

MAPPING MAMPU'S ENGAGEMENT WITH WOMEN WITH DISABILITIES IN INDONESIA



Acronyms

ASPDB	Social Assistance Program for Severely Disabled
AIPJ	Australia-Indonesia Partnership for Justice
APEKSI	Association of Indonesian Municipal Governments
APPR	Annual Program Performance Report (DFAT)
BAPPENAS	Indonesian Ministry for National Development Planning
BITRA	Foundation for Rural Capacity Building
BPJS	Social Insurance Administration Body
CIQAL	Center for Improving Quality of Life of People with Disabilities
CSO	Civil Society Organisations
DESBUMI	Village that Cares about Migrant Workers
DFAT	Department of Foreign Affairs and Trade
DFID	Department of International Development, UK
DPO	Disabled Peoples Organisations
GESI	Gender and Social Inclusion
GERKATIN	Movement of Solidarity for the Deaf
GOA	Government of Australia
GOI	Government of Indonesia
HWDI	Indonesian Women with Disabilities Association
INFID	International NGO Forum on Indonesian Development
JKN	National Insurance Scheme
KPI	Coalition of Indonesian Women
MANIS	MAMPU National Information System
MWPRI	Indonesian Homeworkers Association
PERTUNI	Association of the Blind
Puskesmas	Community Health Centre
PPDI	Indonesia Association of Disabled People
PwD	People with disabilities
RANHAM	Indonesia's National Action Plan on Human Rights
RPP	Draft law
RPJMN	National Medium Term Development Plan
SAPDA	Centre for Advocacy for Women and Children with Disabilities
SDG	Sustainable Development Goals
SIGAB	Institute for Inclusion and Advocacy of Persons with Disabilities
Susenas	National Socio Economic Survey
Sakernas	National Workforce Force Survey
Sensus	National Census
TURC	Trade Union Rights Centre
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VAW	Violence Against Women

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INTRODUCTION

The purpose of this report is to take stock of existing activities and approaches to disability inclusion by the Australia-Indonesia Partnership for Gender Equality and Women's Empowerment (MAMPU). This exercise will inform the development of a Disability Inclusion Strategy to guide future work on MAMPU.

MAMPU aims to contribute to empowering women and improving gender equality in Indonesia. MAMPU does this by developing women's collective capacity and helping them to influence decision-making at multiple levels – from the village to national parliament. This process confronts and challenges the social norms that constrain what is socially acceptable for women and girls to do.

At the heart of the approach are selected Indonesian civil society organisations (CSOs) that champion women's issues – the MAMPU partners. MAMPU supports over 100 organisations at national and sub-national levels, working in around 1,000 villages across 27 of Indonesia's 34 provinces. The program supports these organisations to act more collectively and with allies in government and parliament to influence policy change that improves women's lives.

MAMPU Partners work in five broadly defined thematic areas: (1) improving women's access to Government of Indonesia social protection programs; (2) improving conditions of employment and removing workplace discrimination; (3) improving conditions for women's overseas labour migration; (4) improving women's health and nutritional status; and (5) reducing Violence Against Women (VAW).

MAMPU was not designed to purposively target people with disabilities and does not currently have a documented strategy to tackle these issues. Women with disabilities and their families represent a distinct group with distinct needs, which may not align with the current capacity and focus the majority of MAMPU's Partners.

Nevertheless, even without a targeted strategy, as an isolated and vulnerable group of women, all Partners engage with women with disabilities and their families in the course of carrying out their MAMPU activities at the village level¹. Disability cuts across MAMPU's five thematic areas. In Indonesia women with disabilities are often the poorest of the poor, particularly vulnerable to violence, and lacking adequate access to education, employment, social protection and health care, social and community engagement, and other opportunities and services.

MAMPU's existing approach to disability inclusion can be characterised as 'twin track', consistent with internationally recognised principles. That is, disability inclusion is mainstreamed or addressed as part of a wider women's empowerment agenda as well as through targeted or discrete interventions by selected CSO Partners and networks. These interventions are mutually reinforcing.

Program 'reach' data show that since 2014, 8 of MAMPU's 14 main partners have involved people with disabilities. MAMPU has also consulted directly with those Partners who have not reported reach in their Quarterly Reports. Activities include advocating for disability access to be incorporated into local

¹ MAMPU National Information System (MANIS).

education regulations, to ensuring disability is reflected in government social protection data. This work tends to address disability as one part of wider influence agenda focused on women's priorities.

Alongside this, a smaller cohort of Partners carry out interventions that specifically target the needs of people with disabilities. Women with disabilities are a core constituency within the Indonesian Women's Coalition (KPI).² Under MAMPU this includes improving access to social protection under Thematic Area 1. The other is CIQAL under Thematic Area 5. CIQAL (The Center for Improving Quality of Life of People with Disabilities) is a small service provider assisting victims of violence with a disability in 2 villages in DI Jogjakarta.

Specific interventions include improving disability disaggregated data and quality; outreach and service provision for victims of violence; and establishing partnerships with Disabled People's Organisation (DPO) networks to improve policy and implementation. These initiatives align with DFAT's Development for All 2015-2020 strategy by focusing on gender sensitivity and disability inclusion. This makes MAMPU unique in its ability and potential to address the intersectional needs of women with disabilities.

It is now timely for MAMPU to revisit existing efforts to address disability inclusion. MAMPU Partners recently completed local consultations on the Sustainable Development Goals (SDGs) in 26 cities/districts across 11 Provinces. Through MAMPU Partners, these consultations have involved engagement with Disabled People's Organisations (DPOs) and the National NGO Forum on Indonesian Development (INFID) (full list at Annex 2). INFID leads Indonesia's civil society efforts to realise the government's commitments to the 2030 SDGs. DPOs now have a direct mandate to work more collectively and collaboratively with MAMPU's CSO Partners and local government to improve access to services for people with disabilities.

This paper is divided into two parts. Part 1 sketches out the contextual issues relevant to MAMPU, commitments by the Governments of Australia and Indonesia, and how progress is tracked. In Part 2 the analysis turns to MAMPU. The paper describes the situation for women with disabilities across MAMPU's five thematic areas, and outlines the existing disability inclusion work of MAMPU Partners.

This is an internal mapping exercise drawing on existing documentation, information and data reported in the MAMPU National Information System (MANIS), alongside consultations with MAMPU staff and Partners. Findings (summarised in in Annex 1) have informed development the MAMPU Disability Inclusion Strategy and Partners workplan for 2019 specifying activities on disability inclusion.

This Paper has taken into consideration feedback provided on earlier drafts by DFAT Jakarta, DFAT Disability Advisor, CBM-Australia and AIPJ2 staff and National Disability Advisor. A more detailed mapping exercise and situational analysis to develop a richer understanding of the experiences of women with disabilities in MAMPU working areas will require field work. This is outside the bounds of the current exercise.

² KPI advocates for poor and marginalized groups of women through specific interest groups (kelompok kepentingan) which includes People with Disability, the Elderly, Informal Sector Workers, Rural Poor, Urban Poor, Youth and Student, Sex Workers, Labourers, Widowed/Single/Single Parent, Marginalized Children, Farmer, Coastal and Fisherwomen, Housewives, LGBT, Migrant Workers, and Domestic Workers.

PART 1: KEY CONTEXTUAL ISSUES

The first part of this report canvasses a series of contextual issues that need to be considered in the development a MAMPU Disability Inclusion Strategy to address disability inclusion. This begins with a broad discussion of disability in Indonesia before outlining Australian and Indonesian government commitments, and describing other existing DFAT initiatives addressing disability inclusion.

WHAT ARE THE CHARACTERISTICS OF DISABILITY IN INDONESIA?

People with disabilities make up at least 15% of the world's population and around 11% or more in Indonesia, and are amongst the most socially and economically excluded citizens. Disability and poverty reinforce each other, contributing to increased vulnerability and exclusion.³ Many people with disabilities face multiple barriers which can limit educational, employment and social opportunities.⁴ Households with a person with disability have a lower monthly expenditure per capita, with female head of households being particularly vulnerable.

BOX 1: SNAPSHOT: PEOPLE WITH DISABILITIES IN INDONESIA

- The prevalence of disability increases with age (26% of people over 60 years old have a disability).
- Vision impairment is the most common disability, followed by hearing and mobility.
- 40% of people with a disability have more than one impairment.
- Disability is predominantly acquired. Disease is the most common cause of disability (60%). Accidents constitute the cause of 16% of disabilities.
- The prevalence of disability is higher in rural areas than urban areas (4.6% compared with 3.9%).
- Gorontalo and North Sulawesi have the highest prevalence in the country at above 6%.
- The incidence of disability is similar for males and females. Estimates of between 47% and 54% of people with disabilities are women.

Source: AIPJ (2017). Disability in Indonesia: What can we learn from the data? Report produced by Monash University.

Discrimination against people with disabilities in Indonesia, as in many countries, often starts within the family. Households with girls or women with a disability can accentuate gender inequality within the household due to a number of overlapping and intersectional barriers related to violence, employment, education, social protection, and health. This exclusion from within the family can further contribute to reduced social and political participation. This includes participation in government planning processes and accessing mainstream and targeted services. These issues are reviewed in more detail in the second part of the report which outlines MAMPU's response under each of its five corresponding thematic areas.⁵

Action by DPOs with other civil society actors, has spurred some recent positive progress on disability inclusion for service delivery and participation in village and district processes. However, there are indications that services remain largely inaccessible to people with disabilities. A lack of data on disability inclusion compounds barriers to participation and access to services. The lack of data and monitoring means that government organisations are unable to determine if people with disabilities are included in service delivery.

³ AIPJ (2017). WHO (2011). https://www.who.int/disabilities/world_report/2011/report/en/.

⁴ WHO (2011); DFID (2000).

⁵ Bexley (2016).



Including all people with disabilities has also been identified as a challenge for some Indonesian DPOs. People with intellectual disabilities and psychosocial disabilities experience barriers to participation within the disability movement as well as within the broader community, which impacts representation in advocacy for disability inclusion and access to appropriate services.⁶

For MAMPU, the intersectionality of gender and disability means that women face multiple barriers:

- inadequate resourcing of organisations dedicated to the protection of women, people with disabilities, and, particularly women with disabilities.
- difficulties for women, and people with disabilities in claiming and defending their rights.
- lack of political and bureaucratic will to pursue gender and disability sensitivity reform of policies and laws and to improve their implementation and enforcement.
- weak implementation of the legal framework for the protection of the rights of women, and people with disabilities.
- lack of involvement of women and people with disabilities in planning and budgeting.
- lack of collaboration among Government of Indonesia (GOI), parliaments, women's organisation, CSOs, DPOs and private sectors to jointly realise gender equality, along with disability rights, and in supporting its initiatives.

At the 2018 Global Disability Summit in London in July, the United Kingdom Government Department for International Development (DFID) pushed for the need to take lessons learned for mainstreaming support for women and girls and replicating those successful approaches for people with disabilities.⁷ This requires adopting and realising a rights based approach to gender and disability.

DISABILITY INCLUSION THROUGH A RIGHTS-BASED APPROACH

The way that disability is understood has evolved in recent times as a result of the advocacy of DPOs and the signing of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It is now widely recognised that a 'rights-based approach' to inclusion and the removal of barriers to access and participation is the most comprehensive strategy.

Disability is seen to result from the interaction of a person with an impairment with society in circumstances where there are barriers facing people with disabilities. Societies that remove barriers to participation create an inclusive environment that enables all people – including people with disabilities – to access public facilities and participate in community life.

The UNCRPD affirms that persons with disabilities have rights on an equal basis with others in society. This reaffirms the paradigm shift from viewing persons with disabilities as objects of charity and pity to citizens with rights. Disability inclusion does not aim to eliminate or remove disability, but provides opportunities for participation and inclusion of people with disabilities. The social and rights-based model of disabilities declares that:

- The disability does not lie within the individual;
- Disability is the result of interaction of an individual with society;

⁶ The Asia Foundation (2016). Understanding Social Exclusion in Indonesia. A meta-analysis of Program Peduli's Theory of Change Documents. <https://dfat.gov.au/about-us/publications/Pages/indonesia-understanding-social-exclusion-meta-analysis-peduli.aspx>. The Indonesian term 'disabilitas mental' 'disabilitas Retardasi mental' is used to describe a range of conditions covering intellectual disabilities and psycho-social disabilities (mental health issues and mental illness).

⁷ Global Disability Summit statement, Available: <https://bit.ly/2LP9sDe>. DFID launches its first disability inclusion strategy on 04 December 2018, <https://www.gov.uk/government/publications/dfids-disability-inclusion-strategy-2018-to-2023>, <https://www.devex.com/news/dfid-launches-its-first-disability-inclusion-strategy-93936>

- Society creates barriers and therefore disables participation of individuals; and
- Under the social model, society must change so that barriers for individuals are removed to provide opportunities for participation and inclusion of people with disabilities.

Australia and Indonesia are both signatories to the UNCRPD and have reflected a rights based approach in national laws and international development assistance programs outlined below.

GOVERNMENT OF INDONESIA AND AUSTRALIA COMMITMENTS TO DISABILITY RIGHTS

Government of Indonesia

The GOI's commitments to women's rights are enshrined in a range of planning and legislative instruments. The National Medium-Term Development Plan (RPJMN) for 2015–2019 sets out targets to improve quality of life and women's role in development, protection from violence, and strengthening the capacity of organisations focused on women's protection and empowerment. The RPJMN also guarantees the rights of people with disabilities in the areas of social protection, decent work, human capital development in remote areas, inclusive economy and improving access to basic services (layanan dasar) including legal identity, education, health, and infrastructure.⁸ These rights are also reflected in Law No. 8 2016 on Disability, as a legal commitment to improve the quality of life of persons with disabilities. The updated law covers Public Service, Social Protection, Reasonable Accommodation in Justice, Planning, Inclusive Education, and Disability Service Unit in Employment.

This commitment is guided by Indonesia's ratification of the UNCRPD in 2011 (Law No.19/2011). The Convention covers a wide range of areas including health, education, employment, access to justice, personal security, independent living and access to information. Other relevant laws and regulations include the Regulation of the Minister of National Education 70/2009 on Inclusive Education; and Presidential Declaration 75/2015 on the Human Rights Action Plan. The GOI's commitment to Human Rights is articulated further in Indonesia's National Action Plan on Human Rights 2015- 2019 (RANHAM), through the Presidential Regulation No. 75, 2015. RANHAM is a reference for ministries, institutions and local governments in respecting, protecting, fulfilling, enforcing and promoting human rights of all citizens in Indonesia. The need to strengthen inter-ministerial coordination, monitoring, reporting and accountability, particularly in relation to disability rights was identified as a priority for RANHAM 2015–2019. A joint secretariat made up of the Ministry of Justice and Human Rights, Ministry of Social Affairs, Ministry of Home Affairs, and Ministry of National Development Planning / Bappenas is responsible for coordination across all ministries and levels of government, and monitoring and submitting reports on progress to the Presidential Office that are also made available to the public.

In Indonesia, the Association of Indonesian Municipal Governments (APEKSI) established the Network of Indonesian Mayors for Inclusive Cities' with UNESCO. The network has developed a charter that functions as the basis of its work on developing inclusive indicators for its work based on the values and the goals of the UNCRPD and the Disability Law 8/2016. As of 2017, 14 cities across Indonesia have signed up to the process and CSOs and DPOs play a strong technical assistance role in assisting governments meet the conditions.⁹

Indonesia was a lead contributor in the design of the Sustainable Development Goals (SDGs). The Sustainable Development Goal's 'Leave No One Behind' Agenda 2030 provides a global framework for social inclusion and development. The SDGs contain:

⁸ Government of Indonesia (2014), Rencana Pembangunan Jangka Menengah Nasional 2015-2019.

⁹ In 2017, Mayors from South Tangerang, Padang, Banjarmasin, Mojokerto, Ambon, Bengkulu, Surakarta, Kupang, Jambi, Central Jakarta, Metro Lampung, Banda Aceh, Yogyakarta and Depansar were included in the Inclusive Cities initiative.



- 7 targets specifically mentioning persons with disabilities (education, accessible schools, employment, accessible public spaces and transport, empowerment and inclusion, data disaggregation)
- 10+ universal targets & 8 targets for vulnerable persons; and
- Goal 5 Ending all forms of discrimination against women and girls.

The Washington Group short set of questions were developed to collect internationally comparable data on disability based on the WHO ICF model to fulfil the monitoring requirements established by the SDGs and the UNCRPD.¹⁰

For many of the SDG targets there is need or urgent action for inclusion of persons with disabilities, namely poverty, social protection, health coverage, gender equality, violence against women, sexual and reproductive health, access to water and sanitation, resilience to disasters, and birth registration).

Government of Australia

The objectives of the RPJMN align with the targets set in the SDGs which also underpin Australia's trade and economic development agenda in the Indo-Pacific Region. The Government of Australia (GOA) is strongly committed to promoting gender equality and empowering women and girls in the Indo-Pacific region. The Gender Equality and Women's Empowerment Strategy launched by the Department of Foreign Affairs and Trade (DFAT) in 2016 establishes three priority areas to guide Australia's work on gender equality:

- enhancing women's voice in decision-making, leadership and peace-building;
- promoting women's economic empowerment; and
- ending violence against women and girls.

Gender equality work 'aims to address unequal gender norms that constrain women and men'.¹¹ Internationally, it is established that gender equality is an important goal in its own right and, from extensive evidence, that gender equality is also a key factor in progressing other development goals.¹² Likewise, for DFAT, gender equality is considered 'an important right and a powerful driver for growth, development and stability'.¹³

Since 2008, the commitment to disability inclusion has been a policy focus of the Government of Australia's aid program. DFAT's Development for All: Strategy for Strengthening Disability-Inclusive Development in Australia's Aid Program (2015–2020) asserts disability inclusion as a cross cutting issue in all aspects of Australia's aid investment. The Australian Foreign Policy White Paper 2017 reaffirmed disability inclusion as a cross cutting priority. Australia adopts a 'twin-track' approach to disability inclusion:

- Mainstreaming approach – actively include people with disabilities as participants and beneficiaries of wider development efforts; and
- Targeted approach – targeting people with disabilities in development initiatives designed to specifically benefit people with disabilities.

¹⁰ <http://www.washingtongroup-disability.com/methodology-and-research/international-monitoring/>

¹¹ DFAT (2016) Gender equality and women's empowerment strategy, Canberra, p.3. The DFAT statement is: 'Work on gender equality ... aims to address unequal gender norms that constrain women and men, as well as transgender and intersex people.' Of note, social norms are considered to 'offer a critical lens to understand the [East Asia and Pacific] region's mixed record on gender equality.' See OECD Development Centre (2016) East Asia and the Pacific: SIGI Regional Report, p. 7.

¹² OECD (2016).

¹³ DFAT (2016).

The guiding principles of the Strategy include abiding by the principle of the Disability movement 'Nothing About Us, Without Us' to support active participation and self-determination of people with disabilities; develop evidenced based policies and programs; focus on the intersection between gender and disability; and improving inclusion of a diverse range of people with disabilities.

Specifically in relation to the intersection between gender and disability, the strategy promotes gender sensitivity as well as disability-inclusion. This places an emphasis on three key areas, including data collection; outreach services; and supporting women with disabilities to develop leadership skills and experience.

DFAT assesses its overall approach to disability inclusion by addressing two key questions:¹⁴

- 1) To what extent have our development efforts actively involved people with disability and/or disabled peoples' organisations in planning, implementing, and monitoring and evaluation?
- 2) To what extent have our development efforts identified and addressed barriers to inclusion and opportunities for participation for people with disabilities to enable them to benefit equally from the aid investment?

The Strategy makes recommendations for disability assessment frameworks to, at a minimum:

- select indicators that suit the context
- engage people with disabilities
- combine quantitative and qualitative data
- disaggregate data by disability
- build in feedback loops

DFAT Initiatives to address Disability Inclusion in Indonesia

Across the DFAT Indonesia program, two initiatives specifically target disability inclusion in their design, funding and activities. The Australia-Indonesia Partnership for Justice Phase II (AIPJ2) (2017-2022), and Support to Marginalised Groups Phase II (PEDULI) (2014-2019). Both of these program are aligned to the DFAT Development for All 2015-2020 Strategy through a focus on improving the quality of data, outreach, decision making and leadership for people with disabilities.

The programs also have strong partnerships with DPOs, providing support to SIGAB and SAPDA in Jogjakarta. However, these programs still face challenges to improve the inclusion of a diverse range of people with disabilities, particularly those with psychosocial and intellectual disabilities.

AIPJ2 - The Australia-Indonesia Partnership for Justice Phase 2

AIPJ2 has supported national level advocacy of the 2016 national Law on Disability and the signing of the UNCRPD. Current grants to civil society and DPOs focus on supporting the implementation of the Law at the national level, awareness raising and access to the law and justice system. For example, AIPJ1 (Phase 1) supported a study with Komnas Perempuan (also a Partner under MAMPU) on violence against women with disabilities. This identified the vulnerability of deaf women to sexual abuse and revictimization throughout the court process. AIPJ2 raises awareness within the court system by facilitating training conducted by DPO, SIGAB.

¹⁴ A detailed explanation of the Aid Quality Checks (AQC) and Annual Program Performance Reports (APPR) used to assess disability inclusion is provided in Development for All: Evaluation of Progress Made in Strengthening Disability Inclusion in Australian Aid, November 2018. <https://dfat.gov.au/aid/how-we-measure-performance/ode/strategic-evaluations/Pages/evawg.aspx>.

The AIPJ2 Monitoring and Evaluation Framework developed in 2017 included the following intermediate outcomes relating to awareness, collaboration, policy, skills and systems, with a strong focus on the intersection between disability and gender:

- 1) GOI/CSO/DPO partners have enhanced understanding of how best to achieve gender and disability equality
- 2) GOI/CSO/DPO partners collaborate to develop and implement improved gender and disability equality policy
- 3) GOI/CSO/DPO partners have enhanced systems and skills to support gender and disability equality improvement and implementation

The four domains of 'activities' include research, knowledge production and sharing; support for partnerships and coalition building; support for capacity building; and, grants for CSO/DPOs.

Program PEDULI - Support to Marginalised Groups Phase II

Disability inclusion is one of the six Pillars of PEDULI.¹⁵ PEDULI is the only program that explicitly deals with attitudinal change towards people with disabilities, including working with the media. Working at subnational levels, Program Peduli promotes family support and understanding, supports community organising and promotes access to services and participation within village governance mechanisms such as planning and budgeting cycles. Through their Inclusive Village model, the program has had success in supporting a number of village, district and province level regulations supporting disability inclusive policies and planning and budgeting cycles through local CSOs such as YASMIB in South Sulawesi and West Sumba. Program Peduli's Monitoring and Evaluation Framework as of December 2016 includes three main outcomes for all target groups (including people with disabilities):

- 1) Increased access to public services and social assistance [increased access to livelihoods assistance; increased access to health services; increased access to education services; increased access to social protection; increased access to legal identity and justice services]
- 2) Increased empowerment and social acceptance [self perception of increased sense of empowerment; increased civic participation; increased protection against violence and exploitation; improved recognition and social acceptance]
- 3) Improved Policy on Social Inclusion [knowledge about social exclusion shared with policy makers; national and regional policy responsiveness to the economic and social needs of marginalised individuals]

Program PEDULI uses a combination of quantitative tracking and qualitative insights drawn from MSC facilitated by CSOs together with the NGO umbrella partners, particularly in relation to perception of trust within the family, community, government, well-being and sense of belonging.

PROGRESS IMPLEMENTING THE NATIONAL DISABILITY LAW

The new National Disability Law passed in 2016 remains a key contextual consideration for MAMPU. The new law has the potential to considerably alter the opportunities to progress disability inclusion in Indonesia. However, the prospects of this will continue to depend critically on the capacity and commitment of GOI and DPOs. These issues are briefly discussed below.

¹⁵ These six groups or 'pillars' are: (1) Vulnerable children and youth, (2) Remote local indigenous communities reliant on natural resources, (3) Victims of religious-based discrimination, intolerance and violence, (4) Persons with disability, (5) Human rights and social restoration, and (6) Waria (male-to-female transgender).

Commitment and Capacity of GOI

As outlined earlier, the GOI has made positive steps towards recognition and promotion of the rights of people with disabilities through the ratification of UNCRPD and the Disability Law 8/2016. The signing of the convention and the Law has helped to raise awareness and prominence about disability rights in some parts of government. However, overall disability rights remain poorly understood and constraints remain in central government ministries to translate legislation into specific implementing policies, regulations and programs that promote equality. Through the advocacy of DPOs and CSOs progress is being made with selected Provincial and District levels governments that are implementing disability inclusive policies and programs. Nevertheless, there remains a lack of quality evidence on disability incidence and the living conditions of people with disabilities and a lack of understanding on what constitutes effective inclusive programs and strategies. This creates challenges in the formulation of policy and program design and in ensuring an appropriate level of resources are allocated.

The Disability Law came about due to strong combined advocacy efforts of DPOs working collaboratively with other CSO actors (including MAMPU Partner KPI). The Law mandates that the GOI issue 15 Implementing Regulations (RPP), however in mid-2017 the Ministry of Social Affairs presented their plan to issue only one regulation. This would severely weaken the impact of implementation of the Law. The DPOs and CSOs strongly reacted against this plan, and responded with strong advocacy through national media, at local Provincial level and senior ministerial support in Bappenas.

On the 11th August 2017, Bappenas initiated a coordination meeting with DPOs, CSOs and relevant line Ministries. At this meeting it was agreed to have 7 RPP instead of the proposed one. Agreement was reached that representatives from the DPOs and CSOs will coordinate with relevant line ministries through the formation of task groups that will be responsible for drafting each of the RPPs (on Public Service, Social Protection, Reasonable Accommodation in Justice, Planning, Inclusive Education, Disability Service Unit in Employment).

Under the Law, implementing regulations were due to be approved by April 2018. As of September 2018, only the RPP from Bappenas has been drafted. The process and the quality of work is overall very positive, although the rate of progress and quality of drafts varies between the different task groups. In the meantime, CSOs and DPOs continue to socialise the law and raise awareness about issues with sub-national governments, while the national level government continues to ratify the RPP.

Capacity of Civil Society Organisations and Disabled Persons Organisations

Overall, Indonesia has a vibrant DPO movement with a number demonstrating strong capacity to advocate on the UNCRPD ratification and the recent Disability Law. The DPO movement does however face a number of challenges. These include in broadening the inclusion of a range of disabilities, with the majority of DPOs focusing on physical disabilities. Some DPOs also lack specific skills and expertise to address the underlying gender dimensions of disability and how to assist women with a disability to access services related to cases of violence, reproductive health, psychological counselling, social protection, legal identity and so on. These challenges are amplified for DPOs situated outside Java who face greater capacity constraints.

The agreed definition of a DPO is that it must be represented by at least 50% membership of people with disabilities, however, there is no formal mechanism for registering as a DPO in Indonesia. The DPO

landscape is dominated by the presence of those that receive funding from Government and represent people with disabilities through specific impairment groups. The umbrella organisation that represents all impairment types is PPDI (Indonesia Association of Disabled People). Others include PERTUNI (Association of the Blind), GERKATIN (Solidarity Movement for the Deaf), and HWDI (Indonesian Women Disabilities Association). Other DPOs tend to be more localised and issue based and while they do not receive national GOI funding, they receive regular international donor funds. These include the APIJ2/ PEDULI partners SIGAB and SAPDA. DFAT funding has built their capacity to enable them to successfully leverage provincial, district and village budgets on behalf of local community-based disability groups.

The relationships between the different DPOs can be complex and often politicised which may at times create challenges in facilitating coordination and cooperation. Through PEDULI and its emphasis on collaboration relationships between DPOs and CSOs have improved and has created opportunities for other DFAT programs to further develop these approaches and relationships. An example of these partnerships is between CSO YASMIB and the DPO network in South Sulawesi that has improved capacity for DPOs in disability inclusive planning and budgeting at the village and district levels.

PART 2: MAMPU'S EXISTING APPROACH TO DISABILITY

Following the discussion on key contextual considerations in Part 1, the report now moves to review the existing situation across MAMPU's portfolio of work. This is informed by an internal mapping exercise that canvassed four key questions listed below as well as an analysis of the current situation in each of MAMPU's five thematic areas.

1. How does MAMPU's approach complement and add value to existing DFAT initiatives?
2. How is the MANIS system capturing data on participation of PwD in current MAMPU initiatives?
3. How are barriers to inclusion and access to services being addressed in programming through collection and quality of data, policy, laws, community attitudes (discrimination, stigma)?
4. How does MAMPU involve PwD and DPOs in policy advocacy? To what level are partnerships being supported between PwD, DPOs and CSOs? And to what extent is MAMPU supporting leadership skills among PwD?

These questions have framed the assessment and are addressed throughout the discussion below.

DISTINGUISHING FEATURES OF MAMPU AND SYNERGIES WITH DFAT'S DISABILITY PROGRAMS

This section responds to question 1 above on how MAMPU's approach can complement and add value to existing DFAT initiatives. As noted in the Introduction, MAMPU recognises that women with disabilities are engaging with Program activities and that there is a need for women with disabilities to participate further. Currently, MAMPU does not have a specific disability inclusion strategy which identifies how this objective can be achieved. To inform the strategy, Section 2 starts with a brief outline of the strategic differences, defining elements, as well as common ground between MAMPU, APIJ2 and PEDULI. Recommendations for collaboration and learning offered here are outlined in more detail in the MAMPU Disability Inclusion Strategy.

MAMPU's approach to women's empowerment and disability differs to both AIPJ and Peduli in several important respects. As noted above, both AIPJ2 and PEDULI explicitly target people with disabilities in their design and programming, whereas MAMPU does not. MAMPU Partners work to increase access to services for poor women through grassroots community organising. AIPJ2 works at the macro level working on national policy and accessible justice, focusing on the treatment of marginalised groups by both the civil and religious courts. People including women with disabilities are one of several target groups and target policies. Only two MAMPU Partners, KPI (social protection) and CIQAL (VAW) specifically target or have specific expertise on disability inclusion.

A distinguishing feature of MAMPU's approach is the breadth of reach among women at the grassroots level compared to AIPJ2 and PEDILI. MAMPU works directly through over 100 civil society organisations specifically targeting poor women through grassroots women's organising in 27 of Indonesia's 34 Provinces. Community organising takes place in just under 1,000 villages (across 154 districts), reaching 32,000 women organised in 2,300 groups. This breadth enables MAMPU to extend its reach into poor and isolated communities reaching vulnerable women, be it, a religious minority, a women headed household, or a women with a disability, or indeed women navigating a combination of barriers to inclusion in her community.



Whereas PEDULI works mostly through SIGAB, SAPDA and YASMIB, creating and sustaining local level collective action among women is central to MAMPU's approach. Village-level women's groups are the foci of learning, training, organising, advocacy, leadership development, and economic activities (savings and loans, credit unions and supporting livelihoods activities). MAMPU support has enabled Partners to develop a series of bottom up initiatives or models to increase women's access to services (outlined in more detail below). Women with disabilities are engaged as part of these collective processes where they are supported to voice their priorities and concerns. This can provide opportunities for women with disabilities to be active participants in influencing initiatives without dependence on DPO representation. Indeed, in some areas where MAMPU works there may not be a DPO presence, they may lack capacity (as outlined above), or focus too narrowly on a specific type of disability.

Thirdly, MAMPU works through networks and coalitions of gender interested organisations through direct grants, not through intermediaries. This enables greater flexibility and adaptive programming in expanding partnerships and networks with their subpartners and other CSOs and DPOs across the country, in particular outside of major urban areas such as Jogjakarta (SIGSB and JOGJA). This is evident in the recent round of SDG consultations in 22 districts across Indonesia which involved 10 DPOs, a number of which have previous relationships with MAMPU Partners. The full list of participating DPOs is provided in **Annex 2**.

Furthermore, as noted above, and **Annex 2** shows, many DPOs specialise in physical disabilities representing the blind or the deaf and their rights to access assistive technology, accessible infrastructure, education and other services. In contrast, MAMPU's disability work is predominantly focused on reduce barriers to access services for women victims of violence. This requires specialist case handling, paralegal and counselling skills to respond to cases in the community, in particular women with psychosocial and intellectual disability, which MAMPU Partners perceive they have limited capacity to provide. This requires MAMPU to develop linkages with other specialist DPOs such as the Indonesia Mental Health Association to help victims to access mainstream and specialist services.

However, there are also number of synergies on reducing violence against women (VAW) in particular between MAMPU and AIPJ2. AIPJ2 has completed research on court experiences and sentencing for women and children victims of violence, advocated for a new regulation, and developed guidelines for judges in the implementation of Supreme Court Regulation (Peraturan Mahkamah Agung) on women in conflict with the law which was passed in 2018. This guidebook could be socialised by MAMPU Partners and networks working at the grassroots to advocate for better treatment of women with disabilities by district courts and judges, and to improve the governments integrated services for handling cases of violence (SPPT-PKKTP) in MAMPU working areas. MAMPU can also explore opportunities for collective action and sharing experiences with AIPJ2 on VAW and ending early marriage. APIJ2 provides a grant to Rumah Kitab to work on this issue in Kalimantan (Banjarmasin).

There are also synergies between MAMPU and AIPJ2 on working with parliamentarians and democratic processes. Through AIPJ2, PPUA Disabilitas has successfully advocated to the Elections Commission (PKU) to eliminate discriminatory clauses preventing people with disabilities to vote, enabling them the right to vote in 2018 and 2019 elections. PPUA also supports 32 legislative candidates with disabilities contesting the 2019 legislative elections. MAMPU could support AIPJ2 in this work in Makassar in South Sulawesi (where AIPJ2 works in on anti-corruption through CSO SPAK - *Saya Perempuan Anti-Korrupsi*). In Makassar, BaKTI's 'Participatory Recess' (*Reses Partisipatif*) initiative brings parliamentary representatives (DPRD) in public consultation with constituent groups (kelompok konstituent) to increase the voice and influence of marginalised women in policy processes. This process has enabled people with disabilities to voice their issues directly to their parliamentary member.

As PEDULI will end in June 2019, MAMPU can leverage off their support to CSO YASMIB in Makassar, in South Sulawesi, who work with women with disabilities. YASMIB also advocate for disability inclusive communities and regulations, such as the “Team 11” Inclusive Village initiative in West Sumba. MAMPU can promote sharing of experiences and lessons between PEDULI and MAMPU in South Sulawesi and other MAMPU working areas.

Both SIGAB and SAPDA have strong presence in Jogjakarta and work closely with MAMPU Partners CIQAL and KPI to address disability inclusion in handling cases of violence, social protection and implementation of the national disability law. This learning and collaboration could be extended across other MAMPU Partners in Jogjakarta, in particular ‘Aisiyah, working to improve women’s awareness and access to sexual and reproductive health services and nutrition programs, **PEKKA** improving access to legal identity and social protection, and Partners representing the rights of **homeworkers**.

CAPTURING MAMPU’S ENGAGEMENT WITH PEOPLE WITH DISABILITIES

This section responds to question 2 above on how MAMPU captures data on participation of people with disabilities.

MAMPU’s monitoring and reporting arrangements are designed to address 5 key monitoring questions. One of these questions addresses ‘reach’, which groups (actors) are ‘reached’ through program activities, how this takes place, and what types of changes result. Data and information on reach and engagement

Figure 1: Reach data, MANIS. Tracking MAMPU Partners engagement on disability through the online reporting system MANIS.

The screenshot shows a web interface with a 'Back to Report' button and a 'REACH TYPE' dropdown menu. The dropdown is open, displaying a list of 'BeneficiaryType' options. The 'Disability' option is selected, indicated by a checkmark. Other options include Academic, Civil Society Organisation, Community Based Organisation, Community Leader, Community Member, Contractor/Provider, Government – National level, Government – Sub-national level, Health Service Worker, Law/Court Enforcement, Media, Non Government Law enforcement (Lawyer), Other, Parliamentarian – National, Parliamentarian – Sub-national, Profit company / Manufacturer, Religious Leader, Traditional Health service provider, Uncertified Birth Attendant, and Women Violence Victim.

with people with disabilities are principally captured through two sources: (i) quarterly progress reports from partners; and (ii) qualitative narratives of individual change at the grassroots level (Most Significant Change).

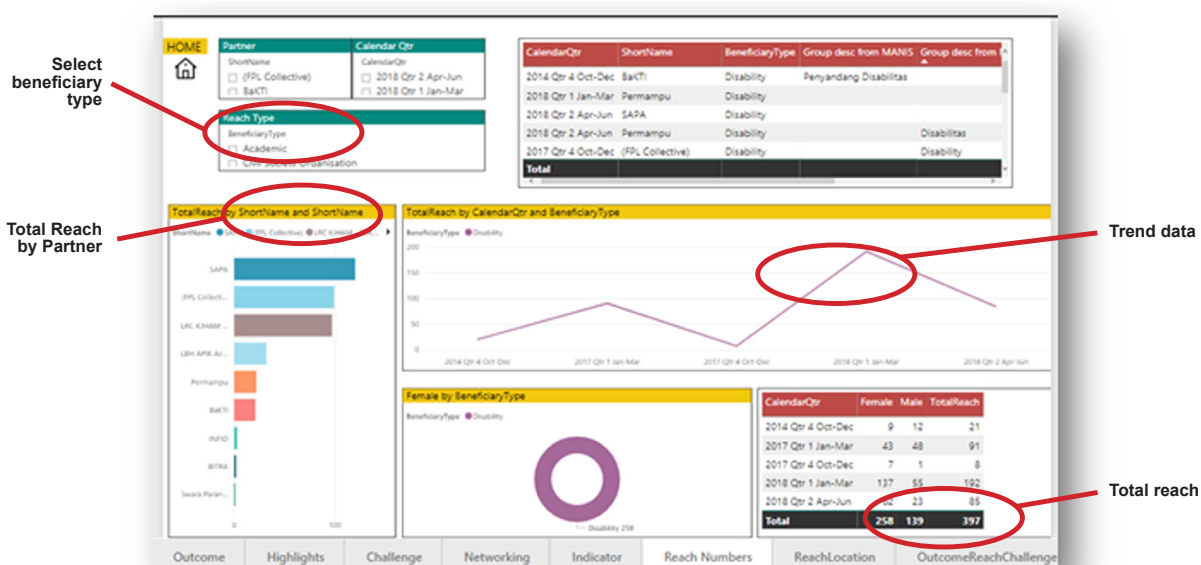
Quarterly progress reports are captured through an online system called ‘MANIS Kita’, first developed in 2014 and redeveloped several times since. Partners submit online reports addressing a range of issues from workplan implementation through to networking activity, program reach and outcomes. Currently CIQAL is the only MAMPU Partner with specific immediate outcomes on disability, however all Partners are encouraged to report on their activities and engagement, and in Partners 2019 workplan specific budget has been allocated for disability inclusive activities.

Reach is reported both quantitatively and qualitatively. Quantitatively, Partners select from 21 types of ‘actor’ ranging from religious leaders to national government and parliament, and enter the total number of contacts (disaggregated by sex) against each category of actor over the reporting period. This permits cross program tracking

of reach trends as well as disaggregation by partner and geographic location (see Figures 1 and 2 below). Qualitative dimensions to this are narrated through an open ‘highlights’ section in their quarterly report that enables partners to convey significant points from their work from the reporting period.

MAMPU’s records captured in Figures 1 and 2 show, show eight partners have explicitly reported contact with people with a disability to varying degrees. Between 2014 and 2018, Partners recorded engagement with 397 people with disabilities (258 female and 139 male) across 17 districts in 11 provinces (Figure 3). Of these, the four FPL hosts who work in 20 districts have reported most consistently on reaching women with disabilities highlighting their particular vulnerability to domestic and sexual violence. PERMAMPU (Theme 4) have reported engagement on sexual and reproductive health rights of women with disabilities who are victims of violence in seven districts in 2018. More detail is provided below and in **Annex 1: Mapping Disability on MAMPU**.

Figure 2: Reach Type, MANIS. Partners select from a large number of categories including 'disability' to track their reach and influence with a number of beneficiaries and significant actors



The experiential dimensions of disability on MAMPU are captured through a qualitative monitoring tool – the Most Significant Change (MSC) technique – introduced to partners in 2014. MSC stories are individual narratives of change experienced by women and men at the grassroots. These are uploaded by partners into an online database (MSC Storybook) where they can undergo secondary analysis. Of the 496 stories currently uploaded into the system, only a small subset relate specifically to the experiences of people with disabilities.¹⁶ Nevertheless, these present a much more rich description of how change is experienced by people with disabilities. One story for instance, describes the changes experienced by a person with a disability who experienced sexual violence who received counselling support provided through a MAMPU partner. Another is provided in Box 2 below on Partners support to develop women's leadership and improve access to social protection (Thematic Area 1).

MAMPU also captures data on policy influence and legislation, which through government budget allocation, improves the access of poor women to government services. Since 2014, 180 policy decisions have been passed at the local, district, province and national levels with input and influence from MAMPU Partners and women at the grassroots across MAMPU's five thematic areas. A number of these mainstream and targeted regulations to include people with disabilities are outlined below.

Figure 3: Geographic spread of reported MAMPU engagement of people with disabilities, Oct 2016 - June 2018.



¹⁶ Using the search term "Disabilitas" yields 18 MSC stories.

MAMPU'S RESPONSE TO DISABILITY INCLUSION

The next section highlights how barriers to inclusion and access to services by people with disabilities are being addressed in MAMPU programming. This includes addressing question 3 above on developing partnerships between MAMPU Partners and DPOs, empowering women with disabilities, and encouraging their involvement in data collection and policy advocacy amongst other initiatives.

THEME 1: IMPROVING ACCESS TO GOVERNMENT OF INDONESIA'S SOCIAL PROTECTION PROGRAMS

Despite the UNCRPD recognising the right of people with disabilities to social protection, The Asia Development Bank (2013) found that throughout Asia, disability payments account for only 3% of total social assistance expenditures and 2% of beneficiaries. In Indonesia, the main forms of social protection include the poverty targeted mainstream household transfer, PKH (Program Keluarga Harapan), and a school stipend. A targeted social assistance program for the people with severe disability, called Asistensi Sosial Penyandang Disabilitas Berat (ASPDB) reaches around 22,500 beneficiaries (or their families) who receive IDR 300,000 per month. This compares to data from the government's unified database (UDB) which recorded 1.3 million people with disabilities living in poverty and vulnerability in 2017. These programs aim to target the poorest of the poor which raises issues of targeting and inclusion.

The impacts on the families of people with disabilities are significant in terms of finances and quality of life, making access to mainstream and targeted social assistance programs essential. Studies show that having a child with a disability will negatively impact on a mother's labour market access,¹⁷ and that having a parent with a disability could negatively impact upon a child's access to schooling.¹⁸ Internationally, it is recognised that higher disability payments can reduce the gap in developmental outcomes between the children of poor disabled and non-disabled parents.¹⁹

Indonesia's national health insurance scheme, Jaminan Kesehatan Nasional (JKN) is managed by the Healthcare and Social Security Agency (BPJS). The scheme is compulsory and the government is aiming for 100% or universal health coverage (UHC) in 2019, which currently stands at around 80% according to official data.²⁰ However, for the 20% of the population living below or near to the National Poverty Line,²¹ and who cannot afford the compulsory premiums, the majority are yet to access the JKN through the governments subsidised premiums program, the JKN-PBI. This is due to problems with targeting poor, remote and vulnerable areas with sufficient information and support on how to access the 'Healthy Indonesia Card', or KIS which is required, as well as the lack of availability of quality services in remote areas.

A key issue inhibiting access to social protection programs, particularly JKN-PBI for the very poor, is the issue of data. Data on disability in Indonesia varies in methodology between Susenas, (National Socio Economic Survey), Sakernas (National Workforce Force Survey), and Sensus (National Census) and makes it difficult to describe trends, or compare datasets across time or different surveys. Each ministry has its own data collection system for their own program. For the most part, people with disabilities are invisible to data collection methods. This is most evident in the lack of legal identity for people with disabilities across Indonesia, in particular birth certificates, without which other forms of identification and access to social protection programs and services is severely restricted²².

MAMPU supports three Partners under Thematic Area One to improve access to government social protection programs, including national health insurance and legal identity: **the Indonesian Women's Coalition (KPI), KAPAL Perempuan and PEKKA (See Annex 1).**

¹⁷ Powers (2003).

¹⁸ Mont & Nugyen (2013).

¹⁹ Chen et al (2015).

²⁰ <https://bpjs-kesehatan.go.id/bpjs/home>.

²¹ DFAT Poverty and Inequality in Indonesia, September 2018 (unclassified).

²² AIPG (2017) p.15, p.21.



People with disabilities are a core constituency within the **Indonesian Women's Coalition (KPI)**. As reported in DFAT's 2017 Annual Program Performance Report (APPR) for Indonesia, advocacy by KPI, other MAMPU Partners, CSOs and DPOs supported by AIPJ in Phase 1, contributed to the successful passage of the 2016 National Disability Law, drawing attention to the specific needs of women with disabilities. KPI and HDWI have since been socialising the new law through their disability groups, working with families to reduce discrimination and exclusion of people with disabilities, and continue to advocate for implementation of the national law. Bappenas is aiming to have all implementing regulations completed by the end of 2018, however a number of regulations remain outstanding.

Following sustained advocacy, KPI has recently successfully advocated for a national regulation to improve the access of people with disabilities to national health insurance, the JKN and JKN PBI. In September 2018, a **Presidential Regulation (PerPres 82/2018 on JKN)** was passed for people with disabilities to be automatically eligible to receive government subsidized premiums (JKN-PBI). National level advocacy has been supported by the experience and evidence gathered at the grassroots through MAMPU.

With MAMPU support, KPI organises women in the community into women's groups through membership of **Balai Perempuan** to increase access to essential government services and programs, including social protection. Box 2 describes the journey of a young woman with a disability who has become a **Balai Perempuan** cadre for their **PIPA-JKN** complaints and information service initiative which assists women and women with disability to access national health insurance.

By developing women's community leadership through *Balai Perempuan*, PKI cadre are assisting families with members who have psychosocial disabilities to access counselling services through the Integrated Health Service Post for Mental Illness (Posyandu Jiwa) in three villages in East Java.

MAMPU is also working to improve the data challenges and legal identity issues of people with disabilities through policy advocacy. A number of district and sub district regulations have been passed in MAMPU locations to increase people with disabilities access to social protection. This work is illustrative of MAMPU's contribution to increasing the visibility of women and women with a disability in government social protection programs.

For example, KPI have successfully advocated for a Regional Regulation (Perda) on 'Social Protection of People with Disabilities' in Padang, West Sumatera. In Bantaeng district South Sulawesi, through collaboration with MAHKOTA, KPI and 'Aisyiyah (Theme 4) have joined a regulation team to draft a local regulation (Ranperda) on "Poverty Reduction and Social Protection in Bantaeng District, South Sulawesi" to improve the database of beneficiaries captured by the government's SLRT/ Integrated Referral System (UPT Sipakatau).

Specific clauses have been drafted which stipulates the government's responsibility to provide full access to social institutions, social protection programs (social assistance and social insurance), and rehabilitation treatment for people with disabilities and formalizes the role of local government, the community and civil society organisations to properly handle issues related to people with disabilities. This includes outreach by CSOs to improve beneficiary data on people with disabilities. The draft regulation is expected to be passed by Regional Representative Council (DPRD) in September 2018.

In Sukabumi, **PEKKA** is also influencing local regulations and data on women with disabilities. PEKKA cadre provide community outreach and hold information and consultation events called '**KLIK PEKKA**', in villages in PEKKA working areas. Assisting marginalised women to access legal identity such as birth certificates is a core part of PEKKAs work to improve access to government programs and services, and is also a significant contributor to increasing disability inclusion and poverty reduction.²³ However, currently not all KLIK PEKKA events are fully disability inclusive with some events recording no attendance by people with disabilities.

²³ AIPEG (2017).

KAPAL Perempuan reaches people with disabilities through its grassroots women's organising and education initiative *Sekolah Perempuan* or Informal Women's Schools. In Kupang, North Nusa Tenggara they identified 7 women with disabilities who are also members of local DPO NEKAF. KAPAL's local partner Pondok Pergerakan in Kupang were able to secure IDR100 million from the local government's livelihoods program in Noelbaki for *Sekolah Perempuan* members. Of this, Pondok Pergerakan provided IDR 30 million to NEKAF which has 24 members.

Disability inclusion is also being addressed through collective action by Partners in East Lombok. Following concerted joint advocacy by KAPAL Perempuan, BaKTI and PEDULI through public consultation, training parliamentarians, and direct input to draft regulations, the East Lombok government has issued three regulations and budget allocation that will assist women and children with disabilities to access education and other programs and services.

BOX 2: MAMPU STORIES OF CHANGE

Developing Leadership Roles for Women with Disabilities – through KPI

"We are not asking for special treatment, but asking for treatment and services according to our needs," said Silma Desi, a young woman from Pesisir Selatan Regency, West Sumatra, who now has the confidence to voice the injustices that people with disabilities often experience when accessing health services, since joining the women's group **Balai Perempuan Kemuning established by the Indonesian Women's Coalition (KPI)**.

Silma has had scoliosis (curvature of the spine) since childhood, requiring routine physiotherapy to manage the pain. At 24 years of age, she has recently graduated from the Indonesian Literature Department of Andalas University, Padang City.

To undergo physiotherapy, Silma utilises the National Health Insurance (JKN). However, the procedure for accessing the JKN was burdensome as she had to travel back and forth to her hometown to arrange referrals. "Finally, I had chosen alternative treatment at my own expense," recalled Silma. According to Silma, many people with disabilities feel helpless to speak out, and finally resigned to their condition since they were reluctant to use JKN facilities. Things have improved she said since the online JKN registration service commenced.

"We are not asking for special treatment, but asking for treatment and services according to our needs"

Silma, aged 24, Balai Perempuan cadre

Silma's confidence and feelings of empowerment have grown since she joined Balai Perempuan (BP) Kemuning, a support group for women with disabilities in West Sumatra, established by KPI.

In 2016, she received Basic Kader training on JKN funded by MAMPU. Silma is now a JKN facilitator who helps to disseminate information on health rights, including how to access JKN, to other BP members in KPI villages in West Sumatra and Jambi.

As a JKN facilitator, Silma receives complaints from the public regarding JKN access through KPI's **PIPA-JKN initiative**, and forwards the complaints to the health personnel and related agencies. She is also improving data on people with disabilities who have not yet received their JKN card, and helping them with the process.

"Everyone has the right to information"

As a BP Cadre Silma is entrusted to be an extension agent. "This shows people with disabilities also have the same abilities as others," said Silma. In carrying out her role as a JKN facilitator, she comes across many cases of people with disabilities who are not recognized by their own families because they feel ashamed and disgraced. "They do not have a KTP [identity card] because they are not included in the Family Card. If so, it is difficult for them to get access to JKN", explained Silma.

Silma is determined to continue to help others as long as it is God's will. "Everyone has the right to information". Silma also hopes that public policy makers, especially the government, can be more observant about the needs of people with disabilities to access JKN.

Source: Adapted from MAMPU Most Significant Change Stories (MSC), MANIS Information System, 2018.

THEME 2: IMPROVING CONDITIONS FOR EMPLOYMENT AND REMOVING WORKPLACE DISCRIMINATION

Research on disability in Indonesia using national statistics shows that participation in the labour market is significantly lower for people with disabilities. Only 38% of people with disabilities are participating in the labour market, compared to 66% of those without a disability. Difficulties of self-care imposed the greatest limitations. Women with disabilities have lower rates of participation in the labour force with 71% of men with a disability working relative to 41% of women. Women are also less likely to secure 'decent work' than non-disabled women, or disabled men.²⁴

People with disabilities are over represented in agriculture, at 48% (severe disability) compared to 30% of people without disabilities.²⁵ The Indonesian Ministry of Manpower and Transmigration and the Ministry of Social Affairs has offered vocational training for people with disabilities but targeting and appropriateness of the training can impact on its reach and effectiveness. At the province and district level, programs to support establishment of cooperatives (*koperasi*) sometimes reach people with disabilities but generally limit their prospects by providing support only to buy livestock or food production, without consideration of market potential or their particular needs as people with disabilities.

People with disabilities are also over represented in the informal sector. Seventy-five percent of people with disability work in this sector. Barriers to education, infrastructure, poorly targeted training, lack of home base nursing care, and discrimination in the formal labour market, leave many people with disabilities no choice but to work in informal occupations, in either small individual (self-employed) or household business or as unpaid household workers.²⁶ Some also work as contracted 'homeworkers'. While this provides avenues to gain access to economic markets and livelihoods for people with disability,²⁷ informal workers, including homeworkers are isolated, lack decent work conditions including legal and regulatory protections, contracts, access to government social protection programs (employer provided health and work insurance, OHS provisions and training), fair wages, and have weak collective bargaining powers.²⁸

The Disability Law No. 8 /2016 has set a quota of 2% of the workforce to include people with disabilities, but this is still limited to State-Owned Enterprises (BUMN) and Regional Government-Owned Enterprises (BUMD). The quota already existed in Law No. 4 year 1997 but no sanctions were implemented and many employers did not meet the quotas. Private sector companies also struggle to meet their 1% quota mandated in the new law. The RPJMN (2015-2019) provides for the protection of informal workers through access to social protection. However Indonesia still lacks reliable data on the number of homeworkers and the prevalence of homeworkers with disability.

Under Thematic Area Two, MAMPU works with four organisations which represent the interests of homeworkers: **TURC (Trade Union Rights Centre), BITRA Foundation (Foundation for Rural Capacity Building), Yasanti (Anisa Swasti Foundation), and MWPRI (Indonesian National Network of Women Homeworkers) (See Annex 1).**

There has been significant work to address the absence of data on the prevalence and nature of homework in Indonesia under MAMPU. In 2015 MAMPU and the ILO undertook a mapping study of homeworkers in six provinces where MAMPU works including North Sumatra and East Java, two areas with significant industrial activity and concentrations of homeworkers. The survey which interviewed homeworkers in 294 villages highlighted their precarious working conditions and also included data on the incidence of disability. Of the 3,010 homeworkers interviewed, only 28 had disabilities, representing less than 1% of the sample.

²⁴ AIPEG (2017). The four pillars of the International Labour Organisation (ILO) Decent Work Agenda are: employment creation, social protection, rights at work, and social dialogue. <https://www.ilo.org/global/topics/decent-work/lang--en/index.htm>.

²⁵ AIPEG (2017).

²⁶ AIPEG (2017).

²⁷ WHO (2011) https://www.who.int/disabilities/world_report/2011/chapter8.pdf?ua=1.

²⁸ ILO (2013) and (2015). Homeworkers or home-based workers are defined by the ILO as people working from their homes or from other premises of their choosing other than the workplace, for payment, which results in a product or service specified by the employer. Many Homeworkers are employed on a piece rate basis as part of Just In Time inventory and supply chain systems.

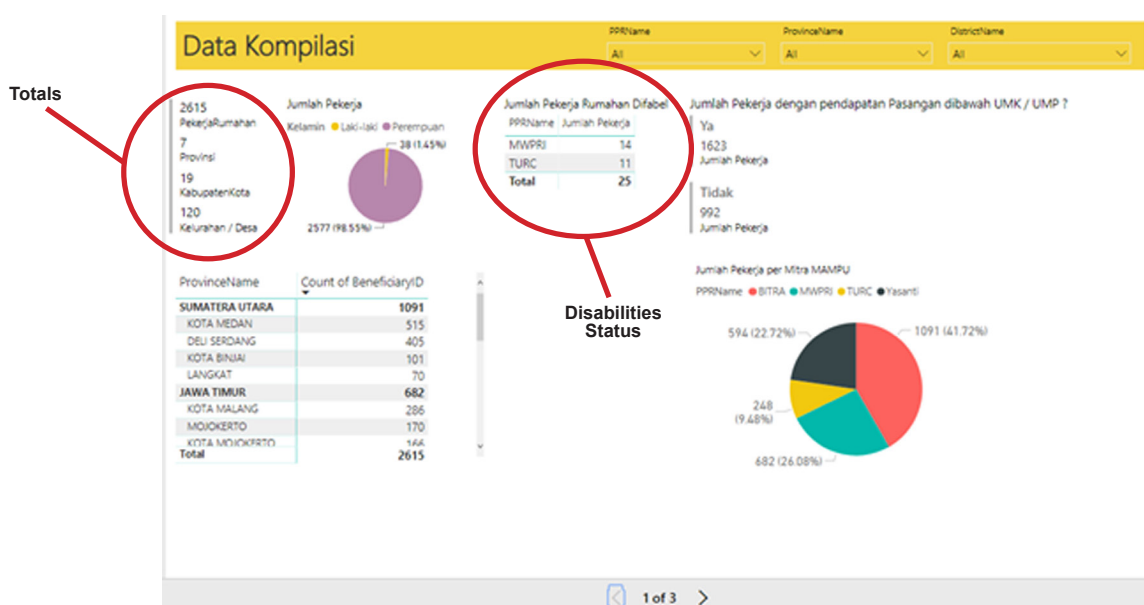
All four Partners have continued using the ILO-MAMPU survey template to capture data on homeworkers in their groups. MAMPU has supported them to develop an online database which will be used for policy advocacy to increase homeworkers access to employer insurance, safety equipment and government social protection programs, training and other support. MAMPU will continue to work with Partners to analyse the data in specific geographic locations to determine specific interventions to better support homeworkers at different skill levels, industries and occupations, including workers with disability (Figure 4 below).

In 2018, the Theme 2 online database has captured 2,615 homeworkers in 120 villages in 7 Provinces. Of these 25, or less than 1% are people with disabilities (of which 14 are identified by MWPRI and 11 by TURC). Furthermore, the database records only disability incidence and not disability type.²⁹ Partners have identified homeworkers with intellectual disabilities, sensory disabilities and physical disabilities.

Currently, Partners do not currently specifically target women with disabilities but include them as regular members of their homeworker groups and activities. The low prevalence indicates that more specific targeting may be needed. Homeworkers with a disability face numerous challenges which limits their full and active participation in MAMPU activities. This includes communication difficulties, distance (location of home to place of activity), insecurity, and lack of support from their families (families feel their open involvement would bring more embarrassment, shame and disgrace to the family). Participation by some homeworkers who have a disability is also constrained by the demands of completing orders on time, a difficulty also shared by other non-disabled homeworkers.

Partners have identified a number of challenges they face in reaching out and advocating on behalf of workers with disabilities. Foremost they feel they do not have the knowledge and experience to accompany or organize women with disabilities since they lack the tools, training, communication materials, aids or accessible facilities to support their involvement. This is confounded by a lack of local level DPO's with whom they can form partnerships and a continuing lack of support from family members.

Figure 4: MAMPU Thematic 2 online database captures data on homeworkers including disability status



²⁹ The study had initially sought to understand the situation of homeworkers with disabilities. However due to technical difficulties to integrate internationally established methodologies into the mapping study, the study was limited to identifying incidence only and not detailed information specific to homeworkers with disabilities https://www.ilo.org/jakarta/whatwedo/publications/WCMS_438252/lang--en/index.htm [p.15; p.21].

THEME 3: IMPROVING CONDITIONS FOR WOMEN'S OVERSEAS MIGRATION

Migrant workers are at high risk of experiencing physical or psychological conditions caused by isolation, dangerous or violent workplaces. As foreign workers, often undocumented and migrating through informal channels, migrant workers often do not have access to legal protection within the workplace, paralegal services, or rehabilitation when they return to Indonesia. Women are particularly vulnerable working alone as domestic helpers in private residences overseas.

MIGRANT CARE's DESBUMI program (Village that Cares for Migrants) supported by MAMPU works in 37 villages in five provinces across Indonesia. DESBUMI collects data on migrant workers to increase their visibility and access to appropriate services such as pre departure training and case handling. Currently, data on disability 'reach' is not yet recorded by MIGRANT CARE in MAMPU's MANIS system. As part of this mapping exercise, they have reported assisting overseas workers who are disabled as a result of workplace accidents, or are victims of violence, to access government health insurance and proper health treatment upon their return to Indonesia. They also advocate for local regulations for inclusive education to enable migrant children who are often marginalised to receive access to education.

THEME AREA 4: IMPROVING WOMEN'S HEALTH AND NUTRITION

The health of people with disabilities is generally worse than that of people without disabilities. Around 50% of people with disabilities report a health problem, which is 30 percentage points higher than people without a disability. Access to health services is challenging for women with disabilities, due to physical, communication, institutional and attitude barriers within health services in Puskesmas or district hospitals. Therefore, while people with disabilities face higher health risks, health services are often not accessible or inclusive and not used at a correlating rate. Only 4% of people with disabilities access medical rehabilitation and only 1% have access to special education services. Speech therapy services and staff trained in sign language are also largely non-existent.³⁰

MAMPU supports three civil society organisations to improve women's reproductive health and nutritional status: **'Aisyiyah, PERMAMPU and YKP.**

As an organisation, **'Aisyiyah** provides several direct services focusing on children with disability managed under their 'Majelis Kesejahteraan Sosial' or Social Welfare Directorate. These include elementary schools and orphanages.

Through MAMPU, **'Aisyiyah** works to increase the access by poor women to reproductive health services and information. **'Aisyiyah** are currently developing a book for women on health and nutrition and have included a section on reproductive health rights for women with disabilities. Once published, this book will be distributed to Islamic religious leaders, community health centres (*puskesmas*), and women members of their community groups **Balai Sakinah 'Aisyiyah (BSA).**

Through BSA groups formed under MAMPU **'Aisyiyah** works to strengthen women's awareness of cervical and breast cancer and advocating for *puskesmas* to respond. BSA members are helping local government to develop a 'feedback system' through their **Service Model initiative** to ensure health centres meet their Minimum Service Standards (MSS). This demand-supply approach is increasing women's access to VIA and Pap smear tests and breast cancer screening. While currently small in number, membership of a BSA by women with disabilities provides them with access to information and services on reproductive health they would normally struggle to access.

³⁰ AIPEG (2017).

Disability issues are also integrated into **PERMAMPU's** core initiatives. PERMAMPU's **OSS&L (One Stop Service and Learning) Model** which provides a grassroots **Community Based Complaints Service** (*Lembaga Layanan Aduan Berbasis Masyarakat*) is reaching women with disabilities through its community outreach officers (CO) and cadre who run the service. Multi stakeholder forums including with religious leaders are convened at *puskesmas* to facilitate feedback on MSS.

PERMAMPU also works closely with women legislative candidates (CALEG Perempuan). Consortium Partner PERMAMPU-PESADA has delivered training to 22 female candidates which includes a module on the conditions and needs of women with disabilities.³¹

Four of PERMAMPU's eight Consortium members are Women's Crisis Centres (WCC) who handle cases of violence against women and women with disabilities and assist them to access health services. More information is provided below.

THEME AREA 5: REDUCING VIOLENCE AGAINST WOMEN

Women and girls with disabilities face greater risks as victims of crime, particularly domestic and sexual violence. 2017 data from The National Commission on Violence Against Women (KOMNAS Perempuan) reported 48 cases of violence against women with disabilities, of which 36 were sexual violence.³² But in Jogjakarta alone, SIGAB has reported a 150% increase in cases of violence against girls with disabilities in 2017, with 37 reported cases, up from 15 in 2016.³³ KOMNAS Perempuan's CRPD report submitted to the UN in 2016 also recorded cases of forced abortion, forced sterilization, and trafficking (including sexual slavery), and forced marriage to perpetrators. Women with disabilities also experience higher levels of inequality and discrimination when accessing services, including the justice system and reproductive health services.³⁴

When a person with a disability is a victim of crime in Indonesia, only 8 per cent of cases reach court. This is because of the barriers to access and lack of awareness and trust by families and victims that the services will deliver fair process. Victims are often confronted directly with their perpetrator, and their testimonies to the police and in courts are often ignored, due to acts of violence occurring predominantly in the private sphere, and an enduring and unchallenged stereotype around hypersexuality and women with a disability. This leads police and courts to the conclusion that sexual violence against women with disabilities is considered acceptable.³⁵

Indonesian disability inclusion activist, Joni Yulianto, explains that police investigative procedures still lack mechanisms to accommodate witnesses with special needs. Communication barriers due to a lack of qualified sign language interpreter and other specialists presents a major barrier to equal and fair representation and testimony, and victims are often confronted directly with their perpetrator. MAMPU Partners have reported that family members who are often best placed to communicate on behalf of the victim are also ashamed and intimidated by police and court procedures. Under reporting remains a major issues in addressing cases of violence against women and girls with and without disabilities. Despite passing the National Disability Law No.8 in 2016, Yulianto has reported that the government has yet to issue a regulation on reasonable accommodation for access to justice for persons with disabilities for implementation by the National Police, Attorney Generals Departmental and the courts.

³¹ Consultations with MAMPU and PERMAMPU Matrix on Engagement with Disability, September 2018.

³² Komnas Perempuan (2018) Annual Note on Sexual Violence Against Women / Catatan Tahunan Tentang Kekerasan Terhadap Perempuan, March 2018. The total recorded is 348,446. Data on VAW with disabilities is widely known to be underreported. <https://www.komnasperempuan.go.id/publikasi-catatan-tahunan>

³³ Muhammad Joni Yulianto, former executive director of The Institute for Inclusion and Advocacy of Disabled People (SIGAB) 2003-2017, 'Improving access to justice for persons with disabilities', Jakarta Post, 29 September 2018.

³⁴ Indonesia Disability Convention Team (2017) Shadow report to the United Nations Committee on the Committee on the Rights of Persons with Disabilities, April 2017, https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fICO%2fIDN%2f27065&Lang=en.

³⁵ SIGAB and PUSHAM UII (2014).



MAMPU addresses overlapping forms of exclusion under the fifth thematic area: **Violence Against Women (VAW)**. MAMPU Partners with **KOMNAS Perempuan, Service Providers Forum (FPL) and BaKTI (See Annex 1)**.

KOMNAS Perempuan together with KPI (Theme 1) are advocating for changes to the Draft Law on Elimination of Sexual Violence Against Women (RUU PK-S), which has been discussed by Indonesia's National Parliament since 2016. Current clauses allow for forced contraception and sterilisation for women with mental and intellectual disabilities. KOMNAS and KPI are advocating to abolish discriminatory clauses against women with disabilities as well as to clarify the definitions and categories of psychosocial and intellectual disability, to ensure the draft law upholds the rights of women with disabilities as stated in the UNCRPD.

Through KOMNAS Perempuan, MAMPU Partners with 20 front line providers of services for victims of violence, known collectively as **FPL (Forum Pengada Layanan)**. Through MAMPU FPL have focused on improving data on violence against women with disabilities. In 2017, MAMPU supported FPL to develop an online database to improve data and case handling for victims of violence. Fully functional since January 2018, data will be used for FPL and KOMNAS Perempuan's Annual Reporting on VAW and advocacy for stronger national and local regulations and protection for victims of violence. The MANIS FPL dashboard shows that 20 FPL handled a total of 2,020 cases of which 40 were women with disabilities. Of these 40, 17 cases were handled by CIQAL (out of their total of 33 cases).³⁶

FPL member CIQAL (under FPL Host LRC-KJHAM) is a small provider of support services for women and children victims of violence working in 2 villages in 2 districts of DI Jogjakarta.³⁷ CIQAL has specialist knowledge of supporting victims of violence with disabilities. CIQAL provides counselling and case handling support to victims and also trains and organizes communities to provide support to people with disabilities. This work has also included training for police officers, village government officials, and local midwives.

As a small organization, QICAL collaborates with a number of DPOs and CSOs at the local level (See Annex 1) to improve access to a range of targeted and mainstream services for people with disabilities. Through strategic collaboration they have been able to expand their socialization and education of violence against women and break down taboos surrounding open discussion of reproductive health and sexual violence, including for women with disabilities. This has enabled CIQAL to influence large well established community led organisations with significant reach, influence and access to government funding such as Women and Family Welfare (PKK / *Pembinaan Kesejahteraan Keluarga*) and Community Based Rehabilitation (RBM / *Rehabilitasi Bersumberdaya Masyarakat*) who have not previously focused on these issues.³⁸ By facilitating discussions on VAW, communities are better equipped to respond to cases of violence by referring victims for counselling and health services, undertaking data collection, and assisting victims reporting to the police.

BaKTI supports disability-responsive services by influencing local government and parliament. BaKTI and their networks in Eastern Indonesia, are forming community groups known as **Constituent Groups** (*kelompok constituent/KK*) to map disability prevalence in their villages. These data are provided to the local District Office for Social Services to press for services provision. After members of KK identify the people with disabilities to the local district office, data verification is carried out by the head of the village/sub village (*kadus*) in order to identify beneficiaries for government support.

³⁶ MANIS FPL Dashboard. MAMPU has access to selected dashboards of the FPL Online Case Management System to track aggregate data on violence cases.

MAMPU does not have access to the confidential case records.

³⁷ QICAL is also supported directly via DFAT's DRF/DRAF program since 2011. CIQAL also assist people with disabilities with access to a range of other mainstream and targeted services.

³⁸ Summary of Most Significant Change Stories (MSC) from QICAL not for publication, MAMPU National Information System (MANIS).

Through their '**Participatory Recess**' initiative, BaKTI brings these Constituent Groups, including people with disabilities, together with representatives of the local parliament (DPRD) in a participatory and open public forum to raise their concerns, push for regulations, and submit proposals for funding. In 2016, 82 people with disabilities gained access to government support in Teros village, West Nusa Tenggara to assist families with children with disabilities to cover the costs of education so their children can attend school.³⁹ In East Lombok BaKTI have successfully advocated for a District and village regulation to improve inclusive education of children with disabilities. In Parepare in South Sulawesi, BaKTI assisted 5 Constituent Group members with a disability to receive access to a mainstream government program Bedah Rumah providing funds for housing improvements.⁴⁰

Recognizing the enormous potential of BaKTI's 'Participatory Recess' initiative to address issues of violence against women including those with disabilities, FPL have been collaborating with BaKTI to replicate the model in three districts in 2018. As a result, QICAL has established Constituent Groups and conducted a mapping of disability issues and needs in Gamping sub-district (Sleman district) in Jogjakarta. The Reces was led by DPRD Commission D with 70 people with disabilities and their families from 5 villages. The mapping and proposals was brought forward by Commission D DPRD Sleman for consideration (See Box 3).

Under Theme 4, PERMAMPU Consortium's local partner women's crisis centre WCC Sinceritas-PESADA, recorded 6 cases of sexual violence and rape against women with disabilities in their working areas in West Sumatera (Aceh, Bengkulu, West Sumatera, and Jambi Provinces) in 2018. Disabilities ranged from hearing-impaired, intellectual disability and epilepsy. The youngest victim was 6 years of age. Cases of sexual violence are often only discovered after the victim becomes pregnant (most often from family members, neighbours or others who have close contact). To improve their knowledge and handling of these cases, WCC Sinceritas-PESADA have developed case studies as training tools for Community Outreach cadres on gender & disability and reproductive health rights held during their Annual Member Meeting.

The awareness and support of local government is crucial in advancing disability inclusion at the grassroots. In South Sumatera, The Office of Women's Empowerment has established and formally integrated **WCC Palembang** into its Information and Consultation Centre for Women with Disabilities.

However, PERMAMPU have reported several challenges on addressing disability inclusion, including limited knowledge on disability, communicating and establishing relationships, and limited confidence and capacity of staff to respond, which requires concerted efforts to raise awareness, develop materials, and change social attitudes towards girls with disabilities. A lack of local level DPOs limits local support to address these challenges.

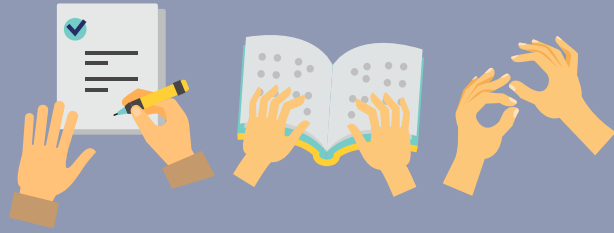
KPI (Theme 1) have also reported challenges including the limited number of paralegals available to accompany victims to ensure they receive fair legal process and proper treatment. KPI have reported that service providers often refuse women with disabilities the right to have a paralegal present during consultations or medical examinations.

³⁹ MAMPU Progress Report November 2016.

⁴⁰ MAMPU consultation with BaKTI, Lusita Palulungan, MAMPU-BaKTI Project Manager, 26 September 2018.

BOX 3: RAISING THE VOICE AND INFLUENCE OF PEOPLE WITH DISABILITIES

A Participatory Recess with Parliamentarians in Jogjakarta



On 29 May 2018, Y. Gustan Ganda S.T, a member of the Sleman Local Parliament (DPRD) in Yogyakarta, held a Participatory Recess with people with disabilities in Gamping Sub-district, with support from MAMPU Partners CIQAL and BaKTI. The Participatory Recess approach was developed by MAMPU Partner BaKTI to build closer connection with local members of parliament with their constituents so that the needs of women and other marginalized groups are included in the region's work programs and budgets.

The Participatory Recess in Sleman with the disability community was designed to bring people with disabilities and policy makers together to explore potential empowerment programs for people with disabilities and their families in Sleman District.

During the forum, participants with disabilities raised awareness with their local member of the barriers they encounter causing them to be excluded from social, education and economic areas of life. Socially, people with disabilities are often bullied, experience violence and are ostracised from society because they are viewed as a "nuisance" and "disruptive". This makes it difficult for families with members who have disabilities to establish and maintain good relations with the surrounding community.

Families of children with disabilities are not aware of options for education such as inclusive education and Special Schools (SLB). Furthermore despite being SLB schools, the facilities and infrastructure are not always accessible for people with disabilities.

As a result of their poor access to education, being socially ostracised and victimised, they lacked the skills and education to take up decent work and employment opportunities, and as a result they and their families are trapped in a cycle of poverty. The discussion forum put forward a number of solutions to support people with disabilities in their communities such as dissemination of information about disability issues, routine meetings for families that have members with disabilities, disability-specific health insurance, provision of budgets for improvement of SLB facilities and infrastructure, improving access to business capital loans, and increasing job skills for persons with disabilities.

The results of the discussions and their conclusions are summarized in a document providing a reference for parliamentarians in drawing up plans and budgets for development in the region. Gustan Ganda promised that the development planning will include proposals submitted by the disability constituents group (kelompok konstituent) in the Sleman District's programs and budget.

MAMPU'S COLLECTIVE ACTION ON GENDER RESPONSIVE, INCUSIVE AND TRANSFORMATIVE SUSTAINABLE DEVELOPMENT GOALS

From May to August 2018, MAMPU Partners led regional consultations in 22 districts across Indonesia on "realising gender responsive, inclusive and transformative SDGs". Multi-stakeholder consultations were held with government and development actors, including CSOs, and national and local DPOs to ensure the most vulnerable individuals are included in all development and SDG related efforts. The participation of grassroots women and women's groups in the formulation of plans and indicators and in the implementation and monitoring of all activities is critical to ensure the process is participatory and sustainable. Lessons and achievements of MAMPU partners in advancing women's leadership and women-centered development shared during the consultations will provide input into Indonesia's Medium Term Development Plan 2020-2024 and Indonesia's National Action Plan (RAN) and Road Map for SDGs Achievement in cooperation with sub-national governments. MAMPU Partners invited DPOs to attend the consultations in each location (see Annex 2).

The SDGs process has thus further strengthened the involvement of DPOs and local disability groups in MAMPU Partners work, or acted as a catalyst for new engagement, for example, 'Aisyiyah's involvement of the Indonesian Muslim Blind Association (ITMI) in consultations they led in Cirebon and Sambas

in West Kalimantan. Partner's engagement with local disability groups enhances both the women's movement and the disability movement's understanding of gender and disability inclusion. Both PERMAMPU and KAPAL invited local disability groups to SDG consultations giving them the opportunity to raise issues directly with the regional government, for example the mismatch between government assistance and the needs of people with disabilities. This can be overcome through greater inclusion of DPOs in decision making processes. For example, KAPAL has included local DPO NEKAF in government planning forums for women called Musrenbang Perempuan. This has enabled them to advocate for local budget allocation for their activities.

Figure 5: Media coverage of 'Aisyiyah's local consultations on the acceleration of SDGs in Sambas Regency, Pontianak Post, 25 August 2018.



Figure 6: Three representatives from local DPO RBM HEPHATA (left) in Dairi, North Sumatra, discuss gender equality and women's empowerment during local consultations on achieving the SDGs organized by MAMPU Partner PERMAMPU in July, 2018.



CONCLUSION

People with disabilities are an integral part of society and as a poor and vulnerable group they have the right to access MAMPU programs on an equal basis to others. This paper provided a brief mapping of the barriers facing women with disabilities and their families in Indonesia and how MAMPU Partners are responding and are making progress on disability inclusion.

MAMPU Partners assist women with disabilities to access both mainstream and targeted government services and programs including: legal identity and social protection, and increase employment opportunities and decent working conditions in the informal sector, access to services and social protection for migrants with a disability, raise awareness and improve access to reproductive health and nutrition services, and provide services and advocacy on behalf women with disabilities who experience violence.

MAMPU Partners work to raise the visibility, voice and influence of marginalized groups including women and women with disabilities through women's organising, community outreach (training paralegals, cadre), data collection and disaggregation, policy and budget advocacy, women's education, providing mental health services, and building linkages with DPO networks and local groups. MAMPU Partners increase the participation of people with disabilities in village and local government decision making forums through data collection and mapping and holding public consultations with local parliamentarians.

MAMPU Partners are assisting women with disabilities and their families to access services through their innovative models to empower women. Promising approaches to address violence against include KPI, PERMAMPU and BaKTI's training of women parliamentarians on disability inclusion; BaKTI's 'Participatory Recess' model being replicated by FPL, and expansion by the Gresik district government of KAPAL's Informal Women's School into more villages, is raising the visibility and voice of disabled people in local parliamentary and government planning and budgeting processes. Partners initiatives to improve access to legal identity documents in particular birth certificates for people with disabilities, can make a significant contribution to inclusion in society, poverty reduction and the fulfilment of the rights of persons with disabilities through greater access to social protection, education and other programs and services.

However, while these initiative are yet to reach scale, it shows the potential for greater disability inclusion should sustainability and replication of MAMPU models and approaches – both across both MAMPU Partners and by government continue to be supported. Greater reach and local disability disaggregated data will also increase the evidence base to strengthen advocacy on the Draft Law on Eliminating Violence Against Women (RUU PK-S).

MAMPU's ongoing work on the SDG's agenda provides a strong basis for Partners to strengthen their networks with DPOs and ensure their voices are heard during government consultation and planning processes. This requires developing closer linkages to people with disabilities and DPOs at the grassroots.

However, while progress is being made, multiple and complex barriers means reaching people with disabilities and meeting their service needs remains a challenge for all Partners. Challenges raised by Partners include real or perceived lack of organisational capacity to include people with disabilities in program activities, insufficient knowledge and understanding of disability issues, communication issues (i.e. sign language), lack of local organisations representing people with disabilities who they can connect with, disability determination processes in data collection and collection of disability disaggregated data, and entrenched attitudes towards people with disabilities which perpetuates their isolation, stigmatisation, and institutionalisation.

Responding to these and other challenges will be addressed in the forthcoming MAMPU Disability Inclusion Strategy.

Annex 1: Disability Inclusion on MAMPU - Mapping Exercise 2018

Thematic 1 – Improving access to government social protection programs	Outreach and Access to Services	Improving database of people with disability	Monitoring, evaluation & learning	Advocacy
<p>Koalisi Perempuan Indonesia (KPI) – The Indonesian Women’s Coalition for Justice and Democracy</p> <p>KPI advocates for poor and marginalized groups of women through 18 interest groups (<i>kelompok kepentingan</i>), which includes a target group on disability (others include Elderly, Professional, Informal Sector Workers, Rural Poor, Urban Poor, Youth and Student, Sex Workers, Labourers, Widowed/Single/Single Parent, Marginalized Children, Farmer, Coastal and Fisherwomen, Housewives, LGBTI, Migrant Workers, and Domestic workers)</p>	<p>KPI work closely with DPO, the Association of Women with a Disability (<i>Himpunan Wanita Penyandang Disabilitas</i>) at all levels on advocacy for people with disabilities</p> <p>By developing women’s leadership through their women’s groups ‘Balai Perempuan’ PKI cadre, Ibu Yuli has been selected by Ngrawan village in Jombang, East Java to manage Integrated Health Service Post for Mental Illness (<i>Posyandu Jiwa</i>). Covering three villages (Tembelang, Pesantren and Sentul), she identifies families with members suffering from psychological conditions and encourages them to access counseling services at the <i>Posyandu Jiwa</i>. Ibu Yuli monitors the progress of 30 patients under her care.</p>	<p>In Bantaeng district South Sulawesi, KPI and ‘Aisyiyah (Theme 4) are involved in drafting process of local regulation (Ranperda) on “Poverty Reduction and Social Protection in Bantaeng District, South Sulawesi” to improve database of beneficiaries captured by SLRT/ Integrated Referral System UPT Sipakatau. This is a joint initiative with DFAT’s MAHKOTA program.</p> <p>They have advocated strongly for article 24, clause 1 and 2 to specifically mention disability and the role of local government to provide services for people with disabilities: full access to social institutions, social protection programs including social assistance and social insurance, rehabilitation treatment and recommendation for community to actively participate in assist people with disabilities.</p>	<p>KPI and HWDI conducted qualitative research in 2017 on “Experience from Women with Disability on Violence and Access to Legal Aid Service in West Sumatera”. The research provide a baseline survey on current conditions in West Sumatera (Padang, Bukittinggi, Payakumbuh, Swahlunto and Pesisir Selatan district) with total 129 respondents.</p> <p>Key highlights:</p> <ul style="list-style-type: none"> • Cases of violence against women with disability are often ignored (55%) • Physical violence is most common form of violence (31%) through hitting or bullying • Violence perpetrator are mostly father or father in law at home. • Access to services for victims of violence with a 	<p>KPI leads advocacy efforts with HWDI to socializes and implement the National Disability law No.08/2016.</p> <p>At the national level, KPI has advocated for a Presidential Regulation (PerPres 82/2018 on JKN) for the “Elderly and People with Disabilities” to be automatically eligible for JKN-PBI (government subsidized premiums for the national health insurance).</p> <p>KPI also advocates at villages/sub-districts to (i) monitor implementation of the National Health Insurance scheme, Rastra and PKH through its PIPA-JKN initiative; (ii) assist families with disabilities to register for legal identity; (iii) advocacy on passing laws/regulations that support people with disabilities rights; and (iv) advocate for elimination of</p>

	<p>(Source: MANIS BTOR Tria 27/04/18)</p>	<p>This draft Local Regulation is expected to be passed by Regional Representative Council (DPRD) on 10th Sept 2018.</p> <p>(Source: MANIS BTOR Tria 03/09/18)</p>	<p>disability is still problematic</p> <p>Based on the research, women with disability in 5 areas of sample still have not received equal rights in legal service, education, culture and facilities as stated in The Convention on the Rights of Persons with Disability (CRPD).</p> <p>(Source: KPI & HWDI Research Paper on people with disabilities in Padang, 2016)</p>	<p>violence against women with disabilities, child marriage and provide legal counseling for violence cases; (v) conduct research on Violence against women with a disability with HWDI</p> <p>KPI's Pelatihan CALEG Program works with women legislative candidates (CALEG) to raise awareness of issues relating to their members.</p> <p>Through KPI advocacy, local legislation passed to improve people with disabilities access to Social Protection includes:</p> <ol style="list-style-type: none"> 1. In Bengkulu Province, Sumatera, Letter of Decision (SK) on Social Protection for people with disabilities. 2. In Padang Province, local regulation (Perda) on Social Protection for people with disabilities. 3. Makassar, Sulawesi Province, District law on the Rights of People with Disability
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				Source: Theme 1 Social Protection meeting notes 26/03/18)
<p>PEKKA – (Yayasan Pemberdayaan Perempuan Kepala Keluarga) – Foundation for the Empowerment of Women Headed Households</p> <p>PEKKA is the largest organization supporting households headed by women in Indonesia, who are highly vulnerable to poverty. MAMPU supports PEKKA to improve women's access to social protection programs including national health insurance, legal identity and services for victims of violence</p> <p>PEKKA empowers their members through awareness raising, training cadre in leadership, organising and policy advocacy</p>		<p>Advocacy by PEKKA to make the Bupati Regulation/ <i>Peraturan Bupati</i> No. 41/2018 on Integrated Referral System for Social Protection and Poverty Reduction in Sukabumi district, West Java more responsive to the needs of people with disabilities, includes articles on community and CSOs participation in verification, data validation, monitoring and evaluation of social protection programs and outreach to poor people, including people with disabilities.</p> <p>In KLIK PEKKA activities, people seeking information and consultation services are requested to complete a registration form, which includes questions on disability: relating to sight, hearing, memory and self care.</p>		Findings from KLIK PEKKA activities and data are discussed in larger forums (village or kabupaten level) which involve representatives from BPJS, Dinas Kesehatan, Dinas Sosial to solve issues on women's access to social services, including for people with disabilities.

		<p>Facilitators of SLRT at Puskesmas (Centre for Social Welfare) at the village level together with PEKKA cadres are trained to represent people with disabilities on their behalf if they cannot come to Puskesmas or SLRT office at District Level.</p> <p>(Source: MANIS BTOR and meetings with team Perbup SLRT-PEKKA Sukabumi, March-present Tria; /R:\THEMATIC AREA\Theme 1 - Soc Protection\12. SLRT Sukabumi\References)</p>		
<p>KAPAL Perempuan – Institute for Alternative Education for Women</p> <p>KAPAL and its network of local partners develop women's leadership and empowerment to increase their access to government services and programs through three main approaches: provide grassroots programs for women on empowerment and gender equality through <i>Sekolah Perempuan</i>, support women to participate in village development</p>	<p>KAPAL sub-partner Pondok Pergerakan in Kupang, North Nusa Tenggara, is reaching people with disabilities through Sekolah Perempuan and local DPO NEKAF (Source: MANIS BTOR Tria 07/05/18)</p>			<p>In 2018 Pondok Pergerakan in Kupang, North Nusa Tenggara, signed a Letter of Cooperation Agreement (SPK) between the Government of Noelbaki and their local Women's School initiative (<i>Sekolah Perempuan</i>) for livelihoods support of 100 million (<i>Surat Perjanjian Kerja dengan Sekolah Perempuan untuk Pengelolaan Dana Pemberdayaan Ekonomi Perempuan</i>). Of this allocation Pondok Pergerakan allocated 30 million to local DPO NEKAF whose members are also members of <i>Sekolah Perempuan</i> (Source: MANIS</p>

forums through Musrembang Perempuan , collect data to monitor women's access to government social protection programs through their Gender Watch initiative.				<p>BTOR Tria 07/05/18; consultation with Budis 26 /9/18)</p> <p><u>Other Regulations Passed:</u> (i) Regional Regulation on Protection of Women and Children in Kupang, Aikmal Village (<i>Perdes Perlindungan Perempuan dan Anak, Desa Aikmal in Kupang</i>); (ii) Kupang Village regulation recognising the participation of poor women in budget planning processes (<i>Perdes ttg Partisipasi Perempuan Miskin dalam Proses Pembangunan Penganggaran</i>); (iii) Village reg. Participation of Women in Village Deliberations (<i>Perdes Partisipasi Perempuan dalam Musyawarah Desa</i>); East Lombok Village reg 30% quota on women's participation in decision making in E. Lombok (<i>Perdes ttg Kuota 30% Perempuan dalam Pengambilan Keputusan Lombok Timur</i>) (Source: MANIS-Reach-legislation)</p>
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Thematic 2 – Improving employment conditions and removing workplace discrimination	Outreach and Access to Services	Improving database of people with disability	Monitoring, evaluation & learning	Advocacy
<p>MWPRI – Indonesian National Network of Women Homeworkers</p> <p>Est. in 1996, MWPRI increases the visibility of home-based workers through advocacy for ratification of the ILO Home Work Convention (1996 No.177). Locally MAMPU supports MWPRI to organize local homemaker groups, develop the capacity of its members to understand their rights and negotiate with workers, and influence district and provincial level regulations on the employment rights of homeworkers.</p>				<p>MWPRI in Malang advocate to the local government to include participation of people with disabilities in their local development planning forums (<i>Musrenbang</i>) through the formation of specific <i>Musrenbang</i> for Women, Children, Elderly, and People with Disabilities (<i>Musrenbang Difabled, Lansia, Anak dan Perempuan</i>)</p> <p>(Source: Qorihani TC MAMPU)</p>
<p>BITRA – Indonesia Foundation for Rural Capacity Building</p> <p>Est in 1986, BITRA works with marginalized communities in rural areas. Through MAMPU, BITRA builds women's empowerment through</p>	<p>BITRA have identified 2 home workers with disability (Down Syndrome and physical impairment) in Medan, North Sumatera who are now involved in BITRA's activities, such as participation in homemaker group discussions</p>			<p>BITRA is currently pushing for DRAFT local regulation (Ranperda) on Home Workers Protection in North Sumatera which will include articles on protection for home workers with disability.</p>

training on homemaker rights and negotiation, and income support through credit unions. BITRA work closely with government and parliaments to recognize homeworkers in provincial regulations				(Source: MANIS BITRA QR Apr- Jun 2018 and phone call with Erika BITRA)
<p>TURC – Trade Union Rights Centre</p> <p>The Trade Union Rights Centre (TURC) was established in 2003 and supports the development of an independent trade union movement in Indonesia. It represents workers by advocating for reforms to national and local labour laws and build workers capacity to organize.</p> <p>Since joining MAMPU in 2014 TURC has worked with other NGOs and Trade Unions, organizing women homeworkers in 22 villages in Solo and Sukoharjo districts (Central Java), completing research on homeworkers, and using the findings to develop a policy position paper.</p>	TURC does not specifically target women with disabilities but engages with them through their regular activities and mentoring programs for homeworkers.	<p>TURC has identified several female homeworkers with a disability in their working areas:</p> <ul style="list-style-type: none"> a. In Sukabumi: 3 people (1 active person, 2 inactive) in the palasari village group (2 autistic; 1 Deaf) b. In Tangerang: 1 autistic worker person (previously active, but now not active. c. In Sukoharjo: women with physical disability paralyzed legs (both not active in activities) d. Cirebon: 4 female homeworkers with a disability 		

Thematic 3 – Improving conditions of women's overseas migration	Outreach and Access to Services	Improving database of people with disability	Monitoring, evaluation & learning	Advocacy
<p>MIGRANT CARE</p> <p>Est. in 2004, Migrant CARE advocate to increase female migrant workers rights and ensure they are free from exploitation through strengthening the protection and services provided by government institutions to migrant workers. With MAMPU support Migrant CARE has extended their network at the national level to encompass partners at the district and local levels in migrant-sending districts, in 5 provinces across Java, East Java and West Nusa Tenggara. With MAMPU support they have developed a model for community-based service provision (pre-departure briefing, financial literacy, case handling) in 47 villages.</p>	<p>In providing direct legal aid services, Migrant CARE also often encounters migrant workers who are victims of violence who later become persons with disabilities such as experiencing loss of limbs / paralysis / blindness.</p> <p>Through this outreach approach, they were able to identify a former female migrant worker who was subject to violence and chained by the family for 8 months. Suffering from trauma, MIGRANT CARE accompanied victim to access health insurance and proper health treatment in Bandung, West Java. (Source: Qorihani, TC)</p>	<p>Through their DESBUMI initiative (Village that Cares for Migrant Workers) working with local government, MIGRANT CARE regularly carries out data assessment of migrant workers and their families.</p>		<p>MIGRANT CARE continue to advocate to central and local government to provide protection against discrimination or any forms of violence for migrant workers and provide them with proper induction before their work placement.</p> <p>Migrant CARE also participates in SDGs processes ensuring "no one left behind" to advocate for the rights of migrant workers with a disability as specified in Goal 8 Decent Work and Economic Growth</p>

Thematic 4 – Improving women’s health and nutritional status	Outreach and Access to Services	Improving database of people with disability	Monitoring, evaluation & learning	Advocacy
<p>‘AISYIYAH</p> <p>‘Aisyiyah is an autonomous Islamic faith-based women’s organization under Muhammadiyah. ‘Aisyiyah advocates to the Ministry of Health to improve Minimum Service Standards (MSS) in reproductive health services. Locally, MAMPU supports ‘Aisyiyah to develop their ‘Service Model’ concept by establishing women’s groups (BSA) to advocate to improve the quality of local reproductive health services through implementation of MSS. Their demand-supply side approach raises the awareness of women, health workers, religious leaders and governments to reduce barriers which constrain women accessing reproductive health services.</p>	<p>‘Aisyiyah’s are taking steps to strengthen their outreach to people with disabilities and developing their leadership skills. Recently, a women with a disability has become a member of Balai Sakinah Aisyiyah (BSA) in Mamuju, West Sulawesi. BSA’s provide marginalized women with counselling on reproductive health, access to soft loans scheme, and participation in discussions on nutrition; and an ‘Aisyiyah cadre in Sambas, West Kalimantan is a person with disability;</p> <p>(Source: Hajar/Asiyah Jogjakarta)</p>			<p>‘Aisyiyah are developing a education booklet on reproductive health, nutrition and women’s issues from Muslim women’s perspectives. This includes a topics on how to assist and accompany women with disabilities to access reproductive health services. Once published, the guidance on reproductive health will be distributed to religious leaders for use in Friday prayers or religious forums (which is a common source of information by the community)</p> <p>(Source: MANIS ‘Aisyiyah QR Jan-Mar 2018)</p>
PERMAMPU Consortium	PERMAMPU have reported the involvement of 22 people			PERMAMPU local partner WCC Palembang , a women’s

<p>PERMAMPU is a consortium formed under MAMPU of 8 women's organisations across Sumatera. Through MAMPU they have established an extensive grassroots network to empower women to claim their sexual and reproductive health rights. By building women's collective capacity and economic empowerment (through credit unions) they work to influence strategic actors including religious and cultural leaders, health service providers, schools and local governments to influence social and cultural norms that constrain women from accessing sexual and reproductive health services.</p>	<p>with disabilities in their in their activities in 2018. (Source: MANIS PERMAMPU QR Jan-Mar & Apr-Jun 2018).</p> <p>Through WCC Sinseritas-PESADA local disability assistance organisations joined the MAMPU-led local SDG consultations between May-August 2018</p> <p>Disability and people with disabilities are integrated into LP2M's core initiatives:</p> <ol style="list-style-type: none"> 1. OSS&L Model which handles community complaints; and 2. Training for Women Legislative Candidates (CALEG Perempuan) includes content on women with disabilities; training has been delivered to 22 female candidates (PERMAMPU Consultations and Matrix September 2018) 			<p>crisis centre for victims of violence has been incorporated into the Information and Consultation Centre for Women with Disabilities under the Office of Women's Empowerment and Child Protection (DPPPA) in South Sumatera Province through the support of the Governor of South Sumatera who issued Decree No. 766/KPTS/DPPPA. This has increased the government's assistance to WCC in advocacy, case handling, public campaigns, and access to justice for women with disabilities. [PERMAMPU Matrix of Engagement with Women with Disabilities, September 2018]</p>
<p>YKP – Yayasan Kesehatan Perempuan / Women's Health Foundation</p>			<p>YKP's longitudinal research on access to JKN did not purposively target access by people with disabilities.</p>	<p>YKP engages with DPO Pertuni (Persatuan Tuna Netra Indonesia) in Kupang NTT, led by subpartner PIAR</p>

<p>YKP is a small advocacy organization formed in 2001 working in the reproductive health space.</p> <p>With MAMPU funding they formed a network with 15 organisations to implement multi-wave longitudinal surveys assessing delivery of the National Health Insurance, the JKN (Jaminan Kesehatan Nasional), in each of their 15 assigned provinces. The three waves were completed in late 2017 and surveyed users and providers of JKN funded services (medical and administrative staff in hospitals, puskesmas and private clinics).</p>			<p>YKP are currently preparing to undertake new qualitative research to follow up on the results of their longitudinal research</p>	<p>through the SDGs regional consultation process</p>
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Partners Thematic – 5 Reducing violence against women	Outreach and Access to Services	Improving database of people with disability	Monitoring, evaluation & learning	Advocacy
<p>KOMNAS Perempuan and Forum Pengada Layanan (FPL)</p> <p>Initiated by KOMNAS Perempuan, FPL was established in 2001. Through MAMPU KOMNAS Perempuan partners with 20 of the 100 service providers that provide frontline services (case handling, safe houses, referrals, legal assistance) for women victims of violence. Together they work to improve the functioning of the governments Integrated Criminal Justice System for Handling Cases of Violence Against Women (SPPT-PKKTP), including drafting SOPs, advocating for budget allocations for case handling, regulatory frameworks).</p>	<p>Provide direct counseling for victims of violence</p>	<p>In 2017, with MAMPU support FPL developed an online database to improve data and case handling for victims of violence. Fully functional since January 2018, data will be used for FPL and KOMNAS Annual Reporting on VAW (released the following March) and advocacy</p> <p>The new database provides a Victim Profile page where FPL can select disability status, from the 8 types of disabilities.</p> <p>There are 31 current and historic cases of violence against people with disabilities recorded in FPL database.</p> <p>Disabilities included unable to speak (mute); blindness; mentally disabled; or have multiple disabilities. Female victims of violence with disabilities were most commonly in their 20s (FPL do not collect data on marital status or child status, or household income).</p> <p>The database also provides information on the perpetrator (i.e. husband or cousin), when the incident occurred (i.e. when</p>		<p>KOMNAS and FPL use the data from the database to advocate for the rights of victims of violence to be upheld in the draft law of the elimination of violence against women (RUU PK-S)</p>

		<p>no one was at home), the type of violence; location of violence (i.e. at home).</p> <p>FPL use the database to track the progress of Case Handling, which includes three status: Reported (to police) / Handling In Process (hospital / police)/ Case closed (Verdict when verdict is reached by courts / Withdrawn when victim withdraws the case / Survivor, when victim becomes a survivor).</p>		
<p>FPL/CIQAL (Centre for Improve Quality of Lives of People with Disabilities)</p> <p>MAMPU's 20 FPL Partners are working with government to improve the functioning of government services including the Integrated Criminal Justice System for Handling Cases of Violence (SPPPT-PKKTP) and the Integrated Service Centres for Women and Children's Empowerment (P2TP2A)</p>	<p>CIQAL works in two villages in two districts of Jogjakarta to support women and children with disabilities who are victims of violence. MAMPU support helps CIQAL to build a pool of paralegal volunteers and counsellors, strengthen their data collection and management, and improve their policy advocacy practices. CIQAL provides counselling and case handling support to victims and trains and organizes communities to support people with disabilities, including training for police officers, village government officials, and local midwives.</p>	<p>In 2017-2018 CIQAL have recorded 17 cases of violence against people with disabilities in the FPL database out of a total of 33 cases. [source: MANIS FPL]</p> <p>Integrated SLRT and P2TP2A service in Sleman district is one out of 6 districts piloted collaboration project between MAHKOTA-SLRT and MAMPU. The output of this collaboration is Bupati regulation (<i>Perbup</i>). Through this service, they want to ensure people with disabilities issues are included in the draft <i>Perbup</i>.</p>		<p>In 2015, CIQAL successfully advocated to the district government to allocate budget for violence case handling in Sleman district, whereas government funding usually covers only the operational costs of integrated services for victims of violence (P2TP2A), not case handling</p> <p>In Sariharjo village, Ngaglik sub-district, Sleman district, CIQAL successfully advocated to local village to allocate funds for FKDS/ <i>Forum Keluarga Disabilitas Sariharjo</i> (Forum Family with Disability Sariharjo) around IDR 50 million for: building</p>

	<p>In providing the service, CIQAL collaborate with DPOs and CSOs including Association of People with Disability/ <i>Organisasi Penyandang Disabilitas (OPD)</i>, Community and Family with Disability/ <i>komunitas masyarakat dan keluarga penyandang disabilitas</i>, Community Source Rehabilitation/ <i>Rehabilitasi Bersumberdaya Masyarakat – (RBM)</i> and Legal Aid Institution /<i>Lembaga Bantuan Hukum (LBH)</i>.</p>			<p>renovations to improve accessibility for people with disabilities; data collection; socialization and routine meetings. Out of IDR 50million, IDR12.8million is allocated for socialization of availability and importance of immediate/direct counseling services (counseling <i>langsung</i>) for sexual violence victims</p> <p>BAKTI's Recess participative initiative is replicated by QICAL with DPRD Sleman in Gamping sub-district to produce mapping of disability issues and needs.</p> <p>Reces was led by Cimission D and invited 70 people with disabilities and their families from 5 villages. This mapping was brought forward by Comission D DPRD Sleman.</p> <p>Perdes passed on participation of people with disabilities in Government Planning process (<i>perencanaan pembangunan</i>) (Source: MANIS BTOR Damaris, 20/03/2018)</p>
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<p>BaKTI – The Eastern Indonesia Knowledge Exchange Foundation</p> <p>BaKTI was established in Makassar in 2009 through the World Bank to share information, collaborate and harmonise development initiatives in Eastern Indonesia. Through MAMPU, BaKTI's work with parliamentarians, government and the media focuses on ending violence against women. They establish and bring grassroots Constituent Groups together in public consultation with their local parliamentarian leaders through their 'Reses Partisipatif' initiative.</p>	<p>BaKTI supports people with disabilities by inviting them to be members of their grassroots Constituent Groups (<i>kelompok konstituent</i>) to enable them to raise their issues directly to their local parliamentary member during 'Participatory Recess' meetings.</p>			<p>In East Lombok BaKTI have successfully advocated for inclusive education through a Regional Regulation on the Implementation of Education No.12/2016 (<i>Peraturan Daerah Tentang Penyelenggaraan Pendidikan No.12/2016</i>); and a Village regulation (Perbup) on 'Local Content in the Education Curriculum of East Lombok Regency to include issues on gender equality, children and disabilities' (<i>Perbup tentang Muatan Lokal dalam Kurikulum Pendidikan Kabupaten Lombok Timur (isu kesetaraan gender, anak dan penyandang disabilitas)</i>) (Source: MANIS)</p> <p>BaKTI has also been assisting FPL to replicate its 'Participatory Recess' model to improve public consultation between parliamentarians and their constituents from poor and marginalised groups, including poor women and people with disabilities.</p>
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Annex 2: MAMPU engagement with Disability Persons Organisations (DPO) during SDG local consultations May – August 2018

Lead Partner	Location	DPO (Indonesian name)	DPO (English name)
Koalisi Perempuan Indonesia (KPI) (Theme 1)	Kota Padang, West Sumatera	GERKATIN (Gerakan Kesejahteraan untuk Tunarungu)	Indonesian Association for Welfare of the Deaf (IAWD)
	Jogjakarta, East Java	CIQAL (Pusat untuk Pengembangan Kegiatan yang Berkualitas dalam Kehidupan Penyandang Disabilitas) (MAMPU Partner Thematic area 5)	Centre for Improving Quality of Life of People with Disabilities
		Lembaga SAPDA (Sentra Advokasi Perempuan Difabel Dan Anak) (Partner of Peduli and AIPJ2)	Centre for Advocacy for Women and Children with Disabilities
KAPAL Perempuan (Theme 1)	Kabupaten Sigi, Central Sulawesi	HWDI (Himpunan Wanita Disabilitas Indonesia)	Indonesian Women with Disabilities Association
	North Lombok, NTB	HWDI (Himpunan Wanita Disabilitas Indonesia)	Indonesian Women with Disabilities Association
	Makassar, South Sulawesi	PPDI (Persatuan Penyandang Disabilitas Indonesia)	Indonesian Association for People with a Disability
		PERTUNI (Persatuan Tunanetra Indonesia)	
PEKKA / Serikat PEKKA (Theme 1)	Bau Bau, North-East Sulawesi	NA	One of the representatives from Serikat Pekka Bau Bau who attend the consultations is a PwD representing PwD since no DPO is present
	Kerawang, West Java	NA	In Kerawang, local DPO for deaf people no longer exists
	Flores Timur, NTT	NA	No DPO in Flores Timur
MWPRI (Theme 2)	Malang, East Java	HWDI (Himpunan Wanita Disabilitas Indonesia)	Indonesian Women with Disabilities Association
		PERTUNI (Persatuan Tunanetra Indonesia)	Indonesian Union for the Blind
		GERKATIN (Gerakan untuk Kesejahteraan Tunarungu Indonesia)	Indonesian Association for Welfare of the Deaf (IAWD)
BITRA (Theme 2)	Medan, North Sumatera	HWDI (Himpunan Wanita Disabilitas Indonesia)	Indonesian Women with Disabilities Association
TURC (Theme 2)	Sukabumi, West Java		TURC invited Forum Komunikasi Keluarga Anak Penyandang Disabilitas established by Dinas Sosial Sukabumi but they could not attend
MIGRANT CARE (Theme 3)	Lembata, NTT	FPKDK (Forum Peduli Kesejahteraan Difabel dan Keluarga)	Disability and Family Welfare Care Forum

Lead Partner	Location	DPO (Indonesian name)	DPO (English name)
	Kabupaten Central Lombok, NTB		
Aisiyiyah / Aisiyiyah Sambas (Theme 4)	Sambas, West Kalimantan	ITMI (Ikatan Tunanetra Muslim Indonesia)	Indonesian Muslim Blind Association
	Cirebon City, West Java	ITMI (Ikatan Tunanetra Muslim Indonesia)	Indonesian Muslim Blind Association
	Kabupaten Sumedang, West Java	NA	
PERMAMPU / Damar Lampung & Flower Aceh (Theme 4)	East Lampung, Sumatera	Badan Pembina Olahraga Cacat	Representatives from the DPO National Paralympic Committee attended the consultations
	Dairi, North Sumatera	Dairi Disability Group	
		RBM (Rehabilitas Bersumberdaya Masyarakat) Hephata Sibolga Tapteng, a church based disability assistance organisation focused on children	
	Padang Pariaman District	NA	The SDG consultations were attended by a women with disabilities who is an active member of the FKPAR in Pariaman since there is no DPO in this area
		HWDI (Himpunan Wanita Disabilitas Indonesia)	Indonesian Women with Disabilities Association
		PPDI (Persatuan Penyandang Disabilitas Indonesia)	Indonesian Association for People with a Disability
		OPD (Organisasi Penyandang Disabilitas)	Organization for People with a Disability
	Aceh	HWDI (Himpunan Wanita Disabilitas Indonesia)	Indonesian Women with Disabilities Association
		Young Voice	Young Voice
		DPP Ikatan Penyandang Disabilitas Aceh	DPP Association of Aceh Disabled Persons
		Yayasan Anak Bangsa	National Children's Foundation
YKP / PIAR (Theme 4)	Kupang, NTT	PERTUNI (Persatuan Tunanetra Indonesia)	Indonesian Union for the Blind
	Kabupaten Tuban, East Java	Organisasi Disabilitas Tuban (Orbit)	Orbit
	Kabupaten Ponorogo, East Java	Panti Rehabilitasi Tunanetra	Institution for Rehabilitation for the Blind
KOMNAS Perempuan/FPL (Theme 5)	Semarang, Central Java		
	Maluku		

Lead Partner	Location	DPO (Indonesian name)	DPO (English name)
	DKI Jakarta		
BaKTI (Theme 5)	Kabupaten Maros, South Sulawesi	HWDI (Himpunan Wanita Disabilitas Indonesia)	Indonesian Women with Disabilities Association
		PPDI (Persatuan Penyandang Disabilitas Indonesia)	Indonesian Association for People with a Disability
	Kabupaten Parepare		
	Kabupaten Kendari		

CONSULTATIONS

Consultations were held between MAMPU staff and the following MAMPU Partners. Other partners responded to questions via email. Consultations are continuing as part of the 2019 Annual Workplan Process.

PERMAMPU, 25 September, with Ms Dina Lumbantobing, PESADA Director and PERMAMPU Coordinator, with MAMPU Widya Setyowati, Program Implementation Manager, Triashtra Lakshmi, Thematic One Coordinator, and Fiona Hanrahan, Communications Content Consultant.

BaKTI, 26 September 2018, Lusia Palulungan Program Manager BaKTI-MAMPU and two BaKTI staff with MAMPU Widya Setyowati, Program Implementation Manager; Triashtra Lakshmi, Thematic One Coordinator; and Fiona Hanrahan, Communications Content Consultant.

KAPAL Perempuan, 26 September 2018, Ms Budhis Utami, Deputy/Coordinator National Gender Watch Program-MAMPU with MAMPU Triashtra Lakshmi, Thematic One Coordinator, and Fiona Hanrahan, Communications Content Consultant.

KPI, 28 September, Dian Kartikasari, Secretary General KPI with Triashtra Lakshmi, MAMPU Thematic One Coordinator.

KOMNAS Perempuan, 8 October 2018, Azriana R. Manalu Ketua KOMNAS Perempuan, with Triashtra Lakshmi, MAMPU Thematic One Coordinator.

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