checkbox"/> Labour                   | <input type="checkbox"/> Singer/musician |
| <input type="checkbox"/> Enterpreneur             | <input type="checkbox"/> Painter         |
| <input type="checkbox"/> Social worker (NGO, etc) | <input type="checkbox"/> Designer        |
| <input type="checkbox"/> Physician                | <input type="checkbox"/> Architect       |
| <input type="checkbox"/> Teacher                  | <input type="checkbox"/> Artisan         |
| <input type="checkbox"/> Nurse                    | <input type="checkbox"/> Mechanic        |
| <input type="checkbox"/> Barrister/Lawyer         | <input type="checkbox"/> Thrashpicker    |
| <input type="checkbox"/> Notary                   | <input type="checkbox"/> Others: _____   |

e. In your school or place of work, is there any facility that accommodates your needs as a person with disabilities?

Yes       No

f. Distance to schools or place of work:

- < 1 km
- 1 – 5 km
- > 5 km

g. Mobility option: How do you get to school or place of work?

- Public transport
- Specific-designed personal transportation mode (e.g. modified motorbike)
- Drop by
- Other, please specify: \_\_\_\_\_



## PART 5 - ACCESS TO HEALTH SERVICE

- a. Where do you usually get medical treatment? (Respondents are allowed to choose more than one answer)
- No treatment
  - Hospital
  - Community health center (*Puskesmas*)
  - Polyclinic
  - Physician
  - Quack
- b. Does your medical treatment place provide facility to accommodate persons with disabilities?
- Yes
  - No



## PART 6 - ACCESS TO OTHER PUBLIC FACILITIES IN THE CITY

- a. Do you ever walk along the sidewalk/pavement (pedestrian ways)?
- Yes
  - No
- If yes, do you feel comfortable walking along the sidewalk/pavement?
- Not comfortable
  - Neutral
  - Comfortable
- If not comfortable, why? (Respondents are allowed to choose more than one answer)
- No ramp
  - No guiding block
  - No signage
  - Bothering of signage position
  - Difficult to cross the road
  - Trees are placed along the pedestrian way
  - Street vendors/ other activities along the pedestrian way
  - The width of pedestrian way is not enough to be passed through
  - There are excavation and roadwork
  - Bad pedestrian condition
  - Others, specify: \_\_\_\_\_
- b. Do you ever visit the public park?
- Yes
  - No
- If yes, do you feel comfortable visiting the public park?
- Not comfortable
  - Neutral
  - Comfortable
- If not comfortable, why? (Respondents are allowed to choose more than one answer)
- No signage
  - No access to public facility (bench, playing ground, etc)
  - No special toilet for disabled
  - No ramp
  - No guiding block
  - Others, specify: \_\_\_\_\_
- c. Do you ever visit the market or mall?
- Yes
  - No
- If yes, do you feel comfortable visiting the public market or mall?
- Not comfortable
  - Neutral
  - Comfortable

If not comfortable, why? (Respondents are allowed to choose more than one answer)

- No audio supported elevator
- No ramp
- No special parking lot for persons with disabilities
- No special toilet for persons with disabilities
- Lack of information guidance / running text for persons with disabilities
- Others, specify: \_\_\_\_\_

d. Do you ever use the public transportation?

- Yes
- No

If yes, do you feel comfortable using the public transportation?

- Not comfortable
- Neutral
- Comfortable

If not comfortable, why? (Respondents are allowed to choose more than one answer)

- Distance from house to public transportation stop by is far
- Difficult to access station / airport
- Lack of facilities or transportation modes (chairs, space and special line)
- Others, specify: \_\_\_\_\_

e. Do you ever visit a place of worship (mosque, church, temple, etc.)?

- Yes
- No

If yes, do you feel comfortable visiting a place of worship?

- Not comfortable
- Neutral
- Comfortable

If not comfortable, why? (Respondents are allowed to choose more than one answer)

- No guiding block along the way to worship place
- No ramp
- No special parking lot for persons with disabilities
- Difficult to access ablution place
- No special toilet for persons with disabilities
- Others, specify: \_\_\_\_\_

f. Is there any disability-friendly infrastructure in the public facilities?

- Yes, specify: \_\_\_\_\_
- No

g. What kind of facilities are needed to support your activity in the public area? \_\_\_\_\_



## PART 7 - ACCESS TO SOCIAL SECURITY

Do you have social security ? (Respondents are allowed to choose more than one answer)

- Kartu Indonesia Sehat (KIS)
- Kartu Indonesia Pintar (KIP)
- Kartu Keluarga Sejahtera (KKS)
- Program Keluarga Harapan (PKH)



## PART 8 - ACCESS TO PARTICIPATORY PLANNING AND BUDGETING

a. Have you ever attended a RT/RW (block) meeting?

If yes, what was your role?  Speaker  Participant  Observer

If not, why? \_\_\_\_\_

b. Have you ever attended a Participatory Planning & Budgeting Process (Musrenbang) ?

If yes, what was your role?  Speaker  Participant  Observer

If not, why? \_\_\_\_\_



## PART 9 - ACCESS TO POLITICAL PARTICIPATION

a. Have you ever participated in Presidential Election, Governorial Election, and Mayoral Election?

Yes  No

b. If not, why?

- Not registered as voter
- No information
- No facility for disabled people
- No attracting option in the election list
- Not interested in politics
- Others, specify \_\_\_\_\_



## PART 10 - EXPERIENCE OF BEING DISCRIMINATED

Have you ever got experienced discrimination?  Yes  No

If yes, please explain: \_\_\_\_\_

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# ANNEX #2

## LIST OF QUESTIONS FOR FOCUS GROUP DISCUSSION (FGD)

We divided the FGD into three types: Type of disability-based FGDs, Location-based FGD, and stakeholder workshop. The majority of the questions are the same, but each have different emphasize. The following are the list of questions for each type of FGD which serve as a reference and example.

### FGD QUESTIONS FOR PERSONS WITH DISABILITIES BASED ON TYPE

#### PART 1 - Personal Information

Questions for introduction. Facilitators should ask the basic information of the participants including name, type of disability, age, and other personal information in order to understand the background of the participants.

Name : \_\_\_\_\_

Age : \_\_\_\_\_

Gender : Male / Female

Address : \_\_\_\_\_

Type of disability :

#### PART 2 - Access to Mobility

1. How long have you been staying here?
2. How did you get here (to this venue)? (*Possible answers: by myself, accompanied by someone, who...., etc.*)
3. In terms of your mobility/movement, how do you usually travel within the city (to school or work place?) (*Possible answers: by myself, accompanied by someone, who...., etc.*)
4. How do you feel when you're traveling in Solo? Is it easy or difficult? Why? Do you feel safe traveling alone? If no, why?
5. Based on the survey results, the distance between each of the persons' houses and schools / workplaces is mostly under 1 km. In your opinion, do you feel like you're having difficulties in terms of long-distance mobility?
6. In terms of your mobility, do you need any assisting tools? Do you think it is hard to get? Where do you find it?
7. Based on the survey result, we found that many persons with disability do not need any assisting tools, do you think it is because they already have one or is there any other reasons behind it?



## PART 3 - Access to Education and Job Opportunity

1. Where do (did) you study? (Formal and Informal education)
2. What is your current occupation? If you do not work, what do you do?
3. For Jebres FGD (For persons with **physical impairment**) Based on the survey result, most of the people with physical disability work as labour / entrepreneur. We are just wondering, what kind of factories provide jobs for persons with disabilities?

For Pajang FGD (For persons with **visual impairment**) Based on the survey result, most of the blind people work as masseuse. Is there any alternative job opportunity for you other than becoming a masseuse?

4. What kind of education / training center do you need to improve your skills / knowledge?
5. Do you think Solo has provided a good education / training center for you and other disabilities group? Why?
6. What barriers and challenges do you face when seeking for a job?
7. Based on the survey results, 39.1% of persons with disabilities's education is elementary school, 22.5% of them never attended school, and only few of them continued to the higher level of education. In your opinion, why is this happening? Is there any particular reason behind it?
8. What barriers and challenges do you face in accessing a higher level of education?
9. Based on the survey, majority of persons with disabilities' incomes in Solo are below 1.5 million rupiah. Do you think the amount of salary you receive is affected by your condition? Is your salary enough to support your condition?



## PART 4 - Access to Health Facilities

1. Where do you usually get a medical treatment? Why do you go there?
2. Based on the survey result, most of the health care centers in Solo do not provide facilities for persons with disabilities, what do you think about it? What kind of facilities do you need to help/assist you in the health center?
3. Based on the survey finding, most of the people with disabilities do not have access to rehabilitation centers. In your opinion, what is the reason many people do not access it?
4. Based on the survey finding, we found that this neighborhood has the largest number of people with physical and vision impairments, do you know why that is?
5. Based on the survey finding, more than 21.6% of respondents do not have Kartu Indonesia Sehat and BPJS. What kind of challenges do you face to access these facilities?



## PART 5 - Access to Other Public Services

1. What kind of public services do you access the most? Why? (Hospital, bus terminal, train station, mall, shopping center, city park, etc.)
2. What do you think about the condition of facilities in public services? Does it meet your requirement?
3. What kind of supporting facilities do you need in public services?
4. What is the biggest barriers and challenges you face when you are in public facilities?

- Based on the survey result, many respondents do not have access to public facilities (park, market, worshiping place, etc), what is your opinion about this finding?
- Related to question No. 5, many of you have already visited these places and you feel comfortable in there, do you think these facilities in Solo have already met your requirement?



## PART 6 - Policy and Regulation

- Do you know about any regulations related to disability? Please specify
- Do you know about any government programs that support persons with disabilities in Solo? For example, quota for persons with disabilities in company or training to improve skills for persons with disabilities?
- Do you think Solo is a friendly city for you? Why? Have you ever visited any other cities that are more comfortable than Solo?
- What kind of regulation/policy do you think that can support your accessibility in the city?

## FGD QUESTIONS FOR PERSONS WITH DISABILITIES BASED ON ACCESSIBILITY



## PART 1 - Personal Information

Questions for introduction. Facilitators should ask the basic information of the participants including name, type of disability, age, and other personal information in order to understand the background of the participants.

Name :	Address :
Age :	Type of disability :
Gender :	Male / Female



## PART 2 - Access to Mobility

- How long have you been staying here?
- How did you get here (to this venue)? (*Possible answers: by myself, accompanied by someone, who...., etc.*)
- In terms of your mobility/movement, how do you usually travel within the city (to school or work place?) (*Possible answers: by myself, accompanied by someone, who...., etc.*)
- How do you feel when you're traveling in Solo? Is it easy or difficult? Why? Do you feel safe traveling alone? If no, why?
- Based on the survey results in Kelurahan Semanggi, the average distance between the respondents' house and schools / workplaces is generally > 5 km (53,9%), while 30,8% of persons with disabilities travels within a radius of 1-5 km on a daily basis, and only 15,4% travels <1 km. It is worth highlighting that the average distance between respondents' houses and schools / workplaces is generally <1 km for the Solo area. How can you explain this situation? Can you identify any barriers / challenges to long-distance mobility?
- In terms of your mobility, do you need any assisting tools? Do you think it is hard to get? Where do you find it?
- Based on the survey result, we found that many persons with disability do not need any assisting tools, do you think it is because they already have one or is there any other reasons behind it?



### **PART 3 - Access to Education and Job Opportunity**

1. Where do (did) you study? (Formal and Informal education)
2. What is your current occupation? If you do not work, what do you do?
3. What kind of education / training center do you need to improve your skills / knowledge?
4. Do you think Solo has provided a good education / training center for you and other disabilities group? Why?
5. What barriers and challenges do you face when seeking for a job?
6. Based on the survey results, 39.1% of persons with disabilities's education is elementary school, 22.5% of them never attended school, and only few of them continued to the higher level of education. In your opinion, why is this happening? Is there any particular reason behind it?
7. What barriers and challenges do you face in accessing a higher level of education?
8. Based on the survey, majority of persons with disabilities' incomes in Solo are below 1.5 million rupiah. Do you think the amount of salary you receive is affected by your condition? Is your salary enough to support your condition?



### **PART 4 - Access to Health Facilities**

1. Where do you usually get a medical treatment? Why do you go there?
2. Based on the survey result, most of the health care centers in Solo do not provide facilities for persons with disabilities, what do you think about it? What kind of facilities do you need to help/assist you in the health center?
3. Based on the survey finding, most of people with disability do not have access to rehabilitation center including Semanggi while only 20.83% who access the rehabilitation center. In your opinion, what is the reason of many people do not access it?
4. Based on the survey finding, more than 21.6% of respondents do not have Kartu Indonesia Sehat and BPJS. What kind of challenges do you face to access these facilities?



### **PART 5 - Access to Other Public Services**

1. What kind of public services do you access the most? Why? (Hospital, bus terminal, train station, mall, shopping center, city park, etc.)
2. What do you think about the condition of facilities in public services? Does it meet your requirement?
3. What kind of supporting facilities do you need in public services?
4. What is the biggest barriers and challenges you face when you are in public facilities?
5. Based on the survey result, many respondents do not have access to public facilities (park, market, worshiping place, etc), what is your opinion about this finding?
6. Related to question No. 5, many of you have already visited these places and you feel comfortable in there, do you think these facilities in Solo have already met your requirement?



## PART 6 - Policy and Regulation

1. Do you know about any regulations related to disability? Please specify
2. Do you know about any government programs that support persons with disabilities in Solo? For example, quota for persons with disabilities in company or training to improve skills for persons with disabilities?
3. Do you think Solo is a friendly city for you? Why? Have you ever visited any other cities that are more comfortable than Solo?
4. What kind of regulation/policy do you think that can support your accessibility in the city?

## FGD QUESTIONS FOR STAKEHOLDER WORKSHOP

### TARGET AUDIENCES:

- **Government Agencies:** Law and Regulation Division, City Planning Agency, Department of Public Works, Department of Transportation, Department of Social Welfare, Department of Education
- **Non-Government Organizations**



## PART 1 - Personal and Institutional Information

Name : \_\_\_\_\_

Institution : \_\_\_\_\_

What is your institution's responsibility in the issue of disability?



## PART 2 - Law and Regulation

1. Does Solo have any regulations related to disability? What are those regulations?
2. Are there any programs/projects that support persons with disabilities in the city?
3. Do you know whether the National Government and Central Java Government have any regulations related to disability? What are those regulations?
4. Are there any programs/projects related to disability at the national and provincial level?
5. Do you know about Rencana Aksi Nasional Hak Asasi Manusia 2015 - 2019 created by the National Government under the National Planning Agency?



## PART 3 - Related Policies and Regulations to Provide Facilities for Persons with Disabilities

1. What kind of facilities and infrastructures should be provided by the Government for persons with disabilities?
2. What facilities does Solo have today? How is it (poor/good condition)? (*Healthcare facilities, rehabilitation/education center, a friendly bus terminal / train station / airport for persons with disabilities, etc.*)



## PART 4 - Ideas to Support Persons with Disabilities

1. Do you have any ideas to better support persons with disabilities in the city?
2. Do you think Solo is a friendly city for persons with disabilities? Why?
3. Do you have any ideas how to make Solo a more disability-friendly city?

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# **PARTICIPATORY DATA COLLECTION METHODOLOGY FOR DISABILITY-INCLUSIVE CITY PROFILE**

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## **GUIDELINE**



United Nations  
Educational, Scientific and  
Cultural Organization

**2018**

**KOTA  
KITA**  
A CITY FOR ALL